

Workplace Psychosocial Factors and Mental Health among a Sample of Expatriates and the Country's Nationals Who Working at King Khalid University, Saudi Arabia

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Abstract

Workplace stress is the harmful physical and emotional response that occurs when there is a poor match between job demands and the capabilities, resources, or needs of the worker. Mental health is an important issue in the workplace, particularly in developing countries. This study was aimed to explore the workplace psychosocial factors and mental health among expatriates and the country's nationals; examine the relationship between workplace psychosocial factors and mental health. . The sample was composed of 518 country's nationals and 554 expatriates teaching staff on job at King Khalid University. Two tools were used for data collection: Socio-demographic data sheet, and Copenhagen Psychosocial Questionnaire (COPSOQ). The study results indicated that Poor mental health had a strongly statistically significant positive correlation with "quantitative demands", "Work-family conflict", and "Emotional demands" in total country's nationals and expatriates ($p < 0.01$). While it was a strongly statistically significant negative correlation with "Work pace", "Influence at work", "Social support from colleague", "Social support from supervisors", "Meaning of work", "Commitment to the workplace" "Predictability", and "Recognition" ($p < 0.01$). It was concluded that country's nationals experience worse mental health than expatriates and this to some extent caused by exposure to psychosocial factors at work. It has indicated the importance of taking action to reduce psychosocial factors, as this would benefit both country's nationals and expatriate workers.

Key words: Expatriates , country's nationals , workplace psychosocial factors, mental health.

Introduction

In an increasingly globalized world, more and more people need to learn how to live satisfactorily in a new cultural environment (Arnett, 2002). The individuals who make a new cultural environment (cross-cultural transitions) in order to work or study usually called expatriates or sojourners (Ward, Bochner & Furnham, 2001).

Much of the literature in international human resource management acknowledges that one of the key issues facing expatriates is related to adjusting to the new place (cross-cultural adjustment) (Bergström, 2010). The Saudis are very hospitable and generous and one can live well and much easier; people will bond quickly and become friends, but on the negative side (for some) Saudis people liked Privacy. Expatriates miss their home, family, and work atmosphere sometimes, it's difficult to find like minded friends; create that support network, as a result in the workplace no matter how prepared you believe you are there will still be culture shock (American-Bedu, 2007).

Academics expatriates in Saudi Arabia Universities (public sector) enjoying all fringe benefits like health care, and other different financial benefits (Madhi & Barrientos, 2003). On the other hand the research conducted in this field has identified several psychosocial stressors among academic and general staff. These include, work overload, time constraint, lack of promotion opportunities, inadequate recognition, inadequate salary, changing job role, inadequate management or participation in management, inadequate resources and funding and student interaction (Gillispie et al., 2001).

Sadi & Al-Buraey (2009) added that research on workplace psychosocial factors has produced a large body of theoretical and empirical research. Two main job stress models: the demand-control-social support and the effort-reward imbalance are being widely used in occupational health research. Both models try to explain the effects of workplace psychosocial risk factors on health in terms of the interaction among their different dimensions, as well as independently from each other: mainly job control and job demands in the first, and intrinsic and extrinsic efforts and reward in the last.

Thirteen workplace psychosocial factors have been identified by researchers at Simon Fraser University "based on extensive research and review of empirical data from national and international best practices. This factors that impact the health of individual employees and the financial bottom line, including the way work is carried out and the context in which work occurs, are: Psychological Support, Organizational Culture, Clear Leadership & Expectations, Civility & Respect, Psychological Job Fit, Growth & Development, Recognition & Reward, Involvement & Influence, Workload Management, Engagement, Balance, Psychological Protection, and

Protection of Physical Safety (Deresky, 2010).

Along with the thirteen workplace psychosocial factors, there several other key issues in the workplace that affect employee mental health and the organizations need to consider in their efforts to create a mentally healthy workplace are Discrimination, Stress, Demand/control and effort/reward relationships, Presenteeism, Job Burnout, Harassment, Violence, Bullying and Mobbing, and Substance Use, Misuse and Abuse at Work (Scullion & Linehan, 2005).

Scullion & Linehan, (2005) mentioned that a number of expatriate studies acknowledged that there are numerous and complex relationships between workplace psychosocial factors and psychological adjustment. Flavy Laredo et al., (2011) added that at the workplace changing work environments across time and place plus heterogeneity of psychosocial work environments within occupations have a negative effect on the workers' mental health. The workplace is likely to be rooted in a better understanding of factors affecting the mental health of the humans (Rethinam & Ismail, 2008; Johansson, 2004). In addition moving to another place, shifting environment or start a new job- are thought to include some degree of stress. The reason for why it is seen as stressful is that they lead to changes in variables that are important to belonging and wellbeing or strongly related to perceived discrimination (Bergström, 2010).

The changes in external demands on the individual that follow a cross-cultural transition might result in experienced stress or they may reveal a lack of appropriate cultural skills (Ward et al., 2001). Because such skills deficits or levels of stress are unpleasant, the individual will find different ways to respond. These responses may be cognitive, behavioral or affective, both in relation to trying to manage the stress or to learn the lacking culture specific skills.

Iqbal & Kokash, (2011) reported that mental health is an important issue in the workplace, particularly in developing countries. The workplace psychological stress, if left unchecked and unmanaged, it will undermine the quality, productivity and creativity of employees' work, and employee's mental health. Review of the existing literature reveals that the impact workplace psychosocial factors and employee's mental health has not been studied widely in the context of expatriates and the country's nationals who working at the University.

On the basis of this viewpoint, this research aimed to:

Explore the workplace psychosocial factors and mental health among expatriates and the country's nationals; examine the relationship between workplace psychosocial factors and mental health.

Subjects and methods

Research hypotheses

The workplace psychosocial factors have a negative impact on the expatriate mental health

Research design

A comparative cross-sectional study carried out on the basis of a representative sample of the salaried working expatriates and country's national was utilized in this study

Setting

The study was conducted at the King Khalid University in Saudi Arabia. The administrative building of the university is located in Abha City, it's composed of 22 colleges for male and 21 college for female. It has 3310 teaching staff members. 1523 of them was natives and the rest are expatriates.

Sample

According to the power of the study 80% and 95% confidence interval and percent of poor mental health among country's nationals was 8% and among expatriates 4.2 %, so the sample size will be 518 country's nationals and 554 expatriates teaching staff (OpenEpi version 2 calculator).

Tools for data collection

Data was collected by using:

1-Socio-demographic data sheet

This sheet was designed by the researchers to assess socio-demographic characteristics of the teaching staff such as age, gender, nationality, marital status, number of family members, and income.

2-Copenhagen Psychosocial Questionnaire (COPSOQ)

This is a standardized questionnaire included 21 scales (73 Likert-type items, with five response categories) from the medium length version of the COPSOQ ISTAS21 psychosocial questionnaire (Moncada et al., 2005), which is the Spanish version of the Copenhagen Psychosocial Questionnaire (COPSOQ) (Kristensen et al., 2005). Definitions of all the dimensions, the items they include, and other characteristics of the COPSOQ ISTAS21 questionnaire was found in the questionnaire reference manual (Moncada et al., 2011). It has acceptable Cronbach alpha values for scale reliability (internal consistency value of .81 and test-retest reliability of .92). This questionnaire composed of 21 subscales, quantitative demands (4 items), work pace (3 items), cognitive demands (4 items), influence (4 items), variation (2 items), support for coworker (3 items), support for superior (3 items), and work family conflict (4 items) in the form of 5-point Likert scale ranging from never (0)

to always (4). This questionnaire also contains subscales of emotional demands (4 items), demands for hiding emotion (3 items), the possibilities for development (4 items), meaning of work (3 items), commitment to the workplace (4 items), predictability (2 items), and recognition (3 items). These subscales are 5-point Likert scale ranges from 'to a very small extent' (0) to 'to a very large extent' (4). This questionnaire also contains subscale of Job insecurity (4 items) scored by no (0) and yes (1). Also subscale of poor mental health which contains 4 subscales, mental health (5 items) is 5-point Likert scale ranges from none of the time (0) to all of the time (4), behavioral stress (8 items), somatic stress (7 items), and cognitive stress (4 items). The last 3 subscales are 4-point scale ranges from never (0) to always (3). A high score on a scale always indicates a high degree of the actual dimension, that is, a high score on quantitative demands indicates many quantitative demands; a high score on influence indicates a high level of influence and so on.

Validation of questionnaire:

Validity was established for face and content validity by expertises from nursing faculty who revised the tools for clarity, relevance, applicability, comprehensiveness, understanding and ease for implementation and according to their opinion minor modification were applied.

Pilot Study:

A pilot study was carried out before performing the actual study on 10 percent of sample teaching staff members in order to test the validity and clarity of the scale items as well as to estimate the time needed for data collection, the necessary modifications were done, these participants were excluded from the sample.

Procedure

A review of part and current available literature relevant to the problem and theoretical knowledge of the various aspects of the problem using books, articles, periodicals and magazines in order to get a clear picture of all aspects related to the problem of the research. A questionnaire was translated from English into Arabic, some experts from the English department at King Khalid University revised it for any modifications.

After acceptance of Research Ethics Committee of King Khalid University, Saudi Arabia (REC#2013-03-04), an official permission was granted to proceed in the study from the Dean of Scientific Research at King Khalid University in Abha, The questionnaire and a cover letter were administered to each participant during regular working hours. The letter informed participants about the purpose of the study, and requested their written informed consent to participate. Clear instructions on how to complete the questionnaire were also given. The researchers were contacted with the availability of teaching staff members to fill in questionnaires. In time, the purpose and nature of the study were explained and voluntary participation and confidentiality ensured. While the rest of teaching staff members from men and women from various faculties of the university, which is difficult to communicate with them face to face sent the questionnaire to them through the mail, and vowed to rule dean of each college faculty research responsibility to fill in questionnaires after written approval taken from participants and returned again for researchers. Data collection lasted for 4 months which started from September to December 2012.

Statistical analysis:

Analyses were conducted with the SPSS version 17.0 software. In the analysis, we calculated the prevalence rates of poor mental health according to country of origin (country's nationals and expatriates), exposure to psychosocial factors, marital status, age, family number, income and sex. Differences in the prevalence rates in poor mental health were tested using the chi-square test. Correlations between variables were analyzed with Pearson correlation coefficients. Linear regression analysis was performed for detection of the most significant predictors of poor mental health. Probability less than 0.05 is considered significant

Discussion

This study was designed to explore the workplace psychosocial factors and mental health among expatriates and the country's nationals and examine the relationship between workplace psychosocial factors and mental health.

This study results revealed that the occurrence of minor mental strain among expatriate employees working in Saudia Arabia, it was 4.7%. These results nearly supported by Duque, (2009) who found that the mental strain among expatriate employees working for Finnish companies in Brazil was 6-10% .This occurrence is not high when compared to other studies. This is a surprising finding (table 2).

On the contrary to our expectations, this study has shown that the natives suffering from the worst mental health than expatriates, which may be explained by the fact that Saudi nationals have higher expectations than non-Saudi, and mental health of workers do not depend entirely on the working conditions, but also on living conditions and other conditions that are not necessarily related to work, which they may have additional obligations towards their extended families which might increase their level of distress. The lower level of distress among non-Saudi may be attributed to their grateful attitude towards their relatively better economic

status compared to their native countries, which may differ in terms of income, working environment and service. These results agree with the findings of study done in Kuwaiti by Khudadah et al., (2011) they found that Kuwaiti nationals showed a higher level of distress than non-Kuwaiti expatriates. While Font et al., (2011) stated that expatriate workers experienced worse mental health than native workers, as it has been pointed out in prior literature (Breslan et al., 2011).

On the whole, the results of this study indicated that the expatriates had better psychosocial factors in the workplace than native workers. This was in line with Kasper et al., (2012) they indicated that non-Western workers reported a statistically significantly better psychosocial work environment than Danish workers on a number of scales. Also Khudadah et al., (2011) stated that the multiple linear regression analysis ascertained the significant relationship of mental distress and work-related factors among Kuwaiti nationals and non-Kuwaitis workers..

In the most of the psychosocial dimensions analyzed, expatriate workers highly exposed experienced worse mental health than non-exposed native workers, but on the other hand, native workers highly exposed experienced worse mental health than non-exposed expatriate workers. Thus, differences in risk of poor mental health may be more a consequence of exposure to psychosocial factors in the workplace than of expatriates (Agudelo-Suárez et al., 2009b). It is possible that the length of time that these expatriates have been exposed to psychosocial factors was insufficient to produce the level of poor mental health seen in native workers.

Regarding to psychosocial factors, the results of the current study showed that Poor mental health had statistically significant positive correlation with quantitative demands, Work-family conflict, and Emotional demands in total country's nationals and expatriates. Congruently with Albertsen et al., (2010) they found that mental strain symptoms positively associated with work environmental factors as the quantitative demands, role conflicts, lack of role clarity, lack of recognition, and lack of predictability among Danish workers, but Influence at work and social support from management was only to a small extent negatively associated with cognitive stress symptoms, and social support from colleagues was unrelated.

The current study results also revealed that poor mental health had statistically significant negative correlated with Work pace, social support from colleagues, social support from supervisors", Predictability, Recognition, and job insecurity (table 3) this results consisted with study findings of Kasper et al., (2012).

The current study results indicated that, the most predictors of poor mental health among the total sample of country's nationals and expatriates are working family conflict, quantitative demands, commitment to the workplace, emotional demands, and job insecurity. This finding coincided with Stansfeld & Candy, (2006) who stated that higher levels of psychological demands, including the fast work pace and high conflicting demands are predictive of common mental disorders.

Hence, results clarifies that other predictors of poor mental health among the total sample of country's nationals and expatriates as age and social support from colleagues, meaning of work, the possibilities for development and demands for hiding emotions. Social support at work from colleagues and supervisors are significant for the promotion of mental well-being of workers from work related stress, and lack of social support is risk factors for poor mental health (Molarius et al., 2009; Mitchell, (2009).

Conclusion & Recommendation

In conclusion, the study results indicate that country's national experience worse mental health than expatriates and that this is to some extent caused by exposure to psychosocial factors at work. Such psychosocial factors affect the mental health of both expatriates and country's nationals, the psychosocial factors are predictors of poor mental health are working family conflict, quantitative demands, commitment to the workplace emotional demands, and job insecurity. These facture indicating besides working conditions issues, psychosocial factors in the workplace constitute a public health challenge and a field of research that needs to be further developed, and the importance of taking action to improve psychosocial factors, which would benefit both country's nationals and expatriate workers. In future studies length of residence would be a key variable for verifying whether or not the workplace psychosocial factors have an impact on the expatriate mental health

Limitation of the study

Taking the approval of the data collection took a long time. As well as some of the questionnaires returned to the researchers without completing, this led to exclude it.

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Results

Table1: Socio-demographic characteristics of expatriate and country's nationals

Items	Country's nationals		Expatriate		X ²	P-value
	No	%	No	%		
Marital status						
Married	354	68.3	492	88.8	89.18	.000**
Single	148	28.6	38	6.9		
Widow	4	.8	10	1.8		
Divorce	12	2.3	14	2.5		
Gender					.034	.85
Male	160	30.9	174	31.4		
Female	358	69.1	380	68.6		
Family number					79.76	.000**
1-3	158	30.5	144	26.0		
4-5	144	27.8	290	52.3		
>5	216	41.7	120	21.7		
Income					48.37	.000**
Not enough	100	19.3	78	14.1		
Enough	296	57.1	234	42.2		
Enough and saved	122	23.6	242	43.7		
Age					T-test 0.29	0.76
Mean ± SD	32.79 ± 8.11		32.93 ± 7.49			

(*) statistically significant at p<0.05 levels (**) statistically significant at p<0.01 levels

Table (1): It is clear from table 1 that, the majority of the expatriates 492 (88.8%) and more than two thirds of the country's nationals 68.3 (68.3%) were married. More than two thirds of the country's nationals and expatriates were female, 358 (69.1%) and 380 (68.6) respectively. Regarding family number, 216 (41.7%) from country's nationals have a family number were more than 5 while 290 (52.3%) from expatriates were between 4 and 5. As regards income, more than half of country's nationals 296 (57.1%) have enough income while 242 represent (43.7%) from expatriates have enough income and saved. Mean age of counter's nationals and expatriates are 32.79 ± 8.11 and 32.93 ± 7.49 respectively.

Generally speaking, there is no any significant difference in the gender and age however there were highly significant difference in marital status, family members and income between country's nationals and expatriate subjects

Table 2: Workplace psychosocial factors among expatriates and country's nationals

Variables	Nationality				X2	P value
	Country's nationals		Expatriates			
	No	%	No	%		
Quantitative demands:						
High	16	3.1%	26	4.7%	1.83	.176
Low	502	96.9%	528	95.3%		
Work pace						
High	468	90.3%	522	94.2%	5.69	.01*
Low	50	9.7%	32	5.8%		
Cognitive demands						
High	468	90.3%	538	97.1%	21.20	.000**
Low	50	9.7%	16	2.9%		
Influence at work						
High	350	67.6%	366	66.1%	.27	.602
Low	168	32.4%	188	33.9%		
Variation						
High	308	59.5%	362	65.3%	3.95	.04*
Low	210	40.5%	192	34.7%		
Social support from colleague						
High	436	84.2%	406	73.6%	17.9	.000**
Low	82	15.8	146	26.4%		
Social support from supervisors						
High	422	81.5	454	81.9%	.04	.838
Low	96	18.5	100	18.1%		
Work-family conflict						
High	370	71.4%	374	67.5%	1.94	.164
Low	148	28.6%	180	32.5%		
Emotional demands						
High	350	67.6%	298	53.8%	21.25	.000**
Low	168	32.4%	256	46.2%		
Demands for hiding emotions						
High	444	85.7%	504	91.0%	7.24	.007**
Low	74	14.3%	50	9.0%		
Possibilities for development						
High	454	87.6%	532	96.4%	28.17	.000**
Low	64	12.4%	20	3.6%		

Table 2: Workplace psychosocial factors among expatriates and country's nationals (Cont.)

Variables	Nationality				X2	P value
	Country's nationals		Expatriates			
	No	%	No	%		
Meaning of work						
High	448	86.5%	546	98.6%	57.80	.000**
Low	70	13.5%	8	1.4%		
Commitment to the workplace						
High	434	83.8%	524	94.6%	32.86	.000**
Low	84	16.2%	30	5.4%		
Predictability						
High	292	56.4%	362	65.3%	9.06	.003**
Low	226	43.6%	192	34.7%		
Recognition						
High	436	84.2%	524	94.6%	31.04	.000**
Low	82	15.8%	30	5.4%		
Job insecurity						
High	84	16.3%	38	6.9%	23.47	.000**
Low	432	83.7%	516	93.1%		
Total Poor mental health						
High	34	6.6%	26	4.7%	1.74	.188
Low	484	93.4%	526	95.3%		

(*)statistically significant at p<0.05

(**)statistically significant at p<0.01

Table (2) Shows that, except the workplace psychosocial factors (quantitative demands, Influence at work, Social support from supervisors, Work-family conflict, and mental health), there is statistically significant difference was present between country's nationals and expatriates regarding Workplace psychosocial factors (Work pace and variation) (p<0.05), and a highly statistically significant difference was present between country's nationals and expatriates regarding the rest of workplace psychosocial factors (p<0.01). The same table also revealed that the country's nationals suffering from the worst mental health than expatriates.

Table 3: Pearson correlation coefficient matrix of workplace psychosocial factors for total country's nationals and expatriates

Workplace psychosocial factors	Workplace psychosocial factors																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1-quantitative demands	-																
2-Work pace	.16*	44**															
3-Cognitive demands	* .05	.15*	.16*														
4-Influence at work	* .12*	.004	.14*	* .08*													
5-Variation	* -.03	.06*	* .02	* .23*	.15*	.47*											
6-Social support from colleague	* .11*	* .11*	* .09*	* .27*	* .15*	* .47*	-.2**										
7-Social support from supervisors	* .16**	* .26*	* .08*	* .11*	* .06	* .16*	* .32*	.40*									
8-Work-family conflict	* .39*	* .25*	* .40*	* .15*	* .23*	* .22*	* .35*	* .09*	.15*								
9-Emotional demands	* .01	* .23*	* .38*	* .20*	* .14*	* .15*	* .35*	* .09*	* .10*	.51*							
10-Demands for hiding emotions	* -.07*	* .16*	* .31*	* .17*	* .08*	* .26*	* .28*	* .23*	* .12*	* .09*	.58*						
11-Possibilities for development	* .18*	* .16*	* .19*	* .21*	* .17*	* .19*	* .22*	* .23*	* .12*	* .09*	* .31*	.48*					
12-Meaning of work	* .18*	* .16*	* .19*	* .21*	* .17*	* .19*	* .22*	* .23*	* .12*	* .09*	* .31*	* .48*	.44*				
13-Commitment to the workplace	* .23*	* .02	* .02	* .02	* .02	* .02	* .02	* .02	* .02	* .02	* .02	* .02	* .02	* .02			
14-Predictability	* .12*																
15-Recognition	* .42*																
16-Job insecurity	*																
17-Poor Mental health																	

Table 5: Pearson correlation coefficient matrix of workplace psychosocial factors for expatriates

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1-quantitative demands	-															
2-Work pace	.27*	.403*														
3-Cognitive demands	.03		.08													
4-Influence at work	-.16*		.11*	.18*												
5-Variation	.012		-.05	.2												
6-Social support from colleague	-.12*	.076	.07	.31*												
7-Social support from supervisors	-.14*	-.022	.19*	-.2**	.06	.26*										
8-Work-family conflict	-.21*	.189*	.33*	.21*	.24*	.04	.24*									
9-Emotional demands	.47*	.208*	.33*	.24*	.20*	.25*	.30*									
10-Demands for hiding emotions	.29*	.224*	.30*	.20*	.12*	.17*	.30*									
11-Possibilities for development	-.02	.176*	.21*	.3**	.11*	.33*	.38*									
12-Meaning of work	-.05	.191*	.06	.17*	.42*	-.1**	.30*									
13-Commitment to the workplace	-.34*	.241*	.01	-.06	-.08	.24*	.35*									
14-Predictability	-.26*	-.09*	.06	-.2**		-.04	-.16									
15-Recognition	-.24*															
16-Job insecurity	-.24*															
17-Poor Mental health	.17*															
	.47*															

Table 5: shows that the poor mental health had strongly statistically significant positive correlation with “quantitative demands,” “Work-family conflict”, “Emotional demands” and “Job insecurity” in expatriates (p<0.001). However it was strong negative and statistically significantly correlated with “Influence at work”, “Social support from colleague”, “Social support from supervisors”, “Meaning of work”, “Commitment to the workplace”, and “Predictability” (p<0.001).

Generally, it was observed that the poor mental health had strongly statistically significant positive correlation with “quantitative demands,” “Work-family conflict”, “Emotional demands” in both country’s nationals and expatriates

Table 6: stepwise linear regression analysis of factor predicting poor mental health

Model	B	SE	t	P
<u>Counter's Nationals</u>				
	0.96	0.11	8.6	.000**
Work family conflict	0.7	0.16	4.35	.000**
Quantitative demands	-0.43	0.11	-3.94	.000**
Commitment to the workplace	-0.26	0.05	-5.03	.000**
Age	.65	0.15	4.51	.000**
Emotional demands	-0.49	0.16	-3.06	.002**
Work pace	-0.39	0.15	-2.6	.01*
Social Support from colleagues	0.88	0.35	2.53	.01*
Job insecurity				
<u>Expatriates</u>				
Work family conflict	0.85	0.14	6.09	.000**
Quantitative demands	1.1	0.18	6.2	.000**
Commitment to the workplace	-.57	0.14	-4.07	.000**
Emotional demands	0.56	0.16	3.53	.000**
Job insecurity	1.46	0.46	3.19	.001**
<u>Total sample</u>				
Work family conflict	0.87	0.09	9.88	.000**
Quantitative demands	0.9	0.12	7.58	.000**
Commitment to the workplace	-0.42	0.1	-4.05	.000**
Emotional demands	0.62	0.011	5.75	.000**
Job insecurity	1.04	0.28	3.68	.000**
Age	-0.15	0.04	-3.76	.000**
Social support from colleagues	-0.37	0.11	-3.35	.001**
Meaning of work	-0.41	0.16	-2.52	.01*
Possibilities for development	0.26	0.1	2.62	.009**
Demands for hiding emotions	-0.29	0.13	-2.25	.02*

As shown in **table 6** most predictors of poor mental health among country's nationals, Expatriates, and total sample are "work family conflict", "quantitative demands", "commitment to the workplace", "emotional demands", and "job insecurity". Also, this table clarifies that most predictors of poor mental health among country's nationals and total sample are "age" and "social support from colleagues". Also, "meaning of work", "possibilities for development" and "demands for hiding emotions" are most predictors of poor mental health among total sample.