



Rounding Works. Understanding Why Matters.

William R. England, Ph.D., Strategic Advisor—Research, NRC Health

Katie Haifley, CPXP, Director, Strategy & Product, NRC Health

James Tobey, DevOps Engineer, NRC Health

Executive Summary

Rounding is strongly associated with better patient experience outcomes, with a roughly **20-point lift in top-box Likelihood to Recommend (LTR)** scores between rounded and non-rounded patients. However, that impact is not driven by a single mechanism. Rounding produces its largest gains in **environmental and operational domains**, while also improving **communication and trust**, which are more strongly associated with loyalty. Together, communication and trust explain **about 40% of the observed 20-point LTR gap**, indicating a meaningful but partial pathway. The remaining effect likely reflects a broader mix of operational execution, issue resolution, and other aspects of care that are not fully captured by traditional experience measures.

Key Takeaways for Executives

- Rounding is associated with a substantial lift in patient loyalty (~20 points in top-box LTR)
- The largest improvements occur in environmental and operational domains
- Communication and trust do not operate independently; they reflect a shared underlying experience that is strongly linked to loyalty
- These interpersonal factors explain ~40% of rounding-related LTR improvement

- The remaining impact reflects additional pathways beyond communication and trust
- Rounding is most effective when it reinforces **environmental/operational factors and human connection** in care delivery

Not If, but How

The room is quiet and clean. The call light is answered quickly. Meals show up on time and are surprisingly good. By most operational standards, things are going as well as can be expected.

Then, during a rounding visit, a nurse leader checks in with the patient and asks how everything has been going during her stay. The patient says that things are going well, then pauses. “The only thing is,” she says, “I’m not really sure what’s supposed to happen next, and it’s making me nervous.”

The nurse leader notices that the communication board is missing information. She answers a couple of questions from the patient, and ensures that everything makes sense to the patient before she leaves. Then the nurse leader communicates with the nurse caring for the patient to coach him on the importance of including the plan for the day on the communication board. To the patient’s relief, the board is updated with the daily plan for the rest of her visit.

Nothing in the environment changed. But something in the experience did.

When patients reflect on their care, rounding has an impact. The clean room, the responsive staff, good communication with the nurse—they all matter. But they don’t matter in the same way.

Rounding Shapes Experience

Rounding has been a core [patient experience \(PX\) strategy](#) for more than two decades. Most healthcare leaders don’t need convincing that it matters, because the relationship between rounding and PX improvement is well established, both in the peer-reviewed literature and in practice. Patients who recall being rounded on report better experiences, and organizations that round more consistently tend to perform better on key metrics.

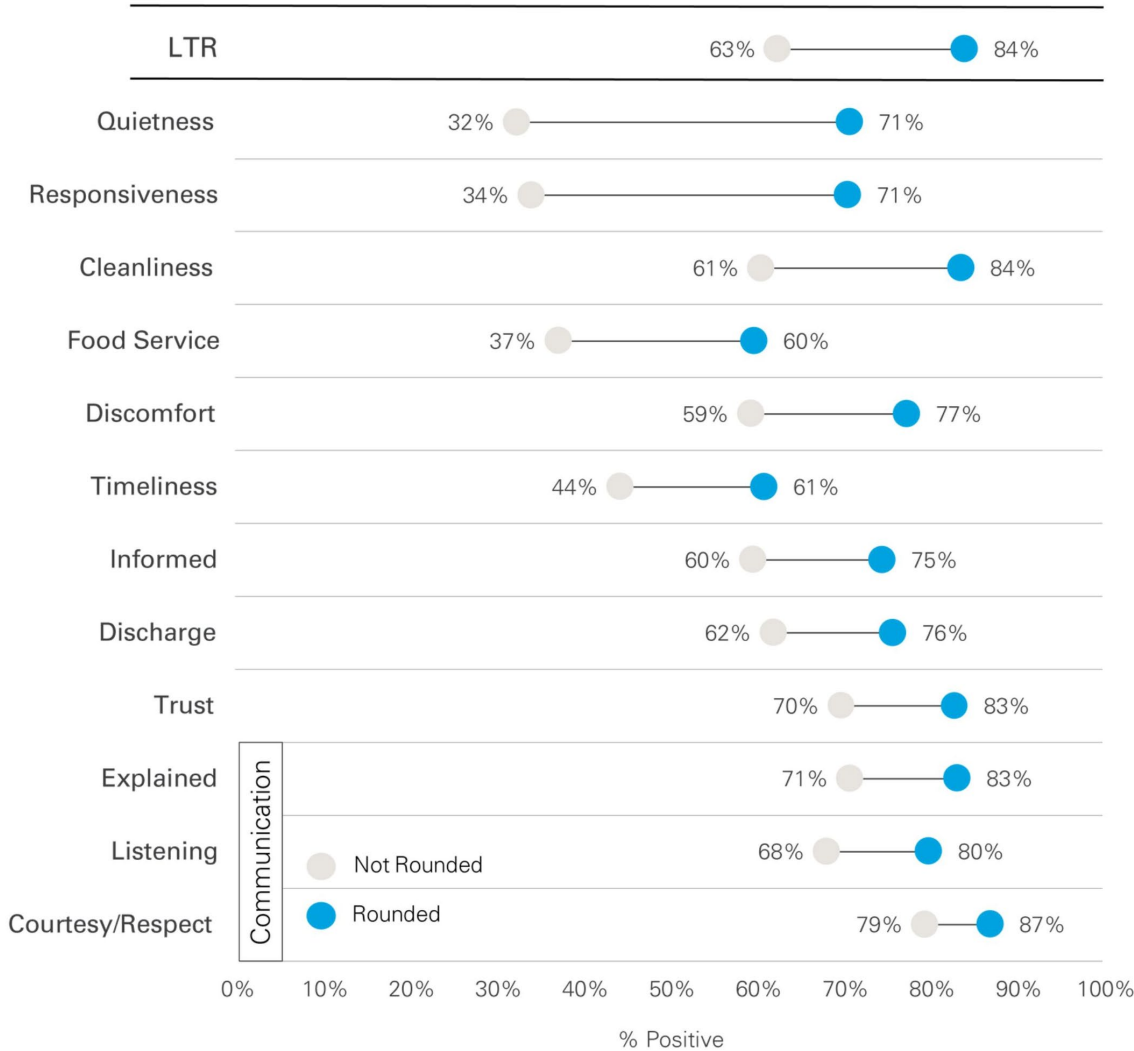
We have strong hypotheses about why rounding works: it helps resolve environmental and operational issues in real time; it creates opportunities for better communication. It [builds trust between patients](#) and caregivers. What’s less clear is how those pathways work together and how much each contributes to the overall effect. Does [rounding primarily impact PX scores](#) by improving the care environment? By strengthening communication and relationships? By building trust? Or through some combination of these?

This nSight takes a closer look at these questions.

Rounding Drives a 15–20% Lift in Patient Loyalty

Looking across eleven NRC Health partners who asked a rounding question over the last twelve months (n = 36,981), we see that the topline finding holds across all eleven organizations: patients who report experiencing some form of rounding (1 = yes; 0 = no) are consistently more likely to give top-box LTR scores. Score increases usually fall in the 15–20% range, with a gap as large as 43% for one organization and as low as 7% for another. When we look more closely at how those differences show up across experience domains overall, a more complex picture emerges.

Rounding Improves Many Aspects of Care, But Not All Drive Loyalty Equally



NRC Health Experience Data | Previous 12 Months | n = 36,981

The figure above reveals that the largest gaps between rounded and non-rounded patients are concentrated in environmental/operational measures. The widest differences appear in areas like quietness (38% gap), responsiveness (37% gap), cleanliness (23% gap), and even food-related questions (23% gap).

At the same time, we also see meaningful improvements in more interpersonal domains, including trust (13%), listening (12%), explaining (12%), and courtesy and respect (8%).

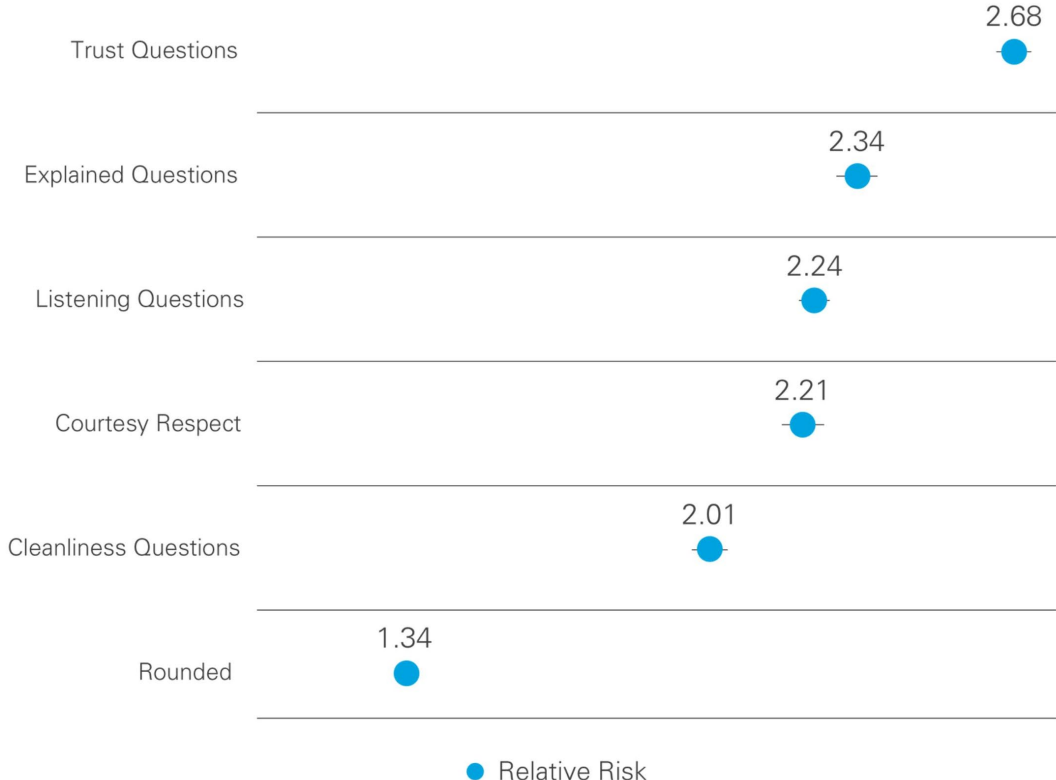
That contrast is important. Rounding strengthens all [three elements of trust—reliability, competence, and respect](#)—but its largest gains are in reliability, improving conditions like responsiveness and cleanliness. Loyalty, however, is strongly tied to competence and respect, reflected in how well providers explain things to, listen to, and treat their patients. In other words, rounding works through both environmental and interpersonal pathways.

Digging Deeper: Rounding Increases the Likelihood of Top-Box LTR Scores by 34%

NRC Health partners use similar thematic questions when rounding, with some slight differences. In order to do cross-customer modeling, we grouped questions by theme—evaluating, for example, whether care providers listened, explained things clearly, treated patients with courtesy and respect, maintained a clean environment, or inspired trust.

We grouped similar questions thematically, and when we modeled these domains individually, controlling for demographic factors, the result was clear: rounding by itself is a significant predictor of loyalty. In fact, [patients who experienced rounding](#) are about **34% more likely** to give a top-box LTR score, compared to patients who don't recall being rounded on.

Relative Impact of Experience Domains on Top-Box LTR



NRC Health Experience Data | Previous 12 Months | n = 36,981

But the strongest relationships are not tied to rounding itself. Trust shows the largest association with LTR (RR = 2.68), followed closely by clear explanations (RR = 2.34), listening (RR = 2.24), and courtesy and respect (RR = 2.21). Cleanliness also matters (RR = 2.01), but it sits below the communication and trust domains.

That surfaces something important. The factors most linked to LTR may be influenced by rounding, and therefore, rounding may have an indirect effect on loyalty. If so, rounding presents multiple opportunities to address key factors that structure loyalty. Was the environment clean and safe? Did patients feel heard? Was information clear? Were interactions respectful? Was trust established between patients and the people caring for them?

Understanding the Pathway(s)

So if rounding isn't the strongest predictor, why does it matter so much?

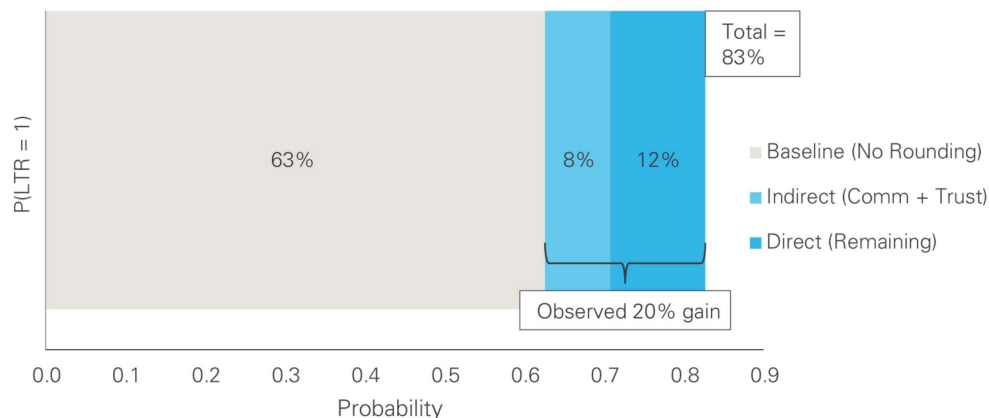
It matters because it changes what happens during care. After adjusting for age, gender, marital status, and language, we saw that [patients who experienced rounding](#) were:

- About **10–11 points more likely** to report positive listening
- About **10–11 points more likely** to report clear explanations
- About **11 points more likely** to report trust
- About **3 points more likely** to report courtesy and respect

Rounding appears to increase the likelihood that the behaviors patients value most actually occur. To test whether those behaviors explain the loyalty gap, we modeled LTR step-by-step, and found that:

- The adjusted rounded vs. non-rounded gap starts at **20 points**
- Adding communication measures reduces the gap to **12.8 points**
- Adding trust reduces it to **12.7 points**
- Adding both reduces it to **11.9 points**

Rounding Effect on LTR: Direct + Communication/Trust Pathway



NRC Health Experience Data | Previous 12 Months | n = 36,981

In total, communication and trust account for **about 40% of the gap**. That is substantial, but it isn't the whole story. The remaining 60% reflects other pathways.

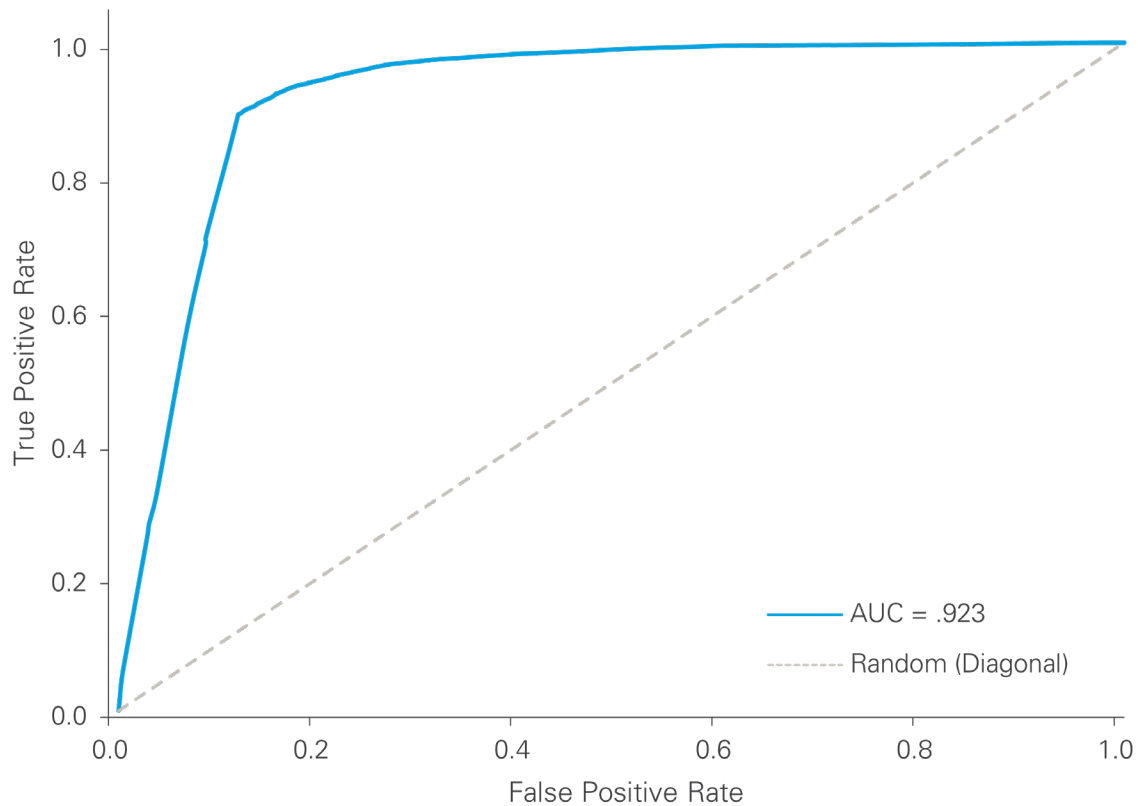
Perhaps the biggest impact rounding has is found in the commitment to quality, safety, and experience shown by leadership who devote time to ensuring that best practices are being executed consistently. Simply put, time spent in the room gives leaders line-of-sight into how well expectations are being delivered on. Importantly, however, rounding is not about policing or punitive enforcement. It provides leaders with a window into the actual care experience, allowing insight for recognition, coaching, and mentoring around best practices.

How Trust Fits In

But the models also reveal something else. Communication-related factors and trust are not independent levers. Because these measures are highly correlated, their individual effects should not be interpreted in isolation. Listening, explaining, and courtesy/respect are deeply tied to trust, and as a result they combine to impact LTR.

When we model trust as the outcome instead of LTR, communication behaviors predict trust extremely well. Listening is the strongest contributor, followed by explaining, then courtesy/respect. An AUC (Area Under the Curve) of 1.0 represents a perfect classifier; in this case, the model achieves an AUC of 0.923, indicating a very strong relationship between communication behaviors and trust.

ROC Curve: Communication Behaviors Strongly Predict Trust

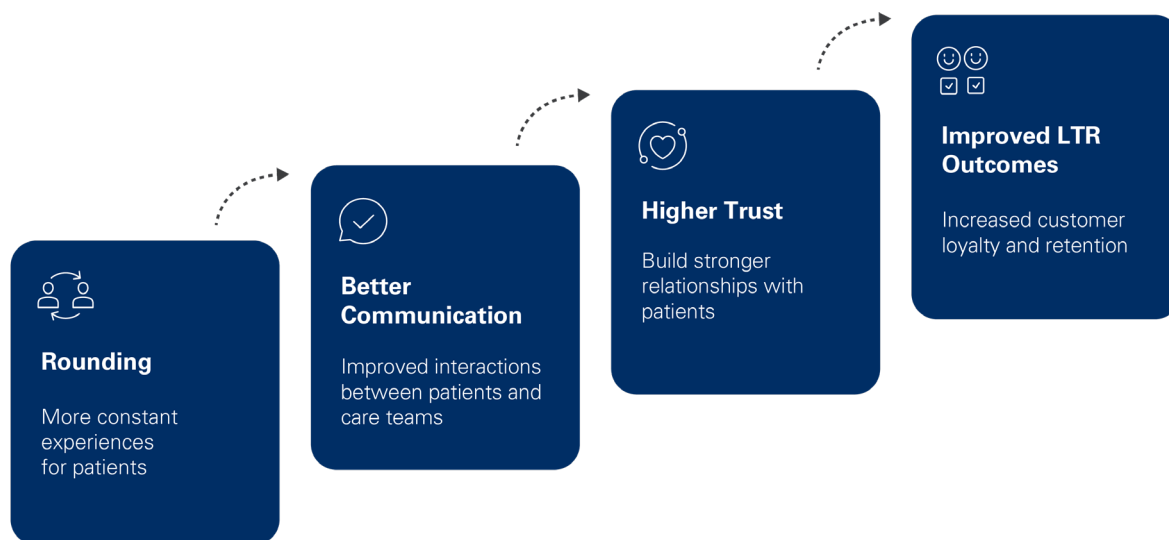


NRC Health Experience Data | Previous 12 Months | n = 36,981

This suggests that [trust is built through positive patient-staff interactions](#). Patients are more likely to trust when they feel heard, when explanations are clear, and when they are treated with respect—and rounding appears to increase the likelihood that those moments happen. Trust, then, is more likely to build because of [rounding's impact on communication](#).

Put another way, the general pattern can be described as:

Rounding → Better Communication → Higher Trust → Improved LTR Outcomes



What This Proves (And Does Not Prove)

It's tempting to conclude that interpersonal factors like listening and [trust need to be the focus of a meaningful round](#), above and beyond operational or environmental factors like cleanliness or responsiveness. But that's not quite what the data shows.

What we can say is this:

- Communication factors and trust are **more strongly associated with loyalty** than rounding itself
- Rounding is associated with **meaningful improvements** in those domains
- But it's listening, explaining things, and showing courtesy/respect that are tied to trust—which is **by far the best predictor of LTR**
 - That pathway explains a **significant portion** of the loyalty gap, but it doesn't explain it all
 - Roughly **60% of the gap remains outside the modeled pathway**

The remaining 60% share likely reflects a mix of other mechanisms: responsiveness, issue resolution, environmental conditions besides cleanliness, and other aspects of the experience not captured by the variables available for the analysis.

Just as importantly, [PX data](#) includes only a limited set of factors, and cannot fully account for everything that happens during a visit.

The more accurate conclusion is this: **rounding works through multiple pathways. An important one is communication and trust; these are clearly key drivers. But they are not the only drivers.**

What This Suggests for Practice

Rounding works not simply because it happens, but because of what it enables. It's most effective not as a task to complete, but as a structured opportunity to influence the moments that matter most to patients. While rounding improves environmental and operational aspects of care, its greatest impact on loyalty comes from what happens during the interaction itself.

A practical framework for an effective round:

1. **Resolve something** (environment / operations)
2. **Connect with the patient** (listening, respect)
3. **Build trust** (clarity, confidence, follow-through)

This shows up through a small set of high-impact behaviors:

| Focus Area | What to Do | Example in Practice |
|--|--|--|
| Listening <i>(strongest driver of trust)</i> | Start with an open-ended question, and then reflect back what you hear | "How has your stay with us been so far?" → Summarize their response |
| Explaining | Clearly outline what happens next and confirm understanding | "Here's what will happen in the next few hours..." → "Does that make sense?" |
| Courtesy & Respect | Personalize the interaction and reduce power distance | Acknowledge the patient as a person, address them by their preferred name/pronouns, sit when possible, include them as a partner in their care |
| Trust-Building | Set expectations and follow through | "I'll follow up and be back by..." → Return as promised |

At the same time, rounding works through multiple pathways. Communication and trust explain part of its impact, but much of the effect is driven by other factors such as responsiveness, issue resolution, and the overall care environment. Leading organizations account for all of these—strong interpersonal practices, environmental improvement, and rapid service recovery during rounds.

Measurement should reflect this. Move beyond whether rounding occurred to whether it worked. Did the patient feel heard? Were next steps clear? Was an issue resolved? Was follow-up

completed? Consider tracking metrics, such as the percentage of rounds with issues resolved in real time versus escalated, along with time to resolution for those escalations.

Rounding is less about consistency of process and more about consistency of impact. The question is not just whether it is happening, but what it produces.

Closing Perspective

The bottom line: rounding works. NRC Health data supports that conclusion, and the experiences at many organizations reinforce it. At the same time, the mechanism appears to be more nuanced than is often described. A portion of the effect remains unexplained by this analysis, but a substantial share operates through known key drivers of patient experience, particularly communication-related factors and trust.

Rounding seems to make those factors more likely to occur, and this point may be useful as organizations continue to refine their approach. If rounding is understood not just as a task, but as a way of creating more meaningful interactions, as well as safer, more comfortable environments, it becomes easy to see how it fits into a broader strategy for improving experience. The opportunity for leaders is not just to ensure that rounding happens, but also to ensure that it produces the experiences that matter most.

