



# Distribution of care settings in the clinical training of nursing students: an equity analysis across four academic cohorts

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## BACKGROUND

- **Clinical training** is fundamental in nursing education, yet its distribution across care settings is often unbalanced.
- European legislation (2013/55/UE) requires at least 2,300 hours of clinical training but does not specify how these should be distributed among **primary, intermediate, or specialized care**.
- Universities face structural constraints and institutional capacity issues that hinder equitable **access to diverse clinical environments**.

### Aims:

- To analyze the distribution of clinical placements across care levels in four cohorts of nursing students.
- To assess placement occupancy to identify gaps between planning and utilization.

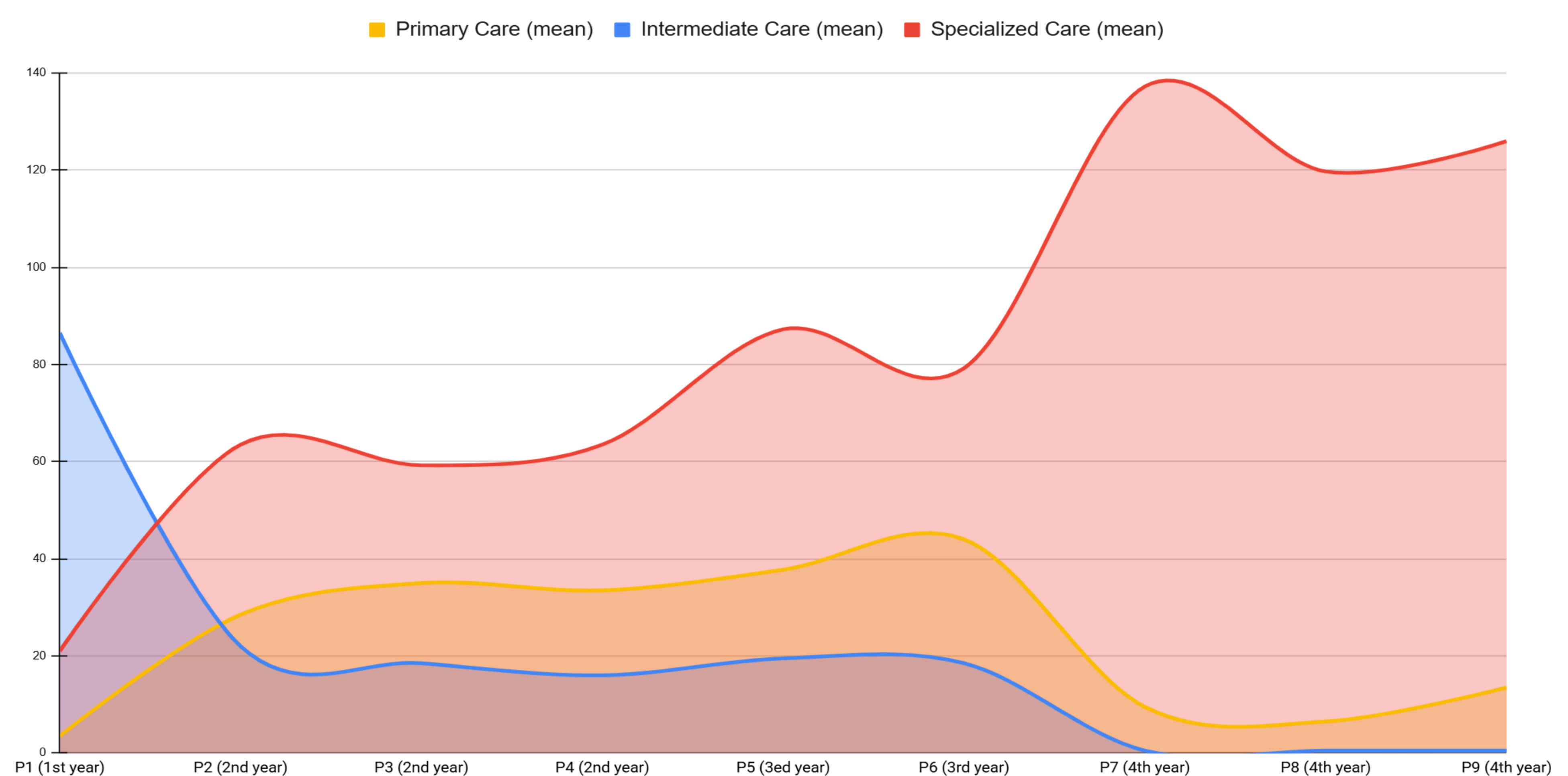
## MATERIALS AND METHODS

- **Design:** A retrospective cross-sectional study following STROBE guidelines.
- **Sample:** 331 graduates from a public university in Barcelona, Spain (cohorts 2021–2025).
- **Data source:** Institutional records of 2,979 placement periods, totaling 21,106 weeks of training.
- **Analysis:** Descriptive statistics of training weeks by care level and examination of availability vs. occupancy across academic years.

## RESULTS

- **Specialized care dominance:** Clinical training was heavily concentrated in specialized care, which accounted for 75–76% of total weeks, while primary care and intermediate care represented significantly lower proportions at 15–17% and 8–9.5%, respectively.
- **Exposure disparity:** On average, students completed 44–51 weeks in specialized care, approximately 10 weeks in primary care, and only 5–6 weeks in intermediate care.
- **Equity gaps:** A small number of students graduated without any rotation in intermediate care (1.8%) or primary care (0.9%).
- **Occupancy trends:**
  - **Primary care:** Consistently high occupancy (above 89%) despite limited availability.
  - **Intermediate care:** Underutilized despite available positions, though rates stabilized over time.
  - **Specialized care:** Showed a progressive increase in availability and high alignment with training needs.
- **Structural imbalance:** Figure 1 shows that specialized care availability increases steadily, while primary and intermediate care placements decline sharply after early rotations.

**Figure 1.** Mean distribution of clinical placements availability by care setting and academic year across academic cohorts



Note: P1–P9 correspond to the nine practicum periods included in the Nursing Degree program

## CONCLUSIONS

- Clinical training remains heavily concentrated in specialized, **hospital-based care**.
- Distribution is driven by **institutional supply** rather than student demand or educational priorities.
- Enhancing equity requires coordinated planning between universities and healthcare providers to align training with **community-oriented health needs**.

### REFERENCES

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