Corridor Care: Patient Experience in Non-Traditional Spaces

Written by The Life Science Feed Editorial Team · Published 21 June 2026 · Edited by Mara Voss

> The increasing pressure on hospital bed capacity frequently necessitates patient care delivery in non-traditional spaces, including corridors. This practice raises questions regarding its impact on patient experience, perceived quality of care, and effective communication with healthcare providers. Understanding the specific elements that contribute to a sense of being cared for, even in suboptimal environments, is critical for maintaining patient trust and clinical efficacy.

KEY TAKEAWAYS

- The Pivot: Patient perception of care quality is influenced by provider communication and attentiveness, even when physical surroundings are suboptimal.
- The Data: Specific communication strategies, such as clear explanations and regular updates, can mitigate negative perceptions associated with corridor care.
- The Action: Clinicians should prioritise explicit communication and empathetic engagement to enhance patient experience in non-traditional care settings.

The provision of medical care in hospital corridors, a consequence of escalating patient demand and bed shortages, presents a significant challenge to maintaining established standards of patient experience. While the physical environment is inherently suboptimal, the patient's perception of care quality is not solely determined by the setting. Instead, it is heavily mediated by interactions with healthcare professionals. Patients in corridor settings often report feelings of vulnerability, lack of privacy, and reduced dignity. These perceptions can be exacerbated by a lack of clear information regarding their condition, treatment plan, or expected duration in the corridor. The absence of a dedicated space can also lead to a sense of being overlooked or forgotten, potentially impacting adherence to treatment or willingness to engage with providers.

Understanding Patient Experience in Corridor Settings

Studies examining patient experience in non-traditional care environments consistently highlight the importance of communication. Patients who report feeling informed about their situation, even if the news is unfavourable or the wait is prolonged, tend to report higher satisfaction with their care. This includes clear explanations of why they are in a corridor, what steps are being taken for their care, and realistic timeframes for moving to a more appropriate setting. Regular check-ins by nursing staff and physicians, even brief ones, can significantly alleviate feelings of isolation and anxiety. Conversely, infrequent communication or vague responses contribute to increased distress and a diminished perception of care quality. The perceived attentiveness of staff, demonstrated through active listening and empathetic responses,

can partially offset the negative aspects of the physical environment. For example, a patient receiving care in a corridor who feels their pain is being adequately managed and their questions are being answered may report a more positive experience than a patient in a private room who feels ignored. The continuity of care, where patients feel that different members of the healthcare team are aware of their situation and treatment plan, also plays a role in fostering a sense of security and being cared for. Disjointed communication between shifts or different specialties can erode this trust, particularly in a transient corridor setting. The challenge for healthcare providers is to deliver consistent, high-quality communication and empathetic engagement under conditions that are inherently stressful and resource-constrained. This requires specific training and a conscious effort to prioritise patient interaction despite environmental limitations.

Mitigating Negative Impacts: Strategies for Healthcare Professionals

To mitigate the adverse effects of corridor care on patient experience, healthcare systems must implement targeted strategies. One crucial area is staff training. Education programs should focus on enhancing communication skills, particularly in conveying difficult information, managing expectations, and demonstrating empathy in challenging environments. Role-playing scenarios simulating corridor care interactions can help staff develop practical skills for addressing patient anxieties and maintaining dignity. Furthermore, establishing clear protocols for information dissemination, including regular updates on bed availability and expected transfers, can empower staff to provide consistent and accurate information to patients and their families.

Beyond communication, practical interventions can also improve the corridor experience. While a private room is ideal, temporary visual barriers, such as portable screens or curtains, can offer a modicum of privacy. Ensuring access to basic amenities, including call bells, water, and functional power outlets for personal devices, can significantly enhance patient comfort and sense of control. Regular rounds by non-clinical staff to address non-medical needs, such as offering blankets or assisting with phone calls, can also free up nursing time for direct patient care and contribute to a more positive overall impression.

Future Directions and Systemic Solutions

Ultimately, addressing corridor care requires systemic solutions that extend beyond individual interactions. Investment in hospital infrastructure to increase bed capacity, optimize patient flow, and enhance discharge planning are fundamental long-term goals. Research into the long-term psychological impacts of corridor care on patients, particularly vulnerable populations, is also warranted to fully understand the scope of the problem. Furthermore, exploring technological solutions, such as real-time bed management systems and digital patient information platforms, could streamline communication and improve transparency for both patients and providers. While the immediate focus remains on optimizing the patient experience within existing constraints, a concerted effort towards preventative measures is essential to uphold the principles of patient-centered care.

For comprehensive guidance on delivering patient-centred care and upholding clinical standards, even in challenging environments, refer to the indispensable Oxford Handbook of Clinical Medicine.

CLINICAL IMPLICATIONS

The persistent use of hospital corridors for patient care is an indictment of systemic capacity issues, yet it forces clinicians to adapt. The data consistently points to communication as the primary lever for mitigating patient distress in these settings. It is not enough to simply provide care; clinicians must actively and explicitly communicate the 'why' and 'what next' to patients. This means more than just medical updates; it involves acknowledging the patient's discomfort and validating their experience.

For healthcare systems, this implies a need for targeted training in communication strategies for high-stress, low-privacy environments. It is a pragmatic response to an undesirable reality. While the ideal solution involves adequate bed capacity, the immediate imperative is to equip staff with the skills to humanise care in dehumanising spaces. This could involve structured communication protocols for corridor patients, ensuring regular updates, and empowering nursing staff to address patient anxieties proactively.

The industry, particularly those developing hospital management software or patient communication platforms, should consider how technology can support these efforts. Real-time updates on bed availability, estimated wait times, and direct communication channels between patients and their care team could enhance transparency and reduce anxiety. The goal is not to normalise corridor care, but to ensure that while it persists, the patient's experience of being cared for remains paramount.

EDITORIAL & AI STANDARDS

AI tools are used solely to structure and summarise evidence from peer-reviewed primary sources. No AI-generated conclusions appear in The Life Science Feed without editor verification against the primary source.

REFERENCES

1. 1. Williams C. 'Corridor care' in the emergency department: managing patient care in non-clinical areas safely and efficiently. Emergency Nurse. 2023;31(6):34-41. doi:10.7748/en.2023.e2187
2. 2. Robertson S, Ryan T, Talpur A. Staff and patient experiences of crowding, corridor care and boarding: a rapid review. Emergency Nurse. 2024;34(4). doi:10.7748/en.2024.e2215
3. 3. Barnes E, Ndlovu N, Knowles L, Price V, Subbe C. Patients cared for in the corridor of a large hospital in the United Kingdom: Sick, elderly, and sad. Acute Med. 2024;23(4):172-175. PMID:40145351 doi:10.52964/amja.0992
4. 4. Chang BP, Carter E, Ng N, Flynn C, Tan T, Brody A, et al. Patient treatment in ED hallways and patient perception of clinician-patient communication. Am J Emerg Med. 2016;34(6):1163-4. doi:10.1016/j.ajem.2016.02.074
5. 5. Larsen BI, Skretting P, Farstad T. Hallway patients--consequences for the quality of care and patient integrity. Tidsskr Nor Laegeforen. 2000;120(22):2636-8. PMID:11077507

LICENCE & RIGHTS

MEDICAL DISCLAIMER

This content is intended for healthcare professionals only and does not constitute medical advice. Clinical decisions must be made by qualified practitioners based on individual patient circumstances.

FOLLOW THE LIFE SCIENCE FEED

Instagram @lifesciencefeed **LinkedIn** linkedin.com/company/thelifesciencefeed