

## Corridor Care in Emergency Departments: A Still Existing Symptom of Systemic Strain in Ethiopian Public Hospitals

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While often employed to maintain patient flow, the increasingly observed practice of corridor care in emergency departments (EDs) across Ethiopia raises serious concerns about patient safety, privacy, dignity, and the overall quality of care.

EDs worldwide are increasingly challenged by overcrowding, a condition where patient demand exceeds the capacity to provide timely and appropriate care.<sup>(1)</sup> In low- and middle-income countries (LMICs), this issue is compounded by limited infrastructure, staffing shortages, and high patient volumes.<sup>(2)</sup> One visible manifestation of overcrowding is corridor care, the practice of treating patients in hallways or non-designated clinical spaces due to a lack of available beds.<sup>(3)</sup>

Recent findings from tertiary referral centers in Ethiopia revealed critically high National Emergency Department Overcrowding Scale (NEDOCS) scores, with a median of 476.5, far exceeding thresholds for safe care, below 100 scores.<sup>(4, 5)</sup>

At St. Paul's Hospital Millennium Medical College (SPHMMC), severe bed shortages, responsible for 77.9% of delays, have led to routine corridor care, with nearly 60% of patients staying in the 15-bed ED for over 24 hours and some up to 16 days, despite managing 25–30 daily visits and over 22,000 cases in 30 months.<sup>(4, 6)</sup>

Corridor care in Ethiopia is common yet under-researched, with insufficient documentation potentially normalizing practices that jeopardize patient outcomes and ethical standards for providers. Healthcare workers face moral injury and burnout when forced to deliver care in environments that violate professional standards.<sup>(4, 7)</sup>

This issue is especially pronounced in teaching hospitals, where practitioners, often early-career professionals, are exposed to high patient volumes, limited resources, and ethically challenging environments. These conditions contribute to emotional exhaustion, reduced clinical performance, and long-term attrition among the workforce.

Corridor care in EDs, particularly in overcrowded systems like SPHMMC, has significant clinical and workforce consequences. Patients treated in corridors often experience delays in diagnostics, medication administration, and monitoring due to limited access to equipment and staff.

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Overcrowded EDs and corridor care are linked to higher rates of adverse events and early mortality, especially among high-acuity patients. <sup>(11)</sup> Non-clinical spaces lack proper sanitation and isolation protocols, increasing the risk of hospital-acquired infections. Healthcare providers report burnout and moral injury, and chronic exposure to conditions of corridor care contributes to higher staff turnover, especially among early-career professionals in teaching hospitals. <sup>(7)</sup>

The Royal College of Nursing calls corridor care “unsafe, undignified, and unacceptable” and urges its elimination. <sup>(9)</sup> Health Foundation experts warn that it “risks normalizing substandard care delivery” and undermines both patient safety and staff morale. <sup>(10, 11)</sup>

Researchers emphasize that corridor care should not be abolished without viable alternatives, but must be addressed through systemic reform. <sup>(11)</sup>

Systemic and policy implications of corridor care encompass normalizing substandard care, increased ambulance offload times, and a decline in public trust as patients lose confidence in the health system. This letter calls for recognizing corridor care as a systemic failure, advocating for infrastructure investment to enhance ED bed capacity and inpatient flow, mobilizing academic institutions to conduct research, and supporting the workforce to prevent burnout and ensure ethical safeguards for frontline providers.

I urge the Pan African Journal of Emergency and Critical Care (PAJEC/ESEP) to spearhead research into corridor care, highlighting its effects on patients and providers. PAJEC's role as a regional platform in emergency medicine positions it to stimulate dialogue, guide policy, and advocate for evidence-based solutions to the ongoing issues in Ethiopian hospitals.

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