Nursing Students' Perception Regarding Training Barriers at Burn Unit

Laila Adel Mahmoud Mohammed1,2, Om Ebrahim A. El-saay 3, Seham A. Abd El-Hay 4, Fatma Mohmmed Abouelala5

1 Demonstrator of Medical –Surgical Nursing Department, Faculty of Nursing, Kafrelsheikh University.
2 Researcher of Medical –Surgical Nursing, Faculty of Nursing, Tanta University
3,4 Professor of Medical-Surgical Nursing Department, Faculty of Nursing, Tanta University.
5 Assistant professor of Medical Surgical Nursing Department, Faculty of Nursing, Kafrelsheikh University

Abstract

Background: Nursing students encounter serious barriers in burn units, as caring for the burned patient requires greater responsibility than in most types of serious illness. Aim: Assess nursing students' perception regarding training barriers at burn unit. Subjects and Method: A descriptive research design was used. Setting: This study was conducted at burn unit at Emergency Hospital in Tanta University Hospital. Subjects: The study's participant was be recruited by systemic random sample of 285 students from second academic year students. Method: The nursing students were met during their training at burn unit, the nursing students filled the questionnaire at a period ranged from 30 to 45 minutes. Tools: Two tools were used. Tool (one): Perception of Training Barriers at Burn Unit Questionnaire, it includes two parts Part I; Socio-demographic Data, Part II; Barriers Affecting Nursing Students' Training at Burn Unit Questionnaire; which assessed student nurses’ perception regarding physical, administrative, social, and psychological barrier. Tool (Two): A psychometric scale, it includes two parts. Part I; Anxiety state assessment tool which measured anxiety as state. Part II; Anxiety trait assessment tool which measured anxiety as a trait of the personality Results: About two third of students had moderate level of perception about barriers affecting their training at burn unit. Conclusion and recommendation: There was highly statistically significant positive correlation among anxiety state score, anxiety trait and total perception score so it is important to teach nursing students coping strategies for dealing with stressful situations.

Keywords: Burn Unit, Nursing Students, Perception, Training Barriers.

Introduction

Burn injuries remain among the most serious injuries and represent a significant worldwide public health concern. In the world, burns rank fourth in frequency of trauma, after falls, car crashes, and acts of interpersonal aggression. Serious damage from burns can include joint issues, incapacity, and scarring, which may result in long-term medical and psychological issues. In extreme circumstances, sepsis, multiple organ failure, and ultimately death may result (Qtait & Alekel, 2023). Every year, on average, 11 million people
worldwide are hospitalized due to burn injuries. Burns are thought to be the cause of 180,000 deaths a year, and the rate of burn mortality in low- and middle-income nations is currently more than seven times greater than in high-income countries (Unal & Ozdemir, 2023). The burn unit has been reported as a department with high stress and challenges in the medical center for all health care providers even nursing students this due to special nature of burn unit. Burn unit is place where health care provided for patient with critical need and vital challenge due to burn injury. Burn unit contain health team that is high qualified and trained staff to provide burn patient with needed services (Bibi et al., 2022).

The nursing students are generally under high workload with significant physical, emotional, and mental pressures. As nursing students are at the frontline of caring for burned patients, they are indispensable in the multidisciplinary burn care team. In addition to carrying out routine care and specialized burn care for patients as drainage tube care, scar physiotherapy, wound care (Holden et al., 2022).

Nursing students undertaking clinical training at a burn unit in which they get sufficient knowledge about the physiological effects of burns and be able to quickly analyze and make decisions regarding minor changes in patient status. Nursing students must get training in actual clinical settings, such as burn units, in order to develop the competence and self-assurance necessary to meet the demands of professional practice in the future and to successfully integrate into clinical settings (Benchadlia, et al., 2023).

Nursing students should employ their knowledge and skills in clinical environments to acquire the required qualifications for taking care of patients, and their success depends to a great extent on efficient clinical training. Clinical training is regarded as the heart and essence of learning and education in nursing. Furthermore, clinical training setting at hospital plays an important role in turning nursing students into professionals and preparing them to function as nurses (Bahari et al., 2022).

Even though clinical training has significant benefits for nursing students, they are still stressed by new experiences, such as using high tech medical equipment, meeting the needs of patients and families, and developing relationships with other health care professionals (Rosina et al., 2022). Also, there are many barriers and challenges that facing nursing students during training in the clinical unit epically burn unit include the following: quality of nursing students’ preparation, characteristics of clinical instructors, characteristics of training departments, peer support, past clinical training experiences (Alsalamah & Fawaz, 2023).

The aim of the Study was to: Assess nursing students' perception regarding training barriers at burn unit.

Research question: What are nursing students' perception regarding training barriers at burn unit?

Subjects and Methods:

Study design: - This study used descriptive research design to evaluate nursing students' perception regarding training barriers at burn unit.

Study Setting:
This study was conducted at burn unit Emergency Hospital at Tanta University Hospital which located at second floor and consist of 3 room each room contain 6 beds and post graft intensive care unit which contain 2 beds.

**Study Subjects:**
The study's participant was recruited by systemic random sample of 285 students from second academic year students. Total nursing students enrolled in the newly academic year (2022-2023) the study sample will be calculated using EPI info Microsoft to ensure obtaining an adequate and representative size, where N= population size, Z confidence level at 95%

**Study tools:**
Two tools were used for data collection. These tools were aimed to assess nursing students' perception regarding training barriers at burn unit.

**Tool I: Perception of Training Barriers at Burn Unit Questionnaire.**
The tool was developed by the researcher after review of related literature. (Elsaay, 2002 & Aghaei et al., 2018 & Duncan, 2018 and Gonçalves et al., 2012). This tool was included two parts:

**Part I: Socio-Demographic data:** it was used to assess student nurses' personal characteristics, this included student code, age, sex, marital status, residence, previous training about care of burned patients.

**Part II: Barriers Affecting Nursing Students' Training at Burn Unit Questionnaire**
It was including four parts:
- **Student Nurses' Perception of Physical Barrier in burn unit** as equipment and supplies, lighting and temperature
- **Student nurses' perception of administrative barrier in burn unit** as administering therapeutic intervention by verbal order from clinical instructor.
- **Student nurses’ perception of social barrier in burn unit** as relationship with patients and relative, relationship with clinical instructor.
- **Student nurses’ perception of psychological barrier in burn unit** as motivation from clinical instructor.

**Scoring system:** Respondents were asked to indicate their level of agreement by using three points Likert scale with fix values ranging from 1 to 3, possible responses per item: (1) disagree, (2) natural and (3) agree.

**Total score level as following:**
- low perception (<50%)
- moderate perception (50%-70%)
- High perception (> 70%)

**Tool II: A psychometric scale**
This tool was developed by Charles D.spielberger under the title of: state –trait anxiety inventory, and translated to Arabic language by Dr.Abd El-Rakeeb A. El-Behery, to measure the anxiety level and will be adopted by the researcher . (Ratanasiripong et al., 2015) It consists of two parts :

**The first part: (Anxiety state assessment tool):** It measured anxiety as state or in the present situation through 20 statements. The possible response for each item was: (Absolutely, little, sometimes, much) .

**Scoring system:**
There were two types of statements scoring system; the first in which the higher scoring refers to high level of anxiety state and scoring of this type was 1, 2, 3, 4 while in the other type of statement, higher scoring refers to low level of anxiety and scoring in this type was 4, 3, 2, 1.
The scores of each statement of anxiety state was summed up and total scores determine anxiety state level according to a given range as: anxiety free (20-23), low level (24-27), below average (28-31), average level (32-36), above average (37-51) and high anxiety state level (52-62).

The second part (anxiety trait assessment tool): It measures anxiety as a trait of the personality through 20 statements. A possible response for each statement was: (Absolutely, sometimes, and often, usual).

Scoring system:
There were two types of statements scoring system; the first in which the higher scoring refers to high level of anxiety trait and scoring of this type was 1, 2, 3, 4 while in the other type of statement, higher scoring refer to low level of anxiety and scoring in this type was 4, 3, 2, 1.

The scores of each statement of anxiety trait were summed up and total scores determine anxiety trait level according to a given range as: anxiety free (20-26), low level (27-32), below average (33-35), average level (36-38), above average (39-51) and high anxiety trait level (52-62).

Method
The study was accomplished through the following steps:

Administrative process:
To conduct this study official permission was taken from the responsible authorities of faculty of Nursing, and the head of the burn unit in Emergency Hospital at Tanta University Hospital.

Ethical and legal consideration:
- The approval of faculty of nursing Scientific Research Ethical Committee was obtained which code 22-6-73.
- An informed consent was obtained from all study subjects after providing appropriate explanation about the aim of the study.
- Each participant was informed that he has the right to withdraw from the study any time he wanted.
- The nature of the study did not cause any harm or pain to the entire subjects.
- Confidentiality and privacy were put into consideration regarding the collected data.

Tool development:
- Tools of the study was developed by the researcher after reviewing recent related literature except tool II part I Anxiety State Assessment Tool which are developed by Charles D. spielberger, 1970 and part II Anxiety Trait Assessment Tool which are developed by Charles D.spielberger, 1970.

Tool validity:
The content validity of the developed tools was tested for clarity and applicability by seven experts in Medical Surgical Nursing to ensure their validity and modifications were done. It was calculated and found to be = (96%)

Reliability:
All the tools of the study were tested for reliability using Cronbach's Alpha. Cronbach's Alpha for tool I was 0.864. Cronbach's Alpha for tool II was 0.837.

A pilot study
A pilot study was conducted on 10% of nursing students to test feasibility and applicability of the tools and to determine any obstacles that may be encountered with the researcher during the period of data collection, accordingly, needed modification were done.
The pilot sample was included in the main study sample because no modifications were done on the study tools.

Data collection:
The duration of data collection was three months, starting from October to the end December 2022.

After obtaining the permission to conduct the research from the required authorities, the nursing students were invited to participate in the study after being informed of the nature of the study.

**Preparation of the environment:**

It was performed through preparing specific suitable room for collecting data, determining a period of time about 30 minutes for each student during the shift for attending of the clinical area.

The researcher collected the data through distributing the tool to nursing students and asked them to fill the questionnaire to evaluate nursing students' perception regarding training barriers at burn unit.

The researcher met the nursing students during their training at burn unit. The required time for nursing students to complete the sheet range from 30 to 45 minutes.

**Statistical analysis:**

Data were analyzed using Statistical Program for Social Science (SPSS) version 24.0. Quantitative data were expressed as mean± standard deviation (SD). Qualitative data were expressed as frequency and percentage.

- Independent-samples t-test of significance was used when comparing between two means
- A one-way analysis of variance (ANOVA) when comparing between more than two means.
- Pearson's correlation coefficient (r) test was used for correlating data.

**Results:**

**Table (1): Percent distribution of socio-demographic characteristics among the studied group.**

This table reveals that less than half of student nurses (46%) were in age group of 20 - < 21 years. Regarding sex, the finding shows that majority of studied group (81.8%) was female. Concerning to previous school which student nurses graduated from the results show that more than half of student nurses (52, 6%) were graduated from technical institute for nursing. Concerning to marital status, majority of the student nurses (96.5%) were single.

Concerning to residence the finding shows that more than two third of nursing student (71.2%) were living in rural area. Regarding previous training about care of burned patient the results show that about of two third of nursing students (63.9%) had previous training about care of burned patient. Regarding type of training the finding show that more than two third of studied group (73.6%) had lecture. Finally, in relation to the setting of training the majority of students (85.7%) had their training in a governmental setting.

**Figure (1): Distribution of the studied students regarding their total perception level about physical barriers affecting their training at burn unit.**

The results of this figure show that two third of students (66.7%) had high level of perception regarding physical barriers affecting their training at burn unit while minority of them (0.7%) had low level of perception regarding physical barriers affecting their training at burn unit.

**Figure (2): Distribution of the studied students regarding their total perception level about administrative barriers affecting their training at burn unit.**

The results of this figure show that more than half of students (55.1%) had moderate level of perception regarding
administrative barriers affecting their training at burn unit while minority of them (3.5%) had low level of perception regarding administrative barriers affecting their training at burn unit.

**Figure (3): Distribution of the studied students regarding their total perception level about social barriers affecting their training at burn unit**

The results of this figure show that about most of students (94.4%) had high level of perception about social barriers affecting their training at burn unit while there wasn't any student (0%) had low level of perception about social barriers affecting their training at burn unit. students' perception regarding training barriers at burn unit.

**Figure (4): Distribution of the studied students regarding their total perception level about psychological barriers affecting their training at burn unit.**

The results of this figure show that more than half of students (56.1%) had moderate level of perception about psychological barriers affecting their training at burn unit while minority of them (3.2%) had low level of perception about psychological barriers affecting their training at burn unit.

**Table (2): Distribution of the studied students regarding their anxiety state level and anxiety trait level.**

This table show that, more than one half of students (53.7%) were above average level regarding their anxiety state. Also, about half of them (48.4%) were above average level regarding their anxiety trait.

**Table (3): Distribution of the studied students regarding their perception level about barriers affecting their training at burn unit**

The results of this table show that about two third of students (62.1%) had moderate level of perception about barriers affecting their training at burn unit while the minority of them (2.1%) had low level of perception about barriers affecting their training at burn unit.

**Table (4): Correlation between perception domains of the studied students about barriers affecting their training at burn unit and their anxiety state and trait scores.**

The results of this table show that there was statistically significant positive correlation between anxiety state score and perception of administrative barrier in burn unit where P value (0.023) and r = 0.135 and that there was statistically significant positive correlation between anxiety trait score and perception of administrative barrier in burn unit where P value (0.027) and r= 0.131. There was highly statistically significant positive correlation between anxiety state score and perception toward psychological barrier in burn unit where P value (0.000) and R=0.565 and that There was highly statistical significant positive correlation between anxiety trait score and perception toward psychological barrier in burn unit where P value was (0.000) and R was (0.540). Finally, this table show that there was highly statistical significant positive correlation between anxiety state score and total perception score where P value (0.000) and R was (0.212) and that there was highly statistical significant positive correlation between anxiety trait score and total perception score where P value (0.002) and R was (0.182)
Table (1): Percent distribution of socio-demographic characteristics among the studied group

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>The studied students (n=285)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td><strong>Age (in years)</strong></td>
<td></td>
</tr>
<tr>
<td>19 - &lt; 20</td>
<td>126</td>
</tr>
<tr>
<td>20 - &lt; 21</td>
<td>131</td>
</tr>
<tr>
<td>21 - &lt; 22</td>
<td>28</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52</td>
</tr>
<tr>
<td>Female</td>
<td>233</td>
</tr>
<tr>
<td><strong>Graduated from</strong></td>
<td></td>
</tr>
<tr>
<td>Secondary school</td>
<td>135</td>
</tr>
<tr>
<td>Technical institute for nursing</td>
<td>150</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>275</td>
</tr>
<tr>
<td>Married</td>
<td>10</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>203</td>
</tr>
<tr>
<td>Urban</td>
<td>82</td>
</tr>
<tr>
<td><strong>Previous training about care of burned patient</strong></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>182</td>
</tr>
<tr>
<td>No</td>
<td>103</td>
</tr>
<tr>
<td><strong>Type of training</strong></td>
<td></td>
</tr>
<tr>
<td>Workshop</td>
<td>41</td>
</tr>
<tr>
<td>Lecture</td>
<td>134</td>
</tr>
<tr>
<td>Seminar</td>
<td>7</td>
</tr>
<tr>
<td><strong>Setting of training</strong></td>
<td></td>
</tr>
<tr>
<td>Governmental</td>
<td>156</td>
</tr>
<tr>
<td>Private</td>
<td>20</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
</tr>
</tbody>
</table>
Figure (1): Distribution of the studied students regarding their total perception level about physical barriers affecting their training at burn unit.

Figure (2): Distribution of the studied students regarding their total perception level about administrative barriers affecting their training at burn unit.
Figure (3): Distribution of the studied students regarding their total perception level about social barriers affecting their training at burn unit

Figure (4): Distribution of the studied students regarding their total perception level about psychological barriers affecting their training at burn unit
Table (2): Distribution of the studied students regarding their anxiety state level and anxiety trait level

<table>
<thead>
<tr>
<th>Levels of anxiety</th>
<th>State (n=285)</th>
<th>Trait (n=285)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Free</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Low</td>
<td>3</td>
<td>1.1</td>
</tr>
<tr>
<td>Below average</td>
<td>22</td>
<td>7.7</td>
</tr>
<tr>
<td>Average</td>
<td>45</td>
<td>15.8</td>
</tr>
<tr>
<td>Above average</td>
<td>153</td>
<td>53.7</td>
</tr>
<tr>
<td>High</td>
<td>62</td>
<td>21.8</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>(26-62)</td>
<td>(25-61)</td>
</tr>
<tr>
<td><strong>Mean ± SD</strong></td>
<td>43.93±8.628</td>
<td>41.97±8.401</td>
</tr>
</tbody>
</table>

Table (3): Distribution of the studied students regarding their perception level about barriers affecting their training at burn unit

<table>
<thead>
<tr>
<th>Total Perception Level</th>
<th>The studied students (n=285)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Low</td>
<td>6</td>
</tr>
<tr>
<td>Moderate</td>
<td>177</td>
</tr>
<tr>
<td>High</td>
<td>102</td>
</tr>
<tr>
<td><strong>Range</strong></td>
<td>(126-208)</td>
</tr>
<tr>
<td><strong>Mean ± SD</strong></td>
<td>164.64±14.707</td>
</tr>
</tbody>
</table>

<50% Low  50-70% Moderate  >70% High

Table (4): Correlation between perception domains of the studied students about barriers affecting their training at burn unit and their anxiety state and trait scores

<table>
<thead>
<tr>
<th>Perception Domains</th>
<th>The studied students (n=285)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Anxiety state score</td>
</tr>
<tr>
<td></td>
<td>R</td>
</tr>
<tr>
<td>1. Perception of physical barrier in burn unit</td>
<td>0.063</td>
</tr>
<tr>
<td>2. Perception of administrative barrier in burn unit</td>
<td><strong>0.135</strong></td>
</tr>
<tr>
<td>3. Perception of social barrier in burn unit</td>
<td>0.092</td>
</tr>
<tr>
<td>4. Perception toward psychological barrier in burn unit</td>
<td><strong>0.565</strong></td>
</tr>
<tr>
<td><strong>Total perception score</strong></td>
<td><strong>0.212</strong></td>
</tr>
</tbody>
</table>

r: Pearson’ correlation coefficient
* Statistically significant at level P<0.05 **Highly statistically significant at level P<0.01
Discussion
Nursing students as sharing key members of burn care teams, are responsible for designing a care plan based on patient needs, which change during the treatment process and the different phases of convalescence. However, providing care services in burn units is challenging; it affects the nursing students’ perceptions and creates unforgettable experiences that are not recognizable in other units. The nursing students’ first encounter with burned patients and burn units happens during their training period (Alsadat Hosseini & Momennasab, 2020). Clinical learning environment is a vital part of the education of undergraduate nursing students. A supportive clinical learning environment is very important for the transfer of learning in a clinical context. So understanding students’ perceptions of their clinical learning environments are essential for securing the required teaching and learning process. Besides, many nursing students consider the clinical settings, like burn units, are stressful work settings (Ghahremani et al., 2022). Therefore, the current study aimed to assess nursing students’ perception regarding training barriers at burn unit.

Discussion of the present study was focus on socio-demographic characteristics among the studied group, the current study revealed that less than half of student nurses were in age group of 20 - < 21 years and the majority of them was female. Concerning to graduation the results showed that more than half of students were graduated from technical institute for nursing and majority of the student nurses were single. This result was supported by Alsadat Hosseini & Momennasab (2020) who revealed that the majority of nursing students that are trained at burn unit were female and single. Also this result was similar with the study conducted by Safan & Ebrahim (2018) showed that two thirds of students aged from 20 <21 and the majority of them were female and not married. The results of current study may be because females prefer completing their study in nursing colleague after institute than males who prefer working after nursing institute. Concerning residence, the finding showed that more than two thirds of nursing student were living in rural area. This result was similar with Safan & Ebrahim, (2018) they revealed that more than two thirds of nursing students from rural areas. This result was supported by Ali et al. (2015) who found that the majority of nursing student who trained in burn unit were from rural areas. Regarding previous training about care of burned patient the results showed that about two third of nursing students had previous training about care of burned patient. Regarding type of training the finding show that more than two thirds of studied group had lecture. Finally, in relation to the setting of training the majority of students had their training in governmental setting. This result was supported by Saleh (2019) who revealed that less than two thirds of students had their clinical training in Alexandria Main University Hospital. But, this result was incongruent with Alatawi et al. (2020) who found that less than third of nursing students had previous training in burn unit. Regarding perception of nursing students about physical barriers and its effect on their training at burn unit, the present study results showed that two third
of students had high level of perception regarding physical barriers while minority of them had low level of perception regarding physical barriers affecting their training at burn unit. This result was consistent with Mohamed et al. (2019) they showed that more than two thirds of nursing students found that there was a shortage of supplies and personal protective equipment is not available during training at burn unit. Also, these findings were similarity to Flott & Linden (2016) who reported that other barrier to clinical education was related to un-standardized wards with inadequate facilities and not providing an opportunity for doing nursing care independently especially in burn unit. It was obvious that clinical learning needed some facilities and equipment in clinical settings which develop the clinical experiences of nursing students. The results of current study may be due to lack of supplies and equipment and students' protective measures in the unit and unit poor preparedness for learning and overcrowding. Concerning distribution of the studied students regarding their perception level about administrative barriers affecting their training at burn unit the present study results showed that more than half of students had moderate level of perception regarding administrative barriers affecting their training at burn unit while minority of them had low level of perception regarding administrative barriers affecting their training at burn unit. This result was supported by Safan et al. (2018) who revealed that more than two thirds of nursing students had an average level of supervision and administrative problems occurrence that faced them during their hospital training in the burn unit. Also, this result was similar with Dahal & Acharya (2020) who stated that participants experienced many difficulties during clinical learning process. The results of current study may be due to presence of clinical instructor with students most of training times and the applied student's punishment and reward systems. As regard to distribution of the studied students regarding their perception level about social barriers affecting their training at burn unit the current study results showed that most of students had high level of perception about social barriers affecting their training at burn unit while there wasn't any student had low level of perception about social barriers affecting their training at burn unit. This result was in harmony with the study conducted by Jamshidi et al (2016) who found that the majority of students had a high level of perception regarding social barriers affecting their clinical training. This result was congruent with Baraia et al. (2020) who revealed that many barriers faced the students during their practical training at hospital. Regarding distribution of the studied students regarding their perception level about psychological barriers affecting their training at burn unit the current study results showed that more than half of students had moderate level of perception about psychological barriers affecting their training at burn unit while minority of them had low level of perception about psychological barriers affecting their training at burn unit. The results of the current study may be because student attend previous lecture about burn and how to manage their feeling of stress when
seeing burned patients. This result was in contrast with Alsaqri (2017) who indicated that nursing students experienced a high level of stress from clinical environment. Also, this result was incompatible with D'emeh & Yacoub (2021) who reported that students perceived higher levels of stress from taking care of patients and the environment and from rapid change of patient condition.

Regarding distribution of the studied students regarding their anxiety state level and anxiety trait level, the current study findings showed that, more than one half of students were above average level regarding their anxiety state. Also about half of them were above average level regarding their anxiety trait. This result was incompatible with the study conducted by Ahmed et al. (2023) who revealed that more than two thirds of the nursing students had mild levels of anxiety regarding their hospital training at burn unit. Also, this result was incongruent with Ahmed & Mohammed (2019) who revealed that stress levels among nursing students during their clinical training at burn unit were moderate due to various stressors. As regard to distribution of the studied students regarding their perception level about barriers affecting their training at burn unit the current study results showed that about two third of students had moderate level of perception about barriers affecting their training at burn unit while the minority of them had low level of perception about barriers affecting their training at burn unit. This may be attributed to students and instructor ability to handle and control most barriers that affect their training. This result agreed with Fernández-García et al. (2020) who revealed that nursing students have moderate perception level regarding numerous variables, including social, psychological, environmental, and academic factors, can have an impact on a nursing student’s satisfaction with their clinical experience and their subsequent involvement in the process. Also, this result was consistent with Ergezen et al. (2022) they reported that the majority of students stated that the clinical learning environment has many barriers affecting their learning. Regarding correlation between perception domains of the studied students about barriers affecting their training at burn unit and their anxiety state and trait scores the present study results showed that there was statistically significant positive correlation between anxiety state score and perception of administrative barrier in burn unit and there was statistically significant positive correlation between anxiety trait score and perception of administrative barrier in burn unit. This result was compatible with Yildirim & Dalcali (2020) who found in the study that some barriers experienced in the clinical learning environment had a negative effect on anxiety levels and that the difference was statistically significant. Also, this result was congruent with Moridi et al. (2014) who found that there was statistically significant positive correlation between anxiety and students' perception of clinical learning environment administrative barrier. Also, there was highly statistical significant positive correlation between anxiety state score and perception toward psychological barrier in burn unit and there was highly statistical significant positive correlation between anxiety trait score and perception toward
psychological barrier in burn unit. Finally, there was highly statistically significant positive correlation between anxiety state score and total perception score and there was highly statistically significant positive correlation between anxiety trait score and total perception score. This result was in the same line with the study carried out by Otim et al. (2021) who revealed that there was statistically significant positive correlation between state and trait anxiety and students’ perception toward psychological barrier in clinical learning. In addition, this result was similar with Juan et al. (2023) who concluded that nursing students’ perceptions of the clinical instructors' interpersonal relations and instructional styles significantly affected their anxiety levels and psychological health in life. The results of this study may be because physical, administrative, social and psychological barriers affect students’ training and performances which make students feel anxious and fear.

Conclusion: -
It can be concluded that about two thirds of students had moderate level of perception about barriers affecting their training at burn unit. There was a highly statistical significant positive correlation between anxiety state score and total perception score and that there was highly statistical significant positive correlation between anxiety trait score and total perception score. There was statistically significant difference between mean score of total perception among the nursing students with previous training about care of burned patient and type of training. So, it is very important to increase training period for nursing students.

Recommendations:
Based on the finding of the current study, it can be recommended that:

1. Recommendation for nursing students:
   - Nursing students must be attained different lectures which focus on care of burned patients.
   - Teach nursing students coping strategies for dealing with stressful situations.

2. Recommendation for administrative policy of faculty of nursing:
   - Clinical instructors training programs about psychological preparation of nursing students and beneficial coping strategies. These programs should include routine psychological screening of students, developing skills in dealing with students' feelings and anxiety.
   - Increase training period of students at burn unit to enhance their knowledge and experience about burn care.

3. Recommendation for further research:
   - Further research must be focusing on educational programs for nursing students about strategies to overcome training barriers at burn unit.
   - The study should be replicated on large sample of students and different universities in order to generalize the results.

References:


