

# A Survey on Employee Satisfaction among Workers in a HIV/AIDS Comprehensive Care Centre in a Tertiary Healthcare Institution in Kenya

James M. Gitau<sup>1</sup>, Dalton C. Wamalwa<sup>2</sup>, P.N. Muiruri<sup>3</sup>

<sup>1</sup>Afya Bora Consortium Fellowship and Egerton University, Faculty of Health Sciences,  
Po Box 536, 20115 Egerton, Kenya

<sup>2</sup>University of Nairobi, School of Medicine, Kenya

<sup>3</sup>Kenyatta National Hospital, Kenya

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**Abstract:** At the turn of the 21<sup>st</sup> century, specialized units offering care to HIV/AIDS patients became necessary. A regular assessment and appraisal to assess workers in these special units is necessary to gauge their satisfaction and ability to deliver high quality care to patients and address concerns, conflicts and expectations among them as they interact with a unique patient cohort suffering from a stigmatized and currently incurable illness.

**Aim:** To assess employee view on their work environment and their outlook on the organizational precepts of leadership and planning, corporate culture, work place communication, teamwork, working conditions, career development, supervision, and training program among other workplace aspects.

**Methods:** This was a questionnaire based cross sectional survey using the Likert scale on level of agreement or disagreement to a set of questions, and involved both the contracted and permanent employees working at the HIV/AIDS care unit of a large tertiary hospital in Kenya.

**Results:** 47 out of a total employee workforce of 56 participated in the survey, reflecting a response rate of 84%. The 4 unit administrators and the 3 'volunteer' peer educators were left out of the study. An overall satisfaction assessment of the entire workplace concerns showed that most of the employees were satisfied (57.4%, n=27) as compared to only 6.4% (n=3) who were dissatisfied and a neutral group at 36.2% (n=17).

**Conclusion:** Staff satisfaction assessment is a necessary component in human resource engagement in any organization. Workers in certain units in an organization may have certain special concerns that need to be addressed regularly to enhance their productivity.

**Abbreviations:** KNH: Kenyatta National Hospital; CCC: Comprehensive care Centre; WHO: World Health Organization.

**Keywords:** Employee satisfaction, salary, comprehensive care, job security, performance appraisal, job motivation.

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## 1. INTRODUCTION

HIV/AIDS infections continues to be a challenging condition in many setups in the world today, and for the number of years now since the deadly scourge became a global epidemic in the 1980's. To effectively deal with the epidemic, WHO and other partners in health developed policies and protocols to curb the progress of the HIV/AIDS epidemic and other chronic diseases and reduce their mortal capacity [1]. One of this policies was to ensure that governments and non-governmental partners set up distinct care units for those afflicted with HIV/AIDS. This was envisaged to cause patients suffering from this disease access care in the most efficient, reliable and hustle-free manner. Workers working in these units were to have special training and be able to handle their patients with dignity and compassion and demonstrate care

skills that other health workers in other hospital units would not primarily be required to have. It was necessary that these workers be remunerated well, motivated through work place improvements, and given opportunities for career advancements among other benefits. [2]. A regular appraisal and assessment was essential to ensure that the patients and their health care givers were satisfied

Kenyatta National Hospital (KNH) in Nairobi is the oldest hospital in Kenya. Founded in 1901 with a bed capacity of 40, it has over time grown into the largest referral and teaching hospital in Kenya with a 1800 bed capacity and over 6000 employees. The University of Nairobi Medical School, and several government agencies are located on the campus [3].

By the year 2004, HIV/Aids disease and the attendant opportunistic infections was the leading cause for admission in KNH. By then 60% of all admissions to the wards were attributable to the disease. In the year 2005, KNH and partners, came up with a 5-year strategic plan to deal with HIV/AIDS. A comprehensive care centre was setup to specifically address this disease that was ravaging the population

The functions of the comprehensive care clinic include provision of clinical consultation for new and old patients diagnosed with HIV including initiation of antiretroviral therapy and follow up, provide laboratory services for patients on ARVs, offer counseling services to patients, including adherence counseling and other psychosocial counseling. Other functions include provision of nutritional services and support including rehabilitation of malnourished HIV patients. There is also patient data custody, physiotherapy and social support services [4].

Among some of the major challenges afflicting the HIV/AIDS programs in KNH include lack of sufficient staff, infrastructural constraints, an outdated and largely manual health management information system, and the challenges associated with the management of infected children.

CCC has a workforce of 62 among them 3 volunteer peer educators and 4 administrators.

The Organizational structure of the CCC is depicted in Fig 1. This is the unit structure, and the overall hospital HIV/AIDS program structure differs somewhat, with other core components having their distinct administration.

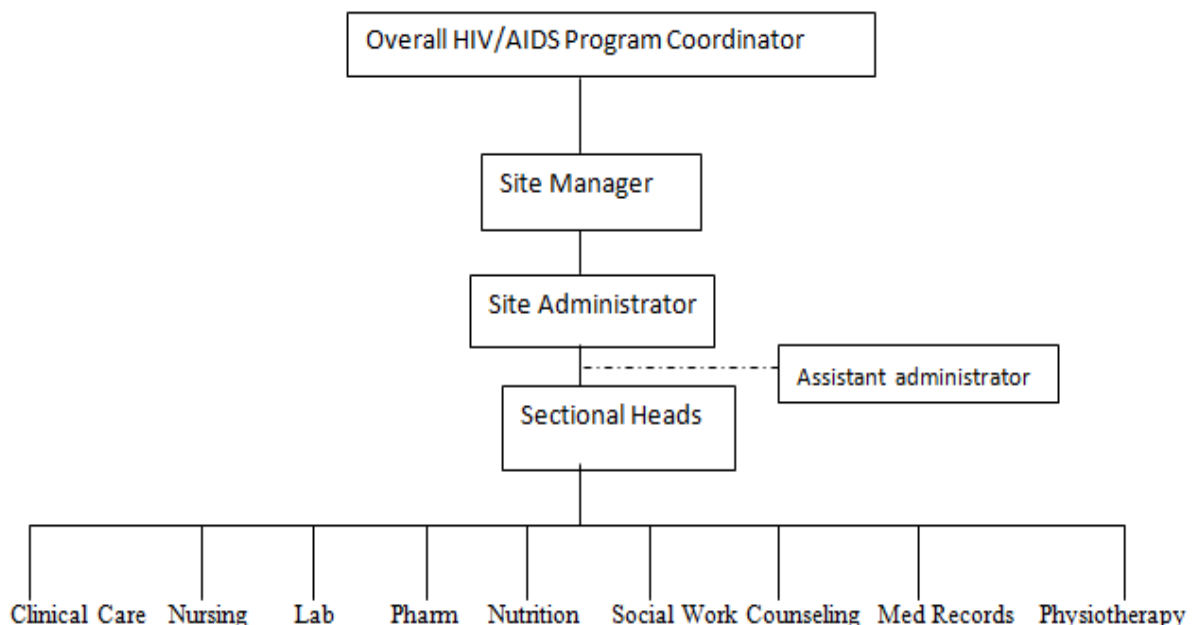
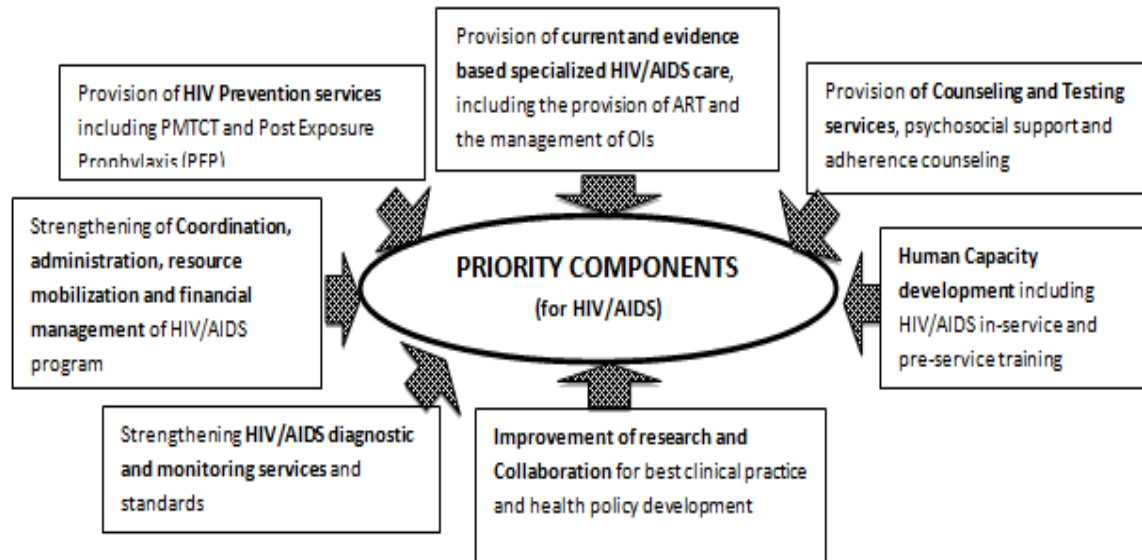


Figure 1: Organizational structure for HIV/AIDS care unit at KNH

The goal of the HIV /AIDS program as spelt out in its strategic plan is “to strengthen Kenyatta National Hospital as a centre of excellence in the region, for specialized and patient centred HIV/AIDS prevention, care and support and also provide leadership in training, education, innovative research, partnership-based support to lower health facilities, and contribute to health policy formulation”. The KNH HIV/AIDS strategic plan (2005-2010) cites seven priority components as constituting its strategic thrust in its contribution to the national HIV/AIDS response as summarized in fig 2 [4].



**Figure 2: Strategic Plan components for HIV/AIDS care at Kenyatta National Hospital**

Among the strategies that was envisaged for realization of the priority component on the 'provision of current and evidence based specialized HIV/AIDS care' was to carry out the necessary human resource reorganization, redeployment, recruitment etc., and to 'implement good human resource management practices' to improve supervision and 'ensure high staff morale and good workplace climate'. The justification for a survey looking at the satisfaction and motivation of the human resource component is derived from this expression in the strategic plan and which manner of survey had not been formally undertaken before in the history of the operation of the HIV/AIDS care centre.

Besides the above reasons, the HIV/AIDS program at the hospital is at the time of this survey going through a transition relating to change of funding partner including a requirement for existing staff to renew their contracts, and a slight cutback on funds flow to run the site. A survey querying on staff concerns is considered useful at times of transitioning in organizations [5].

Auditing and appraising employees' performance has become a central component of many organizations in and outside government in order to ensure that set goals and objectives are realized. For many institutions, their expectations of their employees are one way affairs. The employees are not given opportunity to express their feelings and their expectations about their workplace environments [6]. This ends up producing institutions with an employer-employee disconnect that ultimately affects overall output of the organization. For many organizations, the relationship between the employer and employee is one that is only spelt out in terms of end-month engagements, other considerations notwithstanding.

Employees appreciate being asked for their opinions, and appreciate it all the more when survey results are acted upon. When changes are made that make employees feel better about coming to work, several benefits, aside from decreased turnover, can result. These include more energetic employees, increased productivity, improved teamwork, higher quality outputs, due to a more competent, energized workforce and improved processes. This also leads to more satisfied clients, due to the higher quality services, and service levels provided by the energized workforce [7].

## 2. METHODS

The objective of the survey was to assess staff satisfaction and motivation among KNH employees working in the comprehensive care center and on how they view their work environment. Specific concern was on their outlook on the precepts of leadership and planning, corporate culture, communication in the unit, teamwork, working conditions, career development, supervision, and training program.

This was a self-administered questionnaire based cross-sectional total population survey. A structured questionnaire was developed by the unit manager and administrator, with a comparison to similar ones developed elsewhere for similar objectives. The questionnaire captured the basic demographic characteristics of the staff in the first schedule, and their workplace concerns in the second schedule. Responses were evaluated using a six-level Likert scale with the items in each question ranging from one to six. These responses ranged from complete disagreement to complete agreement.

All the staff based at the HIV/AIDS unit of KNH were eligible with the exception of the four administration staff and the 3 volunteer staff. Six of the staff on annual leave were excluded as well. A minimum response rate of 80% of the staff using the current staff register was envisaged.

The site manager and administrator were requested to approve the conduct of the survey and to encourage the site staff to participate. This was done directly through formal staff meetings. The head of the HIV/AIDS program at the hospital was also informed about the intention to do the survey. The survey was arranged as an internal departmental audit tool and ethical approval was granted by the hospital Ethics and Research Committee.

Data was analyzed using the scientific program for social scientists (SPSS) vs 18 and feedback in the form of a written report communicated to the hospital management.

### 3. RESULTS

#### The Demographics:

The survey was designed as a total population survey, and all the staff working in the unit except those in administration and the volunteer staff were eligible to participate. There was however no intention to coerce any staff who refused to participate. 47 staff working in the unit submitted their questionnaires, 3 declined participation. This reflected a response rate of 84%. A tabular presentation of the demographic characteristics of the respondents is captured in table1.

**Table 1: The demographic features of survey participants**

		N	(%)
Gender	M	17	36.2
	F	30	63.8
<b>Age</b>			
Age	18-29yrs	6	12.8
	30-39yrs	25	53.2
	40-55yrs	15	31.9
	55+yrs	1	2.1
<b>Section of work in CCC</b>			
Section of work in CCC	Clinical	16	34
	Pharmacy	4	8.5
	Nutrition	2	4.3
	Laboratory	4	8.5
	Psych/Counseling	6	12.8
	Social work	3	6.4
	Records/Data	9	19.1
Other	1	2.1	
<b>Duration of work in CCC</b>			
Duration of work in CCC	<6 months	5	10.6
	6months-1year	5	10.6
	1-2years	2	4.3
	>2years	35	74.5
<b>Basis of engagement</b>			
Basis of engagement	Permanent staff	15	31.9
	Project (contracted) staff	32	68.1

When asked about participation in a previous staff satisfaction survey before, 17% (n=8) of the staff in the unit did affirm they had taken part in other similar surveys before, 78.7% (n=37) never had, 4.3%(n=2) didn't respond to this item. In a follow up question about the need for regular staff surveys of this nature, 95.7%(n=45) agreed that it was good, and only 2.1%(n=1) felt it was not necessary. There was no response from one respondent.

The questions that were asked on the main aspects being surveyed are presented in table 2 and a summary of the dichotomously analyzed responses as either negative (i.e. disagree) or positive (i.e. agree) is presented in table 3.

Table 2: Questions asked categorized in headings

<b>Role:</b> I am given enough authority to make decisions I need to make; I feel am contributing to KNH CCCs Mission; I have the materials I need to do my job well; I am clear about what I need to do and how my job performance will be evaluated.	<b>Your Career:</b> I have opportunities to learn and grow here in CCC; I believe my career aspirations can be achieved at CCC; The performance appraisal system is fair (*Answer this only if you have been appraised here); My last performance appraisal accurately reflected my performance
<b>Recognition and rewards:</b> I feel am valued here; My salary is fair for my responsibilities; If I do good work I can count on being promoted/recognized.	<b>Communication:</b> There is adequate communication between departments here in CCC; Am kept up to date on any organizational changes in policy or practice.
<b>Corporate culture:</b> Individual initiative is encouraged at KNH CCC; Nothing at KNH CCC keeps me from doing my best every day; I feel recognized for the contribution I make here	<b>Working Conditions;</b> My physical working conditions are good; I can keep a reasonable balance between work and personal life; I believe my job is secure; My workload is reasonable
<b>Leadership and Planning;</b> I have confidence in the management of CCC; My manager/supervisor sets clear goals and objectives; My manager/ supervisor takes a supportive role in my professional growth and development; Employees are encouraged to offer their opinions and ideas	<b>Teamwork:</b> There is a strong feeling of team spirit and cooperation in CCC/ I feel part of a team working towards a shared goal; I get the cooperation I need from those outside my department; My fellow employees show respect for one another
<b>Immediate Supervisor:</b> My supervisor treats me fairly; My supervisor treats me with respect; My supervisor is an effective manager; My supervisor asks for my input to help make decisions; My supervisor handles my work related issues satisfactorily	<b>Training opportunities:</b> I was provided as much initial training as I needed for my job; Am provided as much ongoing training as I need

Table 3: The average ‘agreement’ and ‘disagreement’ responses for the 10 main question blocks

	<b>Disagreement (% ,n)</b> Disagree Completely, Strongly Disagree, Somewhat Disagree,	<b>Agreement (% ,n)</b> Somewhat Agree, Strongly Agree, Agree Completely	<b>No response (% ,n)</b>
Your Role	14.9% (7)	82.9% (39)	2.1% (1)
Recognition and rewards	56% (26)	44 (21)	-
Career Prospects <sup>1</sup>	16% (8)	69.1% (32)	2.1% (1)
Communication	49% (28)	51% (29)	-
Corporate culture	36.2% (17)	61.7% (29)	2.1% (1)
Leadership	20.7% (10)	79.3% (37)	-
Teamwork	24.1% (11)	75.9% (36)	-
Working conditions	31.3% (18)	62% (26)	6.7% (3)
Immediate supervisor	11.9% (6)	88.1% (41)	-
Training	30.9% (15)	68.1% (30)	4.2% (2)

<sup>1</sup> Responses do not add to a 100% since it was a ‘skip question’ for some respondents

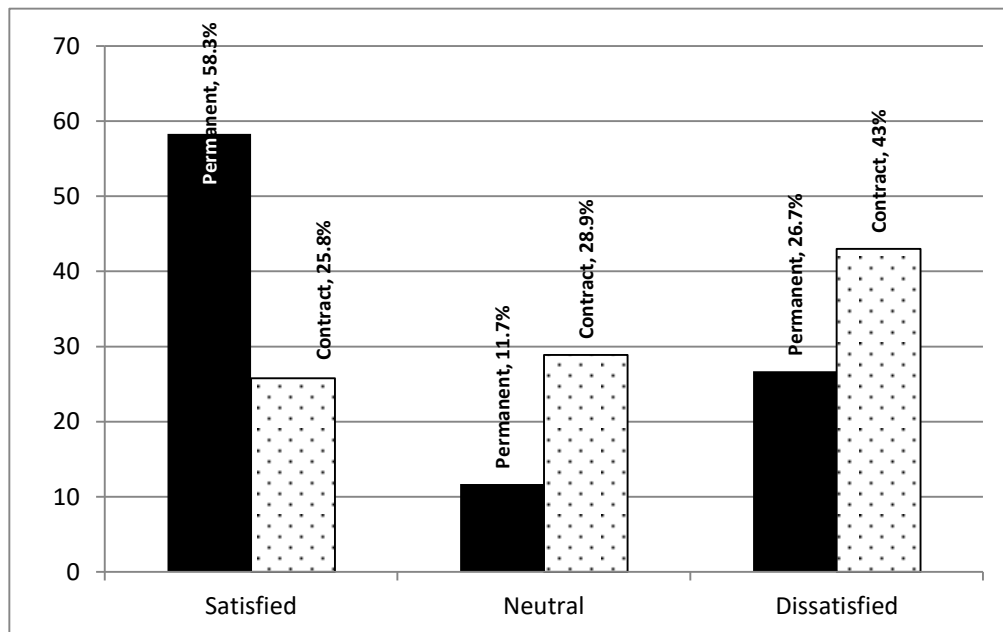
**‘Benefits satisfaction’ analysis:**

On average, among the 4 items on the benefits panel as presented in table 4, 37.8% registered a form of dissatisfaction to the entire ‘benefits panel’ items, 36.2% were generally satisfied while 23.4% were neutral towards the items in this block. 2.6% did not respond to the items in this set either partially or entirely.

**Table 4: Satisfaction/dissatisfaction analysis on the ‘benefits’ panel**

BENEFITS SATISFACTION							
	Very Dissatisfied (No, %)	Somewhat dissatisfied (No, %)	Neutral (No, %)	Somewhat satisfied (No, %)	Very satisfied (No, %)	No response (No, %)	Totals (No, %)
<b>Benefits Package</b>	12 (25.5%)	17 (36.2%)	10 (21.3%)	6 (12.8%)	0	2 (4.3%)	47 (100%)
<b>Amount of leave Period</b>	1 (2.1%)	10 (21.3%)	10 (21.3%)	19 (40.4%)	7 (14.9%)	0	47 (100%)
<b>Sick leave policy</b>	5 (10.6%)	8 (17%)	16 (34%)	10 (21.3%)	6 (12.8%)	2 (4.3%)	47 (100%)
<b>Job Security</b>	11 (23.4%)	7 (14.9%)	8 (17%)	13 (27.7%)	7 (14.9%)	1 (2.1%)	47 (100%)

The terms of engagement, whether ‘contractual’ or ‘permanent and pensionable’ and which ultimately determined the nature of benefits, appears to have a significant bearing on the level of satisfaction among the unit employees as clearly demonstrated by the bar chart in figure 3.



**Fig 3: Bar chart graphically showing weighted Average response to the four items in the benefits panel in relation to the terms of engagement**

**OVERALL SATISFACTION:**

The Pie chart (Fig 4) depicts graphically the level of satisfaction as an overall assessment posted by the 47 respondents in the survey. The overall satisfaction was envisaged as the general feeling of the employee when all workplace matters were viewed as an aggregate. There were no missing responses to this item. In those who registered some form of satisfaction, 4 (8.5%) were very satisfied while 23(48.9%) were somewhat satisfied, while the 3 employees who registered dissatisfaction said they were only somewhat dissatisfied.

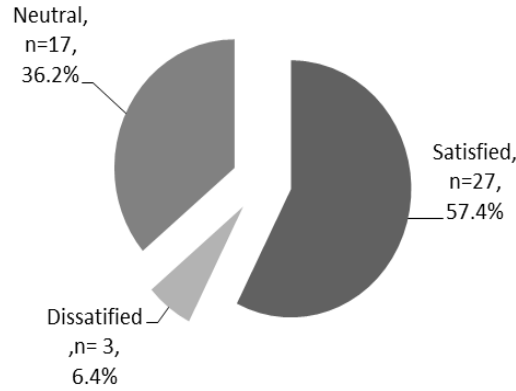


Figure 4: Pie chart showing overall level of satisfaction

Age did appear to contribute to the rating on satisfaction as it was found that the older the respondents got, the more likely they were to demonstrate greater satisfaction in the unit. Figure 5 gives a graphical representation of this scenario.

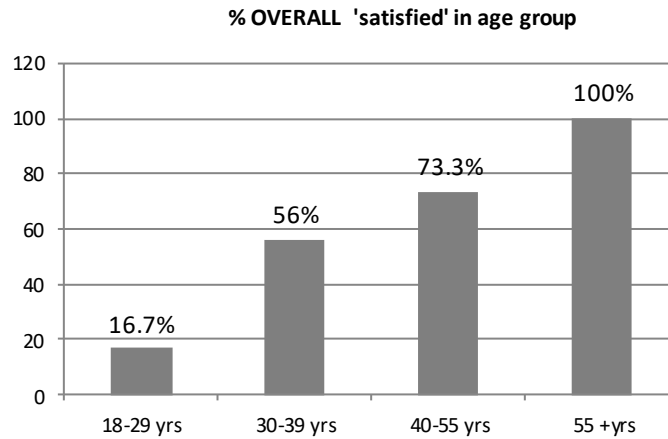


Fig 5: Bar Chart showing the trend in 'the % OVERALL satisfied' in relationship to the age of the respondents in the survey

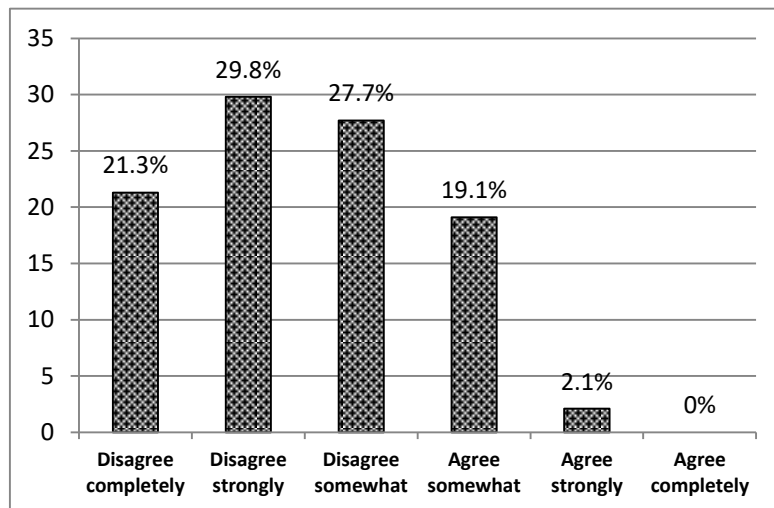


Fig 6: 'Salary is fair'- A six level scale assessment

**Salary satisfaction:**

Figure 6 shows that slightly more than 75% of staff do not agree that the salary they get is fair for the work they do. Other findings were that women compared to men showed relatively more salary satisfaction at 26.7% and 11.8% respectively. Regarding scheme of engagement, contract staff appeared more dissatisfied with their remuneration, 84.4% (27/32) and 73.3% (11/15) respectively.

**Performance appraisal system:**

Out of the 47 staff who took part in the survey, 33 (70%) gave a response on the item enquiring into the fairness of the performance appraisal system. Of the 14 who did not respond, 13 of them had not been appraised so far during their engagement in the unit. The last performance appraisal for the staff while in the unit was specifically looked into. Among the 33 respondents who responded to this item, 84.8% (28/33) agreed that the last performance appraisal accurately reflected their performance while 15.2% (5/33) disagreed that this was so. The aggregated responses concerning the performance appraisal are captured in Fig 7.

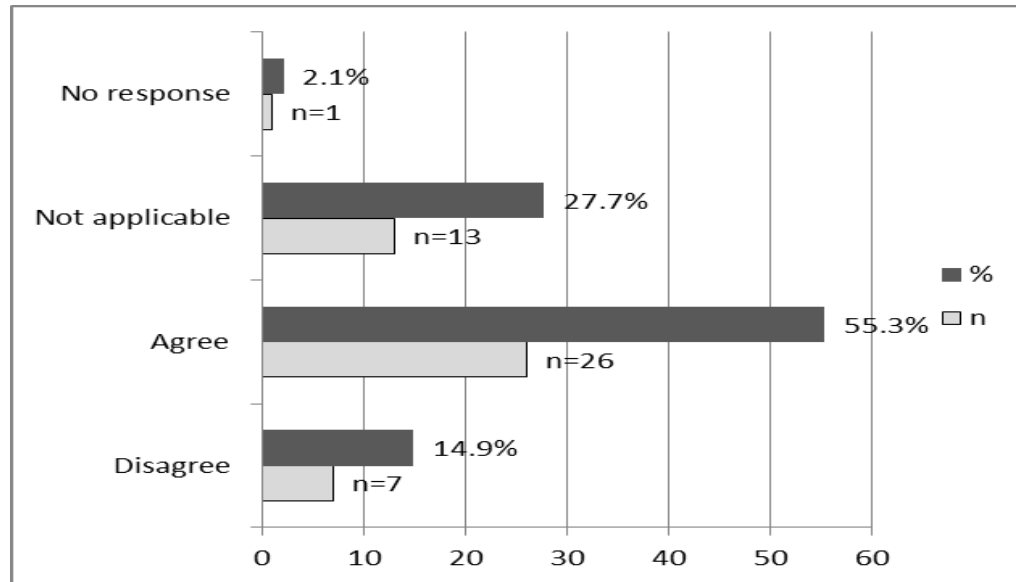


Fig 7: Responses on 'Performance appraisal system is fair'

#### 4. DISCUSSION

Employee surveys are very useful tools to organizations when carried out regularly. In settings where internet connectivity is robust, web surveys are easy to carry out. This is through the use of such tools such as the 'survey monkey' that is one of the most widely used online survey tools. In settings where internet support is low, such as in most developing countries, paper based surveys are the most common option for someone out to carry out a survey. In the setting of this study, a paper-based survey was the only option there was since many of the staff at the care unit do not have access to a computer with internet connectivity [8,9]. This survey was a census survey in that the entire staff population in the comprehensive care unit was targeted. This was considered necessary since the entire population in the unit was of a modest size. Being the first of its kind in the unit, it was received with a mix of curiosity and anticipation by the staff who did not know what promise it had for the improvement in their work place concerns. The response rate of 84% was considered fair, and hopefully better response rates will be realized in the future when similar surveys are carried out in the unit [10-12].

The staff at the unit are dichotomized into those that are employed on a renewable contract basis who form the majority of the workforce in the unit (68%) and who are primarily funded by a donor partner and those who are permanent hospital employees (32%) funded by the national exchequer deployed to the unit by the hospitals' human resource department. This scenario reflects a private-public mix, so often encountered in donor funded programs in developing countries [13]. This kind of mix can have subtle consequences but sometimes can result in major concerns for an organization. The most notable point of difference will be in the amount of salaries and benefits accorded to them, with similar output expectations [14].

Unlike in many donor funded/assisted programs, project (contracted) staff at CCC earn relatively lower salaries than their counterparts from the hospital who are on fulltime employment. The starting pay for project staff ranges from Ksh 7000 (US\$82) for a peer educator, to Ksh 40000 (US\$470) for a clinical officer/nurse. At the end of one-year contract, each project staff is entitled to a gratuity equivalent to 15% of this basic pay. There are no other benefits attached to this engagement. On the contrary, the hospital aligned staff get more pay, with other benefits such as a housing allowance and



medical cover for their families. In this survey, project staff agree less about the salary fairness compared to the KNH staff at 15.6% (5/32) and 26.7% (4/15) respectively [15].

On the overall though both sets of staff at the unit demonstrate dissatisfaction with the salary they get with more than 75% of the staff registering some form of disagreement about the salary being fair for work done. A possible explanation for this is the rising cost of living being experienced in Kenya at the time of this survey and the high inflation. The increase in workload arising from the governments and donor partners driven efforts to increase uptake of HIV/AIDS services may also be contributory. But again, as has been expressed oft times, the tradeoff between a satisfying job and a satisfying paycheck is an issue that tugs at many of us and in many ways, achieving the right balance depends on one's values, priorities, family obligations and spending habits [16].

The Overall satisfaction among the staff in the unit is fair, with more staff registering satisfaction compared to those who are dissatisfied. If it's anything to go by, the fact that a sizable portion of the workforce is neutral in this aspect shows that they are not unhappy about their work environment. The staff give good agreement scores about certain crucial aspects of their work environment such as understanding their roles, immediate supervision, leadership and teamwork. These components are extremely useful for job satisfaction and may explain why most of the staff in this unit still score high on overall satisfaction despite the salary concerns. It's been noted in other surveys that self-esteem and job satisfaction have important roles in improving the organizational psychological climate, and the self-esteem of the staff can lead them to their job satisfaction, remuneration notwithstanding [17].

Other notable findings are that staff get more satisfaction the longer they work in the unit. The older staff also register higher satisfaction compared to younger staff in the unit. Staff who had worked longer than 2 years in the unit from both schemes registered more satisfaction than others. In line with many working places, people tend to get happier the longer they work in an organization as they learn the system and get to navigate more easily through work. Age seems to behave similarly, as the older one gets makes them realign their aspirations and expectations in life to their place of work and the income thereof. Results of different research done in diverse places concerning the relationship of modifying variables (age, sex, marriage, record of service, the number of family, the amount of salary) with job satisfaction are different and tend to contradict each other [18-20].

Project (contract) staff score less on job security since they are on a fixed renewable annual contract based on appraisal. This scenario concurs with one in Australia where contract teachers reported more job insecurity compared to the permanent teachers [21].

The performance appraisal system is also a key component in performance management. In this survey, staff scored their last performance appraisal positively with 84.8% agreeing that it properly reflected their performance status for the period appraised. This is good for the unit, since it reflects on the realistic indicators used to appraise the staff and the fact that they concur they can achieve them. Besides the 'last performance appraisal', 55.3% of the staff who have ever been appraised before agreed on the fairness of the appraisal system. A Norwegian study among bank employees showed that performance appraisal satisfaction was directly related to affective commitment and turnover intention and that the relationship between performance appraisal satisfaction and work performance was mediated and moderated by employees' intrinsic work motivation [22].

## 5. CONCLUSION

Regularly gauging employees' workplace concerns is a crucial component of any successful human resource management. Employees appreciate efforts made towards helping them ventilate their feelings, and register concerns and conflicts in their work environment. This enhances their productivity, averts lethargy and creates a fulfilling work climate.

### Conflicts of interest:

The first author received support from the Afya Bora Consortium Fellowship to train leaders in Global health. The fellowship had no objections to the publication of this study

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