



An Exploration to the Relationship between Unlicensed Assistive Personnel Role and Patient Safety

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Abstract: To care for more patients safely and cost effectively, many health care facilities and organizations are creating positions for and utilizing a large number of unlicensed assistive personnel (UAP). The role of unlicensed assistive personnel (UAP) is critical for their success or failure. UAP play important role in compromising the safety which is the product of individuals' proper role, values, attitudes, and competencies. Aim: This study aimed to explore the relationship between UAP role and patient safety. Method: Descriptive, correlational design was conducted at Menoufia University Hospital (MUH) and National Liver Institute (LI) at inpatient units where the UAP work in. Purposeful equal samples of (73) UAP and (73) patients were recruited from mentioned hospitals. Data was collected by researcher self-administered questionnaire and observation checklist. Results: The highest percentage (80.0.8%) of UAP were done improper role completely. The highest mean score (18.0±2.1) of patient safety was noticed in adverse events parameter. Followed by mean score of admission and safety information parameter (12.7±2.2) and the lowest mean score was present in pain control of patient safety parameter (3.5±1.8). More than three quarter (88.9%) of patients in (MUH) felt no safety regarding the care provided by UAP compared to (LI) were (73.0%). There was statistically significance correlation between improper role of unlicensed assistive personnel and patient safety. Conclusion: Study concluded that there was statistically significance correlation between improper role of unlicensed assistive personnel and patient safety, this can explain the relationship between improper role of UAP and the patients experiences no safety of care provided to them by UAP. Recommendations: Develop written job descriptions; developed educational standards, role definitions, and scopes of practice for UAP; hold unit specific training program; proper delegation; good supervision; and further research should be used to inform the development of regulations for educational preparation and utilization of these providers beside the factors that contribute to patients feeling unsafe in the healthcare setting.

Keywords: Patient, Role, Safety, Unlicensed Assistive Personnel

1. Introduction

To care for more patients safely and cost effectively, many health care facilities and organizations are creating positions for and utilizing a large number of unlicensed assistive personnel (UAP). The role of UAP is critical for their success or failure [1] and has the challenge of guaranteeing consumers a baseline level of performance and safety [2]. The role definite is crucial in provision of nursing care which involves a number of providers with different knowledge levels and capabilities. The staff mix may consist of RN's, Licensed Practical Nurses/Licensed Vocational Nurses (LPN/LVN) and UAPs. Despite the efforts of organizations such as the American Nursing Association (ANA) and the

National Council of State Boards of Nursing (NCSBN) to regulate and define the role of UAPs, there is still ambiguity regarding the responsibilities and accountability of UAP in the provision of professional, safe and quality care [3].

The American Nurses Association defines UAPs as individuals who are trained to function in an assistive role to the registered professional nurse in the provision of patient/client care activities as delegated by and under the supervision of the registered professional nurse. The responsibilities of the UAP engaged a combination of clinical and non-clinical activities, clinical activities such as assisting with personal hygiene (bathing, oral hygiene, nail care, and grooming); assisting with (dressing, repositioning, feeding, and toileting); assisting with (ambulation and mobilization of

patients); taking and recording (blood pressure, temperature, pulse, respiration, and body weight); providing emotional and support services to patients, their families) and nonclinical activities such as (keeping the environment orderly, collecting specimens for required medical tests) [4, 5]. The UAPs have been referred to by many titles, including nursing assistants, certified nurse's aide, nursing attendant, patient care associate, patient care technician and NAP [6]. The scope of practice based on title and description and effective delegation.

The tasks delegated to the NAP can be divided into two categories a basic and 'secondary skills set. The basic skills consist of those tasks that support a patient's activities of daily living, hygiene, and nutrition such as: aiding patients in the restroom, cleaning, such as combing hair and keeping nails tidy; move wheelchair or bed bound patients and taking patients out to activities like meals or socializing as well as those tasks that support professional nursing assessments. The secondary skills consist of those tasks that need additional training and demonstration of competence previous to being performed by the NAP and are dependent upon each individual state's practice acts [7]. It is not appropriate to delegate nursing activities that comprise the core of the nursing process and require specialized knowledge, judgment, competence, and skill [8]. Assessment and evaluation of the effect of interventions on care cannot be delegated [9].

To meet challenges of continuing change in the health care industry and maintain organizational viability in increasingly competitive markets, the use of the assistive personnel based on required qualification [10] these, are high school diploma or equivalent, nurses' aides training certificate these individuals typically have a short training program of several weeks to 3 months; completion of basic courses, and demonstration of initial and ongoing task competencies based on training skills and abilities for purpose of new or expanded responsibilities within clinical setting [11]. The training requirements for UAP vary greatly across settings and states. Always there are various concerns regarding ambiguities, definitions and professional expectations between the two roles of registered nurses (RN) and UAP (known as "care assistants") based on institutional health care delivery system [12].

Managed care and some models of care delivery systems have a new transported forward the "universal care giver" model, where unlicensed personnel performing functions which required a license. Many people, especially the elderly, are discovering needed to seek non-traditional unlicensed health care services in settings such as assisted living, adult day care, and home care [13]. A health care system that delivers optimal care for patients is dependent on a high degree of collaboration between registered professional nurse and other members of the health care team, including UAPs/NAPs [14].

Professional registered nurse is differences from UAPs/NAPs related to the type and amount of education, depth of knowledge, and critical thinking skills. While LPNs

typically provide primary nursing care to ensure patient comfort, RN is qualified to administer medication, advanced treatments, and educational materials to patients and families. The knowledge base and clinical skills of the professional registered nurse provide the foundation for nursing assessment and diagnosis, critical thinking and decision making, outcome identification, planning, implementation, and evaluation that are requisite for high quality outcomes for patients. At the same time she is responsible for determining the competence of UAPs/NAP especially when UAPs/NAPs participate in direct care, parameters for the education and supervision of these nursing support personnel must be in place [14, 15]. Job descriptions are decisive and constant with established rules and regulations and clearly outline duties, responsibilities, qualifications, skills, and supervision of UAPs to guarantee safety of patient care [16].

It has been reported that unsafe care is responsible for the loss of 64 million disability-adjusted life years each year across the globe. Patient harm during the provision of healthcare is recognized as one of the top 10 causes of disability and death in the world [17]. Safety is the outcome of personnel proper role, values, attitudes, perceptions, competencies and patterns of behavior that determine the commitment to, and the style and ability of an organization's health and safety management. Patient safety is a type of process or structure whose application decreases the possibility of occurrence of adverse events resulting from exposure to the health care system through a variety of diseases and procedures. Patient safety practices have been defined as "those actions implemented to reduce the risk of adverse events related to exposure to health care across a range of diagnoses or conditions [18]. Even though unintended harm to patients is not a new phenomenon, the solutions proposed to improve patient safety is determined by how well health care providers perceive and practice patient safety, how well caregivers work together as a team, how effectively they communicate with one another and with patients, how carefully the care delivery processes [19].

WHO describes patient safety as the prevention of errors and adverse effects to patients accompanying with healthcare [20]. Patient safety is the reduction and mitigation of unsafe acts within the healthcare system, as well as using best practices shown to lead to optimal patient outcomes [21]. Patient involvement in the management of their own safety arises today as an increasing requirement in health care institutions. Assessment of patient safety should be built on their opinion as the main protagonist as they can provide information that serves to be triangulated with that got from other [22].

The delivery of safe, accessible, affordable nursing care may include the appropriate utilization of unlicensed assistive personnel (UAP), and changes in the health care environment may alter the activities delegated to UAP. Monitoring of the UAP in the clinical setting should be accomplished through existing mechanisms that regulate nursing practice as state boards of nursing, including clarification of the delegation process and/or restriction of the range of delegable tasks.

Seven themes emerged as barrier to UAP to provide patient safety: lack of role clarity, lack of working together as a team, inability to deal effectively with conflict, not involving the UAP in decision making, deficient delegation, more than one boss, and "it's not my job" syndrome [23].

The UAP' role is to preserve patient safety and prevent harm during the provision of care in both short-term and long-term care settings [24, 25]. They are expected to adhere to organizational strategies for identifying harms and risks through offering assistance, and communicating with other healthcare providers [26, 27]. Adherence to the principles of patient safety is required for the success of interventions aimed at the prevention of practice errors and to achieve sustainable and safer healthcare systems [28].

2. Significance of the Study

Even with best health care in top-notch clinical facilities, accidents, infections, or other undesirable outcomes may happen with care provided. Based on the WHO globally, as many as 4 out of 10 patients experience safety issues in primary and ambulatory care settings; 2.6 million people die annually due to unsafe care in hospitals and medication mistakes are estimated to cost \$42 billion per year [16]. The researcher observes that the incidence of patient's harms by unlicensed assistive personnel (UAP) have been increased and the patient safety become at risk, as UAP was noticed performing CVP to patient, take arterial blood sample of neonate, and determining nursing care plan. At the same time the hospitals seek more unlicensed assistive personnel's from insecure sources. UAP is unlicensed individuals trained to function in an assistive role to the RN in the provision of patient/client care activities as delegated and supervised by RNs. According to the definition, UAP behavior mentioned previously requiring different explanations and determines if the patient safety affected or not. It has been reported that unsafe care is responsible for the loss of 64 million disability-adjusted life years each year across the globe [29]. These reasons collectively yield urgent need to explore the relationship between unlicensed assistive personnel role and patient safety.

3. The Aim of This Study

The current study aimed to explore the relationship between unlicensed assistive personnel role and patient safety in both Menoufia University Hospital and National Liver Institute.

4. The Research Questions

Is the actual role of unlicensed assistive personnel have does to patient is appropriate in both Menoufia University Hospital and National liver Institute?

Is the care provided by unlicensed assistive personnel is safe to patient in both Menoufia University Hospital and National liver Institute?

Is there a relationship between role of unlicensed assistive personnel and patient safety?

5. Methods

5.1. Design

A quantitative descriptive correlational research design was utilized to explore the relationship between unlicensed assistive personnel role and patient safety in both university hospital and National Liver Institute.

5.2. Setting

The current study conducted in two hospitals at inpatient units where the UAP work in at Menoufia University Hospital and National Liver Institute. They are two hospitals from university hospitals, Delta region, Egypt.

5.3. Sample / Participants

Two groups of study sample were included

Group1: Unlicensed assistive personnel

A 73 purposive sample of unlicensed assistive personnel were recruited from I. C. Us, medical unit and surgical unit from both hospitals. University Hospital was (36) and National liver institute was (37). Inclusion criteria were including all assistive personnel who are unlicensed, non-professional and have contracted to work in the two hospitals. Exclusion criteria were including licensed, professional and hired nurses.

Group 2: Patients

A 73 purposive sample of patients were recruited from the same units where unlicensed assistive personnel work in. only one patient from patients who assigned to care by assistive personnel was selected. Hospitals staffing working hours based on two long shifts (12 hours). This staffing policy facilitates the study where some patients assigned to care by two unlicensed assistive personnel during 24 hours. Exclusion criteria included all patients who assigned to care by licensed, professional and hired nurses and the patients with reading comprehension limitation. Total patient sample size was (73). (36) From University Hospital and National liver Institute was (37).

5.4. Instruments

Two instruments were used.

5.4.1. Instrument 1: Observational Checklist

Observational checklist designed by the researcher after extensive review of past and current, local and international related literature to evaluate the role of unlicensed assistive personnel. It was divided into two parts.

First part: include personal characteristics inquired about age, gender, experience, educational level, attendance of unit specific training program and its 'duration.

Second part: observational Checklist contains (41) items distributed und three different roles (1) proper role (23 items) contains the delegated tasks or activities of daily living that

necessary for patients for example, maintaining and cleaning urinary drainage bag (2) proper role under supervision (8 items) include the secondary tasks delegated to (UAP) and require additional unit 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 was done completely (2), done incompletely (1) and not done (0).

5.4.2. Instrument 2: Patient Safety Assessment Tool

Developed by the researcher to assess patients perception to their safety regarding the care provided by unlicensed assistive personnel after extensive review of past and current, local and international related literature, the instrument consists of (16) items classified into three sections, section one is information received about admission and safety procedures (6 items), section two, adverse events (7 items), section three, satisfaction with pain control (management) (2 items) and safety felt by the patient regarding care given by UAP (1 item.). Responses of patients were scored by likert scales with 5 and 7 points. The Five- point's likert scale scored as strongly disagree (1), disagree (2) undecided (3), agree (4) and strongly agree (5). Seven- point's likert scale scored as not safe (1), to somehow not safe (2), slightly safe (3), neither safe nor unsafe (4) quite safe (5), confident safe (6), very confident safe (7). Score less than or equal 50% is poor safety, score from 51%-69% is satisfactory, score equal or more than 70% is safe enough.

5.5. Data Collection Procedure

The data collection phase of the study was carried out in three months from 1/6/2020 to 30/9/2020. Before distributing the survey, clear instructions were given to each patient. The survey were distributed and collected on the same day or next day, according to the patient's ability. The researcher helped the patient by reading the question and records the patient responses to facilitate filling the tool to assess perception of patient safety to care provided by (UAP). It was lasted for 20-25 minute. Checklist observations for (UAP) role were done by the researcher, each (UAP), had three times in three different days per week, and the total higher frequency of done completely, done incompletely and not done was taken.

5.6. Validity

The tools were revised for content and face validity by six jury's experts from Cairo University, Menoufia University, Ein-Shams University, Tanta University, Helwan University and Alexandria University who were experts in the related field.

5.7. Reliability

The tools were tested for reliability by Cronbach's co-efficiency Alpha test. The test of reliability of observation check list of unlicensed assistive personnel role was (0.88),

and the test of reliability for patient safety assessment tool was (0.78).

5.8. Ethical Considerations

The ethical approval for conducting the current study was obtained from The Faculty of Nursing Institutional Research Board (IRB) committee. The ethical approval was also obtained from the selected settings for data collection. Confidentiality was assured to all participants and their information was used for research purpose only. The purpose of the study and the method of completing questionnaire were clearly explained for patients prior to complete the questionnaire.

5.9. Data Analysis Plan

Data were revised, coded, entered, analyzed and tabulated using SPSS version 22. Both descriptive statistics (frequency, percentage, mean and standard deviation) and inferential statistics (Pearson correlation test, chi-square test, and independent t test) were used according to type of variables. P value less than 0.05 was considered significant. A highly statistical significant difference was considered if $P < .01$.

6. Results

Table 1 shows the personal characteristics of unlicensed assistive personnel (UAP) group in both Menoufia University Hospital and National liver Institute. As shown in the table, nearly equal mean age score of assistive personnel were (24.93 ± 5.2 ; 25.2 ± 6.2) in both two mentioned hospitals. As well, the table revealed that the majority of UAP (66.07%) were female in Menoufia University Hospital while in National liver Institute were (64.9%). And the majority of them (66.7%, 62.2%) have a basic educational level and all of them hadn't attended unit specific training program in both the two hospitals.

Table 2 presents personal characteristics of patients group in both Menoufia University Hospital and National liver Institute. The highest mean score of patient's group age (48 ± 8.9) were noticed in Menoufia University Hospital compared to National liver Institute were (46.2 ± 14.6). As well, the table revealed that the majority of patients groups (75.0%, 70.0%) were male in both the two hospitals and the highest percentages of them (63.9%, 51.04%) have a high educational level.

Table 3 shows assistive personnel role in both Menoufia University Hospital and National liver Institute. As shown in the table, the highest percentage (80.0.8%) of assistive personnel were done improper role completely. As revealed from the table, more than two third (64.4%) of UAP were done proper role under supervision incompletely and around one third (40.5%) of them were done proper role incompletely.

Table 4 shows safety parameters to the patients group in both Menoufia University Hospital and National liver Institute. As shown in the table, the highest mean score

(18.0±2.1) for safety of patients group was noticed in adverse events parameter. It was followed by mean score of admission and safety information parameter for the patient's safety was (12.7±2.2). The lowest mean score were present in pain control of patient safety parameter (3.5±1.8). More than three quarter of the patients (88.9%) in Menoufia University Hospital felt no safety regarding to the care provided by UAP compared to more than two third of them in National liver

institute was (73.0%).

Table 5 clarifies the correlations between unlicensed assistive personnel role and patient safety. As shown in the table there was statistically significance correlation between improper role of unlicensed assistive personnel and patient safety ($r=0.3$) ($p<0.05$), while there were no statistically significance correlations between proper role and proper role under supervision of UAP and patient safety.

Table 1. Personal characteristic of unlicensed assistive personnel group in both Menoufia University Hospital (MUH), and National Liver Institute (LI).

Personal characteristics	Menoufia Hospital No. (36)		National Liver Institute No. (37)		p value
	No.	%	No.	%	
Gender:					
Male	12	33.3	24	64.9	$\chi^2=7.2$
Female	24	66.7	13	35.	$P<0.05^*$
Age: Mean±SD	24.93±5.2		25.2±6.2		$t=0.4$ $p>0.05$
Level of education:					
Non	4	11.1	12	32.4	$\chi^2=7.6$
Basic	24	66.7	23	62.2	$P<0.05^*$
High/college	8	22.2	2	5.4	$\chi^2=0.0$
Unit specific training program: Not attended	36	100.0	37	100.0	$p>0.05$

Table 2. Personal characteristics of patients group in both Menoufia University Hospital (MUH), and National Liver Institute (LI).

Personal characteristics	Menoufia hospital No. (36)		National Liver Institute No. (37)		P value
	No.	%	No.	%	
Gender:					
Male	27	75.0	26	70.0	$\chi^2=0.2$ $p>0.05$
Female	9	25.0	11	29.7	
Age: Mean±SD	48±8.9		46.2±14.6		$t=0.8$
Level of education:					
Non	5	13.9	3	8.1	$\chi^2=2.9$
Basic	8	22.2	15	40.5	$p>0.05$
High/college	23	63.9	19	51.4	

Table 3. Safety scale parameters to patients group in in both (MUH) and (LI).

Safety scale parameters	University hospital No. (36) (of SD)	National Liver Institute No. (37) ($\bar{X} \pm SD$)	Total	p-value
Admission and safety information	13.33±2.651	12.27±1.521	12.7±2.2	$P<0.05^*$ Sig.
Adverse events	17.88±2.080	18.108±2.051	18.0±2.1	$p>0.05$ Not sig.
pain control (management)	3.5278±2.04	3.5676±1.708	3.5±1.8	$p>0.05$ Not sig.
Safety felt by patient regarding care given by unlicensed assistive personnel				
Not safe	32 (88.9%)	27 (73.0%)	59 (80%)	$\chi^2=5.1$
To somehow not safe	3 (8.3%)	10 (27%)	13 (17%)	$p>0.05$
Slightly safe	1 (2.8%)	0 (0.0%)	1 (1.4%)	Not sig

Table 4. Unlicensed assistive personnel roles in Menoufia University Hospital and National Liver Institute.

Assistive personnel role	Menoufia Hospital		National Liver Institute		Total		p-value, Chi square
	No.	%	No.	%	No.	%	
1. Proper role Done completely	2	5.6	13	35.2	15	20.5	$\chi^2=12.9$ $p<0.05^*$
Done incompletely	21	58.3	9	24.3	30	41.1	
Not done	13	36.1	15	40.5	28	38.4	
Total	36	100	37	100	73	100	
2. Proper role under supervision Done completely	1	2.8	-	-	1	1.4	$\chi^2=1.9$ $p>0.05$
Done incompletely	21	58.3	26	70.3	47	64.4	
Not done	14	38.9	11	29.7	25	34.2	
Total	36	100	37	100	73	100	
3. Not proper role Done completely	22	61.1	37	100	59	80.8	$\chi^2=17.8$ $p<0.001^{**}$
Not done	14	38.9	-	-	14	19.2	
Total	36	100	37	100	73	100	

Table 5. Correlations between assistive personnel roles and patient safety.

Assistive personnel role	Appropriate role	Appropriate role with supervision	Improper Role
Patient safety	$r=0.1$ $p>0.05$ Not sig.	$r=0.1$ $p>0.05$ Not sig.	$r=0.3$ $p<0.05^*$

7. Discussion

This is the first paper that examines patients' sense of safety if they experienced improper role of unlicensed assistive personnel. Safety is the product of individuals proper role, values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of an organization's health and safety management [29]. The present study focused on the exploration to the relationship between unlicensed assistive personnel role and patient safety.

The results of the present study showed the highest percentage (80.0.8%) of assistive personnel group were done improper role completely. And more than two third (64.4%) of UAP were done proper role under supervision incompletely, while more than one third (40.5%) of them were done proper role incompletely. It might be due to use of UAP in Egypt remains relatively new and their role still not definite. As well as improper delegation which influences negatively on assistive personnel role where RNs delegate nursing process, client education, and tasks require nursing judgment to UAP regardless the consequences of that delegation on patient well-being. Furthermore she not assessed some factors prior to delegating tasks to UAPs like potential for harm, complexity of task, problem solving and critical thinking, unpredictability of outcome, level of care giver-patient interaction, and the practice setting. Presence of more than one boss, where UAP typically report to may cause confusion and improper role.

Concerning more than two third (64.4%) of UAP were done proper role under supervision incompletely, it could be related to never attended unit specific training program about secondary skills that require demonstration of competence prior to being performed and done under supervision of RNs. With regard to more than one third (40.5%) of them were done proper role incompletely It reflects and justifies absence of written job description, lack of supervision, performing the professional role of RNs (improper role) instead of her role (proper role). All of those reasons put the UAP in weak situation in front of the patients and perceived her role as a lack of skills, and lack of knowledge.

Patient safety, considered as a fundamental principle of health care. However, many medical practices and risks associated with health care are emerging as major challenges for patient safety globally and contribute significantly to the burden of harm due to unsafe care [30]. The results of the current study illustrated that the highest mean score for safety of patients group (18.0 ± 2.1) were noticed in adverse events parameter. Of patient safety. It was followed by mean score of admission and safety information parameter for the

patient's safety were (12.7 ± 2.2). The lowest mean score were present in pain control of patient safety parameter (3.5 ± 1.8). More than three quarter of the patients (88.9%) in Menoufia University Hospital felt no safety regarding to the care provided by UAP compared to National liver institute was (73.0%). From researcher point of view, it could be related to improper role of UAP, where they hadn't the knowledge base and clinical skills to provide the foundation for nursing assessment and diagnosis, critical thinking and decision making, which lead to increased probability of adverse events, lack of pain control and patients felt no safety regarding UAP care provided. This result is consistent with the study done in England where Patients do not just feel unsafe when errors occur, but also when service quality is noticeably poor. Where lack of quality is perceived as an indication of potential threat, this lack may contribute to patients feeling unsafe within the healthcare setting [29]. Likewise, the study findings are in line with the study from South Australia where respondents stated that 7.0% (95%CI: 6.2% to 7.9%) of hospital admissions were associated with an adverse event; 59.7% of respondents (95% CI: 51.4% to 67.5%) rated the adverse event as really serious and perception of safety in hospitals was largely affected by the experience of an adverse event; and serious events were the most significant predictor of lack of safety to the patients [31].

The present study result was in harmony with the study discusses "Exploring the Perceptions of the Patient Safety Culture". The study reported that the healthcare providers' perceptions of patient safety culture were high and positive comparing to the patient perceptions which was poor or almost failing [29]. Additionally the current study result consistent with [32]. They assertive that the patient perception of their clinical safety shows 2 different scenarios: one of them, centers with a higher AE prevalence had a low perceived patient safety index, which tells that, in all likelihood, the results of the care process do affect perception of it.

In contrast, a study carried out in Finland, to determine "Patients' Perceptions of Safety in Emergency Medical Services: an Interview Study" found that patients felt safe during their EMS encounter [33]. Many researchers agreed that evaluation of the patient safety is important. The research results for the study performed by Guijarro, P. Massó, and et al. to study "Evaluation of patients' Perception of Safety in an Italian Hospital Using the PMOS-30 Questionnaire". They reported a satisfactory patient feedback on safety, where the lowest mean was 2.7 (item 24) and that all means were above, except in 'the "Staff roles and responsibilities" domain [34].

Many researchers agreed that the true extent of safety and

harm across all health care settings is still a black box where low patient safety practice and preventable medical errors in the hospital were found and relates the poor of patient safety to prevalence of improper role of health care providers [18]. This comes in accordance with the results of the present study. There was statistically significance correlation between improper role of unlicensed assistive personnel and patient safety ($r=0.3$) ($p<0.05$), while there were no statistically significance correlations between proper role and proper role under supervision of UAP and patient safety. This can explain the relationship between improper role of assistive personnel and patients experiences no safety of care provided to them by UAP. In accordance with this finding, Lasiter, Lovink et al. and Mollon, [35-37] found that, inability of staff to convey their competence to patients. Patients who perceived that staff were unsure, preoccupied, or under confident were clear about the fact that this contributed to feeling unsafe in their care and experienced an error in care previously provided. In addition, Venesaja, A. et al., conducted a research paper on "Patients' Perceptions of Safety in Emergency Medical Services an Interview Study" in Finland, they concluded that, patients' experiences assistive personnel's ability or inability to use their nursing, technical and driving skills affected the patients' sense of safety. When the patient perceived a lack of professionalism, knowledge and practice of assistive personnel they felt unsafe [33].

In contrast, a study carried out in Australia to study "safe enough in here?" Patients' Expectations and Experiences of Feeling Safe in an Acute Psychiatric Inpatient Ward" it was reported that, the majority of health care that people receive today is safe in Australia and high quality where Australia's clinicians are highly regarded as skilled professionals who are committed to meeting the healthcare needs of their patients. They concluded that Australian health service have been integrating safety [38]. These come in agreement with Merja Sahlström et al., they reported that, most patients (78%) assessed the level of patient safety on their ward as "very good" or "excellent," and 20% of patients assessed it as acceptable or worse [22].

8. Conclusion

The results of this study concluded that, the highest percentage of assistive personnel group were done improper role completely, more than two third of them were done proper role under supervision incompletely and around one third of them were done proper role incompletely. The highest mean score for safety of patients group was noticed in adverse events parameter. It was followed by mean score of admission and safety information parameter for the patient's safety and the lowest mean score were present in pain control of patient safety parameter. More than three quarter of the patients in Menoufia university hospital felt no safety regarding to the care provided by UAP compared to more than two third of them in National liver institute. There was statistically significance correlation between improper

role of unlicensed assistive personnel and patient safety, while there were no statistically significance correlations between proper role and proper role under supervision of UAP and patient safety. This can explain the relationship between improper role of assistive personnel and the patients experiences no safety to care provided to them by UAP.

9. Recommendations

Based on the study findings the following recommendations are suggested:

- 1) Develop written job descriptions and work competencies of UAP, at the institutional level.
- 2) Develop educational standards, role definitions, and scopes of practice for UAP.
- 3) Effective supervision of UAP when provide the patient care.
- 4) Having training policy that includes training standards to hold unit specific training program.
- 5) Define process of proper delegation of patient care activities by RN.
- 6) Ensure that UAPs are identifiable by the patient as non-licensed.
- 7) Define the role of the RN and legal responsibilities in delegating tasks to the UAP.
- 8) Set outlines for proper utilization of UAP in the provision of patient care activities.
- 9) Develop and implement ongoing training workshops on patient safety for UAP.
- 10) Further research to inform the development of regulations for educational preparation and utilization of the UAP, beside to the factors that contribute to patients feeling unsafe in the healthcare setting were recommended.

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