



**aahid**

American Academy of  
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**Commit to Sit:**  
*How Purposeful Sitting Improves the Patient  
Experience and Caregiver Connection*

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## *Introduction*



Hospital “Commit to Sit” programs are a simple yet potentially powerful strategy for improving patient-centered care. Commit to Sit encourages caregivers to consciously sit at the patient’s bedside while interacting with them, rather than standing. While it seems like a simple thing to do, this small change can have meaningful effects on the patient’s experience, altering the patient’s perception of the caregiver’s attentiveness, improving therapeutic communication and boosting patient satisfaction. This white paper explores recent research on Commit to Sit programs, highlights their impact on patient satisfaction, and the quality of communication between patient and caregiver including the role of eye contact.

## *Origins of Commit to Sit*

The idea of deliberately sitting at the bedside originated from patient-centered communication research that emphasized the importance of nonverbal communication in healthcare settings. Studies have shown that sitting down signals to patients that caregivers are dedicating time to them encourages uninterrupted conversations and improves the patient’s perception of compassion (El-Shami, 2023). Patients consistently reported that sitting created the impression that caregivers spent more time at the bedside, conveyed greater attention by the caregiver, improved trust, and created a stronger connection (George et al, 2018). The research also demonstrated that sitting increased the patient’s sense of security and established a more effective therapeutic relationship (El-Shami, 2023). This corresponds with the principles of

patient-centered care which emphasize healthcare should be responsive to the patient's needs and preferences (Hughes, 2012).

## *Evidence of Patient Satisfaction Improvement*

Many hospitals have initiated Commit to Sit programs with measurable improvements in patient experience metrics.

University of New Mexico Hospital (UNM) launched Commit to Sit in several units. Caregivers were encouraged to spend more time seated with the result being improved communication and patient satisfaction scores. UNM saw positive feedback from patients who felt their doctors and nurses were more attentive when seated during conversations (UNM Health Sciences Center). Specifically, in 2022 before the Commit to Sit program was introduced, communication by nurses was scored at 72.6%, while doctor communication scores at 69%. These scores have increased yearly and now nurse communication is up to 78% and doctor communication has improved to 81% (UNM Hospital).

Cleveland Clinic's Marymount Hospital introduced Commit to Sit as part of a broader program called "I Commit." Nurses were asked to sit with patients at least once during their shifts. This initiative led to a improvement in nurse-patient communication scores, with patients reporting that they felt more valued and listened to (Cleveland Clinic, 2020). The program was structured in three parts: Commit to Sit, Commit to Connect and Commit to Communicate.

Under Commit to Sit the hospital bought chairs that hang on the back of each room door to make it easy for the nurses to sit down at the bedside. Commit to Connect emphasized the nurses listening to the patients, to increase the patient's sense of security and to send the message that nurses care about them. Commit to Communicate went a step further by ensuring patients were directly involved in their own care planning. During shift changes, both incoming and outgoing nurses sat with patients to review goals, updates and steps in treatment, making certain patients were active participants in decisions about their care. Nurse communication scores improved from 40% in 2017 to 86% in September of 2018 (Cleveland Clinic, 2020).

Advocate Aurora Health experienced a similar transformation in their patient satisfaction surveys. Responses related to whether patients felt listened to by nurses jumped from 37th percentile to 77th percentile within just a few months of launching the Commit to Sit program. Survey results showed sitting with patients made interactions more meaningful and contributed to better overall patient experiences (Westfall, 2022).

Below are additional hospitals that have implemented Commit to Sit programs and demonstrated measurable improvements in patient satisfaction and communication outcomes:

### **Houston Methodist Hospital, Houston, Texas**

#### **Program: Commit to Sit in Radiology**

Patients reported higher perceived satisfaction and perceived empathy from radiology staff when caregivers sat while communicating. The program improved patient trust and overall communication scores. "Patients preferred staff to sit while communicating, as it demonstrated compassion, respect and competence" (Pittsenbargar et al, 2015).

### **A medical telemetry unit (facility not specified in published study)**

**Program: Commit to Sit Excellence Initiative**

Implementation led to improvement in survey scores. Nurse communication scores improved from the 9th percentile to the 43rd percentile, with ‘always’ responses increasing from 71% to 79.3%. “Listening carefully” and “explaining understandably” improved most significantly. Patients perceived nurses as spending more time with them when seated (Lidgett, 2016).

**A mother–baby unit (facility not specified in study)****Program: Commit to Sit Nurse-Physician Integration Program**

Nurse communication composite scores improved from 70% to 100% following implementation of the Commit to Sit initiative (Kleytman & Youssef, 2021).

**A pediatric perioperative outpatient unit (facility not specified in study)****Program: AIDET + Commit to Sit**

Patient satisfaction survey results increased from 80.7 to 83.3% within one month. Staff reported higher confidence in communication (Revelta & Arevelta, 2022).

**A county hospital in Texas, Hospitalist Department****Program: Chair Placement for Physician Sitting Trial**

3.9% improvement in Tool to Assess Inpatient Satisfaction with Care from Hospitalist (TAISCH) scores. No increase in visit duration, indicating that perceived rather than actual time influenced satisfaction. Chair placement boosted satisfaction and communication ratings significantly (Iyer et al, 2023).

Across multiple hospital settings, from radiology to pediatrics, Commit to Sit programs demonstrate measurable improvements in patient satisfaction and communication, though the magnitude varies by setting and measurement method. These programs demonstrate a cost-effective strategy for improving patient experience and staff engagement.

## *Non-Verbal Communication & Eye Contact*

Our examination on the importance of eye contact and sitting at eye level focused on five studies (found on next page). Across these studies, a consistent pattern emerges. When caregivers meet patients at eye level, the interaction is perceived as more compassionate and attentive. Patients report feeling more respected and more fully heard when eye contact happens on an equal plane rather than from above the bedside. The act of sitting positions the caregiver at or below eye level with the patient facilitating more natural eye contact and reducing the power differential inherent in standing conversations (Salim et al, 2023). Even brief interactions can create meaningful changes in patient perception. Patients often believed more time was spent with them, and they rated communication quality higher when doctors sat rather than stood (Lopez, 2025).

University of New Mexico Hospital’s Commit to Sit Implementation program found that even brief interactions (often under one minute) improved patient perceptions of compassion and attentiveness. Patients reported less intimidation and had a greater connection with staff when eye contact was initiated (Lopez, 2025).

A report in the American Nurse Journal – “*Engage with Patients Eye to Eye*” emphasized sitting at eye level improved communication scores and patient trust. Eye contact was emphasized as a critical nonverbal cue in building rapport with patients (Suvacarov, 2025).

In a study reported in the Journal of Obstetric, Gynecologic & Neonatal Nursing, *Commit to Sit to Improve Patient Satisfaction* (2021), the focus was on nursing communication in inpatient obstetric units. Patients perceived nurses as more compassionate and their instructions clearer when nurses sat at eye level. Eye contact reinforced patient understanding and reduced confusion when instructions were received from multiple caregivers (Kleytman & Youssef, 2021).

A study by Michigan Medicine / VA Ann Arbor – *“Have a Seat, Doctor”* focused on physician posture. The findings were that sitting or crouching at eye level was associated with increased patient trust, satisfaction, and overall experience. Eye contact at equal height was linked to stronger patient-doctor relationships (Gavin, 2024).

Research at the University of Wisconsin School of Medicine *“When Doctors Sit, Patients Feel Better”* observed bedside discussions. Findings indicated that doctors sitting in chairs had better eye-to-eye interaction, leading patients to feel doctors had spent more time with them. Eye contact at eye level was associated with improved understanding of patient care plans (Hellpap, 2024).

<b>Study Summary</b>	<b>Context</b>	<b>Findings Related to Sitting &amp; Eye Contact</b>
University of New Mexico Hospital (Lopez, September 2025)	Hospital-based Commit to Sit implementation	Patients reported improved perceptions of attentiveness and compassion when nurses sat briefly; eye-level contact reduced intimidation and improved compassion ratings.
American Nurse Journal – “Engage with Patients Eye to Eye” (Suvacarov, July 2025)	Nursing practice guidance	Sitting at eye level reinforced trust and attentiveness; eye contact was highlighted as a critical nonverbal cue encouraging rapport.
Commit to Sit – Critical Care Nurse Journal (George et al., April 2018)	Inpatient nursing units	Nurse communication scores rose from the 4th to the 90th percentile over three years; improvements were associated with increased use of bedside sitting and eye-level communication.
Michigan Medicine / VA Ann Arbor Review (Gavin, July 2024)	Physician–patient interactions	Sitting or crouching at eye level was associated with improved perceptions of compassion and trust; patients valued direct eye contact during discussions.
University of Wisconsin Study – “When Doctors Sit, Patients Feel Better” (Hellpap, February 2024)	Bedside physician communication	Patients believed doctors spent more time with them when seated; eye-to-eye contact was associated with improved clarity of care plans and satisfaction.

Hospitals that have adopted Commit to Sit programs report measurable gains in patient satisfaction scores. This demonstrates that these small changes can support better communication. However, barriers do exist, such as limited access to seating and the pressure to move quickly between rooms was noted in the research (George et al., 2018).

## Chair Location & Placement



Hanging a chair on the back of patient room doors may have originated as a practical space-saving solution as hospitals shifted toward smaller private and semi-private rooms in the latter half of the last century. Hospitals needed a way to provide additional seating for family members without consuming valuable floor space or adding clutter that would interrupt staff workflows. Storing the chair on the door was not an interior design decision. Hanging was necessary to keep chairs assigned to a room, made the process of cleaning the floor easier, and created a predictable storage location for staff. Hangable chairs are still used today for the same reasons.

During a trial at a county hospital in Texas, researchers examined the effect of chair placement on physician behavior and patient satisfaction during interactions with patients. This involved placing a chair within 3 feet of the bedside with the chair facing the bed for some doctors, compared to the chairs' normal location which was hanging on the back of a door for others in the control group. Researchers studied 125 doctor patient encounters. The results demonstrated that 38 of 60 physicians in the chair placement group sat down during patient encounters, compared to only 5 of 65 physicians in the control group (Iyer et al., 2023).

*"...we found that a simple, no cost nudge of conveniently placing a chair by the bedside can statistically significantly affect the behavior of hospitalist physicians and patients' satisfaction. With this nudge, physicians were substantially more likely to sit during patient encounters (63%) compared with a control group where the chair was left in its usual location (8%). ...Our findings indicate how choice architecture within hospital*

*rooms can change physician behavior and improve the experience of patients.” (Iyer et al., 2023)*

The location of the chair in the patient room thus becomes critically important. This research study clearly suggests that hanging the chair behind a door or in a storage cabinet will make it far less likely to be used by physicians. Having the chair close to the bed where it can be easily accessed is preferable.

A physician at Trinity Health in Grand Rapids, MI stated he almost always moves the chair closer to the patient’s bed when it is available. He was aware of the research and the benefits of chair placement on patient experience and communication. “It’s also one of the few opportunities I get to sit down,” he said, “so it benefits the patient and me.”

## *Practical Recommendations for Healthcare Administrators*

1. Place chairs in every patient room and at bedside to remove the “no chair” barrier. In many patient rooms, limited floor space or equipment congestion prevents chairs from remaining positioned at the bedside. As a result, chairs are often hung on the back of the door or stored in wardrobes, unintentionally recreating the “no chair” barrier. When planning patient rooms, provide a defined, unobstructed parking location for a clinician chair within arm’s reach of the patient zone so it can remain visible and ready for use without interfering with circulation or equipment clearances.
2. Use lightweight, movable chairs so clinicians can easily sit without disrupting workflow.
3. Train staff on the importance of eye-level eye contact as a nonverbal cue of compassion and attentiveness.
4. Encourage nurses to sit during shift changes, as in the Cleveland Clinic program where both incoming and outgoing nurses sat with patients to review care plans. This reinforces eye contact and patient inclusion. Educate staff that even short sitting periods (30–60 seconds) can make patients perceive that caregivers spent more time with them.

## *Planning Recommendations*

### **1. Ensure Seating Is Readily Available**

Consistent access to a chair in every patient room is critical to the success of Commit to Sit programs. Designers may facilitate this by selecting seating with a compact footprint that has a consistent home in the patient room.

### **2. Select Materials for Cleanability and Durability**

Hospitals require furniture and equipment made from nonporous, wipeable surfaces that align with cleaning, disinfecting and infection control practices. Durability is highly valued. Chairs must tolerate constant movement, repeated cleaning, and the daily wear in a high-use setting. Long-lasting materials are essential to control replacement costs.

### **3. Chair Design Matters**

Chairs that have a fold-away design and lightweight construction make it easier for hospital staff to reposition quickly. Rounded edges help reduce accidental injuries in tight spaces. In smaller

rooms, chairs that stow away neatly can preserve valuable room space. The chair should not have pinch points when being folded or stored. The design should be intuitive when opening or hanging the chair.

## *Conclusion*

Commit to Sit is a simple yet transformative practice that redefines patient-centered care. By choosing to sit at the bedside, caregivers communicate presence, empathy and respect. These qualities significantly shape how patients perceive care, as noted above. Major health systems such as the University of New Mexico Hospital and Cleveland Clinic have demonstrated improvements in patient satisfaction scores, enhanced communication and strengthened caregiver-patient relationships. Smaller systems or even specific clinical units, such as Mother/Baby or Cancer Care, can also try Commit to Sit prior to the entire hospital taking on the challenge.

Even brief interactions (often under one minute) have been shown to increase trust, improve understanding of care plans, and make patients feel that caregivers spend more time with them. Sitting at eye level promotes better eye contact and reduces the power distance between caregiver and patient, creating moments of connection.

Meaningful improvement in healthcare does not always require complex interventions, technology, major changes in policy, or added costs. Something as simple as chair placement can turn behavior into a habit. Small intentional acts supported by thoughtful patient room design can significantly elevate the patient experience and restore the human connection that is at the core of healing.

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[info@aaahid.org](mailto:info@aaahid.org)

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