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NEW PATIENT ADMISSION MODEL BASED ON INTERPERSONAL RELATIONSHIPS AND ITS IMPACT ON NURSE PERFORMANCE IN HOSPITALS: A SYSTEMATIC

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Abstract

Background: The admission of new patients is a critical phase in inpatient care that shapes first impressions, emotional responses, and perceptions of healthcare quality. Nurses play a central role in this process, where strong interpersonal competence is essential. Interpersonal relationship–based admission models are proposed to improve nurse performance and patient experience, although supporting evidence remains fragmented.

Objective: To evaluate impact of interpersonal relationship based new patient admission models on nurse performance.

Methods: This systematic review accordance with PRISMA guidelines. Studies were selected using the PICOS framework. Cross-sectional and quasi-experimental studies examining interpersonal relationship based new patient admission models and their impact on nurse performance were included. Risk of bias was assessed using JBI Critical Appraisal Checklist. Data were synthesized narratively.

Results: From 5,033 records, ten studies met inclusion criteria after duplicate removal, two-stage screening, and consensus-based selection. Eligible open-access studies underwent standardized extraction of study characteristics, interventions, and nurse performance outcomes, and selection was reported via the PRISMA flow diagram. The included studies show that interpersonal relationship–based admission approaches such as therapeutic communication, structured patient orientation, and digital or educational media improve nurse performance. Key outcomes include enhanced communication effectiveness, adherence to procedures, patient adaptation, and satisfaction.

Conclusion: Interpersonal relationship–based approaches applied in admission-related nursing processes particularly therapeutic communication and patient orientation are associated with improved nurse performance and patient outcomes. However, further rigorous studies focusing specifically on new patient admission are needed to strengthen the evidence.

INTRODUCTION

The admission of new patients represents a critical initial phase of inpatient care and serves as the first formal point of contact between patients and hospital services. During this phase, nurses play

a central role in delivering information, orientation, and initial care, making interpersonal competence a key determinant of service quality (Tagliaferri et al., 2024). However, evidence indicates that interpersonal interactions during admission are often suboptimal, characterized by one-way communication, limited patient engagement, and insufficient emotional support. These conditions hinder the establishment of therapeutic relationships and reduce the effectiveness of early nurse patient interactions.

Globally, the consequences of inadequate interpersonal communication during admission are substantial. Patients frequently experience anxiety, uncertainty, and psychological distress when entering unfamiliar hospital environments. Large-scale evidence shows that 37.7% of hospitalized patients report anxiety, which is significantly associated with lower satisfaction and poorer care experiences (Lazareth et al., 2026). In addition, up to 56% of patients experience pain within the first 48–72 hours of admission, highlighting the physical and psychological burden during this early phase (Stonski et al., 2019). Ineffective communication and poorly structured admission processes have been linked to reduced patient satisfaction, limited understanding of care procedures, and diminished trust in healthcare services (Resseguie, 2021). These issues not only affect patient outcomes but also reflect gaps in nurse performance, particularly in communication effectiveness, procedural adherence, and patient-centered care delivery. Inadequate interpersonal communication may lead to errors in care delivery, reduced patient satisfaction, and poorer clinical outcomes, highlighting the importance of strengthening nurse–patient relationships in early care interactions (Nisa et al., 2021).

Various approaches to new patient admission have been implemented, including verbal orientation, structured admission protocols, and the use of educational or digital media. Studies show that structured orientation methods and therapeutic communication can improve patient understanding, reduce anxiety, and enhance adaptation to hospitalization. However, in many settings, admission practices remain inconsistent and are often dominated by administrative tasks rather than interpersonal engagement. This variation indicates a gap between recommended interpersonal approaches and actual clinical practice, particularly in integrating communication strategies into routine admission procedures.

Interpersonal relationship-based nursing approaches offer a theoretical and practical solution to this problem. Peplau's Interpersonal Relations theory emphasizes the importance of therapeutic communication through structured phases of interaction orientation, identification, exploitation, and resolution which are highly relevant to the admission process. Previous studies have demonstrated that applying interpersonal communication models can improve patient experiences, support emotional adaptation, and enhance nurse performance across various clinical settings (Alzahrani, 2021; Rosenbaum et al., 2024).

Despite this, existing evidence remains fragmented across different study designs, populations, and healthcare contexts, making it difficult to draw comprehensive conclusions regarding the effectiveness of interpersonal-based admission models. Therefore, a systematic review is needed to synthesize current evidence on interpersonal relationship–based new patient admission approaches and

their impact on nurse performance. This review aims to provide a clearer understanding of how interpersonal relationship can be optimized to improve service quality their impact on nurse performance in hospital settings, evidence-based admission models that promote patient centered care.

METHODS

Review Design

Systematic review based on PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement to assess (Page et al., 2020) the impact of interpersonal relationship based new patient admission models and their impact on nurse performance in hospital settings.

Eligibility Criteria

The study eligibility was established using the PICOS approach to maintain clarity and consistency in the selection process. The population targeted nurses working in hospital settings who are directly involved in admitting new patients. The concept emphasized admission practices grounded in interpersonal relationships, including approaches such as therapeutic communication, structured orientation programs, and the use of educational or digital tools informed by interpersonal nursing theories. The context was restricted to inpatient or hospital environments.

Studies were considered eligible if they examined outcomes related to nurse performance, including communication skills, compliance with admission procedures, professional competence, patient adjustment, and satisfaction levels. Only cross-sectional and quasi-experimental studies available in full-text open-access format were included. Articles were excluded if they did not focus on interpersonal-based admission interventions, were conducted outside hospital contexts, did not report relevant outcomes, or lacked accessible full-text versions.

Search Strategy and Information Sources

A systematic literature search was conducted to identify studies examining interpersonal relationship–based new patient admission models and their impact on nurse performance in hospital settings. Four electronic databases were searched: Sage Journals, ScienceDirect, CINAHL, and ProQuest. The search strategy was developed using relevant keywords combined with Boolean operators (AND, OR, AND NOT) to broaden or narrow the search and optimize retrieval of relevant literature, following recommended search techniques (Nursalam, 2020). The search was limited to articles published between 2020 and 2025 and written in English.

Medical Subject Headings (MeSH) were applied, including: “patient admission” OR “new patient” OR “patient intake” AND (“nursing” OR “nurse” OR “care provider” OR “patient care”) AND (“interpersonal relation” OR “peplau theory” OR “Hildegard Peplau”) AND (“work performance” OR “nurse performance”). Inclusion criteria were defined using the PICOS framework. Eligible studies included: (a) populations involving nurses, (b) studies exploring the effectiveness of interpersonal relationship–based new patient admission models and their impact on nurse performance in hospital settings, (c) cross-sectional and quasi-experimental study designs, and (d) articles published in English.

Studies were excluded if they employed randomized controlled trial designs, qualitative or phenomenological approaches, systematic reviews, literature reviews, or were published only as conference abstracts. Also, the comparison group consisted of standard patient admission procedures or alternative methods that did not utilize the specific interpersonal relationship model being studied.

Study Selection Process

The initial search across the four databases yielded a substantial number of references. All retrieved citations were imported into Mendeley Desktop for reference management. Duplicate records were identified and removed prior to screening.

Study selection was conducted independently by the authors through a two-stage screening process. First, titles and abstracts were reviewed to assess relevance based on the predefined inclusion and exclusion criteria. Studies deemed potentially eligible proceeded to full-text assessment, restricted to open-access articles. Any disagreements during the screening process were resolved through discussion until consensus was achieved. Following final study selection, data extraction was performed independently by the authors using a standardized approach. Extracted data included author(s), year of publication, country of origin, study design, participant characteristics, and detailed descriptions of interpersonal relationship–based new patient admission models, as well as their reported effects on nurse performance in hospital settings.

The study selection process and application of inclusion and exclusion criteria are presented through a PRISMA flow diagram (See Figure 1). Characteristics of included studies are summarized in tabular form, with excluded studies documented separately where appropriate to ensure transparency and auditability of the review process.

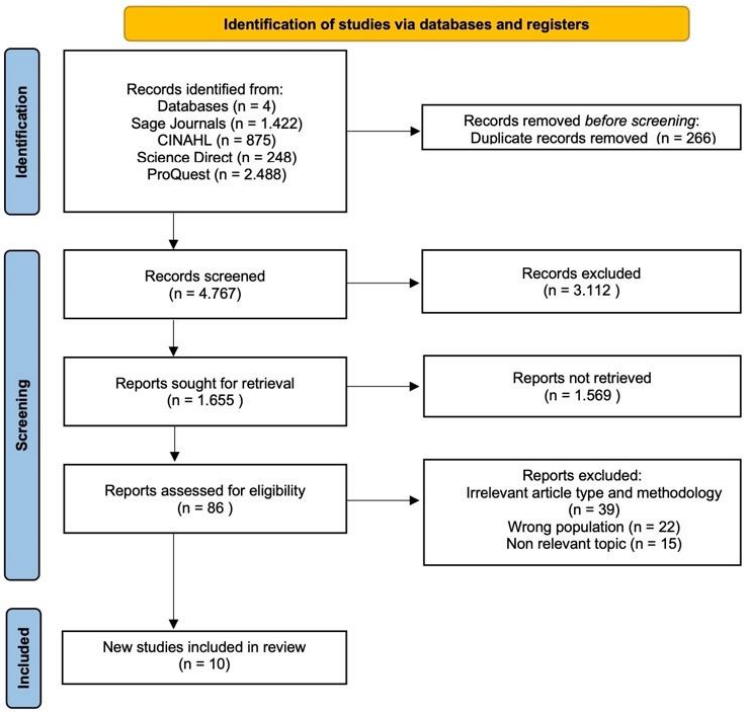

Figure 1. PRISMA flow chart

Data Extraction

Data extraction was carried out by systematically referring to the variables presented in Table 1. For each study included, information was extracted regarding the study title, author, and year of publication, followed by the research design applied, which consisted of cross-sectional and quasi-experimental methods. Participant characteristics were documented by identifying the number of nurses involved in each study and their clinical settings.

The extraction process also emphasized the independent and dependent variables examined in each study, particularly the types of interpersonal relationship-based new patient admission interventions implemented, such as therapeutic communication, structured patient orientation programs, and the use of digital or educational media based on interpersonal nursing theories. Measurement instruments, predominantly questionnaires, were recorded along with the statistical analysis methods utilized.

Outcome data were extracted by documenting the primary findings related to nurse performance, including adherence to admission procedures, communication effectiveness, professional competence, patient adaptation, and patient satisfaction. To ensure reliability, data extraction was performed independently by the authors using a standardized extraction framework consistent with the table. The extracted data were then compared, and any discrepancies were resolved through discussion and consensus before proceeding to narrative synthesis.

Quality Appraisal

Quality appraisal was undertaken as an integral component of this systematic review to ensure the methodological rigor and credibility of the included evidence. Each eligible study was independently appraised using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist for cross-sectional studies, as most of the included articles employed this design (Barker et al., 2023). Studies that failed to meet minimum quality standards based on these criteria were excluded from the final synthesis. Only studies that met the minimum quality standards were retained for final synthesis, while those failing to meet these criteria were excluded. The results of this appraisal were subsequently used to evaluate the overall strength of evidence and to support a cautious and balanced interpretation of findings regarding the effectiveness of interpersonal relationship–based new patient admission models on nurse performance.

Data Synthesis

Given the heterogeneity of study designs, interventions, and outcome measures, a narrative synthesis approach was employed. The analysis focused on identifying patterns and common themes across studies concerning the implementation of interpersonal relationship–based new patient admission models and their reported effects on nurse performance.

Findings were synthesized by comparing study characteristics, intervention components, and performance-related outcomes, allowing for an integrated interpretation of evidence. This narrative synthesis facilitated a comprehensive understanding of how interpersonal relationship–oriented

admission approaches contribute to nursing performance within hospital settings, while acknowledging methodological variations across the included studies.

RESULTS

Study Selection

The search yielded 10 articles, 1,422 articles from Sage Journals, 875 from CINAHL, 248 from Science Direct, and 2.488 from ProQuest. The researcher obtained a total of 5,033 articles based on the keyword search. The search results were then checked for duplicates, and 266 duplicate articles were found and removed, leaving 4,767 articles. Next, screening was conducted based on titles and abstracts, during which 3,112 articles were eliminated, resulting in 1,655 articles. Full texts were then obtained, with 86 articles identified as relevant to the research topic. From this assessment process, 76 articles were excluded because they did not meet the inclusion and exclusion criteria. Finally, 10 articles were included (See Figure 1).

Characteristics of Included Studies

Table 1. Article Analysis.

No.	Article Title; Author; Year	Methods DSVIA	Research Findings
1.	The Use of Web-Based Digital Media to Enhance Admission Orientation for Patients in the Hospital (Rahmawati et al., 2023)	D: Cross-sectional S: 112 Nurses V: 1. Independent variable: Web-based digital media implementation for new patient orientation 2. Dependent variable: Nurse adherence to new patient orientation procedures in accordance with	This study evaluates the impact of using web-based digital media in orientation for new patients. The results show an increase in nurses' adherence scores from an average of 90 before the intervention to 94.6 after the intervention, with a p-value of 0.001 indicating a statistically significant improvement. Digital media can function as a supportive tool that complements nurse–patient interaction, facilitating structured information exchange, strengthening patient involvement, and promoting trust from the outset. Therefore, integrating technology-based orientation with nurse communication strategies can optimize admission processes, enhance patient satisfaction, and improve overall nursing care outcomes.

		Standard Operating Procedures (SOP). I: Questionnaire A: paired t-test	
2.	Nurses' Perceptions of Intensive Care Unit Orientation: A Survey of the American Thoracic Society ICU Orientation Pamphlet (Livingston & Krishnan, 2023) (Livingston & Krishnan, 2023)	D: Cross-sectional S:100 Nurses I: Questionnaire V: 1. Independent variable: Introduction and use of ICU orientation pamphlets developed by ATS 2. Dependent variable: Nurses' perceptions of the effectiveness and availability of educational materials for patients and families in the ICU I: Questionnaire A: Uji chi-square	This study assesses nurses' perceptions of using ICU orientation pamphlets developed by the American Thoracic Society (ATS). The results show that the ATS orientation pamphlets help explain procedures and expectations during ICU care to patients and families where nurses are responsible for introducing care processes and setting expectations. After implementing the ATS orientation pamphlets, nurses' awareness of the materials increased from 4% to 23% (P = 0.04). The use of structured tools such as orientation pamphlets can support clearer communication and standardize information delivery during admission.

3.	Patient perceptions of Interpersonal relationsship Between Nurses and Patient in Hospitalized: A Cross-Sectional Study in Aceh (Akbar et al., 2022)	D: Cross-sectional S: 109 Nurses V: patient's perception of the interpersonal relationship between nurses and patients I: Online Questionnaire A: Univariate analysis	The application of interpersonal relations by nurses through friendly attitudes, respect for patients, and active support of the patient's healing process. Additionally, the success of these relationships positively influences the comfort and trust of patients toward nurses, which is a key aspect of Peplau's theory. Thus, this study's findings support the importance of good communication and interpersonal relationship dimensions in nursing practice, as proposed by Peplau, to improve the quality of care and the patient experience.
4.	Therapeutic Communication and Its Associated Factors Among Nurses Working in Public Hospitals of Gamo Zone, Southern Ethiopia: Application of Hildegard Peplau's Nursing Theory of Interpersonal relations (Mersha, 2023)	D: Cross-Sectional S: 408 Nurses V:Demographic factors, Nurse factors, Patient factors, Environmental factors, Social factors, Therapeutic communication I: Questionnaire A:Linear Generalization Test and R-squared test	Building on these findings, the results can be contextualized within new patient admission care, where the orientation phase becomes the entry point for establishing therapeutic relationships. The reported levels of orientation (54%), working/exploitation (57%), and resolution (65%) indicate that elements such as power sharing, trust, and empathy are already present but not yet optimal, particularly during initial patient encounters. This suggests that strengthening structured interpersonal approaches during admission such as clear information exchange, patient involvement, and empathetic engagement can enhance the continuity of care across all phases and improve overall nurse performance, thereby reinforcing the practical application of Hildegard Peplau's Interpersonal Relations Theory in clinical settings.
5.	Determining the impact of a self-	D:Quasi-experimental S: 102 Nurses	The findings indicate that communication grounded in Hildegard Peplau's

	care educational program designed based on the Peplau theory on adherence to treatment and self-care in elderly patients with diabetes (Abkenar et al., 2024) (Abkenar et al., 2024)	V: 1. Independent variable: Application of perioperative care methods based on Peplau's interpersonal relations theory (intervention group PG) versus conventional care (control group CG). 2. Dependent variable: Level of disease uncertainty and Quality of Recovery (QoR) I: Questionnaire A: U Mann-Whitney test	Interpersonal Relations Theory enhances patient outcomes, including increased satisfaction among older adults in intensive care settings and improved adherence to treatment regimens in patients with chronic conditions such as diabetes. These results highlight that effective interpersonal relationships characterized by trust, empathy, and patient engagement play a critical role in influencing both psychological and behavioral patient responses. In the context of new patient admission, these findings are particularly relevant to the orientation phase, where initial nurse–patient interactions set the foundation for subsequent care. Establishing therapeutic communication early during admission can foster patient trust, improve understanding of treatment plans, and encourage adherence to medical and dietary recommendations. Therefore, integrating interpersonal-based communication strategies into admission procedures is essential to optimize patient satisfaction and promote better clinical outcomes from the beginning of care delivery.
6.	The effect of communication using Peplau's theory on satisfaction with nursing care in hospitalized older adults in cardiac intensive care unit:	D:Quasi-experimental S: 78 Nurses V:Peplau Communication, Patient satisfaction with the quality of nursing care I: Questionnaire	This study shows that using Peplau's communication theory in the care of elderly patients treated in a cardiac intensive care unit can improve patient satisfaction. Satisfaction scores in the intervention group were significantly higher than those in the control group (5.4 ± 93.0 compared with 6.8 ± 75.7). The mean satisfaction score of the intervention group's care was higher by

	A quasi-experimental study (Fathidokht et al., 2023)	A: Independent t-test, Chi-square test, and Kolmogorov-Smirnov test	17.4 points (95% confidence interval: 14.4-20.4) compared with the control group. n the context of new patient admission, the application of interpersonal communication strategies during this initial contact can enhance patient understanding, build trust, and positively influence satisfaction from the beginning of hospitalization. This suggests that integrating Peplau-based communication approaches into admission procedures may strengthen the quality of care and support better patient adaptation without extending beyond the core findings of the study.
7.	Enhancing Nursing Excellence: Exploring the Relationship between Nurse Deployment and Performance (Ariga et al., 2024)	D: Cross-sectional S: 214 Nurses V: Qualifications, experience, work environment, and team dynamics. Nurse performance in delivering nursing care I: Questionnaire A: Spearman's rho	This study shows that the proper placement of nurses significantly influences nurse performance and the quality of health services. Specifically, most nurses demonstrated excellent performance in delivering nursing care, with a success rate of 94.2%. Nurses who are well-placed and aligned with their competencies and experience achieved a score of 90.6%. Additionally, factors such as educational qualifications, work experience, work environment, and team dynamics have a significant relationship with nurse performance. In contrast, factors related to policies or regulations and patient relationships show a lower and less significant relationship. This research emphasizes the importance of placing nurses according to their abilities and experience, and creating a positive work environment and team dynamics to enhance

			the effectiveness and performance of nursing.
8.	Nurses' Views and Attitudes of the Performance Appraisal System Efficacy and Its Impact on Their Work Outcomes in a Tertiary Hospital (Jaber et al., 2024)	D: Cross-Sectional S: 2000 nurses V: Perception of the effectiveness and efficiency of the performance appraisal system (PA), Level of understanding of the appraisal system and need for additional training I: Questionnaire A: SPSS	The results show that nurses' perceptions of the performance appraisal system vary by position, gender, age, and work experience. An inadequate system can negatively affect motivation and job satisfaction, while an effective and fair system can improve performance and the quality of nursing care. Emphasizing the importance of a proper appraisal system that is well understood to support improvements in health service delivery. Although not all articles label this phase as "admission," these components represent core activities conducted during the initial nursing care.
9.	Evaluation of Nurse Practitioners' Professional Competence and Comparison of Assessments Using Multiple Methods: Self-Assessment, Peer Assessment, and Supervisor Assessment (Liang et al., 2021) (Liang et al., 2021)	D: Cross-sectional S: 211 Nurses V: Assessment methods, Clinical nurse role identity, Direct patient care, Nursing education and health, Communication and collaboration, Patient care quality monitoring. I: Questionnaire A: ANOVA	Assessment of NP professional competence using a multi-assessment approach (self-assessment, peer assessment, and supervisor assessment) provides a more accurate picture of clinical nurses' competence. The study results also show that clinical nurses' competence in Taiwan is at a moderate level (mean competence score 3.45, SD = 0.59), with particular attention required in the areas of patient care quality monitoring and health education.
10.	Implementation of New Patient Orientation Through Welcome Book in the Locally	D: Quasi experimental S: One patient V: - Patient knowledge of orientation	The study indicates that the use of a Welcome Book can enhance the efficiency and effectiveness of the patient orientation process in several ways. First, it provides comprehensive and systematically

	Advanced Breast Cancer (LABC) Patient: A Case Study (Asmaningrum et al., 2024)	aspects before and after intervention - Anxiety level I: Questionnaire A: Descriptive statistical analysis	organized information regarding hospital facilities, regulations, procedures, and health education that is typically delivered verbally, allowing patients to revisit the material as needed. Second, it significantly improves patient understanding, as reflected in the increase in knowledge scores from 20 to 86.67 in the reported case. Third, it contributes to reduced anxiety by offering clear and detailed explanations about upcoming care processes, thereby fostering a greater sense of reassurance and confidence among patients. Finally, it facilitates the work of healthcare professionals, including nurses, by minimizing the need for repeated verbal explanations, as patients can be guided to independently review and comprehend the information presented in the Welcome Book.

Synthesis of Results

The systematic review uncovers several consistent trends across the included studies. While not all articles explicitly examine "new patient admission" as a distinct phase, most address key components closely related to admission, such as therapeutic communication, structured patient orientation, and early-stage nurse patient interactions. These interpersonal relationship-based approaches are consistently associated with improvements in nurse performance and related outcomes. Such improvements are reflected in better adherence to care procedures, enhanced communication effectiveness, improved patient adaptation, and higher levels of patient satisfaction. Across both cross-sectional and quasi-experimental studies, the findings highlight that structured interpersonal interactions particularly during the initial phase of care serve as important determinants of nursing performance.

Regarding contradictions, the included studies show limited inconsistency in the direction of outcomes; however, variation exists in the emphasis and magnitude of effects. Some studies focus primarily on patient-related outcomes, such as satisfaction and adaptation, whereas others highlight professional aspects of nurse performance, including procedural compliance and perceived competence.

Differences in intervention types, measurement tools, and healthcare settings also contribute to heterogeneity, limiting direct comparability across studies.

In terms of evidence strength, most studies employ cross-sectional designs, with fewer quasi-experimental approaches. Although quasi experimental studies provide stronger evidence of intervention effects, the predominance of observational designs limits causal inference. Nevertheless, the consistency of findings across different contexts supports the conclusion that interpersonal relationship-based approaches particularly those applied in admission-related processes contribute positively to nursing performance.

DISCUSSION

This study shows that the implementation of a new patient admission model oriented toward This study shows that the implementation of a new patient admission model oriented toward interpersonal relationships contributes to improving service quality and nurses' performance in hospitals. Several studies have found that therapeutic communication and a structured patient orientation increase nurses' compliance with procedures, as well as enhance patients' comfort and adaptation during the care process (Peter et al., 2024). The implementation of digitally based orientation has also been shown to support more consistent and efficient delivery of information, thereby strengthening the patient adaptation process while simultaneously improving nurses' professionalism in carrying out their duties. (Rahmawati et al., 2023). In line with these findings, the use of structured educational tools such as a Welcome Book further supports the effectiveness of the orientation process by providing comprehensive and organized information that patients can revisit as needed (Asmaningrum et al., 2024). This approach has been associated with significant improvements in patient understanding, as well as reduced anxiety due to clearer expectations of care, while also easing nurses' workload by minimizing the need for repetitive verbal explanations.

These findings are consistent with Peplau's theory of interpersonal relations, which emphasizes the importance of the orientation, exploitation, and resolution phases in nurse patient interactions. Peplau's theory highlights the significance of the relationship between nurses and patients in a therapeutic context, in which each phase plays a crucial role in patient care and recovery. Understanding and being able to effectively carry out each of these phases can lead to better patient outcomes and the development of a stronger and more meaningful therapeutic alliance (Forchuk, 2021). Several studies indicate that the success of interpersonal relationships characterized by empathy, trust, and emotional support is associated with increased patient satisfaction and quality of recovery (Akbar et al., 2022). In addition, communication interventions based on Peplau's theory have been shown to improve patient satisfaction and quality of care, particularly among older patients with chronic conditions and patients treated in intensive care units (Fathidokht et al., 2024).

From the perspective of nurses' performance, studies show that organizational factors such as assigning nurses according to their qualifications, team dynamics, and a supportive work environment

are significantly associated with performance achievement and service quality (López-ibort et al., 2022). An effective and well-understood performance appraisal system also plays a role in increasing nurses' motivation and work outcomes, whereas an inadequate system may reduce job satisfaction and productivity (Jaber et al., 2025). Other findings emphasize that the evaluation of nurses' competencies through a multi assessment approach provides a more comprehensive picture of professional capabilities and areas in need of improvement (Scortzaru et al., 2024).

Overall, this study confirms that an interpersonal-relationship based new patient admission model not only affects patients experiences and adaptation, but also contributes to improving nurses performance and the quality of nursing services. However, several studies indicate that the implementation of this model still faces challenges, such as limited training in therapeutic communication, the absence of uniform implementation standards, and variations in hospital organizational culture (Livingston & Krishnan, 2023). Therefore, it is necessary to strengthen policies, integrate technology that supports patient orientation, and develop continuous training programs to ensure that nurses' interpersonal competencies can be optimally applied in practice.

The future development of new patient admission models needs to be directed toward integrating interpersonal approaches, organizational system support, and the use of technology-based educational media so that implementation becomes more comprehensive and sustainable, with a positive impact on improving the quality of nursing services (Alqahtani et al., 2024). The integration of these three components enables the development of a more structured and adaptive new patient admission model, which not only improves the quality of nursing care, but also enhances patient outcomes and supports the long-term success of technology implementation within healthcare settings.

Despite the contributions of this review, several limitations need to be acknowledged when interpreting the results. First, most of the included studies employed cross-sectional designs, which restrict the ability to draw firm conclusions about causal relationships between interpersonal-based admission approaches and nurse performance. Second, only a portion of the studies explicitly addressed new patient admission, while others examined related elements such as communication and patient orientation, potentially introducing variation in how the concept was represented. In addition, differences in intervention types, outcome indicators, and healthcare contexts across studies may limit the comparability and broader applicability of the findings. Future studies with more robust methodological designs and a clearer focus on the admission phase are therefore recommended to strengthen the evidence.

CONCLUSION

This review indicates that, although not all studies explicitly examine new patient admission, the evidence consistently highlights that admission-related processes particularly therapeutic communication, structured patient orientation, and early nurse patient interactions play a significant role in influencing nurse performance. These interpersonal approaches contribute to improved

communication effectiveness, better adherence to care procedures, and enhanced patient-related outcomes such as adaptation and satisfaction. However, the predominance of cross-sectional designs and variability in study focus limit the strength of causal conclusions. Therefore, while the findings support the positive contribution of interpersonal relationship–based approaches in admission-related care, further rigorous studies specifically targeting the new patient admission phase are needed to strengthen the evidence base and provide more definitive conclusions.

AUTHOR CONTRIBUTION

Novia Caecilia Laoli **:** Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Literature Search, Validation, Visualization, Writing – Original Draft, Project Administration.
Nursalam **:** Conceptualization, Methodology, Formal Analysis, Validation, Supervision, Writing – Review & Editing.
Ilya Krisnana **:** Methodology, Validation, Formal Analysis, Supervision, Writing – Review & Editing.

All authors contributed to the interpretation of the findings, critically reviewed and approved the final version of the manuscript, and agreed to be accountable for all aspects of the work.

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

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Figure Captions

Figure 1. PRISMA flow chart.

Table Captions

Table 1. Article Analysis.