



SATISFACTION OF HEALTH CARE PROFESSIONALS AT KING ABDULAZIZ MEDICAL CITY ABOUT THE ROLE OF THE SAUDI COMMISSION FOR HEALTH SPECIALTIES

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ABSTRACT

Introduction: Saudi Commission for Health Specialties (SCFHS) is responsible for monitoring and developing health training program, principles of practice and codes of ethics. Lack of study in this area has resulted in establishing this study to understand and evaluate the Saudi commission's roles from health care professionals' perspectives.

Objective: To measure satisfaction of health care professionals at King Abdulaziz Medical City (KAMC) about the role of Saudi Commission for Health Specialties

Methods: Cross sectional qualitative study, 270 health care professionals such as physicians (n=54), rehabilitation team (n=53) and nurses (n=163) were selected from KAMC. The data was collected by using a suitably structured questionnaire with question selected of demography of the respondents and their opinions about SCFHS roles and the impact of SCFHS' services on health care professionals. Data was analyzed by using SPSS version (22). Statistical tests such as chi – square and frequencies were used to get the final results. The study was approved by IRB of KAIMRC.

Results: From the study, it was observed that 51.5% of the participants were satisfied, 36.7% were neutral, and 11.8% were dissatisfied with the roles of SCFHS. . Non-Saudi participants were more satisfied than Saudi. Eight problem areas were identified with respect to the services of SCFHS.

Conclusion: Delayed response, high cost of services charges, complicated website and inappropriate professional classification were the main factors that associated with satisfaction of the health care professionals.

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INTRODUCTION

Satisfaction of health care professional at King Abdulaziz Medical City (KAMC) about Saudi Commission for Health Specialties (SCFHS) is a topic of interest that affect health care providers in either positive or negative way. The Saudi government¹ have approved SCFHS, established in Riyadh, 1992. SCFHS is responsible for monitoring and developing health training program, principles of practice and codes of ethics. SCFHS has started their significant role as executive committees and specialized boards. SCFHS aims to promote health care providers performance, evolve and support skills, and evaluate the relation between scientific theory and practice in the various health-related majors. The vision of the SCFHS is to make healthcare professional performance in Saudi Arabia achieve international standards.

Saudi Commission for Health Specialties Roles:

Evaluating and approving of health-related professional programs, and evaluating continuing education for health specialties. Forming health scientific councils and committees to monitor and supervise the Commission's performance. Identifying and developing health institutions for health training purposes. Managing and improving the results of specialized tests through specialized scientific councils. Issuing and approving professional certifications like the fellowship or diploma. Correlating with other professional health institutions and commissions inside and outside the Saudi Arabia. Evaluate the rules and standards for the conduct of health providers, including the Codes of Ethics. Assessing and approving certifications of health specialties. Supporting and publishing health scientific researches and issuing journals permanently. Engaging in the improvement of the general program to qualify and promote of human resources in the health domain. Regulating courses and holding conferences to speak about local health problems, proper solutions and recommendations. Supporting health-related scientific research and providing necessary funding for the researchers.

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Developing and construct of specialized associations for Health Research.

However, the significant roles and the valuable mission of the SCFHS affect the health care provider attitude and productivity. Therefore, it is significant to understand the opinions and perspectives of the health care professionals about the roles of the commission and how they implemented. The lack of studies at this area led to conduct this study which aimed to measure the satisfaction of health care professionals at KAMC about the role of SCFHS, to evaluate the role of Saudi Commission of Health Specialists on health care professionals at KAMC, and to identify areas of improvement for employees.

Literature Review

Health quality assurance is a big concern internationally, wherefore there is a lot of authorities take accreditation into consideration like Council for Health Service Accreditation of Southern Africa (COHSASA) which started by Whittaker *et al*². In considering the significant role of health commissions or organizations. Shekelle *et al*³, found that US Agency for Healthcare Research and Quality have to redevelop more than half of their guidelines to increase the agency effectiveness. Also, it was indicated that the commissioning history of the professions of health providers of the United States Public Health Service (USPHS) is needed for well-educated, career-oriented professionals to provide quality health care and to understand the process of commissioning of the new health care professions would help to find the way for future USPHS commissioning, as presented by, Nathe *et al*⁴.

Health commission can affect health provider in either positive or negative way, subsequently quality of care can be affected in the either ways, so health professionals satisfaction is a big deal for the health specialties commission, or in other word satisfaction of healthcare providers about the role of commission will reflect the effectiveness of the commission, which found by Chappel *et al*⁵.

For example, Fahim⁶ has stated that specialty training is a factor to help policy to increase the level of health job satisfaction in Egypt (2012). Moreover, Chinese government has established a new policy which is National Essential Medicine System in 2009. Healthcare providers' satisfaction with this system is proportionally related to their awareness of the policies which are highlighted by Song *et al*⁷. In addition to that, sociodemographic variables significantly influenced job satisfaction among health care staff following the health system reforms in China (2009), which found by Lu *et al*⁸.

On the other hand, as presented by Checkland *et al*⁹, Commissioning in the English National Health Service has stated that decreasing job health satisfaction could be a result of weakness of the regulatory structure or the managers' efficiency. And Pakistani trainers were an appropriate example of such problems since they do not return to Pakistan when they go abroad for training due to facilities deficiency and reward shortening which affects their satisfaction, as reported by Hyder *et al*¹⁰. Also, according to the Health Sector Evolution Plan in Iran, it has proven that there are some medical professionals that are not satisfied with relative value units about specific rules in their health work field and state that these rules are not relative to their level of expertise, which found by Moradi & Vosough¹¹. Finally, According to

the ethics and policies of World Health Organization, Brughla & Crowe¹² have found that decrease satisfaction of health care providers in the area of ethics and health system analyses could increase the number of health care providers' migration to find better opportunities.

METHODS

The study is a cross sectional qualitative study, conducted in Riyadh, Saudi Arabia at King Abdul-Aziz Medical City (KAMC). This medical city includes two hospitals: King Fahad National Guard Hospital and King Abdullah Specialist Children Hospital.

For selecting participants in this study, the inclusion criteria were the following: (1) participant had to be physicians, or one of the rehabilitation team: physical therapy, occupational therapy or speech language pathologist, or nurse working at KAMC (2) had experience with SCFHS (3) had full willingness to participate. However, the exclusion criteria for this study were the participant who worked at other hospitals, unwilling to participate, had no experience or a serious conflict with SCFHS.

Sample size calculator was used to decide the number of health care professionals that needed to be studied in order to get a fair judging result that reflects the target population precisely. Therefore, (n=370) was the required sample size (there is a possibility that some healthcare professionals would decline filling out the questionnaire). The questionnaire was distributed to the participant by using convenience strategy between July and December 2016. Margin of error was 5 % and the confidence level was 95%.

The questionnaire was a structured questionnaire (as shown in appendix I), it included two parts as following: (1) Participants' demographic data. (2) Direct yes/no questions about the SCFHS roles and the impact of its services among health care professionals. However, participants were free to express their comments and explanations for each question.

Finally, the questionnaire ended with a question about rating the overall satisfaction about the commission. All questions were in English because it is the formal language used in the health care field in Saudi Arabia among health practitioners. Also, the presence of different nationalities who are working at KAMC. This questionnaire was developed to collect data for this study. The reliability and validity of it was assessed by conducting a pilot study (n=20) which done to check the questionnaire and take the feedbacks. As a result of that, the questionnaire was modified according to the feedbacks.

Data collected were analyzed using Statistical Package for Social Science (SPSS) program version 22. Also, data presented in tables and figures, categorical variables described by using frequencies and percentages, quantitative variables analyzed by mean and standard deviation.

Approval was obtained from King Abdullah International Medical Research Center (KAIMRC). Participants were invited by a formal informed consent to complete the questionnaire (as shown in appendix II). The informed consent clarified the main objectives of the study. The identities of all participants were confidential, and they informed that they are free to refuse to participate in the study.

RESULTS

From the 370 questionnaires that were distributed, 270 completed questionnaires were returned. The overall response rate was (72.97 %). Respondents included: Physician (n1= 54), Rehabilitation team (n2= 53), and Nurse (n3= 163).

Out of the 270 participants, (60.4%) were nurses, (20.0%) were physicians, and (19.6%) were rehabilitation team. Most of the participants were women (82.2%). Mean age of the participants was 35.10 years (±8.697), and the age ranged from 21 to 63 years old.

Among health care participants, (59.0%) of the total number of non-Saudi participants (n=144) are satisfied with Saudi commission, while (41%) of the total number of Saudi participants (n=100) are satisfied with Saudi commission, which indicates more satisfaction level with non-Saudi participants.

Out of the total sample, (n=158) of the participants earn lower income, which indicate the majority (58.5%). Low income participants are more dissatisfied than high income participants (P<0.05).The demographic and practice setting details of participants are summarized in **Table1**.

Table 1 Demographic characteristics of respondents

Characteristics	Details of respondents (n= 270)	
	No.	(%)
Gender		
Male	48	(17.8)
Female	222	(82.2)
Marital status		
Single	94	(34.8)
Married	171	(63.3)
Divorced	2	(.7)
Widowed	3	(1.1)
Nationality		
Saudi	112	(41.5)
Non Saudi	158	(58.5)
Income (in SAR)		
1000-10000	158	(58.5)
11000-20000	66	(24.4)
21000-30000	19	(7.0)
Above 30000	27	(10.0)
Specialty		
Physician	54	(20.0)
Rehabilitation team	53	(19.6)
Nurse	163	(60.4)

Roles and Services of SCFHS

Overall opinions of health care professionals about the roles and services of Saudi commission are summarized in Table 2. All of the questions in Table 2 were resulted in significant with satisfaction level (P < 0.05). Many of return questionnaires had missing or incomplete answers for different questions resulting in calculating the response rate for each question individually

Table 2 Opinion of respondents regarding SCFHS

Specialty	Particulars			Response rate No. (%)
	Do you find the SCFHS criticality respect and cooperation? (q8)			
	Yes No. (%)	No No. (%)	Total No. (%)	
Physician (n1= 54)	45 (84.9)	8 (15.1)	53 (100)	
Rehabilitation team (n2= 53)	38 (74.5)	13 (25.5)	51 (100)	256 (94.8)
Nurse (n3= 163)	139 (91.4)	13 (8.6)	152 (100)	
Total	222 (86.7)	34 (13.3)	256 (100)	
Do you find the application easy to fill? (q9)				
Physician (n1= 54)	43 (81.1)	10 (18.9)	53 (100)	
Rehabilitation team (n2= 53)	38 (73.1)	14 (26.9)	52 (100)	266 (98.5)
Nurse (n3= 163)	131 (81.4%)	30 (18.6)	161 (100)	
Total	212 (79.9)	54 (20.3)	266 (100)	
Do you find SCFHS objectives are clear? (q10)				
Physician (n1= 54)	41 (75.9)	13 (24.1)	54 (100)	
Rehabilitation team (n2= 53)	31 (59.6)	21 (40.4)	52 (100)	262 (97)
Nurse (n3= 163)	137 (87.8)	19 (12.2)	156 (100)	
Total	209 (79.8)	53 (20.2)	262 (100)	
Are you happy with the financial cost they charge? (q11)				
Physician (n1= 54)	18 (34.6)	34 (65.4)	52 (100)	
Rehabilitation team (n2= 53)	22 (42.3)	30 (57.7)	52 (100)	264 (97.8)
Nurse (n3= 163)	66 (41.2)	94 (58.8)	160 (100)	
Total	106 (40.2)	158 (59.8)	264 (100)	
Does the access to their services is easy? (q12)				
Physician (n1= 54)	40 (76.9)	12 (23.1)	52 (100)	
Rehabilitation team (n2= 53)	29 (56.9)	22 (43.1)	51 (100)	261 (96.7)
Nurse (n3= 163)	121 (76.6)	37 (23.4)	158 (100)	
Total	190 (72.8)	71 (27.2)	261 (100)	
Do you usually find the required system supportive? (q13)				
Physician (n1= 54)	46 (86.8)	7 (13.2)	53 (100)	
Rehabilitation team (n2= 53)	37 (75.5)	12 (24.5)	49 (100)	256 (94.8)
Nurse (n3= 163)	132 (85.7)	22 (14.3)	154 (100)	
Total	215 (84.0)	41 (16.0)	256 (100)	
Does the electronic services useful and complete?(q14)				
Physician (n1= 54)	41(78.8)	11 (21.2)	52 (100)	
Rehabilitation team (n2= 53)	35 (68.6)	16 (31.4)	51 (100)	260 (96.3)
Nurse (n3= 163)	142 (90.4)	15 (9.6)	157 (100)	
Total	218 (83.8)	42 (16.2)	260 (100)	
Do they response in email or phone call immediately? (q15)				
Physician (n1= 54)	32 (62.7)	19 (37.3)	51 (100)	
Rehabilitation team (n2= 53)	28 (57.1)	21 (42.9)	49 (100)	255 (94.4)
Nurse (n3= 163)	119 (76.8)	36 (23.2)	155 (100)	
Total	179 (70.2)	76 (29.8)	255 (100)	
Do you usually find the required staff supportive? (q16)				
Physician (n1= 54)	39 (76.5)	12 (23.5)	51 (100)	
Rehabilitation team (n2= 53)	28 (57.1)	21 (42.9)	49 (100)	251 (93)
Nurse (n3= 163)	126 (83.4)	25 (16.6)	151 (100)	
Total	193 (76.9)	58 (23.1)	251 (100)	
Does the timeframe to process your request suitable? (q17)				
Physician (n1= 54)	42 (84.0)	8 (16.0)	50 (100)	
Rehabilitation team (n2= 53)	30 (62.5)	18 (37.5)	48 (100)	
Nurse (n3= 163)	130 (86.7)	20 (13.3)	150 (100)	
Total	202 (81.5)	46 (18.5)	248 (100)	

Moreover, the participants were asked about the exams that are provided by the Saudi commission in question 20. Out of the total sample, n= 152 (56.3%) had taken the exam, n=79 (51.9%) said the exam was hard, n= 104 (68.4%) said the exam was related to their specialties.

Participants were asked whether they would choose to be recognized or registered or licensed, and whether they are recognized or registered or licensed. The participants have chosen more than one option as shown in Table 3.

Table 3 Opinion of respondents having egistered/recognized/licensed by SCFHS

Specialty	Particulars								
	Would you like to be*								
	Recognized (18a)			Registered (18b)			Licensed (18c)		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Physician	18 (75)	6 (25)	24 (100)	27 (81.8)	6 (18.2)	33 (100)	36 (85.7)	6 (14.3)	42 (100)
Rehabilitation team	25 (75.8)	8 (24.2)	33 (100)	37 (88.1)	5 (11.9)	42 (100)	33 (84.6)	6 (15.4)	39 (100)
Nurse	55 (79.7)	14 (20.3)	69 (100)	103 (90.4)	11 (9.6)	114 (100)	110 (90.2)	12 (9.8)	122 (100)
Total	98 (77.8)	28 (22.2)	126 (100)	167 (88.4)	22 (11.6)	189 (100)	179 (88.2)	24 (11.8)	203 (100)

Specialty	Currently you are,*								
	Recognized (19a)			Registered (19b)			Licensed (19c)		
	Yes	No	Total	Yes	No	Total	Yes	No	Total
Physician	15 (78.9)	4 (21.1)	19 (100)	36 (94.7)	2 (5.3)	38 (100)	34 (89.5)	4 (10.5)	38 (100)
Rehabilitation team	21 (63.6)	12 (36.4)	33 (100)	36 (87.8)	5 (12.2)	41 (100)	34 (82.9)	7 (17.1)	41 (100)
Nurse	43 (74.1)	15 (25.9)	58 (100)	114 (95.0)	6 (5.0)	120 (100)	108 (90.8)	11 (9.2)	119 (100)
Total	79 (71.8)	31 (28.2)	110 (100)	186 (93.5)	13 (6.5)	199 (100)	176 (88.9)	22 (11.1)	198 (100)

A Chi square = 16.62 analysis revealed statistically significant relationship found between specialty and satisfaction level (P = 0.034) as shown in Table 4

DISCUSSION

The overall aim of this study was to measure satisfaction of health care professional at KAMC about the role of SCFHS.

Table 4 Opinion of respondents about SCFHS and Specialty

Specialty	Level of satisfaction					Total
	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	
	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)	No. (%)
Physician	3 (5.6)	24 (44.4)	16 (29.6)	9 (16.7)	2 (3.7)	54 (100)
Rehabilitation team	3 (5.7)	15 (28.3)	25 (47.2)	8 (15.1)	2 (3.8)	53 (100)
Nurse	12 (7.4)	82 (50.3)	58 (35.6)	10 (6.1)	1 (6.0)	163 (100)
Total	18 (6.7)	121 (44.8)	99 (36.7)	27 (10.0)	5 (1.9)	270 (100)

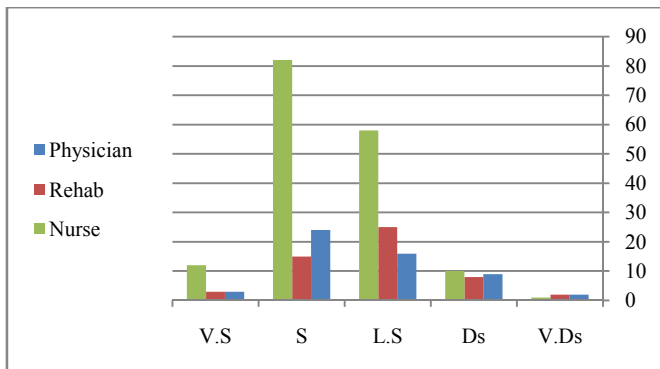


Fig 1 Overall opinion of respondents regarding SCFHS

Lastly, 89 participants wrote comments that explain their problems with SCFHS. Delayed response was the main identified problem (n=35) 39.3% as shown in Figure 2.

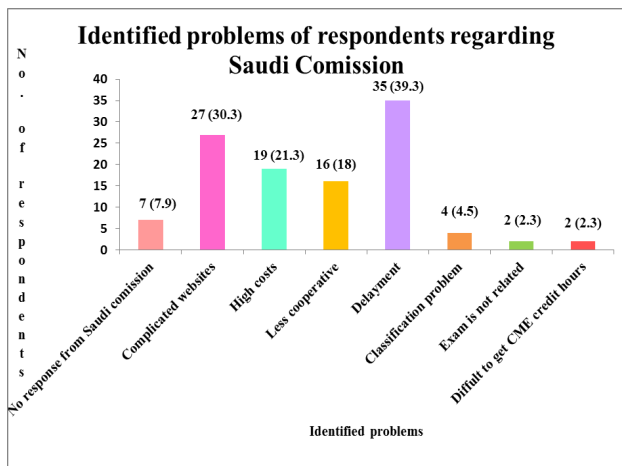


Fig 2 Bar diagram showing the problems faced by the respondents regarding Saudi Commission

The vision of the SCFHS is to make healthcare professional performance in Saudi Arabia meets the international standards. To meet these standards, measuring the health care professionals' satisfaction is essential to reflect the effectiveness of the Saudi commission, as reported by Chappel *et al*⁵.

According to Song *et al*⁷, the awareness of the policies of the medicine system in China is proportionally related to the satisfaction level of health care providers. Similarly, one finding of this study is the majority of the participants are aware of the Saudi commission's objectives, and it has significant influence with their satisfaction.

In agreement with a previous research by Checkland *et al*⁹, the support of the required staff is related to health care professionals' satisfactions. However, there are a few participants who wrote their problem with lack staff cooperation, the overload work of the Saudi commission staff could be a reason to decrease their cooperation with the health care professionals.

In this study, more than half of the participants are not satisfied with the fees of the SCFHS services. In addition, the low income participants are more dissatisfied, which is similar to Lu *et al*⁸. The financial cost of the commission's services is unified for all participants regardless of their income variation, which may be the cause. Furthermore, low income participants could has less experience with the commission's system including its procedures and requirements that may lead to misunderstanding and more problems. However, SCHFS does not have any support neither from the ministry of health nor the government, which makes the commission charges the health care provider to be able to continue providing these services. For example, they have to pay the commission's employees, build the institutions and centers, provide the exams which need devices and other equipment, and other

services that health care professionals may have no idea about, subsequently the major of the participants will be dissatisfied.

In this study, non-Saudi participants are more satisfied about SCFHS roles than Saudi participants. Brugha & Crowe and Hyderet *et al*¹² had found that decrease satisfaction of health care professionals resulted in increasing their migrations as noticed in Pakistan and Ireland.

As a reason of this finding, Saudi Arabia could benefit the non-Saudi participants by providing better opportunities than their countries. However, the SCFHS is not responsible for the health care professionals' income, Saudi Arabia may provide higher income than their countries, which may motivate them to migrate. In addition, a large number of non-Saudi participants are overall satisfied about the SCFHS roles even though they had left different comments to debate their problems. Also, the quality of the SCFHS system could be more sufficient and effective more than their countries' systems.

Regarding to the this study's questions about the SCFHS website, which include, easiness of application, access to the services and the electronic services usefulness, had significant influence with health care professionals' satisfactions. Moreover, the participants had listed other problems associated with the website such as a lot of steps for website and applications, complicated online registration, disorganized website, and a lot of submission's requirements. As a result of these similar problems, Shekelle *et al*³ found that United State Agency for Healthcare Research and Quality had to redevelop more than half of their guidelines in 2001.

In addition to the findings, the main identified problem of participants regarding Saudi commission is delayed response of the request process. The timeframe response was taking too long according to what participants said. Also, they complained about the absence of deadline date.

Moreover, while distributing the questionnaire, the main question was asked by participants is about the professional classification. Similarly to Moradi & Vosough¹¹, some health care professionals at KAMC are not satisfied with their work positions and stated their professional classification are not appropriated by the SCFHS comparing with their educational level such as physical therapy technicians and nurse technicians.

As known, Saudi commission has a big impact on the health care professionals' satisfaction that could affect their attitude and productivity. The objectives of the commission are clear and well-presented. Even though, some related problems of the commission had been shown in this study. One of the expected solutions for the financial cost problems is to collaborate with another governmental support, or making agreements with the ministry of health that may benefit both sides. Also, determining the fees depending on the income variation could be a satisfied solution for health care professionals.

Moreover, the commission's website is complicated and has unclear steps as reported by the participants. Reevaluate and organize the website to make everything simple and clear for its users is the suggested solution. For the delayed response problem, specify the time response for the participants' requests may decrease their complaints about the delay. Further research in professionals' classification is suggested

since it is a big deal and no previous researches covered this problem. Also, more researches can be conducted on more than one hospital or country. Since the majority of Saudi are dissatisfied, a special study for them is required to identify the problem and improve the level of SCFHS productivity.

Limitation: This study limitations is that nurses are the majority of the sample size which may affect the results since the protocol of the SCFHS is different from one specialty to another, female participants are more than male,

CONCLUSION

This study concludes that non-Saudi participants are more satisfied than Saudi about the commission. Moreover, delayed response, high cost of services charges, complicated website and inappropriate professional classification were the most important aspects to reconsider to increase the satisfaction among health care professionals which will improve the commission's development and productivity. A larger scale study need to be conducted may be the SCFHS should develop an mechanisms to evaluate their performance or invite an external assessor.

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