



Nurture the Power of Small Talks

A Deep, Transparent Partnership

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Abstract : In the fast-paced, clinically driven environment of modern healthcare, the "All About the Patient" (AAP) initiative by Apollo Hospitals transforms everyday nurse–patient interactions into opportunities for empathy, trust, and improved outcomes. Rooted in the organization’s “Patient First” philosophy and led by the Department of Nursing, AAP systematizes small talk as a purposeful, research-backed communication strategy. Nurses are trained to identify appropriate moments, use open-ended questions, involve families, and document meaningful conversations—all contributing to patient-centred care. Evidence demonstrates that such communication enhances patient satisfaction, promotes adherence, and improves emotional well-being and clinical outcomes, including symptom relief and reduced adverse events. AAP also strengthens nurse–family collaboration, improving safety and aligning care goals. For nurses, the initiative restores a sense of professional fulfilment by fostering relational care and reducing moral distress. Through structured protocols like “Ask Before the Task,” clear introductions, and shared care plans, AAP integrates therapeutic communication into routine workflows. By making small talk a standard of care rather than a luxury, Apollo Hospitals elevates the quality of engagement and sets a replicable model for holistic, compassionate healthcare delivery. The initiative underscores that when nurses treat patients as people—not just conditions—healing becomes more effective, personal, and sustainable.

IndexTerms - Patient-centered care, Therapeutic communication, Nurse–patient relationship, Empathy, Trust-building, Family involvement, Emotional well-being, Holistic healthcare

INTRODUCTION

In the dynamic, fast-paced environment of modern healthcare, building trust and connection often comes down to the art of small talk. Under the leadership of Apollo Hospitals’ Department of Nursing—and firmly rooted in its unwavering “Patient First” commitment—this initiative strives to transform routine clinical exchanges into genuine human interaction.

Stabilizing a patient’s clinical condition remains the nurse’s foremost responsibility. Yet, in the interstices of everyday shifts, brief moments of conversation can reveal shared interests, personal stories, and cultural connections—whether it’s a passion for sports, fond memories of family, or pride in one’s home state. These conversational threads are more than pleasant distractions: they form the foundation of trust. When patients and families feel seen and understood, they are more likely to engage, ask questions, and participate actively in their care journey.

Apollo Hospitals has long institutionalized patient-centric care through powerful frameworks like “Tender Loving Care” (TLC), Voice of Customer feedback, post-discharge calls, and the innovative Dial 30 service—collectively transforming healthcare transactions into meaningful experiences.¹ Through specialized nursing service excellence initiatives, providers are empowered to introduce themselves clearly, explain each task, share daily plans, and—importantly—take the time to listen.

The Power of Small Talks initiative- “All About the Patient” (AAP) activity systematizes this approach: nurses identify the right moment, use open-ended questions, and engage with both patients and attendants. Whether discovering a shared hometown, celebrating cultural traditions like Raksha Bandhan, or offering drawing materials to a child, these small gestures build bridges of empathy and familiarity.

By nurturing these light yet meaningful conversations, Apollo Hospitals reinforces its “Patient First” philosophy—not just through clinical excellence, but through heartfelt care. When nurses connect with patients as individuals—not diagnoses—they cultivate

stronger relationships, healthier outcomes, and a workplace culture enriched with satisfaction and mutual respect. Let's unleash the power of small talk.

NEED OF THE STUDY: EFFECTIVELY ENGAGING PATIENTS & FAMILIES

Under the leadership of the Department of Nursing and in keeping with Apollo Hospitals' steadfast "Patient First" philosophy, effective engagement with patients and families has been adopted as a cornerstone of clinical practice. Numerous studies underscore that competent, compassionate communication is not merely supportive—it is therapeutic. A systematic review spanning 21 randomized controlled trials found that high-quality physician–patient communication significantly improved patient outcomes across several domains, including emotional well-being, symptom relief, functionality, physiological markers such as blood pressure, and pain control.²

Moreover, a 2023 rapid review focused on older adults concluded that both verbal and non-verbal communication strategies consistently enhanced patient-centred outcomes such as satisfaction, quality of care, life quality, and mental and physical health.³ These findings align with meta-analyses showing that structured communication interventions at hospital discharge raised medication adherence by 24 % and improved patient satisfaction within 30 days post-discharge.⁴

In the oncology setting, cross-sectional research emphasizes that patient-centred communication, characterized by active information exchange and empathetic engagement, directly correlates with increased patient activation and adherence to treatment regimens.⁵ Likewise, a prospective study in intensive care environments demonstrated that a comprehensive engagement programme—combining structured team communication and technological support—reduced adverse events by nearly 29 % and improved patient and family satisfaction scores from 72 to 93 out of 100.⁶

Apollo Hospitals integrates these evidence-based insights into daily nursing routines. Through initiatives such as introducing care roles, employing "Ask Before the Task," sharing daily care plans, and conducting the structured "All About the Patient" (AAP) exercise, nurses establish rapport through open-ended questions and attentive listening. Whether discovering a shared hometown, pets, family traditions, or meaningful personal milestones, these conversations cultivate trust. These meaningful exchanges are not an adjunct—they are essential to realize measurable improvements in clinical outcomes, adherence, satisfaction, and safety (Figure 1).



Figure 1: Apollo Nurses Caring Beyond Duty, Inspiring Every Patient Experience.

In embracing structured, research-driven patient engagement, Apollo Hospitals reinforces its "Patient First" commitment—demonstrably improving therapeutic results through the power of purposeful communication.

2.1 Caring Beyond Clinical Tasks

Under Apollo Hospitals' Patient First philosophy and guided by the Department of Nursing, clinical stability remains the core responsibility of nursing staff. However, healthcare literature increasingly emphasizes that meaningful, open-ended communication is equally critical. By leveraging quieter moments—after medication administration or during routine assessments—nurses can ask strategic, open-ended questions that deepen understanding of a patient's psychosocial context, driving more comprehensive and personalized care (Figure 2).⁷



Figure 2: Nursing Care That Effectively Engages Patients and Families Through Deep, Transparent Partnerships.

Studies confirm that open-ended questioning enhances the quantity and quality of patient information gathered. In a Japanese medical student study, employing more open-ended questions correlated with significantly richer clinical information within just five minutes of patient interaction ($F=41.0$, $p < 0.0001$).⁸ Similarly, implementation of the CICARE (Contact, Introduce, Communicate, Ask, Respond, Exit) communication framework in an outpatient setting led to a notable increase in nurse competency and patient satisfaction post-training ($P < .05$).⁹

These principles underpin Apollo's Nursing Service Excellence Initiatives, which formally incorporate evidence-based approaches into daily workflows¹⁰:

- Clear Introductions: Nurses identify themselves (e.g. "SHO"/ "GST") and clearly communicate their role to build trust from the outset.
- "Ask Before the Task" Protocol: Before performing any procedure, nurses explain what they will do and why—ensuring transparency and patient participation.¹¹
- Tentative Daily Plan: Outlining the day's activities helps reduce patient anxiety and promotes a sense of predictability.
- Structured Medical Record Review: Nurses systematically review records prior to engagement to ensure accuracy and informed communication.

Collectively, these structured practices align with best evidence and elevate the nurse–patient interaction beyond task-oriented care. Asking questions like, "Tell me about your hobbies" or "How has your treatment affected your daily life?" provides insight into emotional state, coping mechanisms, and support needs—information routinely correlated with improved adherence, reduced stress, and heightened patient satisfaction. By integrating research-validated communication methods into standard care, Apollo's nursing team not only addresses clinical needs but also anticipates the "little things" that support holistic well-being, dignity, and trust—every shift, every patient. (Figure 3)



Figure 3: Apollo's nursing team supports holistic well-being, dignity, and trust by addressing clinical needs and anticipating the "little things" for every patient, every shift

2.2 The "AAP" Activity: All About the Patient

Led by the Department of Nursing and rooted in Apollo Hospitals' "Patient First" philosophy, the AAP initiative empowers nurses to engage patients and families beyond routine clinical tasks. This initiative unfolds across four structured steps:

2.2.1. Identify the Right Moment

Nurses are trained to recognize opportunities—like post-med rounds or after routine vitals—when patients are clinically stable and more receptive to conversation. Engaging during these low-stress windows fosters meaningful connections. (Figure 4). Example: A nurse notices a patient is calm after breakfast—an ideal time to ask about their day or hobbies. Studies show that calm, non-urgent times are optimal for psychosocial engagement, helping patients feel more comfortable and open.¹²



Figure 4: Nurses identify low-stress moments—such as post-medication rounds or after routine vital checks—when patients are clinically stable and more receptive, using these opportunities to foster meaningful psychosocial engagement and build rapport.

2.2.2. Ask Open Ended Questions

During these moments, nurses are encouraged to pose open-ended, culturally sensitive questions that invite personal sharing. Examples include: "Which state are you from?" "Kerala! I'll ask a Malayalam-speaking colleague to visit." "Do you have children?" "Four daughters? Would you like to share photos or stories?" These exchanges are rooted in communication science: research shows that open-ended questioning enhances information gathering and rapport. (Figure 5) A Japanese study found significantly richer patient data within five minutes when open-ended questions were used ($F = 41.0, p < 0.0001$).⁸ Further research confirms that mixing open and closed questions boosts satisfaction and the depth of patient interactions.



Figure 5: Open-ended, culturally sensitive questions during calm moments help nurses build rapport and gather meaningful patient information.

2.2.3. Include Attendants and Family

Variables of the study contains dependent and independent variable. The study used pre-specified method for the selection of variables. The study used the Stock returns are as dependent variable. From the share price of the firm the Stock returns are calculated. Rate of a stock salable at stock market is known as stock price. AAP emphasizes involving family or attendants—especially in paediatric, geriatric, or long-stay scenarios—to enhance support, error detection, and care alignment.

Examples:

“Raksha Bandhan is near—shall we celebrate here?”

“Do you like drawing? I can bring crayons or art supplies.”

“Your wife mentioned you miss your morning walk—should I ask physiotherapy to create a plan here?”

A systematic review noted family-centered strategies improve safety perception, reduce adverse events, and enhance collaboration.¹³⁻¹⁴



Figure 6: Involving family and attendants—especially in pediatric, geriatric, or long-stay care—enhances emotional support, safety, and personalized care.

Moreover, every hospital across all the specialties is encouraged to collect stories where small talk visibly improved outcomes—whether easing anxiety, encouraging adherence, or bringing smiles. These narratives are shared during team meetings, embedded in quality improvement, and celebrated across Apollo’s hospitals to promote a culture of empathetic care.

EMBEDDING THE “AAP” ACTIVITY IN DAILY-PRACTICE

3.1. Training & Monitoring

Nurses receive formal instruction in therapeutic communication, including role-play and documentation on AAP use. This Service Excellence Toolkit reinforces formal training in therapeutic communication through role-plays, documentation, and continuous feedback. Supervisors monitor interactions, share success stories, and embed best practices into nursing culture for sustained, patient-centered care. (Figure 7).

3.2. Audits & Feedback: Supervisors observe interactions, review feedback logs, and reinforce practices during shift debriefs.

Continuous Learning: Shared success stories fuel unit-level adaptation and uptake of best practices.

The AAP activity transforms small talk into a structured, purposeful intervention rooted in research and compassion. By thoughtfully engaging patients and families through culturally sensitive, open-ended conversation, Apollo nurses go beyond clinical tasks to reveal what truly matters to each patient. In doing so, the initiative captures Apollo’s “Patient First” commitment—not merely in attitude, but in substantiated, measurable improvements in trust, satisfaction, and health outcomes.



Figure 7: Glimpses of Service Excellence Toolkit

Impact and Clinical Significance of the AAP (All About the Patient) Initiative

The “All About the Patient” (AAP) initiative by Apollo Hospitals represents a transformative shift in the nurse–patient dynamic, reinforcing the idea that compassionate communication is not supplementary to care, but central to clinical effectiveness and patient well-being. Embedded in the organization’s unwavering “Patient First” philosophy and executed under the leadership of the Department of Nursing, AAP bridges clinical acumen with empathetic human interaction. The impact of this initiative extends across four critical domains: patient trust and satisfaction, clinical outcomes, care team communication, and professional fulfilment for nurses.

4.1. Enhancing Patient Trust and Satisfaction

At the heart of AAP is the strategic use of small talk and open-ended communication to cultivate trust. When patients feel genuinely seen and heard, their sense of safety and emotional comfort increases. In a healthcare environment often perceived as intimidating and impersonal, these interactions humanize the experience. Patients who can discuss their interests, family, cultural practices, or simply reminisce about home report significantly higher satisfaction levels. Qualitative feedback from Apollo Hospitals’ patient experience surveys indicates that such personal interactions are often the most memorable aspects of care. The impact is substantiated by global research. Studies show that patient-centred communication is associated with higher satisfaction scores and a greater likelihood of recommending the hospital. For example, patients who felt actively engaged through structured conversation techniques were more likely to rate their care as excellent. Open-ended engagement also allows patients to raise concerns they may otherwise suppress, giving voice to emotional, spiritual, or logistical challenges that might affect their healing journey.

4.2. Improving Clinical Outcomes Through Therapeutic Engagement

While clinical stability remains a priority, communication plays a pivotal role in improving measurable health outcomes. Evidence shows that purposeful dialogue—particularly when nurses employ open-ended questions—can increase treatment adherence, reduce anxiety, and uncover psychosocial issues that may impede recovery. One meta-analysis cited in Apollo’s documentation revealed that high-quality communication improved outcomes such as blood pressure regulation, pain control, and symptom relief.

Incorporating the AAP protocol—where nurses ask questions like “What hobbies help you relax?” or “What’s something that brings you joy each day?”—may seem simple, but it invites disclosure of factors such as depression, stress, social isolation, or spiritual distress. By uncovering these non-clinical variables, nurses can prompt referrals to relevant support services such as counselling, physiotherapy, or spiritual care. This holistic approach enhances continuity and depth of care, contributing to better recovery rates and patient resilience.

Furthermore, in settings like oncology or critical care, where emotional burdens are profound, small talk serves as a therapeutic intervention. It provides patients and their families a coping mechanism, creating a sense of normalcy amid medical uncertainty. Research shows that when patients feel emotionally supported, they are more engaged and adherent to treatment protocols—resulting in fewer readmissions and improved survival rates in long-term care pathways.

4.3. Strengthening Communication and Safety within the Care Ecosystem

AAP is not limited to the patient—it strategically includes family members and caregivers in the conversation, which is especially impactful in paediatric, geriatric, and long-stay scenarios. This inclusion enhances safety, as families often notice subtle changes in the patient’s behaviour or condition and can advocate for timely intervention. Family-inclusive rounds and dialogues reduce medical errors and miscommunication by aligning understanding and expectations among all stakeholders.

Incorporating family in decision-making also strengthens care plans. For instance, a relative might inform a nurse that the patient is diabetic and unfamiliar with their medications—leading to a personalized education session that prevents post-discharge complications. Research backs this practice: studies confirm that involving families during care rounds reduces harmful events and fosters stronger communication channels.

Structured frameworks like AAP allow for predictable, repeatable practices that standardize this communication across units. When paired with tools like “Ask Before the Task” and daily care planning, AAP becomes a cornerstone of patient safety strategy, ensuring that engagement is not left to chance but integrated into workflow design.

4.4. Empowering Nurses and Promoting Workforce Well-being

From a professional standpoint, AAP significantly enhances nursing fulfilment. Nurses often enter the profession with a deep desire to help and connect. However, the pressures of clinical workload, administrative documentation, and emotionally taxing scenarios can lead to burnout. By equipping nurses with tools and training to engage meaningfully with patients, AAP restores a sense of purpose and satisfaction.

Role-play, communication training, and supervisor audits ensure that nurses feel prepared and supported. Sharing positive stories from the field reinforces morale, fosters peer learning, and elevates professional pride. Research consistently shows that when nurses perceive their work as impactful—not just task-oriented—their emotional resilience, job satisfaction, and retention improve. Reduced moral distress and enhanced communication competency are direct, measurable outcomes of this kind of initiative.

As a result of these patient-centered communication efforts, Apollo Hospitals has seen a marked improvement in patient feedback across various departments (Figure 8).

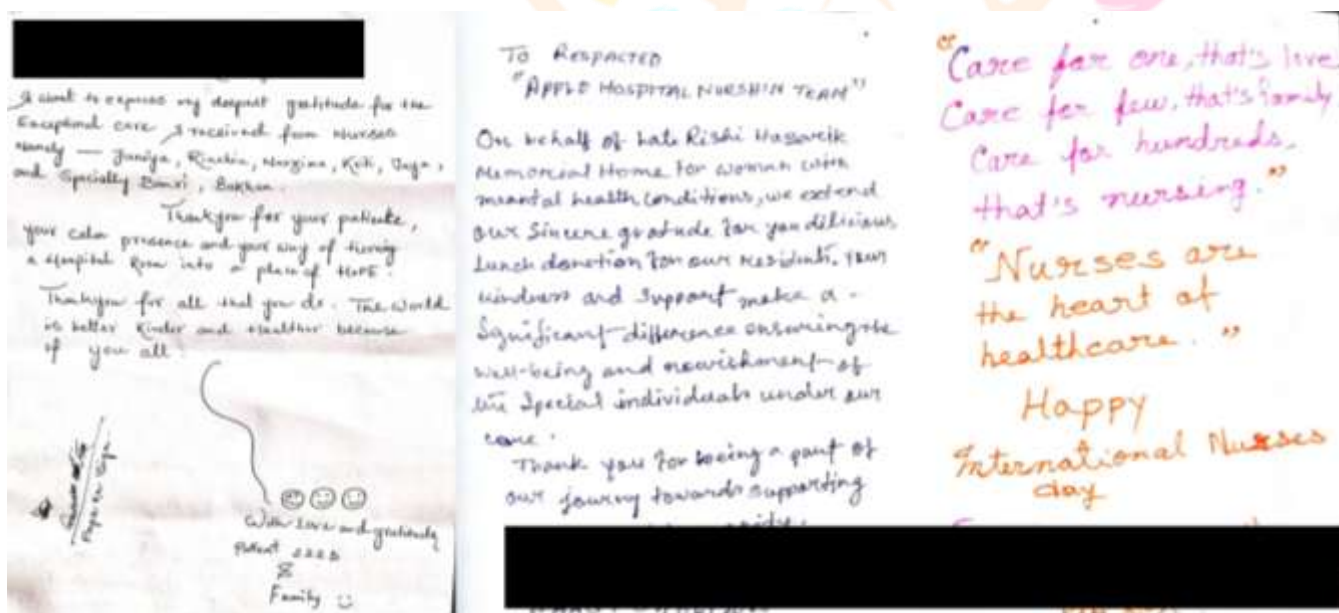


Figure 8: Patient feedback highlights the impact of empathetic communication—nurses’ warmth, attentiveness, and personal connection are key drivers of satisfaction, trust, and Apollo’s reputation for service excellence.

Many patients now highlight the warmth, attentiveness, and personalized care provided by nurses as key factors in their overall satisfaction. Comments frequently mention feeling “truly cared for” and “treated like family,” especially when staff take the time to learn about their background or simply listen. This consistent, compassionate approach has not only improved trust but also strengthened Apollo’s reputation for service excellence. Enhanced communication has become a defining element of the hospital experience, setting a new benchmark for empathetic care.

Conclusion

The clinical significance of the AAP initiative lies in its dual strength: emotional resonance and empirical rigour. By creating space for human connection within clinical workflows, Apollo Hospitals leverages the power of small talk to drive large-scale change. The initiative improves patient satisfaction, trust, adherence, and safety while fostering a healthier, more empathetic workplace culture. It is not merely a soft skill—it is a clinical strategy grounded in research, systems thinking, and the timeless human need to be known and understood. In nurturing meaningful communication, Apollo Hospitals sets a benchmark for holistic, person-centred care that resonates far beyond the bedside.

REFERENCES

[1] Service Excellence. Available at [Service Excellence | Quality Patient Care at Apollo Hospitals - Apollo Hospitals](#).

- [2] Stewart MA. Effective physician-patient communication and health outcomes: a review. *CMAJ*. 1995 May 1;152(9):1423-33. PMID: 7728691; PMCID: PMC1337906.
- [3] Sharkiya, S.H. Quality communication can improve patient-centred health outcomes among older patients: a rapid review. *BMC Health Serv Res* 23, 886 (2023). <https://doi.org/10.1186/s12913-023-09869-8>
- [4] Becker C, Zumbrunn S, Beck K, et al. Interventions to Improve Communication at Hospital Discharge and Rates of Readmission: A Systematic Review and Meta-analysis. *JAMA Netw Open*. 2021;4(8):e2119346. doi:10.1001/jamanetworkopen.2021.19346
- [5] Çakmak, Cuma, and Özgür Uğurluoğlu. "The Effects of Patient-Centered Communication on Patient Engagement, Health-Related Quality of Life, Service Quality Perception and Patient Satisfaction in Patients with Cancer: A Cross-Sectional Study in Türkiye." *Cancer control : journal of the Moffitt Cancer Center* vol. 31 (2024): 10732748241236327. doi:10.1177/10732748241236327
- [6] Dykes PC, Rozenblum R, Dalal A, Massaro A, Chang F, Clements M, Collins S, Donze J, Fagan M, Gazarian P, Hanna J, Lehmann L, Leone K, Lipsitz S, McNally K, Morrison C, Samal L, Mlaver E, Schnock K, Stade D, Williams D, Yoon C, Bates DW. Prospective Evaluation of a Multifaceted Intervention to Improve Outcomes in Intensive Care: The Promoting Respect and Ongoing Safety Through Patient Engagement Communication and Technology Study. *Crit Care Med*. 2017 Aug;45(8):e806-e813. doi: 10.1097/CCM.0000000000002449. PMID: 28471886; PMCID: PMC9479112.
- [7] Fostering Well-being and Resilience for U of U Health Employees, Teams, and Systems. Available at [Resiliency Center | University of Utah Health](#). Assessed on 23/06/2025.
- [8] Takemura Y, Sakurai Y, Yokoya S, Otaki J, Matsuoka T, Ban N, Hirata I, Miki T, Tsuda T. Open-ended questions: are they really beneficial for gathering medical information from patients? *Tohoku J Exp Med*. 2005 Jun;206(2):151-4. doi: 10.1620/tjem.206.151. PMID: 15888971.
- [9] Shen Y, Zhu X, Lei F, Feng L. A Quality Improvement Project to Improve Nurse-Patient Communication and Patient Satisfaction in Outpatient Center. *Qual Manag Health Care*. 2025 May 12. doi: 10.1097/QMH.0000000000000522. Epub ahead of print. PMID: 40266691.
- [10] Azarabadi, A., Bagheriyeh, F., Moradi, Y. et al. Nurse-patient communication experiences from the perspective of Iranian cancer patients in an outpatient oncology clinic: a qualitative study. *BMC Nurs* 23, 682 (2024). <https://doi.org/10.1186/s12912-024-02339-4>
- [11] Ghali, Wael et al. "Enhancing patient satisfaction and experience through bedside interdisciplinary rounds: a quality improvement study." *BMJ open quality* vol. 14,2 e003314. 21 Apr. 2025, doi:10.1136/bmjopen-2025-003314
- [12] Bradshaw, Jane et al. "Kindness, Listening, and Connection: Patient and Clinician Key Requirements for Emotional Support in Chronic and Complex Care." *Journal of patient experience* vol. 9 23743735221092627. 12 Apr. 2022, doi:10.1177/23743735221092627
- [13] Correia, et al. The Family and Safety of the Hospitalized Patient: An Integrative Literature Review. *Port J Public Health* (2021) 38 (2): 129–140.
- [14] Family-centered care. Available on [Family-centered care - Wikipedia](#). Accessed on 25/06/2025

