

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

**Manal Mohamed Bakr¹, Mervat Abd Elmonem Aref²,
Howida Hassan EL-Sayed Mahfouz³**

¹*Assist. Professor, Nursing Administration, Faculty of Nursing, Menoufia University, Egypt*

²*Lecturers, Nursing Administration, Faculty of Nursing, Damnhour University, Egypt*

³*Assist. Professor, Nursing Administration, Faculty of Nursing, Benha University, Egypt*

Abstract: Trust in the healthcare system, is an important determinant of healthcare utilization, unlicensed personnel and registered nurses have provided hospital-based nursing care for decades. Although ineffective health care providers' role has been associated with poor patient outcomes, little is known of the perspectives of nursing assistive personnel (NAP) role. **Purpose:** The purpose of this study was to gain insights into the perceptions of NAP role and its relation to patients' health care trust. **Method:** Comparative, correlational design was conducted at inpatient units where the unlicensed assistive personnel (UAP) work at Menoufia University Hospital and National Liver Institute. Purposeful equal samples of (130) of unlicensed assistive personnel and (130) patients were recruited from previous mentioned hospitals. Data was collected by two instruments, unlicensed assistive personnel role observation checklist and health care trust questionnaire. **Results:** The highest percentage (90.77%) of assistive personnel in Menoufia university hospital and National liver institute (83.08 %) performed their roles improperly. Whereas, the majority (87.69%, 84.62%) of UAPs not performed their roles properly either under supervision or without supervision in both Menoufia university hospital and National liver institute (78.46%, 76.92%). Also, more than half (53.8) of patients in Menoufia hospital and (52.3%) in National liver institute reported that they were not sure that the unlicensed assistant personnel were technically competent. Moreover, (63.1% and 53.84%) of patients in the two hospitals had a low trust level regarding the health care. **Conclusion:** It was concluded that there was a very highly statistically significance negative associations between improper role of unlicensed assistive personnel and health care trust. **Recommendations:** written job descriptions, and clear definition of roles of unlicensed assistive nursing personnel should be available; specific training program should be developed. Further research should be conducted to develop regulations for educational preparation, utilization of these providers besides the factors that contribute to patients feeling trust in the health care setting.

Keywords: *Heath care, Patient, Role, Trust, Unlicensed Assistive Personnel.*

Introduction

The role of UAP is critical to the health organization success or failure (King, 2019). Roles of worker in health care evolve and change. The role of UAP has the challenge of guaranteeing consumers a baseline level of performance. Their function is unquestionably essential to the delivery of nursing care, which involves a variety of carers with varying levels of expertise and competencies. RNs, Licenced Practical Nurses/Licensed Vocational Nurses (LPN/LVN), and Unlicensed Assistants (UAP) may make up the personnel mix. An unlicensed assistive personnel placement was developed to fill open positions with a clinical technician workforce where the healthcare environment needs a best nursing skill combination at a reasonable cost to sustain quality and safe patient care (Scott et.al, 2020).

According to the American Nurses Association, UAPs are people who have been specially trained to help a registered professional nurse in carrying out tasks related to patient or client care while doing so. Clinical duties included helping with personal hygiene (bathing, oral hygiene, nail care, and grooming); dressing, repositioning, feeding, and toileting; assisting with ambulation and mobilisation of patients; taking and recording blood pressure, temperature, pulse, respiration, and body weight; and offering emotional and support services to patients (Wikipedia, 2019 & Arizona Nurses Association, 2020). Nursing assistants, certified nurse's aides, nursing attendants, patient care

associates, patient care technicians, and NAP are just a few of the names used to refer to UAPs. Based on title, description, and efficient delegation, the area of practise (Mailhot et al., 2023).

Tasks come in two varieties. The fundamental (basic) type includes tasks that assist patients with activities of daily living, hygiene, and nutrition, such as assisting patients in the bathroom, cleaning, such as combing hair and keeping nails tidy, moving wheelchair or bed-bound patients, and taking patients out to activities like meals or socialising, as well as those tasks that assist with professional nursing assessments. The tasks in the secondary type require extra training and proof of competence before being carried out by the NAP and are governed by the practice statutes of each particular state (Association of Rehabilitation Nurses, 2019). It is not appropriate to delegate nursing activities that comprise the core of the nursing process and require specialized knowledge, judgment, competence, and skill (American Nurses Association, 2020). Assessment and evaluation of the effect of interventions on care cannot be delegated (National Council of State Boards of Nursing, 20018).

To uphold organizational viability and meet trust in the health care industry Use of assistive personnel based on required qualification, including high school diploma or equivalent, training certificate based on short training program of several weeks to three months; completion of basic courses;

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

and demonstration of initial and ongoing task competencies based on training skills and abilities for purpose of new or expanded responsibilities within clinical setting (Mailhot, et.al. 2023) The training requirements for UAP vary based on institutional health care delivery system (Tova Band-Winterstein, 2018) .

When UAPs participate in direct care, the RN is responsible for establishing the UAPs' competency, and guidelines for the education and supervision of this nursing staff must be in place. The duties, responsibilities, qualifications, skills, and oversight of UAPs are all clearly outlined in job descriptions, which are certain and consistent with existing laws and regulations. A health care trust depends on a high level of teamwork between registered professional nurses and UAPs with the appropriate role to provide patients with the best care possible (Senatobia Healthcare & Rehab News Blog, 2019).

Trust is a crucial component of therapeutic partnerships. Trust is described as the optimistic acceptance of a precarious position in which the trustor trusts the trustee will look out for the trustor's interests. It combines three elements: the individual, a particular partner, and a particular objective in a particular circumstance. (Ezumah et.al. 2022). Combining trust in the healthcare institution, the healthcare provider (doctor, nurse, or other), and the quality of care results in trust in the healthcare system. Trust can be divided into two categories: institutional trust (faith in a healthcare institution) and individual trust (confidence in a specific healthcare

professional) (Gille, et.al, 2021). Patients who are trusting health care workers are less likely to experience psychological distress and are able to make more informed decisions about their care. Additionally, while evaluating a healthcare organization's or health system's success, the degree of patient trust is crucial (Gopichandran, 2019).

Significance of the study

Unlicensed assistive personnel have an incredible responsibility to provide safe care in a complex environment which requires trust, collaboration, and communication. Unlicensed assistive personnel play a critical role in working with registered nurses to meet growing demands of patient care. The ability to generate trust in a healthcare provider depends on their technical proficiency, discretion, empathy, dependability, open communication, and sharing of information (Ezumah, et.al. 2022). The researcher observes that the incidence of patient's harms by unlicensed assistive personnel (UAP) have been increased and the patients become at risk, and UAP was noticed perform the CVP to the patients while they have no knowledge or skills, in addition this task is the main responsibility and role of RN, thus it may influence negatively on the trusts of patients in UAPs competency and health institution. Stile little is known about the role of unlicensed assistive personnel and the patients' trusts in their tasks and roles. Therefore, the current study was conducted to assess health care trust as perceived by patients and its relation to unlicensed assistive personnel role through a

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

comparative study at Menoufia University hospital and National Liver Institute.

Purpose of the study

The current study aimed to assess health care trust as perceived by patients and its relation to unlicensed assistive personnel role in a comparative study which was done at Menoufia University hospital and National Liver Institute.

The research questions

1. Do unlicensed assistive personnel perform their roles properly from the patients' points of view?
2. What is the level of health care trust as reported by patients?
3. Is there a relation between the role of unlicensed assistive personnel and health care trust?

Method

Design:

In both Menoufia University Hospital and National Liver Institute, a comparative correlational research design was used to examine the relationship between unlicensed assistive persons roles and healthcare trust.

Setting:

The present research was done at the National Liver Institute and Menoufia University Hospital which located in Egypt's Delta region; they are two hospitals affiliated to university hospital system.

Study sample/Participants:

There were two groups of study participants.

▪ **Group one. Unlicensed assistive personnel**

130 unlicensed assistance workers were purposefully selected from the I. C. Us, medical units, and surgical units of the two hospitals. There were 65 unlicensed assistive workers at Menoufia University Hospital. In addition, 65 unlicensed assistants were employed by the National Liver Institute. All assistive personnel with contracts to work in the aforementioned hospitals that lacked professional credentials and were not licensed. Professional and employed nurses were among the exclusion criteria. Sample size was determined by using solvin formula to assess the sample size of assistive personnel, (Open-Source Statistics for Public Health, 2022). The following sample size equation was used:

$$\text{Sample size (n)} = \frac{[DEFF \times Np (1-p)]}{[(d2/Z21-\alpha/2 \times (N-1) + p \times (1-p))]}$$

▪ **Group two. The Patients**

130 patients were included in a purposeful sample and chosen from those units employ unlicensed assistance workers. One patient was chosen from the group of patients given care by assistance staff. Hospital staffing schedules are based on two 12-hour shifts. This staffing structure makes it possible for the trial, in which some patients were given 24-hour care by two unlicensed assistants. All patients assigned to care by licensed, professional nurses, as well as patients with difficulty reading, were excluded from the study. Both Menoufia University Hospital and the National

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

Liver Institute have the same number of patients (65). Sample size was determined by using solvin formula to assess the sample size of assistive personnel, (Open-Source Statistics for Public Health, 2022). The following sample size equation was used:

$$\text{Sample size (n)} = \frac{[\text{DEFF} \times \text{Np} (1-p)]}{[(d2/Z21-\alpha/2 \times (N-1) + p \times (1-p))]}$$

Instruments:

There were two instruments utilized

First instruments: Observational checklist.

The observational checklist was developed by Bakr, (2021) to assess the role of unlicensed assistive personnel. The instrument included two parts:

- **Part one:** personal attributes, including questions regarding age, sex, experience, and level of education.
- **Part two:** it includes 41 items, the instrument was developed to assess unlicensed assistive personnel role distributed under 3 domains: (1) Proper role (23 items) contains the delegated tasks or activities of daily living that are necessary for patients. For example, maintaining and cleaning urinary drainage bag. (2) Proper role under supervision (8 items) includes the secondary tasks delegated to UAP which require additional specific training program. for example, obtaining pulse oximetry ,ECG and other clinical measurements (3) Improper role (10 items) contains the restricted tasks performed only by professional licensed registered nurse, for example inserting and

removing indwelling intermittent catheter. Scoring system was, done completely (2), done incompletely (1) and not done (0), where the total score equal 82, the maximum score of first domain (proper role) equal 46, the maximum score of second domain (proper role under supervision) was 16 and the third domain (improper role) maximum score equal 20.

Second instrument: Health care trust questionnaire

It was developed by Anand and Kutty, (2015) to assess health care trust from patients' perspective; it involved 19 questions distributed under two dimensions. First dimension is the trust in assistive personnel role (14 items); second dimension is the trust in health institution (5 items). Responses of patients were scored based on 5 points likert scales ranged from strongly disagree (1), to strongly agree (5). Scores less than or equal 60% indicated low trust in health care. Scores from 60% -75% referred to moderate trust in health care, score more than or equal 75% pointed to high trust in health care.

Procedure for collecting data:

The study's data gathering phase was conducted over the course of three months, from October 2022 to December 2022. Patients were given detailed instructions prior to the distribution of the surveys. In accordance with the patient's capacity, it was given out and collected either that day or the following day. By reading the question and recording the patient responses, the researchers

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

assisted the patients in filling out the tool to aid gauging patient trust in the provision of health care. It went on for 20 to 25 minutes. The researchers completed a checklist of observations for the UAP position. Each UAP was completed three times on three distinct days of the week, and the total higher frequency of done completely, done incompletely and not done was taken.

Validity:

Six expert juries (panels) from Cairo University, Menoufia University, Ain-Shams University, Tanta University, Helwan University, and Alexandria University who were experts in the associated subject revised the instruments for face validity.

Reliability:

Cronbach's co-efficiency Alpha test was used to determine the reliability of the instruments. The reliability score for the instrument used to assess observation check lists was 0.88, and the reliability score for the instrument used to measure patient trust in health care was 0.90.

Ethical Considerations:

The Faculty of Nursing Ethical Research Committee gave its approval for the current study's ethical conduct. All participants received assurances of confidentiality, and their information was exclusively utilized for research purposes. Prior to completing the questionnaire, patients were given a thorough explanation of the study's objectives and the questionnaire's format.

Statistical analysis:

SPSS version 22 was used to update, code, enter, analyze, and tabulate the data. Depending on the type of variables, both descriptive statistics (frequency, percentage, mean, and standard deviation) and inferential statistics (Pearson correlation test, chi-square test, fisher exact test and independent t test) were applied. Significant behavior was defined as a P value 0.05. If P. 01, the difference was deemed to be extremely statistically significant.

Results

Table 1:- shows the personal characteristics of the unlicensed assistive personnel (UAPs) group working at Menoufia University Hospital and the National Liver Institute. In the two hospitals, the mean age score of the assistive staff was (24.93 ± 5.2 ; 25.2 ± 6.2). In addition, the table showed that in Menoufia University Hospital, 66.07% of UAPs were females, as opposed to 64.9% in the National Liver Institute. Meanwhile, in both hospitals, 66.7% and 62.2% of them only have a basic level of education, and none of them have participated in any unit-specific training programs.

Table 2:- shows the personal characteristics of the patients group at Menoufia University Hospital and National liver Institute. When compared to the National Liver Institute, Menoufia University Hospital had a higher mean score for patients' age 48 ± 8.9 in compared to (46.2 ± 14.6). Additionally, the table showed that more than two thirds of the patient groups in the two hospitals

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

were males 75%, 70% respectively, and that more than half of them 51.04%, 63.9%, had a high level of education in the two hospitals.

Table 3:- shows unlicensed assistive personnel role in Menoufia University Hospital and National liver Institute. According to the table, 90.77%, 83.08 % of the assistive staff in both Menoufia University hospital and the National Liver Institute played an improper role. Whereas, the majority (87.69%, 84.62%) of UAPs not performed their roles properly either under supervision or without supervision at Menoufia university hospital or National liver institute (78.46%, 76.92%).

Table 4:- displays patients' agreement regarding health care trust at Menoufia University Hospital and National liver Institute. The table showed that 81.6%, 58.2% of patients in the two hospitals agree that they have never taken the advice of unlicensed assistant personnel about any health problem. Moreover, 53.2 % & 52.3% of patients reported that they were not sure that the unlicensed assistant personnel were technically competent. While the highest percentage of patients 69.2% & 49.2% were not sure that the assistant personnel give all the information available on the diagnosis and treatment to the patients about their illness in both hospitals. Otherwise, More than two fifth 40% of patients at Menoufia university hospital disagree that the assistant personnel give the right treatment. Additionally, 60% & 56.9% of the patients were not sure that the health care institution has all the latest facilities for treatment and diagnosis. Around 30.8% & 36.9% of

patients disagree that the healthcare institution has enough employees for providing health services.

Table 5:- clarify levels of health care trust as reported by patients in the Menoufia Hospital and National liver institute, more than half (63.1% & 53.84%) of patients had low level of trust regard to health care. the lowest percentage (7.7% & 4.62%) of patients in the Menoufia hospital and National liver institute had high trust level respectively. While less than half (41.54% & 29.2%) of patients in the National liver institute and Menoufia hospital had a moderate trust level.

Table 6:- shows the relationship between unlicensed assistive personnel roles and health care trust. As can be seen in the table, there was a very strong statistically significant negative association between the improper role of unlicensed assistive staff and health care trust in both Menoufia university hospital and National liver institute. ($r = -0.371$) ($P 0.001^{**}$) ($r = -0.213$) ($p < 0.05^*$).

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

Table 1. Personal Characteristics of the Unlicensed Assistive Personnel Group in Menoufia University Hospital (MUH) and National Liver Institute (LI) (n=130)

Personal characteristics	Menoufia Hospital No. (65)		National Liver Institute No. (65)		P Value
	N	%	N	%	
Gender:					x ² = 7.2 P<0.05*
- Male	22	33.8%	43	66.2%	
-Female	43	66.2%	22	33.8	
-Age: Mean ±SD	24.93 ± 5.2		25.2± 6.2		t = 0.4 p>0.05
Level of education:					x ² =7.6 P<0.05*
Illiterates	7	10.8%	21	32.3%	
Primary	44	67.7	40	61.5%	
University	14	21.5%	4	6.2%	
Training program:-					x ² =0.0 p>0.05
- Attended	-	-	-	-	
- Not attended	65	100	65	100	

Table 2: Personal Characteristic of the Patients Group in Menoufia University Hospital (MUH) and National Liver Institute (LI) (n=130)

Personal characteristics	Menoufia Hospital (n=65)		National Liver Institute (n=65)		P Value
	N	%	N	%	
Gender:					x ² =0.2 p>0.05
- Male	49	75.4%	45	69.2%	
-Female	16	24.6%	20	30.8	
-Age: Mean ±SD	48±.8.9		46.2±14.6		t = 0.8
Level of education:					x ² =2.9 p>0.05
- Illiterates	9	13.85%	5	7.7%	
- Primary	14	21.53%	26	40%	
- University	42	64.62%	34	52.3%	

Table 3. Unlicensed Assistive Personnel Role in Menoufia University Hospital and National liver Institute.

Unlicensed assistive personnel role	Menoufia Hospital (n. 65)		National Liver Institute (n.=65)		FE p-value
	No.	%	No.	%	
1. Proper role :-					FE=12.9 p<0.05*
- Done completely	3	4.62	4	6.15	
- Done incompletely	5	7.96	6	9.23	
- Not done	57	87.69	55	84.62	
Total	65	100	65	100	
2. Proper role under supervision :-					FE=1.9 p>0.05
- Done completely	8	12.31	10	15.38	
- Done incompletely	6	9.23	5	7.69	
- Not done	51	78.46	50	76.92	
Total	65	100	65	100	
3. Improper role :-					FE = 17.8 p<0.001 **
- Done completely	59	90.77	54	83.08	
- Done incompletely	4	6.15	6	9.23	
- Not done	2	3.08	5	7.69	
Total	65	100	65	100	

Table 4: Patients' Agreement related to Health Care Trust in Menoufia Hospital and National Liver Institute (no=130)

Health care trust	Menoufia Hospital (n=65)										National Liver Institute (n=65)										X ²	P value
	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		Strongly agree		Agree		Not sure		Disagree		Strongly disagree			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%		
1. I believe the assistant personnel are technically competent.	4	6.2	16	24.6	35	53.8	6	9.2	4	6.2	8	12.3	13	20	34	52.3	2	3.1	8	12.3	4.992	0.288
2. The assistant personnel will give all the information available on the diagnosis and treatment of my illness	0		20	30.8	32	49.2	8	12.3	5	7.7	0		13	20	45	69.2	6	9.2	1	1.5	6.632	0.085
3. I believe that the assistant personnel will give the right treatment.	5	7.7	17	26.2	15	23.1	26	40	2	3.1	2	3.1	17	26.2	24	36.9	20	30.8	2	3.1	4.145	0.378
4. The assistant personnel understand my economic and social conditions.	1	1.5	19	29.2	22	30.8	20	30.8	3	4.6	0		26	40	14	21.5	25	38.5	0		7.422	0.115
5. The assistant personnel are efficient in terms of using the resources available.	10	15.4	11	16.9	27	41.5	13	20	4	6.2	5	7.7	8	12.3	34	52.3	12	1.5	6	9.2	3.384	0.496
6. I often try to follow the instructions the assistant nurse gives me	0		24	36.9	25	38.5	8	12.3	8	12.3	0	0	30	46.2	23	35.4	4	6.2	8	12.3	2.083	0.555
7. I have never taken a second opinion from assistant nurse about my health problem.	0		38	58.5	8	12.3	13	20	6	9.2	0	0	53	81.5	4	6.2	5	7.7	3	4.6	8.361	0.039*
8. The assistant nurse gives value to my time also during consultation.	8	12.3	12	18.5	10	15.4	17	26.2	18	27.7	3	4.6	3	4.6	18	27.7	17	26.2	24	36.9	10.816	0.029*
9. The assistant personnel listens to me patiently about my health	18	27.7	21	32.2	9	13.8	12	18.5	5	7.7	23	35.4	21	32.2	12	18.5	4	6.2	5	7.7	5.038	0.283

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

Health care trust	Menoufia Hospital (n=65)										National Liver Institute (n=65)										X ²	P value	
	Strongly agree		Agree		Not sure		Disagree		Strongly disagree		Strongly agree		Agree		Not sure		Disagree		Strongly disagree				
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%			
problems.																							
10. I think I can tell the assistant personnel everything, so that he/she can understand my condition better	3	4.6	15	23.1	31	47.7	13	20	3	4.6	5	7.7	15	23.1	20	30.8	21	32.3	4	6.2	4.898	0.298	
11. The assistant personnel consider every patient equal.	10	15.4	42	64.6	5	7.7	8	12.3	0		13	20	42	64.6	4	6.2	6	9.2	0		0.788	0.852	
12. The assistant nurse will involve me in the decision-making process regarding my treatment	0		10	15.4	22	33.8	21	32.3	12	18.5	0		5	7.7	29	44.6	24	36.9	7	10.8	4.143	0.246	
13. Often, I felt that the assistant nurse maintains confidentiality.	7	10.8	12	18.5	23	35.4	10	15.4	13	20	5	7.7	13	20	26	40	6	9.2	15	23.1	1.700	0.791	
14. I respect the assistant personnel for his/her activities.	9	13.8	32	49.2	13	20	4	6.2	7	10.8	18	27.7	29	44.6	10	15.4	2	3.1	6	9.2	4.282	0.369	
B. Institutional trust																							
15. Health care institution has all the latest facilities for treatment and diagnosis.	0		14	21.5	39	60	12	18.5	0		0		8	12.3	37	56.9	20	30.8	0		3.689	0.158	
16. The treatment expenses in my healthcare institution are reasonable.	0		42	64.6	8	12.3	10	15.4	5	7.7	0		48	73.8	4	6.2	5	7.7	8	12.3	4.092	0.252	
17. The healthcare institution provides me quality care.	3	4.6	35	53.8	6	9.2	14	21.5	7	10.8	6	9.2	43	66.2	9	13.8	5	7.7	2	3.1	9.461	0.051*	
18. I believe my healthcare institution has enough employees for providing health services.	8	12.3	15	23.1	9	13.8	20	30.8	13	20	4	6.2	6	9.2	9	13.8	24	36.9	22	33.8	7.868	0.097	
19. I recommend my healthcare institution to my friends.	4	6.2	18	27.7	20	30.8	19	29.2	4	6.2	0	0	23	35.4	13	20	29	44.6	0		12.178	0.016*	

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

Table 5: Levels of Health Care Trust as Reported by Patients in Menoufia University Hospital and National Liver Institute (no=130)

The hospital	Health care trust total levels						Fisher test	P Value
	High		Moderate		Low			
	N	%	N	%	N	%		
Menoufia Hospital (n=65)	5	7.7%	19	29.2%	41	63.1%	2.365	0.307
National Liver Institute (n=65)	3	4.62%	27	41.54%	35	53.84%		
Total	8	6.2%	46	35.4%	76	58.5%		

Table (6): Correlation between Unlicensed Assistive Personnel Roles and Health Care Trust

Hospital	Health care trust	Assistive personnel roles		
		proper role	proper role under supervision	Improper Role
Menoufia university	a. Trust in assistive personnel	r=.207	r=.045	r = - 0.371
		p>0.05	p>0.05	p 0.001**
National liver institute	a. Trust in assistive personnel	r=.197	r=.097	r= -0.213
		p>0.05	p>0.05	p<0.05*

Discussion

Roles, conditions, and competency all affect the trust. Patients can develop trust when they perceive that nurses genuinely care about them in particular situations. When nurses display expertise and knowledge, communicate information, and uphold confidentiality, trust is built in the healthcare environment. Additionally, trust is linked to organizational levels that show some external factors that are significant to patients, such as accessibility, timeliness, level of knowledge, and compassion (Kitt,

2021). The present study was conducted to assess health care trust as perceived by patients and its relation to unlicensed assistive personnel role through a comparative study at Menoufia University hospital and National Liver Institute.

Concerning assistive personnel role, the findings of the current study showed that the highest percentage of assistive nursing staff in both Menoufia University hospital and the National Liver Institute played an improper role. Whereas, the majority

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

of them not performed their roles properly either under supervision or without supervision while being monitored at the both hospitals. It could be related to the fact that the usage of UAP in Egypt is still relatively new and their role is yet unclear. RNs may assign UAP to do nursing procedures, patient education, and tasks that required nursing judgment regardless its consequences on the patients' wellbeing. Also it may be due to other factors such as the lack of a defined work description, the existence of several bosses, a lack of supervision, and acting in an improper manner as an RN rather than in their proper capacity.

Concerning patients' agreement related to health care: The results revealed that the majority of patients agreed that they have never taken a second opinion from unlicensed assistant personnel about any health problem, this result in agreement with Scott, (2020) who mentioned that there was a low personal confidence from patients to UAPs as a major issue. Also, this result was supported by Bakr, (2021) who emphasized that UAPs have lack of knowledge and are in need for education, because they are still have ambiguity regarding the responsibilities and accountability in the provision of professional, safe and quality care.

Additionally, more than half of patients reported that they are not sure that the unlicensed assistant personnel were technically competent. This may be due to that the UAP perform their role incompletely although it done under supervision; also knowledge, practice and competence of unlicensed assistant

personnel did not follow standard of care, this result supported by Harper, (2021). Who emphasized that UAP that come to work don't know their role well, and they need to teach everything firstly.

Moreover, the highest percentages of patients were not sure that unlicensed assistant personnel give all the information available on the diagnosis and treatment to the patients about their illness. It could be related to low of educational level of UAP. More than two fifth of patients at Menoufia university hospital disagreed that the assistant personnel give the right treatment. It could be related to lack of knowledge related to medication five rights.

Additionally, institutional trust, the study showed that more than half of patients not sure that the health care institution has all the latest facilities for treatment and diagnosis. Around less than half of patients disagree that the healthcare institution has enough employees for providing health services. From researchers' point of view the hospital facilities are considered complex and critical infrastructures, and they should be characterized by high level of interconnections, dynamism, technological innovation, which offer health and social essential services. The patients disagree that the healthcare institution has enough employees for providing health services; it could be related to shortage of nursing staff in the hospital.

Regard to health care trust levels as reported by patients. The results revealed that more than half of patients had a low trust level regard to health

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

care. It could be related to improper role of unlicensed assistive personnel during the provision of the care to the patients. The unlicensed assistive personnel may communicate unfriendly and not warm with patients. The relationship between unlicensed assistive personnel roles and health care trust. There was a very strong statistically significant negative association between health care trust and improper role of unlicensed assistive staff in the two hospitals. There was no statistically significant association between appropriate role and appropriate role under supervision of UAPs and health care trust. From researchers point of view it could be related to patients not prepares psychologically to trust that assistant nurses had the necessary competence to perform such a complex task. Assistive nursing personnel who were not experienced as professional, flexible, empathetic, and confidential, related to the patient and not remained calm were deemed lack of trustworthy and vice versa. Also this result was in accordance with Lee, McGlynn, and Safran (2019) who illustrated that, technical competency, interpersonal attributes to the individual factor facilitating and fostering trust as well as communication, nurses being open, and interested.

Conclusion:

The present study concluded that there was a very strong statistically significant negative association between health care trust and improper role of unlicensed assistive nursing personnel in the two hospitals. The highest percentage of assistive nursing

personnel plays an improper role in both Menoufia university hospital and National liver institute. The majority of them not performed their roles properly either under supervision or without supervision while being monitored at the both hospitals. Consequently more than half of patients reported that they are not sure that unlicensed assistant personnel are technically competent and they had a low level of health care trust.

Recommendations:

The following recommendations are provided in light of the study's findings:

Written job descriptions, and clear definition of roles of unlicensed assistive personnel should be available; specific training program should be developed. Further research should be conducted to develop regulations for educational preparation, utilization of these providers besides the factors that contribute to patients feeling trust in the health care setting.

References

- American Nurses Association. (2020). ANA's principles of delegation by registered nurses to unlicensed assistive personnel. Silver Spring, MD: Author. Retrieved from <http://documents.mx/documents/principles-of-delegation.html>
- Arizona Nurses Association. (2020). "Position statement on the Use of Unlicensed assistive Personnel When Under the Direction of the Registered Nurse" Available

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

- https://cdn.ymaws.com/www.aznurse.org/resource/resmgr/Professional_Advoc/Position%20Paper%20Unlicensed.pdf
- Association of Rehabilitation Nurses. (2019). available at: <https://rehabnurse.org/about/position-statements/nursing-assistive-personnel> "The Role of nursing assistive personnel in the rehabilitation setting".
- Bakr. M. M. (2021): An Exploration to the Relationship between Unlicensed Assistive Personnel Role and Patient Safety. American Journal of Nursing and Health Sciences 2 (4): 105-112 <http://www.sciencepublishinggroup.com/j/ajnhs> doi: 10.11648/j.ajnhs.20210204.15
- Ezumah, N., Manzano, A., Ezenwaka, U., Obi, U., Ensor, T., Etiaba, E., & Mirzoev, T. (2022). Role of trust in sustaining provision and uptake of maternal and child healthcare: evidence from a national programme in Nigeria. Social Science & Medicine, 293, 114644.
- Gille, F., Smith, S., & Mays, N. (2021). What is public trust in the healthcare system? A new conceptual framework developed from qualitative data in England. Social Theory & Health, 19, 1-20
- Gopichandran, V. (2019). Dynamics of trust in doctor-patient relationship in India: a clinical, social and ethical analysis. Springer Nature
- King, N. (2019). Effects of Incivility Training on Unlicensed Assistive Personnel's Perception of Uncivil Behavior in the Workplace (Doctoral dissertation, University of Kansas).
- Kitt, S., Axsen, J., Long, Z., & Rhodes, E. (2021). The role of trust in citizen acceptance of climate policy: Comparing perceptions of government competence, integrity and value similarity. Ecological Economics, 183, 106958.
- Lee, T.H., McGlynn, E.A. and Safran, D.G. (2019). A Framework for Increasing Trust between Patients and the Organizations That Care for Them. JAMA, 321(6): p. 539-540
- Mailhot, T., Crump, L., Leblanc, M. E., Sanzone, L., Alfonso, L. V., Laughrea, E. & Lavoie, P. (2023). Nurses and Unlicensed Assistive Personnel's Practices in Caring for Patients with Delirium in Acute Care Settings: Protocol for the PRACTICE Study. Science of Nursing and Health Practices, 6(1), 59-77
- National Council of State Boards of Nursing. (2018). Decision tree for delegation to nursing assistive personnel. Chicago, IL: Author. Retrieved from <https://www.ncsbn.org/Preceptor-DelegationProces>.
- Scott, M. P., Bautista, M. G. F., Mann, S., DeVaughn-Bradley, S., & McFarland, N. (2020). SOARING: A residency program for unlicensed assistive personnel: Meeting the demands while retaining

Health care Trust as Perceived by Patients and Its Relation to Unlicensed Assistive Personnel Role: A comparative study

highly skilled, engaged clinical technicians. Journal for Nurses in Professional Development, 36(6), 321-327
Senatobia Healthcare & Rehab News Blog. What are the difference between a CNA, an RN, and an LPN? , (2019) Available at: <https://senatobiahealthcare.com/difference-between-a-cna-rn-lpn/>

Tova Band-Winterstein, ,Leehu Zisberg, Ksenya Shulyaev, Anna Zisberg. (2018).. The meanings of the unlicensed assistive personnel role in nursing homes: A triadic job analysis perspective.

Wikipedia, (2019). Unlicensed Assistive Personnel..available : at [:https://en.wikipedia.org/wiki/Unlicensed_assistive_personnel](https://en.wikipedia.org/wiki/Unlicensed_assistive_personnel)