

Acceptance and Commitment Therapy for Well-Being at Worksites: Charting the Field for Enhancing Its Applicability

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Abstract

The advent of the “New Era for Mental Health” has made the management of this intangible asset one of the hottest topics in the workplace. It is the leading cause of disability today. Organizations are encouraged to use psychological interventions to promote and prevent more sustainable and productive workplaces. The aim of this article is to develop an exploratory and systematic mixed review that combines quantitative and narrative analysis to synthesize the available literature on the use of Acceptance and Commitment Therapy (ACT) interventions in the workplace—an increasingly popular therapy to address this challenge. This review provides a comprehensive reflection of the existing state of the art, gaps in current research, and future directions on the topic. The analysis of 59 articles collected from Web of Science (WoS), Scopus, and PubMed databases from 2000 to 2023 reveals, firstly, that the use of ACT interventions in the workplace is increasing significantly, with an upward trend over the last 5 years and a presence in high-impact journals. Secondly, the research themes identified reveal that ACT intervention is still focused on clinical settings with limited presence in other sectors or organizational settings—such as education, business management, or return-to-work programs. Based on these results, this research underscores the growing importance of ACT in the workplace, revealing seven research opportunities to extend its application across various sectors and accelerate its effective implementation in industry and academia, thereby enhancing mental health and productivity.

Keywords

systematic review, acceptance and commitment therapy, mental health, well-being, workplace

Introduction

Currently, psychological aspects are considered essential factors that can affect the emotions of individuals, thus triggering different reactions in people and influencing consumer and workers behaviors (Shahzad et al., 2024). Within this context, workers’ mental health is receiving attention in academic management research, which has gained momentum since the COVID-19 pandemic (De Angelis et al., 2020; Masuda et al., 2022), as the psychological and cognitive aspects of individuals can positively influence the competitiveness of organizations (Grözing et al., 2023; Tamer et al., 2014; Zou et al., 2016). Broadly defined as a state of mental well-being that enables workers to cope with life’s stresses, realize their abilities, learn and work well, and contribute to their communities (WHO, 2022a,b), it has also become

an internationally worrying issue (Prudenzi et al., 2021), identified as the leading cause of work disability today (Unruh et al., 2022). It is estimated that the individual mental health of workers costs \$1 trillion per year in lost productivity and 12 billion lost working days per year (WHO, 2022a,b). These figures will continue to grow (de Oliveira et al., 2023), so there is need to learn more about how to manage and prevent them in the workplace.

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The World Health Organization (WHO) is accelerating worldwide initiatives for the enhancement of good mental health at workplaces (Prudenzi et al., 2021) and reduce their disengagement (Allam, 2017). The “*WHO Draft Global Strategy on Health, Environment and Climate Change and the WHO Comprehensive Mental Health Action Plan 2013-2030*” included in the Agenda 2030 (WHO, 2021) or “*The World Report on Global Health: Transforming Mental Health for All*” published in September 2022, calls for an urgently transformative action on mental health in the workplace (WHO, 2022a,b). To this end, the application of psychological interventions is recommended for the promotion and prevention of healthy workplaces (Ménard & Beresford, 2016), with the double aim of effectively addressing mental clinical illness or developing positive individual professional skills that in turn, can positively impact work outcomes and performance (Arensman et al., 2022; Hogg et al., 2021; Tarro et al., 2020). Despite this call, the implementation of programs for the promotion and prevention of individual mental health within organizations is limited (Macías et al., 2019), and their substantial benefits are still unknown (Pieper et al., 2019; Unruh et al., 2022).

Among the psychological interventions available in the workplace, Acceptance and Commitment Therapy (ACT) has recently gained popularity as a psychological model for developing well-being and psychological flexibility (Prudenzi et al., 2022). It is readily transferable to non-clinical settings (Collins & Kishita, 2019; Flaxman et al., 2013; Howell & Passmore, 2019; Unruh et al., 2022). ACT has shown promising results in reducing stress and psychological distress due to burnout (Lubbadeh, 2020), two clinical conditions observed in all areas of life, but particularly in the workplace. Employees suffering from distress and burnout at work often experience a deterioration in their emotional and physical health and a reduced sense of mental well-being (Costello et al., 2019; Eddy et al., 2016; Edú-Valsania et al., 2022), which can affect organizational outcomes, but only a small proportion of distressed employees receive psychological intervention (Hilton et al., 2019). In addition, implementing ACT-based interventions in non-clinical workplace settings can offer significant benefits, particularly in developing soft skills (Bond et al., 2006). For example, ACT interventions can promote mindfulness and the alignment of work activities with personal values. This can improve value-based decision making and adaptability to workplace challenges. ACT can also equip leaders or make them more effective leaders by promoting empathy and inspiration (Sasaki et al., 2017) or help cultivate resilience or more effective communication and reduce conflict within work teams, thereby improving their ability to adapt to change and sustain high performance (Gaupp et al., 2020). Despite

this, there have been no systematic reviews that have allowed an in-depth assessment of the implementation, effectiveness, and process of ACT in developing and implementing such skills with the aim of improving performance and effectiveness within the organization (Stockton et al., 2019).

Against this background, the aim of this work is to develop an exploratory and systematic mixed review (scoping review) of the use of ACT in workplaces, with the aim of contributing to the acceleration of ACT implementation in the business world. Given the growing body of literature on the implementation of ACT-based interventions, it is of interest to conduct an updated review of this topic, to extract evidence that supports its development as a useful tool in the promotion of positive organizational psychology values and the development of well-being at work, which are crucial in business. To this end, this study aims to provide a comprehensive overview of ACT interventions in workplace settings. It seeks to understand the themes that have been addressed, the variables utilized by various authors, and the methods of ACT implementation. Additionally, it identifies the developments necessary to enhance workers' well-being and performance. More precisely, the following research questions (RQs) are proposed:

RQ1: What is the growth trajectory and what themes are addressed in the literature of the effectiveness of ACT at worksites?

RQ2: What research gaps need to be addressed to accelerate the use of ACT interventions at worksites?

By addressing these RQs, this study contributes to an interdisciplinary review of the literature on ACT in organizational settings in several ways. First, it advances our understanding of how ACT interventions can improve the well-being of workers in management settings. This contributes to one of the key objectives of the WHO's mental health action plan (WHO, 2021). Second, it advances scientific research on the effectiveness of ACT in the workplace by identifying the key areas currently being addressed through a rigorous and reproducible research criterion (Snyder, 2019) and a coherent, synthesized and organized view of the key effects of ACT interventions on work outcomes. Third, it accelerates the effective implementation of ACT in industry and academia by bringing order and clarity to the upcoming research opportunities that need to be addressed for an effective transition to more sustainable and productive workplaces.

The rest of the paper is structured as follows. First, we explain ACT and its key concepts as they apply to interventions in the workplace context. Second, we describe the PRISMA methodology used to conduct this

Table 1. Processes of Psychological Flexibility in Hexaflex Model of ACT.

Processes	Description
Acceptance	It is a voluntary action, in which the individual allows themselves to be in contact with their own internal experiences or with the contexts that may cause them, even if they are unpleasant, because suffering is part of the human condition (Hayes & Smith, 2005)
Defusion	Change the way people relate to their internal experiences by creating contexts that encourage contact with private events as experiences or processes, rather than interacting with their content or topography (Hayes et al., 2013).
Contact with the present moment	To regulate attention voluntarily, without value judgments, and flexibly toward internal and external events occurring in the here and now, always in the service of personal values (Hayes et al., 2013).
Self as a context	To experience one's own private events and roles as experiences separate from the "self" by observing them from a distance, thereby eliminating the need for avoidance actions (Hayes, 2004b).
Values	These are freely chosen directions about how each individual wants to live their life, providing meaning and significance to people's lives and their actions, even in the presence of discomfort (Hayes, 2004a)
Commitment and action	Implementation of behavioral changes that drive individuals toward goals situated in a context of personal value, with actions motivated by a connection to personal values (Hayes et al., 2013).

Source. Hayes et al. (2006).

systematic review. We then present a critical analysis and appraisal of the identified literature according to the two proposed RQs. The state of the art and future challenges are discussed. Finally, we outline the conclusions that can be drawn from the study.

ACT: Background

ACT (Hayes et al., 1999, 2006; Hayes & Hofmann, 2017; Wilson & Soriano, 2014) is the most representative of third-generation therapies (Hayes, 2004a; Hayes et al., 2023; Ruiz, 2010; Ruiz & Luciano, 2012) that focus on psychological flexibility (Hayes et al., 2012). This is defined as the ability to persist in behaviors that lead to a meaningful life in the presence of unpleasant thoughts, feelings, and sensations (Hayes et al., 2006; Tyndall et al., 2018). This approach represents a contextual and functional dimension for understanding and treating psychopathology through acceptance and experiential change (Wersebe et al., 2018). While a comprehensive description of this theory is beyond the scope of this review, the main implication for treatment is that language processing falls within the behavioral paradigm. Thus, without having to focus on the content of thoughts, it is possible to understand how "thoughts influence overt behavior, in this case ineffective behavioral patterns that perpetuate suffering" (Hayes & Hofmann, 2017). Rather than attempting to change beliefs (Strosahl et al., 1998; e.g., replacing "negative" or "maladaptive" thoughts with more "adaptive" ones), ACT specifically aims to reduce the behavioral and functional influence of thoughts (Harris, 2006; Tyndall et al., 2020). Hayes et al. (2006)

have developed a diagram known as "Hexaflex" (Hayes et al., 2015, 2022; Wilson et al., 2022). This diagram describes the processes that make up psychological flexibility and inflexibility (Harris, 2013). Psychological flexibility in this context refers to the ability to stay present in the moment while accepting difficult thoughts and emotions, and still taking actions aligned with one's values (Daks et al., 2020; Hayes et al., 1999). It involves adapting to changing situations, maintaining balance, and making decisions that contribute to long-term well-being, even in the face of discomfort or uncertainty (Kashdan & Rottenberg, 2010; McCracken, 2024). Psychological flexibility is commonly included in interventions. However, due to its central role, it is often embedded in the therapeutic framework and not always highlighted as a separate variable in studies (Harris, 2019). The processes associated with psychological flexibility are outlined in Table 1. They are briefly explained. This information is relevant to understanding the ex-post development of this systematic review.

Despite the therapy's well-established development in the health field, Bond and Bunce (2000) pioneered the first application of ACT in business settings, marking a shift in the use of ACT beyond clinical settings and introducing its transformative principles to the corporate landscape. This early application paved the way for the use of ACT strategies to address workplace stress, increase resilience and enhance employee well-being, and laid the foundation for its subsequent integration into organizational psychology and human resource practices (Cabezas Corcione et al., 2015; Costello et al., 2019; Macías et al., 2019; Montaner et al., 2022; Unruh et al., 2022). Collectively, these individuals contribute to

improved organizational performance, reduced staff turnover, increased productivity and a positive workplace culture (Gaupp et al., 2020; Idris, 2014; Kim & Jung, 2022). The growing interest in the further implementation of ACT-based interventions in the work environment is partly due to the quest for healthy and safe work environments, and partly due to the reduction of health-detrimental situations such as stress. Recent years have seen a surge in randomized controlled trials (RCTs) and meta-analyses focusing on the effectiveness of ACT for depression and other mood disorders (Bai et al., 2020), such as distress (Öst, 2014; Prudenzi et al., 2021) or burnout (Unruh et al., 2022) in clinical professions. Several systematic reviews have also provided evidence of the positive outcomes of ACT, particularly in these populations dealing with depression and anxiety (Coto-Lesmes et al., 2020; Hacker et al., 2016; Montaner et al., 2022; Twohig & Levin, 2017).

In summary, ACT-based interventions can play a pivotal role in enhancing psychological flexibility and developing soft skills in the workplace, ultimately contributing to employee well-being and organizational success.

Methodology

A systematic literature review was conducted to achieve our goal. Systematic reviews are crucial for providing synthesized, structured, and reproducible knowledge from specific studies (Snyder, 2019) and highlight existing research gaps in the subject area under analysis (Benachio et al., 2020). Systematic reviews involve a repetitive process of identifying main and secondary search terms to gather a relevant literature sample, followed by synthesizing the current research as well as reflecting on existing future opportunities (Pérez-Pérez et al., 2019). To this end, this study follows the PRISMA guidelines (Moher et al., 2009; Page et al., 2021). Since there is no previous review of the literature on our specific subject of study, we have conducted a scoping review of it (scoping review = exploratory systematic review). In this scoping review, specific variables of the subject matter were not defined due to its broad and open nature, aimed at mapping the existing literature on ACT-based interventions. This approach allows for the identification of the diversity of studies and methodologies, as well as research gaps, without being constrained by a predefined set of variables.

Figure 1 and review protocol steps for data collection section summarize the review protocol followed in this study to identify, evaluate, and interpret the existing body of recorded documents, thus providing an explicit and transparent method which could be replicable and updatable. The method for data analysis is explained in data analysis section.

Review Protocol Steps for Data Collection: PRISMA Guidelines

Step 1: Identification Phase. To identify relevant knowledge that addresses the proposed RQs, and considering the multidisciplinary approach of this review, we used three internationally renowned databases—Web of Science (WoS), SCOPUS, and PUBMED. WoS and SCOPUS are considered the two most reliable and widely used databases for sourcing what some authors call “certified knowledge” in the business realm (Allam et al., 2024; de Frutos-Belizón et al., 2021) and for acquiring global academic scholarly information (Allam et al., 2024). On the other hand, PUBMED specializes in health sciences (Trueba-Gómez & Estrada-Lorenzo, 2010) and is the go-to database for professionals in that field (Barroso Espadero et al., 2003).

The search was conducted in March 2023 and covered the period 2000 to 2022. This is because the first ACT intervention in an organizational context was implemented in 2000 (Bond & Bunce, 2000). A number of keywords related to both business (such as workers, employees, organizations and performance) and psychology, with a particular focus on Acceptance and Commitment Therapy (ACT; such as acceptance and commitment therapy and psychological flexibility) were identified. These keywords were selected in line with the RQs posed in this article and previous studies reviewed, such as Archer (2018), Unruh et al., (2022) and Nadkarni and Herrmann (2010). The search combined the selected keywords using Boolean operators (AND/OR) and applied the following search string:

(“acceptance and commitment” OR “psychological flexibility*”) AND (“work*” OR “employees*” OR “organization*” OR “performance”).*

The asterisk modifier “*” was used to account for all grammatical variations and other suffixes of the selected search terms. The search was performed on “subject” (article title, abstract, keywords and keywords plus). The filtering criteria by document type were article, review article and early access. The search was limited to articles in English, which is considered the international academic language and therefore the most widely used (Merli et al., 2018; Pérez-Pérez et al., 2019). With these search criteria, we obtained an initial sample of 2,277 articles. More precisely, 794 documents were identified from WoS database, 968 from SCOPUS database, and 515 from PUBMED database).

Step 2: Selection/Screening, Eligibility, and Inclusion Criteria Phase. The initial selection process involved removing duplicate documents in the three databases and any

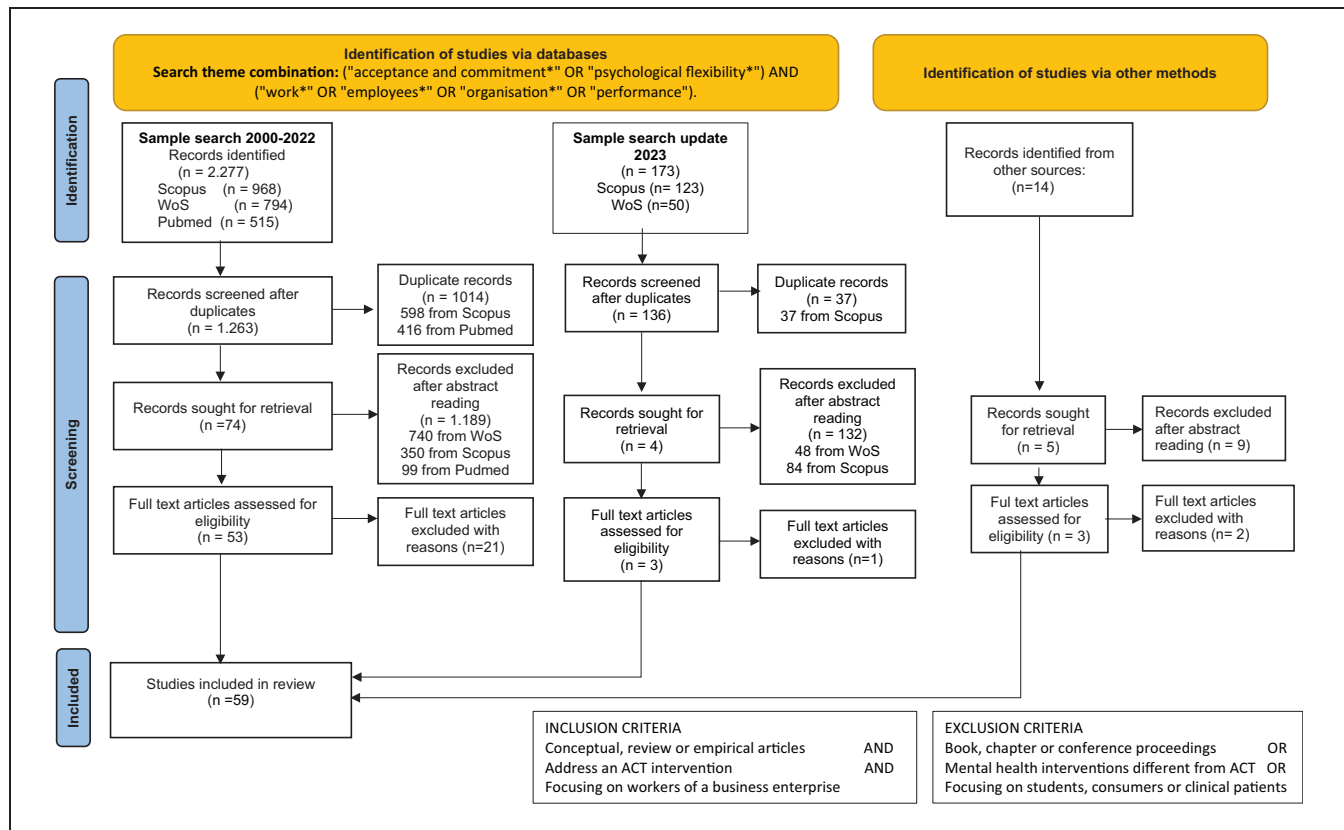


Figure 1. Systematic review process.

Source. Authors following PRISMA guidelines (Page et al., 2021).

misclassified documents (such as conference papers or book chapters). Specifically, 598 duplicates were identified in Scopus and 416 in Pubmed. This reduced the sample to 1,263 publications (794 from WoS, 370 from Scopus and 99 from Pubmed). Guided by the RQs, the sample was then screened through title and abstract screening, and full text reading where necessary, to select studies that met the inclusion criteria. Three inclusion criteria guided the final selection of the sample: (1) conceptual, review or empirical articles exploring ACT; (2) in organizational or business contexts; (3) focusing on employees without a prior clinical diagnosis. In contrast, books, chapters, conference proceedings were excluded from the sample. Also, conceptual and empirical articles that focus on mental health interventions other than ACT (i.e., Hosseinzadeh Asl, 2022; Joyce et al., 2018), as well as those that examine the effects of ACT therapy outside of a business context—such as on students (i.e., Pang et al., 2022), consumers (i.e., Brandon et al., 2021), or clinical patients (i.e., Arch et al., 2019; Skarpsno et al., 2021)—or that evaluate the effects of ACT therapy on employees with a prior clinical diagnosis, were considered outside the scope of this study and were excluded from the sample.

To avoid potential bias, these criteria were first applied independently by the three members of the research team and then discussed together to reach consensus. A total of 1,189 articles were excluded at this stage (740 in WoS, 350 in Scopus and 99 in Pubmed), reducing the sample to 74 articles for further content analysis (54 from WoS and 20 from Scopus). No articles from Pubmed met the inclusion/exclusion criteria. Twenty-one documents were further excluded after full-text reading, reducing the sample to 53 articles.

Step 3: Additional Articles Identified by Snowball Method. To increase the rigor of the review, the search was supplemented with the snowball method, which identifies additional relevant articles through the analysis of selected bibliographic references (de Frutos-Belizón et al., 2021). Applying the same inclusion/exclusion criteria to the 14 articles initially identified through this process, three were eventually added to the sample, which comprised a total of 56 articles (42 from WoS, 11 from SCOPUS, and 3 from the snowball search).

Step 4: Search Update. In September 2024, an update of the articles identified through the databases was

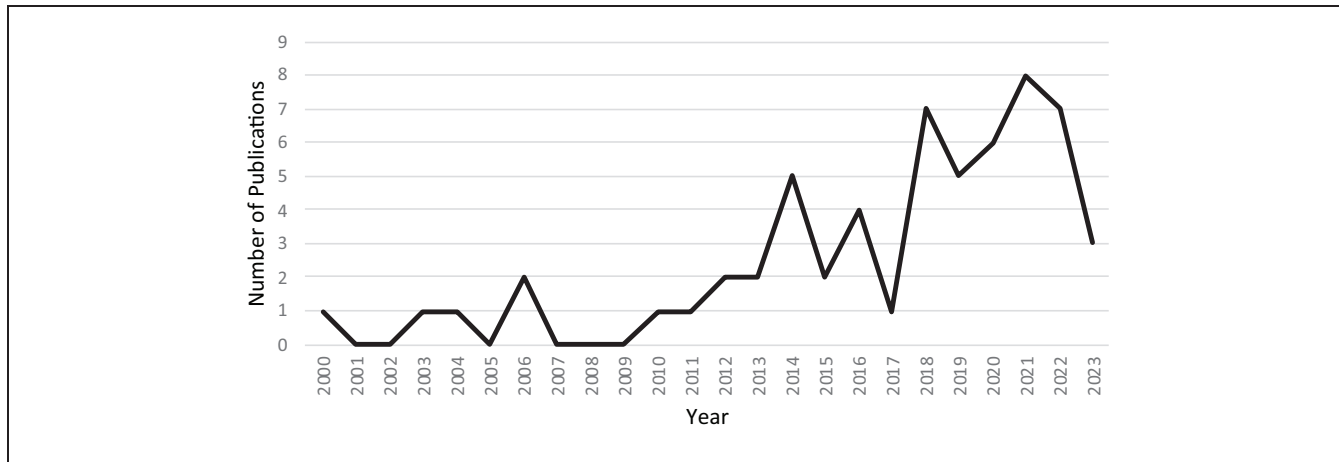


Figure 2. Growth trajectory.

Source. Authors.

conducted to incorporate literature published in 2023. For this purpose, and considering the results of the initial search, the same search string and criteria described in step 1 were replicated, but only the WoS and Scopus databases were considered, selecting articles published in 2023. The PubMed database was not included in this update because it previously yielded zero results that met the inclusion and exclusion criteria of this review. This process identified a total of 173 articles (50 from WoS and 123 from Scopus). After removing 37 duplicates, the sample was reduced to 136 documents (50 from WoS and 86 from Scopus). The abstract evaluation filtered out four articles that met the established criteria, of which three were finally added to the sample after full-text reading (two from WoS and one from Scopus). Therefore, the final sample was expanded to 59 articles (44 from WoS, 12 from Scopus, and 3 from the snowball search).

Data Analysis

Guided by the research questions presented in the Introduction section, this exploratory systematic review employs mixed methods. On one hand, quantitative measures are used to describe the growth trajectory and journal's productivity in the field. On the other hand, considering that this field is emerging and still has heterogeneous studies, the data from the thematic analysis are summarized narratively (Hallam et al., 2021). In this step, articles were first classified by research theme to systematically extract information regarding sample characteristics (geographic area, number of employees in the sample, and type of sample), ACT intervention characteristics (duration and follow-up), and results obtained (identifying variables used in the study and main results). As this is an exploratory review, we did not define specific outcome variables in the selected interventions and

studies but selected all outcome variables collected in each study and the effect size on these variables after the intervention.

Results

Growth Trajectory and Journal's Productivity

To illustrate the evolution and growth experienced by the field, articles were classified by their year of publication. Figure 2 reveals a notable increase in research on ACT in the workplace, particularly after 2014. Although 2017 marked a brief dip, the upward trend resumed and intensified through 2022, indicating growing recognition of ACT's importance at workplace. Years prior to 2014 were characterized by more sporadic and limited academic research.

The journal productivity analysis (see Table 2) shows that 35.6% of the studies are concentrated in eight journals that have more than one publication. Among them, the *Journal of Contextual Behavioral Science* stands out with five publications. Moreover, it identifies a diverse range of journal research categories and a bias toward high-quality journals situated in upper quartiles, revealing a complex and multifaceted dynamic in disseminating scientific knowledge regarding ACT in the work context.

Topic Trends in the Field and Temporal Evolution

Table 3 provides a comprehensive overview of the 59 articles in the final sample, their sub-themes, and the supporting literature base for traceability. The content analysis performed on them allowed us to group these articles into two blocks: (1) the conceptual and (2) the empirical block. This latter block is further broken down into three lines of research.

Table 2. Productivity by Journal.

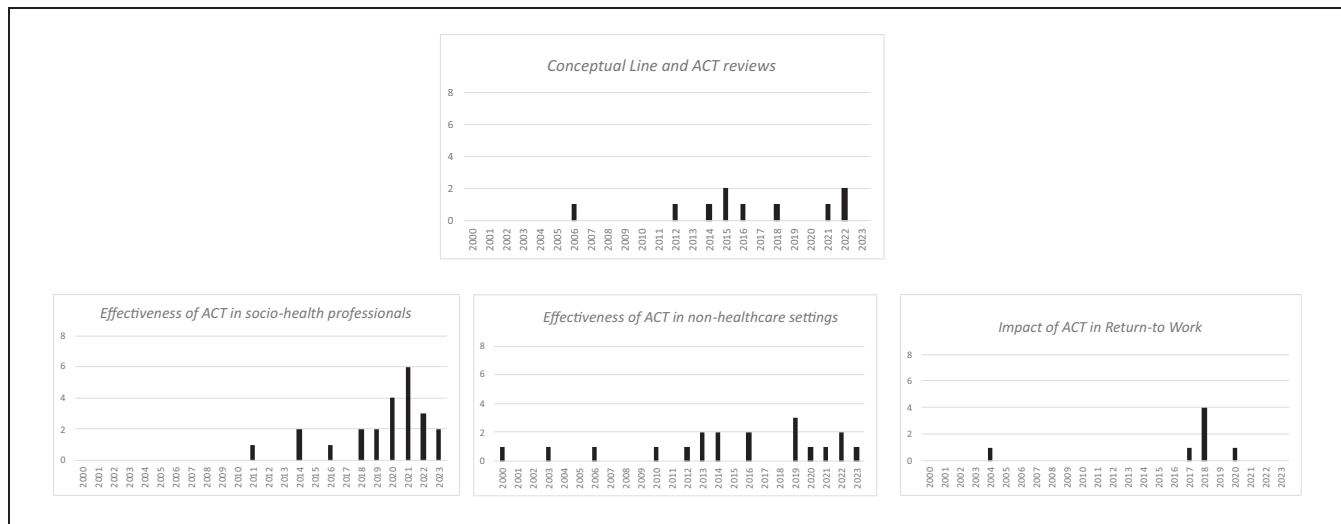
Journal	N	Index	Quartile	Categories
Journal of Contextual Behavioral Science	5	JCR	Q1	Psychology, Clinical
Behaviour Research and Therapy	3	JCR	Q1	Psychology, Clinical
Journal of Organizational Behavior Management	3	JCR	Q4; Q2	Management; Psychology Applied
British Journal of Clinical Psychology	2	JCR	Q1	Psychology, Clinical
Javma	2	JCR	Q2	Veterinary Sciences
Journal of Affective Disorders	2	JCR	Q1; Q1	Psychiatry; Clinical Neurology
Journal of Occupational and Organizational Psychology	2	JCR	Q1; Q1	Management; Psychology Applied
Journal of Occupational Health Psychology	2	JCR	Q1 Q1	Psychology Applied; Public, Environmental & Occupational Health
Academy of Management Review	1	JCR	Q1; Q1	Business; Management
Behavior Modification	1	JCR	Q3	Psychology, Clinical
Behavior Therapy	1	JCR	Q2; Q1	Psychiatry; Psychology, Clinical
BMC Health Services Research	1	JCR	Q2	Health Care Sciences & Services
BMC Nursing	1	JCR	Q1	Nursing
BMC Public Health	1	JCR	Q1	Public, Environmental & Occupational Health
Clinical Gerontologist	1	JCR	Q2; Q3; Q2	Psychiatry; Geriatrics; Gerontology
Clinical Psychology & Psychotherapy	1	JCR	Q1	Psychology, Clinical
Clínica y salud	1	JCR	Q2	Psychology, Clinical
Current Opinion in Psychology	1	JCR	Q1	Psychology, Multidisciplinary
Current Psychology	1	JCR	Q2	Psychology, Multidisciplinary
Frontiers in Psychiatry	1	JCR	Q2	Psychiatry
Frontiers in Psychology	1	JCR	Q2	Psychology, Multidisciplinary
Health & Social Care in the Community	1	JCR	Q3 Q1	Public, Environmental & Occupational Health; Social Work
International Journal Early Childhood Special Education	1	SJR	Q4	Psychology
International Journal of Environmental Research and Public Health	1	JCR	Q2	Environmental Sciences
International Journal of Stress Management	1	JCR	Q3	Psychology, Applied
Internet Interventions	1	JCR	Q1 Q2 Q1	Health Care Sciences & Services; Medical Informatics; Psychiatry
JMIR Formative Research	1	JCR	Q3 Q4	Health Care Sciences & Services; Medical Informatics
Journal de Therapie Comportementale et Cognitive	1	SJR	Q4	Psychology
Journal of Applied Psychology	1	JCR	Q1 Q1	Management; Psychology Applied
Journal of Clinical Psychology in Medical Settings	1	JCR	Q3	Psychology, Clinical
Journal of General Management	1	SJR	Q3	Business, Management and accounting
Journal of Health Psychology	1	JCR	Q2	Psychology, Clinical
Journal of Management, Spirituality & Religion	1	SJR	Q1	Religion
Journal of Mental Health	1	JCR	Q2; Q1	Psychiatry; Psychology, Clinical
Journal of Nursing Management	1	JCR	Q1; Q2	Nursing; Management
Journal of Occupational Rehabilitation	1	JCR	Q2 Q2	Rehabilitation; Social Issues
Journal of Rehabilitation Medicine	1	JCR	Q1 Q2	Rehabilitation: Sport Sciences
NeuroQuantology	1	JCR	Q4	Neurosciences
Psicothema	1	JCR	Q1	Psychology, Multidisciplinary
Plos One	1	JCR	Q1	Multidisciplinary Sciences
Research in Developmental Disabilities	1	JCR	Q1 Q1	Education, Special; Rehabilitation
Revista Española de Geriatria y Gerontología	1	SJR	Q3 Q4	Biochemistry, Genetics and Molecular Biology; Medicine
Scandinavian Journal of Psychology	1	JCR	Q2	Psychology, Multidisciplinary
Journal of Alternative and Complementary Medicine	1	JCR	Q2	Integrative & Complementary Medicine
JMIR Mental Health	1	SJR	Q1	Psychiatry
Work and Stress	1	JCR	Q1	Psychology, Applied

Note. N: number of articles published by the journal. Index: two indexes were considered. JCR: journal indexed in Journal Citation Reports database of Clarivate (Web of Science); SJR: journal indexed in Scimago Journal & Country Rank. Quartile: In the annual JCR or SJR index, journals are categorized into one of four quartiles—Q1, Q2, Q3, and Q4—based on their impact values. Q1 journals, representing the top 25% of JCR or SJR indexed journals, are considered the most impactful, followed by Q2, Q3, and Q4 journals, respectively. It is important to note that a journal can be assigned to multiple categories and may therefore belong to different JCR or SJR quartiles across its various categories.

Table 3. Research Lines of the Field.

Block	Lines of research	References	N
Conceptual	<i>Conceptual Line and ACT Reviews in the Workplace</i>	Bond et al. (2006), Atkins and Parker (2012), Öst (2014), Moran (2015), Biglan and Barnes-Holmes (2015), Goltz and Slade (2016), Goltz (2018), Prudenzi et al. (2021), Towet-Swift et al. (2023), Unruh et al. (2022)	10
Empirical	<i>Effectiveness of ACT in socio-health professionals</i>	Brinkborg et al. (2011), Wardley et al. (2014), McConachie et al. (2014), Lamb and Cogan (2016), Heydari et al. (2018), Waters et al. (2018), Kent et al. (2019), O'Brien et al. (2019), Brown et al. (2020), Gaupp et al. (2020), Holmberg et al. (2020), Jolley et al. (2020), Barrett and Stewart (2021), Blanco-Donoso et al. (2021), Montaner et al. (2021, 2022), Zarvijani et al. (2021), Reeve et al. (2021), Jiménez-Fernández et al. (2022), Prudenzi et al. (2022), Spitznagel et al. (2022, 2023), Wang et al. (2023)	23
	<i>Effectiveness of ACT in non-healthcare settings</i>	Bond and Bunce (2000, 2003), Bond and Flaxman (2006), Flaxman and Bond (2010), Jeffcoat and Hayes (2012), Biglan et al. (2013), Lloyd et al. (2013b), Long and Hayes (2014), Ly et al. (2014), Deva et al. (2016), Muuraiskangas et al. (2016), Hashemi et al. (2019), Kinnunen et al. (2019), Macías et al. (2019), Little et al. (2020), Kopperud et al. (2021), Ragulan et al. (2023), Suri et al. (2022), Koydemir et al. (2023)	19
	<i>Impact of ACT on Return-to-Work Programs</i>	Dahl et al. (2004), Lytsy et al. (2017), Berglund et al. (2018), Klevanger et al. (2018), Hara, Bjørngaard, Brage et al. (2018), Hara, Bjørngaard, Jacobsen et al. (2018), Brugnera et al. (2021)	7
Total			59

Source. Authors.

**Figure 3.** Temporal evolution by research lines.

Source. Authors.

Figure 3 shows the evolution of each line of research over time. This figure shows that the conceptual line has developed intermittently but continuously over time, while the empirical papers mostly appeared around 2010. More specifically, the line “Effectiveness of ACT in socio-health professionals” has developed continuously since 2011, with a production peak in the last 3 years. The research line “Effectiveness of ACT in non-healthcare settings” was created in 2000, when the first ACT intervention was applied to the work context

(Bond & Bunce, 2000), with most productivity in the last decade, where 80% of the work is concentrated. This fact highlights that this is a research topic that seems to have gained increasing interest in recent years. Finally, the line “Impact of ACT on return-to-work,” although limited in number, shows a more limited temporal evolution and a slowdown in publications in recent years.

Next, we present a narrative description and critical discussion based on an in-depth reading of the articles that make up each identified research line.

Conceptual Line and Reviews on ACT in the Workplace Environment. This first block of work consists of two groups of articles. The first group consists of six conceptual or theoretical articles that describe the foundations of the ACT psychological model (Bond et al., 2006), the processes that integrate it (Moran, 2015), and the arguments that justify its use, which has so far been very limited, in the field of management from the perspective of contextual science (Goltz, 2018). Among the proposed arguments, it is claimed that the use of this psychological model can influence the behavioral or behavioral variables that develop in organizations (Goltz & Slade, 2016), and therefore have a positive impact on the improvement of adaptation processes to change (Goltz, 2018), the development of compassionate behavior (Atkins & Parker, 2012), future-oriented behavior and human well-being (Biglan & Barnes-Holmes, 2015), and consequently on the performance of the organization. The second group focuses on three systematic reviews (Öst, 2014; Towey-Swift et al., 2023; Unruh et al., 2022) and one meta-analysis (Prudenzi et al., 2021) that analyze the evolution of the existing scientific literature on the use of ACT in organizational contexts. However, these reviews can be considered limited in scope, as they either focus on specific organizational domains—such as ameliorating burnout in people-oriented professions (Prudenzi et al., 2021; Towet-Swift et al., 2022)—or they review the literature of controlled trials on specific variables—such as work stress—present in databases of exclusively psychological/clinical scope (Öst, 2014; Prudenzi et al., 2021; Unruh et al., 2022).

Empirical Block

Effectiveness of ACT in Socio-Health Professionals. This strand of research, with 23 articles (see Table 4), is the most numerous in the field and extends the analysis of the effects of ACT to a clinical work context directly related to the psychological field, that is, social health professionals. Three strands can be identified.

The first and oldest sub stream, composed of nine studies published between 2011 and 2021, focuses on professionals dedicated to the care of patients in the mental health field (i.e., Heydari et al., 2018) or with behavioral or cognitive problems (i.e., Montaner et al., 2021, 2021a). The identified studies provide empirical evidence of the predominantly positive effect of using ACT interventions on variables such as work stress (Brinkborg et al., 2011; McConachie et al., 2014; Montaner et al., 2021, 2021a), anxiety and depression (Heydari et al., 2018), resilience maintenance (Lamb & Cogan, 2016), self-care (Wardley et al., 2014), work engagement, positive well-being or burnout syndrome (Jolley et al., 2020; Montaner et al., 2021, 2021a; Reeve et al., 2021) or psychological flexibility (Holmberg et al.,

2020). The findings consolidate the evidence on the effectiveness of ACT in reducing stress, anxiety, and psychological exhaustion in professionals, especially in mental health contexts (Brinkborg et al., 2011; Heydari et al., 2018; McConachie et al., 2014). In addition, the importance of resilience and psychological flexibility for worker well-being has been highlighted (Lamb & Cogan, 2016; Montaner et al., 2021a). However, despite the predominantly positive findings suggesting a favorable trend toward ACT as a valuable intervention, further research is needed to address methodological limitations—such as participant retention (Jolley et al., 2020)—and to explore specific aspects of the therapy.

The second sub stream, consisting of nine papers published between 2018 and 2023, takes a more global view by analyzing samples of general healthcare workers—for example, different professionals from hospitals (Prudenzi et al., 2022), primary care centers, veterinary clinics (Spitznagel et al., 2022, 2023), or intensive care units (Blanco-Donoso et al., 2021; Holmberg et al., 2020). This work aims to assess how ACT improves emotional well-being, mental health and psychological flexibility (Barrett & Stewart, 2021; Holmberg et al., 2020). It also explores the impact on attendance and productivity (Gaupp et al., 2020), adherence and work engagement (Brown et al., 2020; Waters et al., 2018) or the reduction of burnout, depression and distress (Blanco-Donoso et al., 2021; Brown et al., 2020; Holmberg et al., 2020; Waters et al., 2018). Results show a significant reduction in stress and psychological distress (Barrett & Stewart, 2021; Blanco-Donoso et al., 2021; Prudenzi et al., 2022; Spitznagel et al., 2022, 2023; Waters et al., 2018), highlighting an increase in employee well-being (Gaupp et al., 2020). A correlation has also been observed between the use of ACT and a reduction in sickness absence (Gaupp et al., 2020), as well as an improvement in employees' psychological flexibility (Holmberg et al., 2020; Waters et al., 2018). This ability not only benefits the individual's mental and physical health, but also strengthens their commitment to work (Holmberg et al., 2020). This again confirms the inclusion of ACT as a valuable intervention in promoting the well-being and commitment of health-care workers.

Finally, the smallest group, consisting of five papers published between 2019 and 2023, focuses on the specific collective of nurses. Specifically, analogous to the previous groupings, it examines the effect of ACT on perceived chronic stress and psychological flexibility of psychiatric nurses (Wang et al., 2023; Zarvijani et al., 2021), sleep quality (Wang et al., 2023); the increase in well-being at work and the reduction of injuries and work absenteeism and mental health symptoms (Kent et al., 2019; O'Brien et al., 2019) or the causal relationship between resilience, acceptance, experiential

Table 4. Effectiveness of ACT in Socio-Health Professionals.

Subline/Reference	Sample characteristics			ACT intervention characteristics			Results	
	Geographic area	N	Type of sample	Duration	Follow-up	Variable	Effect	
Mental health or behavioral disorder professionals	Brinkborg et al. (2011)	Sweden	106	Social Workers	4 sessions of 3 hr each	N. D	EST; SMG; BO; control and support; work-related demand; FP	↓ EST; ↓ BO; ↑ SMG.
	McConachie et al. (2014)	N.D.	120	Intellectual Disability Care Professionals	1 workshop + refresh session	6 weeks	AP; BP; EST; I.P; Thought Suppression	↓ AP; ↓ Thought Suppression NE → B and EE
	Wardley et al. (2014)	N.D.	8	Psychologists	3 sessions (2.5 hr each)	N. A	Qualitative experience of training; FP; EST	↑ FP; ↑ Integration of clinical practice
	Lamb and Cogan (2016)	UK	17	Mental Health Staff and Samaritan Volunteers	2 discussion groups	N.A.	Perception of lack of control as a stressor; MCR; IDV	↑ RE
	Heydari et al. (2018)	Iran	30	Psychiatric Healthcare	8 sessions, 1.5 hr each	2 months	AN; DP.	↓ AN ↓ DP
	Jolley et al. (2020)	U.K.	41	Caregivers of Psychosis	4 sessions over 4 weeks + two booster sessions	3 months	B + ; ANGa; FCO; FP; O y OYV; APPDR; Service use; SPT	+ Users; ≠ Caregivers
	Montaner et al. (2021)	N.D.	105	Healthcare Staff working with dementia	6 weeks	3 and 12 months	FP; BO; SV; AN; AHD	I.P → + BO, and + Anxiety FP → + S.V.
	Montaner et al. (2021)	Barcelona	105	Healthcare Staff working with dementia	N.A	N.A.	FP; SV; AN; BO; AHD.	↓ BO; ↓ AN ↓ SV
	Reeve et al. (2021)	U.K.	4	Social Workers in shelters	3 individual sessions	4 weeks	BO; BP; FP; VA	↓ BO; ↑ CL, FP and VA
	Waters et al. (2018)	U.K.	35	Various healthcare occupations	1 day	3 months	MP; FP; DF; APL; PN	↓ MP ; ↑ DF; ↑ FP y ↑ Observation ACT → + FP; + DF and + APL; ≠ PN + PTR
Varied healthcare personnel	Brown et al. (2020)	U.K.	38	Therapists, physios, nurses	12 weeks	N.D.	FP; Social validity; Observer agreement; % of BST application	↓ HBE; ↑ SMG and BE
	Gaupp et al. (2020)	Switzerland	28 + 30CG	Physicians, physiotherapists	2 days, 8 hr each session (9–17)	3 months	SMG and BEG; HBE	
	Holmberg et al. (2020)	Sweden	144	Intensive Care Health Personnel	N.A	3 sessions (1 by month)	FP; EST; SMG; CL	FP → ↑ CL; EST → ↓ CL; ↑ FP → ↓ EST → CL
	Barrett and Stewart (2021)	Ireland	42	Nurses, Doctors, Radiologists	3 sessions in 2 weeks	N.D	EST; SMG; BO; FP	ACT and TC ↑ EST; ↓ BO
	Blanco-Donoso et al. (2021)	Spain (Madrid)	22	Doctors, Nurses	3 sessions, 3 hr weekly	1 month	DP; AN; ESTG-	↑ SMG. ↓ DP, EST
	Prudenzi et al. (2022)	UK	98	Primary Care Staff	4 sessions	3 months	MP; BO; Work-Related Worry; Rumination	↓ MP and BO.
	Spitznagel et al. (2022)	Ohio US	72	Veterinarians	3 virtual sessions	1 month	CG; EST; AG	↓ CG, EST and BO.
	Spitznagel et al. (2023)		137	Veterinarians	3 hr virtual session, 3 weeks	1 month	BO; EST	↓ EST and BO

(continued)

Table 4. (continued)

Subline/Reference	Sample characteristics			ACT intervention characteristics		Results	
	Geographic area	N	Type of sample	Duration	Follow-up	Variable	Effect
Nurses							
O'Brien et al. (2019)	Ohio	71	Nurses	2 sessions, 2.5 hr	1 month	DTPL; SDSM	↓ DTPL; ↓ SMG
Kent et al. (2019)	U.K.	142	Nurses	N.A.	N.A.	ACT processes; B	↑ ACT Processes → ↓ EST, ↓ BO, and ↓ FAC ↑ ACT Processes → ↓ SPT
Zarvijani et al. (2021)	Iran	70	Psychiatric Nurses	8 sessions, 2 hr each	1 month	EST; FP	↓ EST; ↓ FP
Jiménez-Fernández et al. (2022)	Spain	375	Nurses	N.A.	N.A.	(RE); BO; LP	Direct and Predictive Relationship of (RE) →, AX, EE, LP and BO
Wang et al. (2023)	China	401	Nurses	1-month virtual	3 month	OCI; FP and Sleep Quality Index	↓ OCI; ↑ FP and Sleep Quality

Source. Authors.

Note. AHD = attitudes toward dementia; AN = anxiety; AP = psychological distress; APL = mindfulness; AX = acceptance; B = well-being; BO = burnout; CG = control group; CL = job commitment; COMP = compassion; DF = defusion; DP = depression; DTPL = days of work lost due to injury; EE = experiential avoidance; EST = stress; FP = psychological flexibility; FAC = compassion fatigue; FC = cognitive fusion; HBE = hours of sick leave due to illness; LP = psychological inflexibility; MP = psychological distress; OCI = obsessive-compulsive inventory; PTR = workplace well-being; PN = negative thoughts; RE = resilience; SMG = general mental health; SPT = post-treatment satisfaction; SV = life satisfaction; TC = cognitive therapy; VA = values; ↑ = increase in the variable; ↓ = decrease in the variable; - = negative effect; ≠ = no effect.

avoidance, psychological inflexibility and burnout syndrome experienced by nurses in a Madrid hospital during the COVID pandemic (Jiménez-Fernández et al., 2022). These studies suggest that ACT therapy has a positive impact on nurses' well-being at work and identify a significant relationship between resilience and burnout in contexts of high exposure to infectious patients (Jiménez-Fernández et al., 2022). Furthermore, ACT has been confirmed to enhance psychological flexibility, sleep quality and reduce stress in specialized nurses (Wang et al., 2023; Zarvijani et al., 2021) and in other settings (O'Brien et al., 2019). However, further research is needed in different clinical and organizational contexts to consolidate these findings.

Effectiveness of ACT in Non-healthcare Settings. This strand of research, consisting of 19 studies, aims to assess whether the use of ACT interventions can promote the development of positive psychological skills that improve mental health or organizational variables in non-healthcare work contexts (see Table 5). Two strands can be identified, the first focusing on the education sector and the second on the management sector.

The education sub stream, consisting of six articles published between 2012 and 2023, examines the effectiveness of ACT on primary and secondary school staff (Jeffcoat & Hayes, 2012; Long & Hayes, 2014) or special education professionals—such as autism specialists (Little et al., 2020; Ragulan et al., 2023) or those working with children with developmental disabilities (Biglan et al., 2013; Suri et al., 2022). The variables analyzed are psychological in nature, related to mental health derived from their work—stress, depression, burnout—(Biglan et al., 2013; Jeffcoat & Hayes, 2012; Long & Hayes, 2014; Ragulan et al., 2023; Suri et al., 2022), or behavioral skills training (Little et al., 2020). In general, the results show that ACT-based interventions can be effective in preventing or improving certain aspects related to performance (Little et al., 2020), quality of life (Long & Hayes, 2014) or mental health in educational contexts—depression, anxiety and stress—(Biglan et al., 2013; Jeffcoat & Hayes, 2012; Ragulan et al., 2023; Suri et al., 2022).

The management stream consists of 10 studies analyzing the effects of ACT on two types of employees (subordinates vs. managers). The studies focusing on subordinates concentrated on the period 2000 to 2013 and were mostly developed by the researchers Bond, Flaxman, Lloyd and Bunce (Bond & Bunce, 2000, 2003; Bond & Flaxman, 2006; Bond et al., 2006; Flaxman & Bond, 2010; Lloyd et al., 2013). Their studies were pioneering in analyzing the effects of ACT on improving general mental health or on individual performance variables, learning, motivation, and job satisfaction. In all

Table 5. Effectiveness of ACT in Non-Healthcare Settings.

Subline/Reference	Sample characteristics			ACT intervention characteristics			Results	
	Area	N	Type of company	Duration	Follow-up	Variables	Effect	Effect
Education								
Jeffcoat and Hayes (2012)	Nevada	236	Primary and secondary education	8 weeks	10 weeks	SMG; DP; AN; F.P	+ SMG; + DP; + AN; + EST FP → + SMG, + DP, and + AN ↓EST; ↓DP; ↓BO; ↓E.E; ↓APL; ↑Efficacy DP → + ACT y + TC Quality of life TC → + Frequency automatic thoughts. Quality of life ACT → + Psychological flexibility and + AP. ACT y TC → + Prediction DP Quality of life ACT → + FP y AP Quality of life → + Frequency of automatic thoughts. ↓EST; ↓DP; ↓BO EE → + DP; + EST and + BO ↑FP ↓EST and BO ACT → + Acceptance, + SMG, + DP; Innovation propensity; Job satisfaction and Motivation. Innovation Promotion Program → + DP + Innovation propensity; - Job satisfaction and Motivation Acceptance predicts → + SMG, + DESP, Job satisfaction. ↑Acceptance → ↓SMG, ↓DP; + Work control; ↑DESP. ↑Work control → ↓DP, ↑DESP. ↑Work control predicts → SMG, Job satisfaction and DEP. FP and Work control → ↓SMG, ↑DESP Work control > FP → ↑Learning new skills. ↑FP → ↑work control on DESP; Learning new skills, SMG. ↓EST; ACT → Initial EST > EST ↑EST; ↓SMG ACT > Control	
Biglan et al. (2013)	E.E.U.U.	42	Special education	2 workshops, 3.5 hr	N.D.	EST; APL; BO; E.E; V.V; DP; BO; Efficacy DP; Quality of life and CT; Quality of life and ACT		
Long and Hayes (2014)	Nevada	93	Primary and secondary education	N.D.	2 every 2 months			
Little et al. (2020)	N.D	3	Special education	1 hr	6 months	Prediction of DP and ACT; y DP y TC; Prediction of Quality of life and ACT and quality of life and TC.		
Suri et al. (2022)	E.E.U.U.	42	Special education	2 + reinforcement	5 months	E.E; AP; EST; DP; BO; V.V; Teacher efficacy		
Ragulan et al. (2023)	n.d.	4	Behavioral technicians	3-hr over a week	1 month	FP; BO; EST		
Bond and Bunce (2000)	N.D	90	N.D	9 hr	3 months	ACT; Innovation Promotion Program; Dysfunctional attitudes; Change at work; DP; Work motivation; Job satisfaction; Innovation propensity; Acceptance		
Bond and Bunce (2003)	U.K	412	Call centers	N.A	1 year	Acceptance → SMG; Job satisfaction; DP; DESP Work control → SMG; Job satisfaction; DP; DESP. Interaction → Work Acceptance and Control		
Bond and Flaxman (2006)	U.K.	448	Call centers	N.D.	3 months	FP; Work control; Learning new skills; DESP; SMG;		
Flaxman and Bond (2010)	U.K	311	2 Public Companies	3 sessions, 2.5–3 hr	6 months	EST; Initial EST.		
Ly et al. (2014)	Sweden	73 leaders	Medium and large companies	15-min mobile sessions	6 weeks	EST; SMG.		

(continued)

Table 5. (continued)

Subline/Reference	Sample characteristics			ACT intervention characteristics		Results	
	Area	N	Type of company	Duration	Follow-up	Variables	Effect
Lloyd et al. (2013b) Deva et al. (2016)	U.K. N.A	100 57 leaders	Public Company N.A.	3 half-day sessions 3 sessions, 4 hr	2 months 1 month	FP; BO; EST. FP; AP; Work Motivation and Job Satisfaction.	↑FP; ↓BO; ↓EST ↑FP ≠→ AP, Work Motivation and Job Satisfaction.
Muuraiskangas et al. (2016) Hashemi et al. (2019)	N.D Iran	43 220	2 ICT Companies Railway Company	Mobile intervention N.A	2 and 4 months N.A	EST; Work Engagement AP; Defusion; FP; DESP; openness to change; BO.	AP→↑FP Defusion→↑FP; ↓DESP; Apertura al cambio y ↓BO A.P→↑FP; Defusion→↑FP ↑FP→↑DESP; ↑Apertura al cambio, y ↓BO
Kinnunen et al. (2019)	Finland	105	N.D	8 weeks	4 months	BO; A.P; FP; openness to change; DESP; Defusion.	↑EST; ↓BO; ↑FP; + AN LMX; FP; Work Overload; Quality of LMX.
Macias et al. (2019) Kopperud et al. (2021)	Spain Norway	38 93 leaders 186 worker	Public Company Public Service Sector	3 sessions, 1.5 hr N.A	1 week N.A	EST; BO; FP; AN. LMX; FP; Work Overload; Quality of LMX.	FP→↓Overload in LMX; <FP→↓ Quality of LMX ↑EE leaders→↑Need Frustration, ↓B; ≠Job Satisfaction.
Koydemir et al. (2023)	Turkey	74 leaders 183 worker	Various Sectors	N.A	N.A	E.E Leaders; Followers (Need Frustration; B; Satisfaction)	

Source. Authors.

Note. AN = anxiety; ANG = anguish; APL = mindfulness; B = well-being; BO = burnout; DESP = performance; DP = depression; EE = experiential avoidance; EST = stress; FP = psychological flexibility; LMX = leader-member exchange; N.A = not applicable; N.D = Not Available; SMG = general mental health; TC = cognitive therapy; VV = values; ↑ = increase; + = positive effect; ↓ = decrease; - = negative effect; ≠ = no effect.

cases, they used samples from public (Flaxman & Bond, 2010) or private service companies (Bond & Bunce, 2000, 2003; Bond & Dryden, 2002; Bond & Flaxman, 2006; Lloyd et al., 2013a, based in the United Kingdom). The results confirmed the positive effects of ACT in improving mental health, innovativeness, task control, and learning, although significant effects in improving employee motivation or job satisfaction were not confirmed. More recently, studies by Muuraiskangas et al. (2016), Hashemi et al. (2019), Kinnunen et al. (2019) and Macías et al. (2019) have extended the research to other types of companies, variables and geographical contexts. Thus, we find empirical evidence assessing the effectiveness of ACT on other mental health-related variables, such as employee exhaustion and anxiety -(Hashemi et al., 2019; Kinnunen et al., 2019; Macías et al., 2019)-, job engagement and stress (Muuraiskangas et al., 2016) or organizational variables related to adaptability, such as adaptive performance or openness to organizational change (Hashemi et al., 2019). The reported evidence, although limited, confirms a positive effect of ACT in improving all variables.

Meanwhile, the subgroup focusing on leaders (Deval et al., 2017; Kopperud et al., 2021; Koydemir et al., 2023; Ly et al., 2014) analyzes the effectiveness of ACT in developing leadership skills needed in positions of responsibility. In contrast to previous work, the ACT interventions are of short duration and are delivered both in person and via smartphones. The samples used are diverse in terms of number, geographical location, type of company, and outcome variable analyzed, which makes it difficult to compare and generalize the results identified. Additionally, the limited available empirical evidence is contradictory. For example, Ly et al. (2014), confirm on a Swedish sample of 73 executives from companies with more than 50 employees, that the use of ACT interventions through smartphones improves their mental health and stress level, but does not report an effect on leaders' transactional leadership skills. However, Deva et al. (2016), on a sample of 57 leaders from 5 international companies, does not find a significant effect of ACT interventions on leaders' mental health, stress levels, motivation or job satisfaction, although it does improve their psychological flexibility. On the other hand, the studies by Kopperud et al. (2021) and Koydemir et al. (2023) analyze the relationship that leaders' psychological flexibility or experiential avoidance exercises have on their subordinates' perceptions of workload or well-being, providing evidence on how ACT interventions can affect individual relationships in workgroups of different business categories.

Use of ACT in Return-to-Work Programs. The last line of research, consisting of seven articles, focuses on

evaluating the effectiveness of ACT-based rehabilitation programs for the return to work of active employees who have completed their sick leave (see Table 6). Unlike the previous strands, this one focuses on two specific geographical areas, Norway (57.14% of the studies) and Sweden (42.86%). These countries have traditionally been described as “work societies” that have developed extensive programs and policies to promote longer working lives (Berglund et al., 2018) and more sustainable labor participation (Klevanger et al., 2018), especially since 2007 and 2010 respectively. The studies are mostly empirical or RCTs (85.7%). There is only one qualitative study (Klevanger et al., 2018) that evaluates the experiences of three therapists dealing with the return-to-work process in a Norwegian occupational rehabilitation program for hospitalized patients based on ACT. The remaining papers use samples of employees with mental health-related pathologies or chronic pain, two of the main causes of productivity and employability losses in developed countries (Berglund et al., 2018). The sample sizes used vary in number (from 19 to 308 participants) and gender diversity—with exclusively female samples (Berglund et al., 2018) or predominantly female in studies from Sweden (Dahl et al., 2004; Lytsy et al., 2017). In addition, different durations and formats of ACT interventions are identified. The evaluation of the effectiveness of ACT in reintegrating workers into their jobs is assessed through a follow-up 6 to 12 months after treatment and using different measures—for example, return to work rates (Berglund et al., 2018; Hara, Bjørngaard, Brage et al., 2018; Hara, Bjørngaard, Jacobsen et al., 2018; Lytsy et al., 2017), cumulative productivity measures (Dahl et al., 2004), self-reported perceptions of increased employability (Berglund et al., 2018; Lytsy et al., 2017), improvement in the work situation (Brugnera et al., 2021) or improvement in the level of work engagement (Lytsy et al., 2017). In general, the results confirm that ACT-based interventions favor the return-to-work rate, although the results cannot be generalized and further studies on this topic are needed.

Research Opportunities Identified in the Field

After considering the consensus, differences, limitations, and unexplored elements identified in the previous section, seven research opportunities (RO) are identified that could constitute interesting development avenues in the analyzed field (see the integrative framework proposed in Figure 4).

RO 1: Need to Increase Empirical Evidence on the Effectiveness of ACT in Non-Healthcare Business Contexts: The results suggest that the use of ACT behavioral therapy is still strongly linked to the clinical setting, with most studies focusing on the

Table 6. Use of ACT in Return-to-Work Programs.

Article reference	Sample characteristics			ACT intervention characteristics		Results		
	Study type	Geographical area	N	Cause of disability	Duration	Follow-up	Variable	Effect
Dahl et al. (2004)	ECA	Sweden	19 public employees (89.5% women)	Musculoskeletal pain or chronic stress	4 weekly sessions 1 hr	6 months	Sick leave usage; Medical visits; Quality of life; EST; Pain; Beliefs EST and PainWork-related.	ACT → ↓ Sick leave usage, ↓ Medical visits, ≠ (Quality of life; EST, Pain) y Beliefs EST y Work-related Pain)
Lytsy et al. (2017)	ECA	Sweden	308 (women)	Mental illness or chronic pain	10 sessions 1 hr	12 months	Return to health insurance; Reimbursed sick days; Working hours; Work engagement; SMG; Pain.	Return to health insurance, Reimbursed sick days. TEAM → ↑ Working hours and Work engagement. ACT → ↑ Employability, ≠ in return to work. MDT → ↑ Return to work, ↑ Employability, ↑ Return to work, ↑ Participation.
Berglund et al. (2018)	ECA	Sweden	282 (women)	Mental illness or chronic pain	Weekly sessions 1 hr for periods of 1 to 3 months	12 months	Return to work; Employability SMG; Self-efficacy.	Return to work, ↑ Participation.
Hara et al. (2018b)	Quantitative (Empirical)	Norway	213 employees	Chronic pain, chronic fatigue, or mental disorders	3.5 weeks + 6-month follow-up	Y12 months	Return to work; Participation; Days worked	Return to work
Hara et al. (2018a)	Quantitative (Empirical)	Norway	212 employees	Chronic pain, chronic fatigue, or mental disorders	3.5 weeks + 6-month follow-up	12 months	Return to work	Return to work
Klevanger et al. (2018)	Qualitative	Norway	3 therapists	N.A	N.A.	No	NA	ACT effectiveness in improving return-to-work rate confirmed.
Brugnera et al. (2021)	Quantitative (Empirical)	Norway	195 employees (80.5% women)	Chronic fatigue	3.5 weeks	Telephone follow-up: Immediate, 6 and 12 months	Fatigue; Quality of life; Functional skills; Anxious and depressive symptoms; I.P; Metacognitive beliefs	↓ → Fatigue, depressive symptoms, I.P, and Metacognitive beliefs. + → Quality of life, functional skills. + Relationship → Depression and fatigue

Source: Authors.

Note. ACT = acceptance and commitment therapy; EST = stress; N.A. = not applicable; ≠ = no significant effect; TEAM = multidisciplinary assessment and individualized rehabilitation intervention; IP = psychological inflexibility; ↑ = increase or rise in the variable; ↓ = decrease in the variable; + = positive effect; - = negative effect.

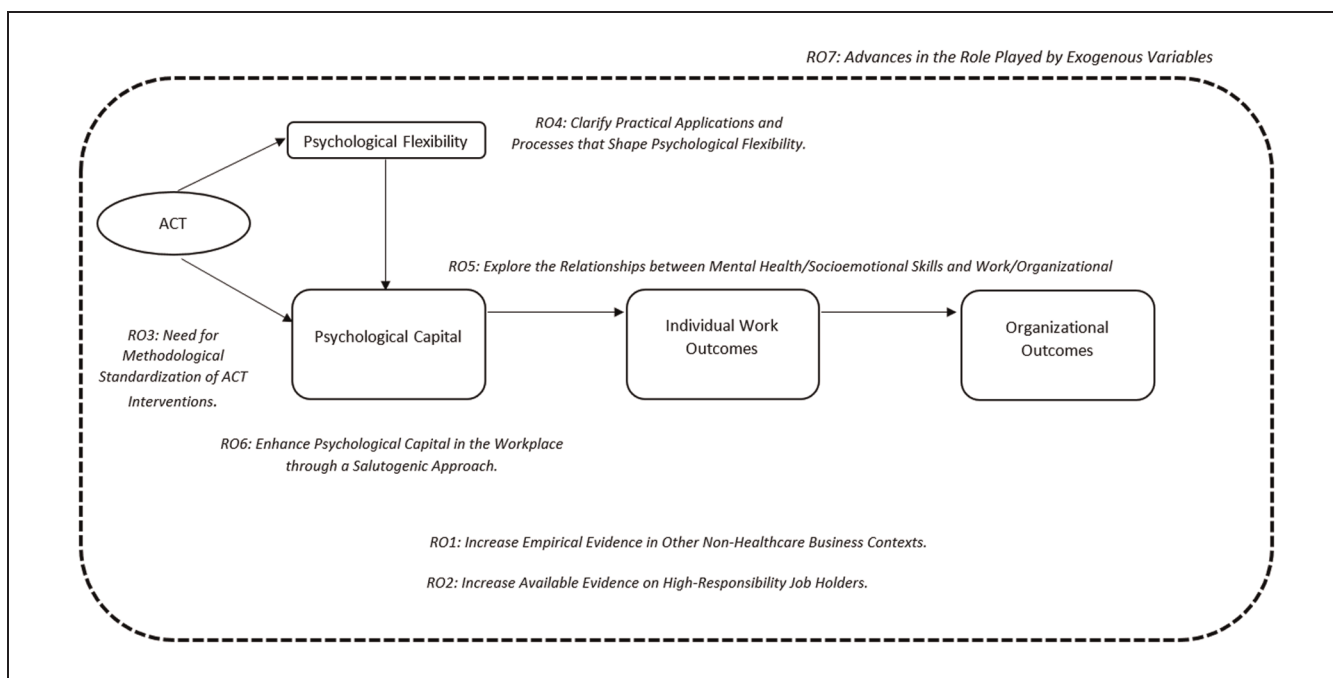


Figure 4. Summary of future ROs: An integrative research agenda.
Source. Authors.

effectiveness of the therapy in social health professionals—social workers, nurses, mental health professionals. Studies in other work contexts, although of increasing interest in recent years, are scarce and mainly focused on the educational or service sectors. This situation highlights the need to increase the available empirical evidence on the effects of ACT interventions in other sectors, in different types of organizations—private, public, family, non-family, etc.—and with samples of different types of workers, such as those in the education or service sectors.—and using samples of different types of employees, such as support staff, sales staff, production staff, entrepreneurs, etc. On the other hand, given that organizations are often faced with strategic challenges or exceptional situations, ACT could be essential to prepare and adapt employees in situations such as internationalization or mergers and acquisitions processes, thus promoting a more effective transition.

RO 2: Exploring the Impact of ACT on Employees with High Responsibility Positions: The identified evidence shows a limited number of studies analyzing the effectiveness of ACT for the development of leadership skills (Kopperud et al., 2021; Koydemir et al., 2023; Ly et al., 2014), even though high responsibility roles have a direct impact on the health, well-being and performance of subordinates. This situation highlights the need to expand the scarce evidence available to date on how ACT-based interventions can promote

the development of leadership skills; to better understand the impact they have on organizational dynamics.

RO 3: Need for Methodological Standardization in ACT Interventions for Robust Comparative in Labor Contexts: The current literature reveals substantial variability in the methodologies and measures used in ACT interventions within workplace contexts. This includes differences in the number of sessions, intervention formats, evaluation instruments, and follow-up periods, which complicates the ability to conduct robust comparative studies (Jaworska-Burzyńska et al., 2016; Kriakous et al., 2021; Van Agteren et al., 2021). To advance the field of ACT and ensure its efficacy in organizational settings, it is crucial to standardize both the methodological aspects of interventions, and the measures used to assess their impact. Methodologically, the first step toward standardization should involve pre-intervention activities, such as conducting functional analyses with business managers or HR professionals to identify specific workplace barriers and tailor interventions accordingly. The timing of training sessions should also be carefully managed to avoid periods of high workload, ensuring active employee participation. Additionally, fostering a trusting environment through strategies that reduce inhibitions and promote communication is essential. Reflection moments after exercises can strengthen group cohesion and connect ACT principles with

daily work activities. In terms of measurement, the heterogeneity of variables currently used—such as psychological flexibility, anxiety, depression, and work engagement—hinders consistent evaluation of ACT's effectiveness. Standardizing key variables and establishing a core set of metrics would allow for clearer comparisons across studies, improving the evidence base. These standardized measures should focus on evaluating critical workplace outcomes, such as psychological capital, quality of life, and reduced burnout, which are essential for organizations striving to enhance employee well-being and promote healthier work environments.

RO4: Need for Greater Clarity in Practical Applications, Methodologies and Processes that Make Up Psychological Flexibility due to Deficiencies in ACT Protocol Specificity: There is a lack of detail in the description of protocols in terms of practical applications—exercises or metaphors used in the process—as most do not specifically mention the practices, exercises, and processes used to work on the different underlying processes of psychological flexibility. For a proper understanding of the research, it is crucial to detail and justify the selected exercises and metaphors, in line with Relational Frame Theory (RFT), and to explicitly distinguish and mention the processes worked on in each intervention (Towey-Swift et al., 2023), in order to identify the methodological coherence of the intervention and facilitate a deeper and more grounded understanding of the practices used and their effects. Furthermore, the high variability in the methodologies employed across studies makes it essential to reduce inconsistencies in the protocols, ensuring greater standardization in methodological aspects to enhance comparability and reliability of the findings.

RO5: Need to Develop Causal Models that Analyze the Effects of Improving Psychological Capital on the Organization with Quantitative or Qualitative Variables and Based on Business Theoretical Approaches: To date, no studies have evaluated the return on investment (ROI) derived from the implementation of ACT, a fact that is fundamental to quantifying whether the benefits obtained justify the effort invested in training. Similarly, although there is a theoretical consensus in the literature about the potential benefits that ACT can bring at the organizational level in more qualitative terms, the empirical confirmation of this premise is still vague and represents a significant gap in the field of research that requires future attention. To fill this gap, it is necessary to conduct longitudinal research that not only analyzes these interactions, but is also theory-based, which implies the need to integrate management theoretical

frameworks in the application of ACT. Depending on the specific responsibilities of the employees involved in the intervention, two theoretical perspectives could be particularly relevant: Microfoundations Theory and Upper Echelon Theory. According to Barney and Felin (2013), Microfoundations Theory posits that individual characteristics, such as personality, skills and abilities, can give rise to organizational routines, which in turn have a positive impact on organizational variables such as performance and the development of competitive advantage. In parallel, Upper Echelon Theory (Hambrick & Mason, 1984) posits that the psychological beliefs and values of top executives and managers significantly influence the strategic decisions they make, which have a direct impact on outcomes at the organizational level.

RO 6: Need to Enhance Psychological Capital in the Workplace through a Salutogenic Approach: Most of the ACT-based interventions analyzed in this review focus on aspects of employees' mental health, such as stress and burnout, with clinically diagnosed complaints. However, research on promoting skills in employees without prior signs of distress, which falls within the salutogenic model of organizational psychology, is limited and the direction of the evidence is inconclusive. In line with the growing trend toward the creation of "healthy companies" (Toor & Ofori, 2010), ranging from sustainability policies to the development of soft skills in line with corporate culture (Cao et al., 2022), it is necessary for future research to explore the impact that ACT interventions can have on the development of positive psychological capital and preventative interpersonal skills (Blustein et al., 2019) in order to enhance work performance, improve climate and organizational goals (Singh et al., 2018), and well-being at work (Zhang et al., 2021). Additionally, it would be desirable to standardize the most commonly studied variables, such as psychological flexibility and adaptability to change, to better measure the positive impact of ACT-based interventions. Given the variability in the variables studied in the consulted articles, homogenizing these measures as impact markers could provide more consistent insights.

RO7: Advances in the Role Played by Exogenous Variables: From the point of view of organizational psychology, the study of contingent variables will largely determine the adoption of interventions based on ACT, from the proactive approach (salutogenic model in search of positive psychological capital) or the reactive approach (model for detecting negative situations and dealing with them; Blustein et al., 2019). There is evidence that in recent years there has been an increase in the literature on the

implementation of “healthy companies,” which develop psychological capital by working to improve well-being and enhance performance (Toor & Ofori, 2010). This organizational culture, within which there is room to seek initiatives to develop soft skills in line with the company’s own culture, will provide a whole argumentation for the development of business strategies oriented toward a holistic approach (environmental sustainability policy, work-life balance, improvement of well-being, or customer experience; Cao et al., 2022). All this without forgetting the globalization to which we are subject and the active and constant pulse of the digital age, which is constantly transforming the business landscape and requires flexible and adaptive changes (Bal & Izak, 2021; Sánchez-Bayón & Aznar, 2020; Tyler, 2020), for which the search for evidence that integrates the application of ACT methodologies can be valid in all cultural contexts, globalized, and framed in the digital evolution.

Conclusions

Mental health has emerged as a relevant intangible asset that requires the attention of organizations for the development of a more positive and enriching workplace. The aim was to carry out a first exploratory approach through the review and synthesis of the state of the art regarding the effectiveness of ACT interventions in the workplace to promote and prevent more sustainable and productive work environments required by this new paradigm. Fifty-nine documents retrieved from a systematic search according to PRISMA guidelines in WoS, Scopus and Pubmed databases in the period 2000 to 2023 were analyzed.

The analysis confirms that the use of ACT interventions in the workplace to improve well-being is increasing significantly, with an upward trend over the last 5 years. The growing interest in this topic is also evident in the analysis of journal productivity, which showed a tendency to publish in high-impact journals.

For its part, the content analysis showed that, although 38,98% of studies that make up the sample are still focused on clinical settings, there are positive effects on well-being and resilience and improvements in burnout, stress and anxiety among mental health professionals, medical staff and nurses. In addition, findings revealed that the ACT effectiveness is increasingly extending to other sectors, types of professionals and organizational settings -such as education, business management, or return-to work programs-. In these contexts, ACT has also demonstrated its positive effects in

terms of improving mental health (such as anxiety, depression, stress, and burnout), psychological flexibility, and workplace engagement, productivity, employability or adaptability. While the evidence supports the efficacy of ACT in improving various psychological outcomes, there are areas—such as quality of life, motivation, job satisfaction, organizational change, and return-to-work rates—that require further exploration to fully understand the nuances of ACT’s effectiveness. Overall, the content analyses confirm that ACT interventions can be a catalyst for well-being in organizations, with a high potential for improving quality of work life and efficiency in high-pressure or dynamic environments.

The discussion of these makes it possible to identify specific ROs to be addressed in the future, thus contributing to the promotion of the use of ACT in workplaces. These ROs have been organized according to an integrative framework (see Figure 4), which is primarily aimed at stimulating ACT research by an academic audience. However, this review also provides a means for industrial practitioners to use this knowledge to inform their decisions and promote the practical application of ACT within their organizations. This is because they can support the versatility and effectiveness of ACT through various studies thus highlighting the importance of its integration in promoting well-being and professional development strategies in the workplace. Through this review and the proposed integrative framework, they can identify good practices (and less successful ones) to reflect on the implementation of ACT in their organizations, from which lessons can be drawn, whatever the geographical context, with satisfactory results. Consequently, this review can encourage the use of ACT by industrial partners.

In addition to the theoretical insights, it is essential to consider the practical applications of ACT interventions in workplace settings. Several studies included in our review demonstrate successful implementation across diverse organizational environments. For example, Deva et al. (2016) applied ACT to senior executives in multinational corporations, leading to improved leadership effectiveness and employee engagement. Similarly, Lloyd et al. (2013a) implemented ACT with public sector employees, resulting in enhanced psychological flexibility and reduced burnout. These case studies highlight the versatility of ACT in fostering psychological well-being and professional development across sectors. By incorporating these real-world applications, organizations can better understand the potential of ACT to drive positive outcomes and navigate the challenges that may arise during implementation. This integration of theory and

practice offers a roadmap for practitioners aiming to implement ACT-based interventions effectively in their own organizational contexts.

Despite these contributions, this paper is not without limitations that provide opportunities for further research. First, although the number of papers selected may seem limited, it is higher than previous reviews on ACT (Prudenzi et al., 2021; Towey-Swift et al., 2023; Unruh et al., 2022). In addition, the sample selected is the result of multiple searches and multiple databases that are consistent with the purpose of the work. Secondly, this review focuses on peer-reviewed articles published in English and available at the time of the search. Consideration of other languages or a wider range of sources, such as conference papers and book chapters, could provide a more comprehensive view of the field and thus enrich the global understanding of ACT in the workplace. Finally, although the results of this review identified the variables used by each study and the characteristics of ACT interventions, this study does not provide a standardization of the methodological variability identified. Future researchers can address this issue and enhance the comparability of future research by developing standardized metrics and frameworks for ACT interventions in workplace settings. These frameworks should include clear guidelines on intervention duration, consistent measurement tools for psychological flexibility and related outcomes, and recommendations for follow-up periods. By minimizing methodological differences, future research can produce more reliable and comparable results, thereby strengthening the evidence base for ACT interventions and their practical application in diverse organizational contexts.

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References

- Allam, Z. (2017). Employee disengagement: A fatal consequence to organization and its ameliorative measures. *International Review of Management and Marketing*, 7(2), 49–52.
- Allam, Z., George, S., Yahia, K. B., Salim, A. S., & Ali, N. (2024, January). *A bibliometric review of psychological contract breach studies in India from 2011 to 2023* [Conference session]. 2024 ASU International Conference in Emerging Technologies for Sustainability and Intelligent Systems (ICETSIS) (pp. 386–390). IEEE.
- Archer, R. (2018). *The impact of a focused acceptance and commitment training workplace intervention: is less, less?* [Doctoral dissertation, Kingston University].
- Arch, J. J., Mitchell, J. L., Genung, S. R., Fisher, R., Andorsky, D. J., & Stanton, A. L. (2019). A randomized controlled trial of a group acceptance-based intervention for cancer survivors experiencing anxiety at re-entry ('Valued Living'): Study protocol. *BMC Cancer*, 19(1), 89.
- Arensman, E., O'Connor, C., Leduc, C., Griffin, E., Cully, G., Ní Dhálaigh, D., Holland, C., Van Audenhove, C., Copen, E., Tsantila, F., Ross, V., Aust, B., Pashoja, A. C., Cresswell-Smith, J., Cox, L., de Winter, L., Fanaj, N., Greiner, B. A., Hegerl, U., & ... Corcoran, P. (2022). Mental health promotion and intervention in occupational settings: Protocol for a pilot study of the MENTUPP intervention. *International Journal of Environmental Research and Public Health*, 19(2), 947.
- Atkins, P. W. B., & Parker, S. K. (2012). Understanding individual compassion in organizations: The role of appraisals and psychological flexibility. *Academy of Management Review*, 37(4), 524–546.
- Bai, Z., Luo, S., Zhang, L., Wu, S., & Chi, I. (2020). Acceptance and commitment therapy (ACT) to reduce depression: A systematic review and meta-analysis. *Journal of Affective Disorders*, 260, 728–737.
- Bal, P. M., & Izak, M. (2021). Paradigms of flexibility: A systematic review of research on workplace flexibility. *European Management Review*, 18(1), 37–50.
- Barney, J., & Felin, T. (2013). What are microfoundations? *Academy of Management Perspectives*, 27(2), 138–155.
- Barrett, K., & Stewart, I. (2021). A preliminary comparison of the efficacy of online acceptance and Commitment Therapy (ACT) and cognitive behavioural Therapy (CBT) stress management interventions for social and healthcare workers. *Health & Social Care in the Community*, 29(1), 113–126.
- Barroso Espadero, D., Fernández Rodríguez, M. M., & Orejón de Luna, G. (2003). Introducción a MEDLINE ya las búsquedas bibliográficas (I). Fundamentos sobre bibliografía médica y búsquedas. *MEDLINE en Internet PubMed y familia. Rev Pediatr Aten Primaria*. 2003;5:603-628.
- Benachio, G. L. F., Freitas, M. D. C. D., & Tavares, S. F. (2020). Circular economy in the construction industry: A systematic literature review. *Journal of Cleaner Production*, 260, 121046.
- Berglund, E., Anderzén, I., Andersén Carlsson, L., Gustavsson, C., Wallman, T., & Lytsy, P. (2018). Multidisciplinary intervention and acceptance and commitment therapy for return-to-work and increased employability among patients with mental illness and/or chronic pain: A randomized controlled

- trial. *International Journal of Environmental Research and Public Health*, 15(11), 2424.
- Biglan, A., & Barnes-Holmes, Y. (2015). Acting in light of the future: How do future-oriented cultural practices evolve and how can we accelerate their evolution? *Journal of Contextual Behavioral Science*, 4(3), 184–195.
- Biglan, A., Layton, G. L., Jones, L. B., Hankins, M., & Rusby, J. C. (2013). The value of workshops on psychological flexibility for early childhood special education staff. *Topics in Early Childhood Special Education*, 32(4), 196–210.
- Blanco-Donoso, L. M., Garcia-Rubio, C., Gallardo, J. A., Pereira, G., Pinta, M. L. R. D. L., Rubio, J. J., & Garrosa, E. (2021). ACT-based stress management training aimed at improving workers' mental health in an intensive care unit: A mixed methods study. *Clínica y Salud*, 32(3), 111–117.
- Blustein, D. L., Kenny, M. E., Autin, K., & Duffy, R. (2019). The psychology of working in practice: A theory of change for a new era. *Career Development Quarterly*, 67(3), 236–254.
- Bond, F. W., & Bunce, D. (2000). Mediators of change in emotion-focused and problem-focused worksite stress management interventions. *Journal of Occupational Health Psychology*, 5(1), 156–163.
- Bond, F. W., & Bunce, D. (2003). The role of acceptance and job control in mental health, job satisfaction, and work performance. *E-Journal of Applied Psychology*, 88(6), 1057–1067.
- Bond, F. W., & Dryden, W. (Eds.). (2002). *Handbook of brief cognitive behaviour therapy*. Wiley.
- Bond, F. W., & Flaxman, P. E. (2006). The ability of psychological flexibility and job control to predict learning, job performance, and mental health. *Journal of Organizational Behavior Management*, 26(1-2), 113–130.
- Bond, F. W., Hayes, S. C., & Barnes-Holmes, D. (2006). Psychological flexibility, ACT, and organizational behavior. *Journal of Organizational Behavior Management*, 26(1), 25–54.
- Brandon, S., Pallotti, C., & Jog, M. (2021). Exploratory study of common changes in client behaviors following routine psychotherapy: Does psychological flexibility typically change and predict outcomes? *Journal of Contemporary Psychotherapy*, 51(1), 49–56.
- Brinkborg, H., Michanek, J., Hesser, H., & Berglund, G. (2011). Acceptance and commitment therapy for the treatment of stress among social workers: A randomized controlled trial. *Behaviour Research and Therapy*, 49(6-7), 389–398.
- Brown, M., Hooper, N., Eslambolchilar, P., & John, A. (2020). Development of a web-based acceptance and commitment therapy intervention to support lifestyle behavior change and well-being in health care staff: Participatory design study. *JMIR Formative Research*, 4(11), e22507.
- Brugnera, A., Nordstrand Jacobsen, T., Woodhouse, A., Compare, A., & Børsting Jacobsen, H. (2021). Effectiveness of an ACT-based rehabilitation program for the treatment of chronic fatigue: Results from a 12-months longitudinal study. *Scandinavian Journal of Psychology*, 62(1), 41–50.
- Cabezas Corcione, A. (2015). Capital Psicológico: Un constructo fundacional dentro de la psicología organizacional positiva [Psychological Capital: A foundational construct within positive organisational psychology. Scientific Journal of Health Sciences]. *Revista Científica de Ciencias de la Salud*, 8(2), 50–55.
- Cao, X., Zhang, H., Li, P., & Huang, X. (2022). The influence of mental health on job satisfaction: mediating effect of psychological capital and social capital. *Frontiers in Public Health*, 10, 797274.
- Collins, R. N., & Kishita, N. (2019). The effectiveness of mindfulness-and acceptance-based interventions for informal caregivers of people with dementia: A meta-analysis. *Gerontologist*, 59(4), e363–e379.
- Costello, H., Walsh, S., Cooper, C., & Livingston, G. (2019). A systematic review and meta-analysis of the prevalence and associations of stress and burnout among staff in long-term care facilities for people with dementia. *International Psychogeriatrics*, 31(8), 1203–1216.
- Coto-Lesmes, R., Fernández-Rodríguez, C., & González-Fernández, S. (2020). Acceptance and commitment therapy in group format for anxiety and depression. A systematic review. *Journal of Affective Disorders*, 263, 107–120.
- Dahl, J., Wilson, K. G., & Nilsson, A. (2004). Acceptance and commitment therapy and the treatment of persons at risk for long-term disability resulting from stress and pain symptoms: A preliminary randomized trial. *Behavior Therapy*, 35(4), 785–801.
- Daks, J. S., Peltz, J. S., & Rogge, R. D. (2020). Psychological flexibility and inflexibility as sources of resiliency and risk during a pandemic: Modeling the cascade of COVID-19 stress on family systems with a contextual behavioral science lens. *Journal of Contextual Behavioral Science*, 18, 16–27.
- De Angelis, M., Giusino, D., Nielsen, K., Aboagye, E., Christensen, M., Innstrand, S. T., Mazzetti, G., van Den Heuvel, M., Sijbom, R. B. L., Pelzer, V., Chiesa, R., & Pietrantonio, L. (2020). H-work project: Multilevel interventions to promote mental health in SMEs and public workplaces. *International Journal of Environmental Research and Public Health*, 17(21), 8035.
- de Frutos-Belizón, J., Martín-Alcázar, F., & Sánchez-Gardey, G. (2021). Self-criticisms toward a socially responsible science in the field of management. *BRQ Business Research Quarterly*, 27(4), 389–422.
- de Oliveira, C., Saka, M., Bone, L., & Jacobs, R. (2023). The role of mental health on workplace productivity: A critical review of the literature. *Applied Health Economics and Health Policy*, 21(2), 167–193.
- Deval, C., Bernard-Curie, S., & Monestès, J. L. (2017). Effects of an acceptance and commitment therapy intervention on leaders' and managers' psychological flexibility. *Journal de Thérapie Comportementale et Cognitive*, 27(1), 34–42.
- Deva, R., McAteer, R., Rynsaardt, J., & Gunn, J. (2016). Acceptance and commitment therapy for leaders: A case study in multinational corporations. *Journal of Management & Organization*, 22(3), 383–399. <https://doi.org/10.1017/jmo.2016.23>
- Eddy, P., Heckenberg, R., Wertheim, E. H., Kent, S., & Wright, B. J. (2016). A systematic review and meta-analysis of the effort-reward imbalance model of workplace stress

- with indicators of immune function. *Journal of Psychosomatic Research*, 91, 1–8.
- Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022). Burnout: A review of theory and measurement. *International Journal of Environmental Research and Public Health*, 19(3), 1780.
- Flaxman, P. E., & Bond, F. W. (2010). A randomised worksite comparison of acceptance and commitment therapy and stress inoculation training. *Behaviour Research and Therapy*, 48(8), 816–820.
- Flaxman, P. E., Bond, F. W., & Livheim, F. (2013). The mindful and effective employee: An acceptance and commitment therapy training manual for improving well-being and performance. New Harbinger Publications.
- Gaupp, R., Walter, M., Bader, K., Benoy, C., & Lang, U. E. (2020). A two-day acceptance and commitment therapy (ACT) workshop increases presence and work functioning in healthcare workers. *Frontiers in Psychiatry*, 11, 861.
- Goltz, S. M. (2018). Organizational change: Insights from Buddhism and Acceptance and Commitment Therapy (ACT). *Journal of Management Spirituality & Religion*, 15(5), 424–449.
- Goltz, S. M., & Slade, D. L. (2016). The mapping of contingencies in mental models found in organizations. *Journal of Organizational Behavior Management*, 36(1), 23–55.
- Grözinger, A. C., Wolff, S., Ruf, P. J., Audretsch, D. B., & Moog, P. (2023). The impact of SME leader's psychological capital on strategic responses during crisis. *BRQ Business Research Quarterly*, 28(1), 265–287.
- Hacker, T., Stone, P., & MacBeth, A. (2016). Acceptance and commitment therapy—do we know enough? Cumulative and sequential meta-analyses of randomized controlled trials. *Journal of Affective Disorders*, 190, 551–565.
- Hallam, C., Simmonds-Buckley, M., Kellett, S., Greenhill, B., & Jones, A. (2021). The acceptability, effectiveness, and durability of cognitive analytic therapy: Systematic review and meta-analysis. *Psychology and Psychotherapy Theory Research and Practice*, 94(S1), 8–35.
- Hambrick, D. C., & Mason, P. A. (1984). Upper echelons: The organization as a reflection of its top managers. *Academy of Management Review*, 9(2), 193–206.
- Hara, K. W., Bjørngaard, J. H., Brage, S., Borchgrevink, P. C., Halsteinli, V., Stiles, T. C., Johnsen, R., & Woodhouse, A. (2018). Randomized controlled trial of adding telephone follow-up to an occupational rehabilitation program to increase work participation. *Journal of Occupational Rehabilitation*, 28(2), 265–278.
- Hara, K. W., Bjørngaard, J. H., Jacobsen, H. B., Borchgrevink, P. C., Johnsen, R., Stiles, T. C., Brage, S., & Woodhouse, A. (2018). Biopsychosocial predictors and trajectories of work participation after transdiagnostic occupational rehabilitation of participants with mental and somatic disorders: A cohort study. *BMC Public Health*, 18(1), 1014–1017.
- Harris, R. (2006). Embracing your demons: An overview of acceptance and commitment therapy. *Psychotherapy in Australia*, 12(4), 70–76.
- Harris, R. (2013). *Getting unstuck in ACT: A clinician's guide to overcoming common obstacles in acceptance and commitment therapy*. New Harbinger Publications.
- Harris, R. (Ed.). (2019). *ACT made simple: An easy-to-read primer on acceptance and commitment therapy* (2.a ed.). New Harbinger Publications.
- Hashemi, S. E., Asheghi, M., & Naami, A. (2019). Relationship of mindfulness and cognitive defusion to burnout, openness to change and adaptive performance with mediating role of psychological flexibility: A case study of Iran south railway company. *NeuroQuantology*, 17(6), 22.
- Hayes, S. C. (2004a). Acceptance and commitment therapy and the new behavior therapies: Mindfulness, acceptance and relationship. In S. C. Hayes, V. M. Follettey, & M. Linehan (Eds.), *Mindfulness and acceptance: Expanding the cognitive behavioral tradition* (pp. 1–29). Guilford.
- Hayes, S. C. (2004b). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, 35(4), 639–665.
- Hayes, S. C., & Hofmann, S. G. (2017). The third wave of cognitive behavioral therapy and the rise of process-based care. *World Psychiatry*, 16(3), 245–246. <https://doi.org/10.1002/wps.20442>
- Hayes, S. C., Hofmann, S. G., & Ciarrochi, J. (2023). The idiom future of cognitive behavioral therapy: What stands out from criticisms of ACT development. *Behavior Therapy*, 54(6), 1036–1063.
- Hayes, S. C., Luoma, J. B., Bond, F. W., Masuda, A., & Lillis, J. (2006). Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44(1), 1–25.
- Hayes, S. C., & Smith, S. (2005). *Get out of your mind and into your life: The new Acceptance and Commitment Therapy*. CA: New Harbinger.
- Hayes, S. C., Strosahl, K., & Wilson, K. G. (2015). *Terapia de aceptación y compromiso. Proceso y práctica del cambio consciente (mindfulness)* [Acceptance and Commitment Therapy. Process and practice of conscious change]. Desclée De Brouwer.
- Hayes, S. C., Strosahl, K. D., Bunting, K., Twohig, M., & Wilson, K. G. (2022). ¿Qué es la Terapia de Aceptación y Compromiso? [What is Acceptance and Commitment Therapy?] In S. C. Hayes, & K. D. Strosahl (Eds.), *Una guía práctica a la Terapia de Aceptación y Compromiso* [A practical guide to Acceptance and Commitment Therapy] (pp. 3–28). ABA España.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and commitment therapy. An experiential approach to behavior change*. Guilford Press.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2012). *Acceptance and commitment therapy: The process and practice of mindful change*. Guilford Press.
- Hayes, S. C., Levin, M. E., Plumb-Villardaga, J., Villatte, J. L., & Pistorello, J. (2013). Acceptance and commitment therapy and contextual behavioral science: examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior therapy*, 44(2), 180–198. <https://doi.org/10.1016/j.beth.2009.08.002>
- Heydari, M., Masafi, S., Jafari, M., Saadat, S. H., & Shahyad, S. (2018). Effectiveness of acceptance and commitment therapy on anxiety and depression of Razi psychiatric center staff. *Open Access Macedonian Journal of Medical Sciences*, 6(2), 410–415.

- Hilton, L. G., Marshall, N. J., Motala, A., Taylor, S. L., Miale-Lye, I. M., Baxi, S., Shanman, R. M., Solloway, M. R., Beroesand, J. M., & Hempel, S. (2019). Mindfulness meditation for workplace wellness: An evidence map. *Work*, 63(2), 205–218.
- Hogg, B., Medina, J. C., Gardoki-Souto, I., Serbanescu, I., Moreno-Alcázar, A., Cerga-Pashoja, A., Coppens, E., Tóth, M. D., Fanaj, N., Greiner, B. A., Holland, C., Kölves, K., Maxwell, M., Qirjako, G., de Winter, L., Hegerl, U., Pérez-Sola, V., Arensman, E., & Amann, B. L. (2021). Workplace interventions to reduce depression and anxiety in small and medium-sized enterprises: A systematic review. *Journal of Affective Disorders*, 290, 378–386.
- Holmberg, J., Kemani, M. K., Holmström, L., Öst, L. G., & Wicksell, R. K. (2020). Psychological flexibility and its relationship to distress and work engagement among intensive care medical staff. *Frontiers in Psychology*, 11, 603986.
- Hosseinzadeh Asl, N. R. (2022). A randomized controlled trial of a mindfulness-based intervention in social workers working during the COVID-19 crisis. *Current Psychology*, 41(11), 8192–8199.
- Howell, A. J., & Passmore, H. A. (2019). Acceptance and commitment training (ACT) as a positive psychological intervention: A systematic review and initial meta-analysis regarding ACT's role in well-being promotion among university students. *Journal of Happiness Studies*, 20(6), 1995–2010.
- Idris, A. (2014). Flexible working as an employee retention strategy in developing countries. *Journal of Management Research*, 14(2), 71–86.
- Jaworska-Burzyńska, L., Kanaffa-Kilijańska, U., Przysiężna, E., & Szczepańska-Gieracha, J. (2016). The role of therapy in reducing the risk of job burnout—a systematic review of literature. *Archives of Psychiatry and Psychotherapy*, 18(4), 43–52.
- Jeffcoat, T., & Hayes, S. C. (2012). A randomized trial of ACT bibliotherapy on the mental health of K-12 teachers and staff. *Behaviour Research and Therapy*, 50(9), 571–579.
- Jiménez-Fernández, R., Corral-Liria, I., Trevissón-Redondo, B., Lopez-Lopez, D., Losa-Iglesias, M., & Becerro-de-Benagoa-Vallejo, R. (2022). Burnout, resilience and psychological flexibility in frontline nurses during the acute phase of the COVID-19 pandemic (2020) in Madrid, Spain. *Journal of Nursing Management*, 30(7), 2549–2556.
- Jolley, S., Johns, L. C., O'Donoghue, E., Oliver, J., Khondoker, M., Byrne, M., Butler, L., De Rosa, C., Leal, D., McGovern, J., Rasiukeviciute, B., Sim, F., & Morris, E. (2020). Group acceptance and commitment therapy for patients and caregivers in psychosis services: Feasibility of training and a preliminary randomized controlled evaluation. *British Journal of Clinical Psychology*, 59(4), 524–551.
- Joyce, S., Shand, F., Bryant, R. A., Lal, T. J., & Harvey, S. B. (2018). Mindfulness-based resilience training in the workplace: Pilot study of the internet-based Resilience@ Work (RAW) mindfulness program. *Journal of Medical Internet Research*, 20(9), e10326.
- Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. *Clinical Psychology Review*, 30(7), 865–878.
- Kent, W., Hochard, K. D., & Hulbert-Williams, N. J. (2019). Perceived stress and professional quality of life in nursing staff: How important is psychological flexibility? *Journal of Contextual Behavioral Science*, 14, 11–19.
- Kim, J., & Jung, H. S. (2022). The effect of employee competency and organizational culture on employees' perceived stress for better workplace. *International Journal of Environmental Research and Public Health*, 19(8), 4428.
- Kinnunen, S. M., Puolakanaho, A., Tolvanen, A., Mäkikangas, A., & Lappalainen, R. (2019). Does mindfulness-, acceptance-, and value-based intervention alleviate burnout? —A person-centered approach. *International Journal of Stress Management*, 26(1), 89–101.
- Klevanger, N. E., Fimland, M. S., Johnsen, R., & Rise, M. B. (2018). Unfolding the values of work—Therapists experience of addressing the return-to-work process in occupational rehabilitation based on acceptance and commitment therapy. *BMC Health Services Research*, 18(1), 303.
- Kopperud, K. H., Buch, R., & Skogen, C. (2021). Work overload and leader-member exchange: The moderating role of psychological flexibility. *Journal of General Management*, 46(3), 173–184.
- Koydemir, S., Varol, M., Fehn, T., Bilgiç, I. D., Gauglitz, I., & Schütz, A. (2023). A multilevel analysis of the relationship between leaders' experiential avoidance and followers' well-being. *Current Psychology*, 42(32), 28344–28355.
- Kriakous, S. A., Elliott, K. A., Lamers, C., & Owen, R. (2021). The effectiveness of mindfulness-based stress reduction on the psychological functioning of healthcare professionals: A systematic review. *Mindfulness*, 12(1), 1–28.
- Lamb, D., & Cogan, N. (2016). Coping with work-related stressors and building resilience in mental health workers: A comparative focus group study using interpretative phenomenological analysis. *Journal of Occupational and Organizational Psychology*, 89(3), 474–492.
- Little, A., Tarbox, J., & Alzaabi, K. (2020). Using acceptance and commitment training to enhance the effectiveness of behavioral skills training. *Journal of Contextual Behavioral Science*, 16, 9–16.
- Lloyd, J., Bond, F. W., & Flaxman, P. E. (2013a). Identifying psychological mechanisms underpinning a cognitive behavioural therapy intervention for emotional burnout. *Work and Stress*, 27(2), 181–199.
- Lloyd, J., Bond, F. W., & Flaxman, P. E. (2013b). The value of psychological flexibility: Examining psychological mechanisms underpinning a cognitive behavioural therapy intervention for burnout. *Work and Stress*, 27(2), 181–199. <https://doi.org/10.1080/02678373.2013.782157>
- Long, D. M., & Hayes, S. C. (2014). Acceptance, mindfulness, and cognitive reappraisal as longitudinal predictors of depression and quality of life in educators. *Journal of Contextual Behavioral Science*, 3(1), 38–44.
- Lubbadeh, T. (2020). Job burnout: A general literature review. *International Review of Management and Marketing*, 10(3), 7–15.
- Luciano, D., & Wilson, I. (Eds.). (2014). *Unsettled States: Nineteenth-Century American Literary Studies* (Vol. 13). NYU Press.
- Ly, K. H., Asplund, K., & Andersson, G. (2014). Stress management for middle managers via an acceptance and

- commitment-based smartphone application: A randomized controlled trial. *Internet Interventions*, 1(3), 95–101.
- Lytsy, P., Carlsson, L., & Anderzén, I. (2017). Effectiveness of two vocational rehabilitation programmes in women with long-term sick leave due to pain syndrome or mental illness: 1-year follow-up of a randomized controlled trial. *Journal of Rehabilitation Medicine*, 49(2), 170–177.
- Macías, J., Valero-Aguayo, L., Bond, F. W., & Blanca, M. J. (2019). The efficacy of functional-analytic psychotherapy and acceptance and commitment therapy (FACT) for public employees. *Psicothema*, 31(1), 24–29.
- Masuda, M., Ishimaru, T., Hino, A., Ando, H., Tateishi, S., Nagata, T., Tsuji, M., Matsuda, S., & Fujino, Y. (2022). A cross-sectional study of psychosocial factors and sickness presenteeism in Japanese workers during the COVID-19 pandemic. *Indian Journal of Occupational and Environmental Medicine*, 64(1), e1–e7.
- McConachie, D. A., McKenzie, K., Morris, P. G., & Walley, R. M. (2014). Acceptance and mindfulness-based stress management for support staff caring for individuals with intellectual disabilities. *Research in Developmental Disabilities*, 35(6), 1216–1227.
- McCracken, L. M. (2024). Psychological flexibility, chronic pain, and health. *Annual Review of Psychology*, 75(1), 601–624.
- Ménard, J., & Beresford, B. (2016). ACT: A third wave behavioural-cognitive approach to creating healthy workplaces. In C. Biron, R. J. Burke *Creating healthy workplaces* (pp. 51–64). Routledge.
- Merli, R., Preziosi, M., & Acampora, A. (2018). How do scholars approach the circular economy? A systematic literature review. *Journal of Cleaner Production*, 178, 703–722.
- Moher, D., Liberati, A., Tetzlaff, J., & Altman, D. G. (2009). Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement. *Annals of Internal Medicine*, 151(4), 264–269.
- Montaner, X., Tárrega, S., & Moix, J. (2021). Flexibilidad psicológica, burnout y satisfacción vital en profesionales que trabajan con personas afectadas de demencia [Psychological flexibility, burnout and life satisfaction in professionals working with people affected by dementia. Spanish Journal of Geriatrics and Gerontology]. *Revista Española de Geriatria y Gerontología*, 56(3), 144–151.
- Montaner, X., Tárrega, S., Pulgarin, M., & Moix, J. (2022). Effectiveness of acceptance and commitment therapy (ACT) in professional dementia caregivers burnout. *Clinical Gerontologist*, 45(4), 915–926.
- Moran, D. J. (2015). Acceptance and commitment training in the workplace. *Current Opinion in Psychology*, 2, 26–31.
- Muuraiskangas, S., Harjuma, M., Kaipainen, K., & Ermes, M. (2016). Process and effects evaluation of a digital mental health intervention targeted at improving occupational well-being: Lessons from an intervention study with failed adoption. *JMIR Mental Health*, 3(2), 1–13.
- Nadkarni, S., & Herrmann, P. (2010). CEO personality, strategic flexibility, and firm performance: The case of the Indian business process outsourcing industry. *Academy of Management Journal*, 53(5), 1050–1073.
- O'Brien, W. H., Singh, R. S., Horan, K., Moeller, M. T., Wasson, R., & Jex, S. M. (2019). Group-based acceptance and commitment therapy for nurses and nurse aides working in long-term care residential settings. *Journal of Alternative and Complementary Medicine*, 25(7), 753–761.
- Öst, L. G. (2014). The efficacy of acceptance and commitment therapy: An updated systematic review and meta-analysis. *Behaviour Research and Therapy*, 61, 105–121.
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hróbjartsson, A., Lalu, M. M., Li, T., Loder, E. W., Mayo-Wilson, E., McDonald, S., & ... Moher, D. (2021). The PRISMA 2020 statement: An updated guideline for reporting systematic reviews. *BMJ*, 372, 1–13. <https://doi.org/10.1136/bmj.n71>
- Pang, N. T. P., Koh, E., Mohd Kassim, M. A., Shoesmith, W. D., Kamu, A., Ho, C. M., Ng, J. R., & Wider, W. (2022). Enhancing final-year medical students' clinical examinations performance via a transdiagnostic ACT-based intervention. *Sustainability*, 14(13), 7522.
- Pérez-Pérez, M., Kocabasoglu-Hillmer, C., Serrano-Bedia, A. M., & López-Fernández, M. C. (2019). Manufacturing and supply chain flexibility: Building an integrative conceptual model through systematic literature review and bibliometric analysis. *Global Journal of Flexible Systems Management*, 20(1), 1–23.
- Pieper, C., Schröer, S., & Eilerts, A. L. (2019). Evidence of workplace interventions—a systematic review of systematic reviews. *International Journal of Environmental Research and Public Health*, 16(19), 3553.
- Prudenzi, A., Graham, C. D., Clancy, F., Hill, D., O'Driscoll, R., Day, F., & O'Connor, D. B. (2021). Group-based acceptance and commitment therapy interventions for improving general distress and work-related distress in healthcare professionals: A systematic review and meta-analysis. *Journal of Affective Disorders*, 295, 192–202.
- Prudenzi, A., Graham, C. D., Flaxman, P. E., Wilding, S., Day, F., & O'Connor, D. B. (2022). A workplace acceptance and Commitment Therapy (ACT) intervention for improving healthcare staff psychological distress: A randomised controlled trial. *PLoS One*, 17(4), e0266357.
- Ragulan, S., Bertoli, E., Shinall, J. A., & Kahng, S. (2023). Effects of acceptance and commitment training on treatment integrity amongst behavioral technicians. *Behavior Modification*, 47(3), 719–751.
- Reeve, A., Moghaddam, N., Tickle, A., & Young, D. (2021). A brief acceptance and commitment intervention for work-related stress and burnout amongst frontline homelessness staff: A single case experimental design series. *Clinical Psychology & Psychotherapy*, 28(5), 1001–1019.
- Ruiz, F. J., Luciano, C. A. R. M. E. N., Vizcaino, R. M., & Sánchez, V. (2012). Aplicación de la terapia de aceptación y compromiso (ACT) en trastornos de ansiedad en la infancia. Un caso de fobia a la oscuridad. Múltiples aplicaciones de la terapia de aceptación y compromiso, 27–44.
- Ruiz, F. J. (2010). A review of acceptance and Commitment Therapy (ACT) empirical evidence: Correlational,

- experimental psychopathology, component and outcome studies. *International Journal of Psychology and Psychological Therapy*, 10(1), 125–162.
- Sánchez-Bayón, A., & Aznar, E. T. (2020). Business and labour culture changes in digital paradigm: rise and fall of human resources and the emergence of talent development. *Cogito: Multidisciplinary Research Journal*, 12(3), 225–243.
- Sasaki, N., Somemura, H., Nakamura, S., Yamamoto, M., Isojima, M., Shinmei, I., Horikoshi, M., & Tanaka, K. (2017). Effects of brief communication skills training for workers based on the principles of cognitive behavioral therapy: A randomized controlled trial. *Indian Journal of Occupational and Environmental Medicine*, 59(1), 61–66.
- Shahzad, M. F., Yuan, J., & Shahzad, K. (2024). Elevating culinary skies: Unveiling hygiene motivations, environmental trust, and market performance in drone food delivery adoption in China. *Technological Forecasting and Social Change*, 203, 123375.
- Singh, C. K. S., Singh, R. K. A., Singh, T. S. M., Mostafa, N. A., & Mohtar, T. M. T. (2018). Developing a higher order thinking skills module for weak ESL learners. *English Language Teaching*, 11(7), 86–100.
- Skarpsno, E. S., Gismervik, S. Ø., Fimland, M. S., & Aasdahl, L. (2021). Insomnia is associated with the effect of inpatient multimodal occupational rehabilitation on work participation in workers with musculoskeletal or mental health disorders: Secondary analyses of a randomized clinical trial. *Nature and Science of Sleep*, 13, 1431–1439.
- Snyder, H. (2019). Literature review as a research methodology: An overview and guidelines. *Journal of Business Research*, 104, 333–339.
- Spitznagel, M. B., Martin, J. T., Was, C., Updegraff, A. S. G., Sislak, M., Wiborg, L., Fulkerson, C. M., & Twohig, M. P. (2022). An acceptance and commitment training program reduces burden transfer, stress, and burnout among veterinary healthcare teams. *Journal of the American Veterinary Medical Association*, 260(12), 907–1561.
- Spitznagel, M. B., Martin, J. T., Was, C., Updegraff, A. S. G., Sislak, M., Wiborg, L., Fulkerson, C. M., & Twohig, M. P. (2023). Self-paced acceptance and commitment training reduces burden transfer, stress, and burnout in veterinary healthcare teams. *Journal of the American Veterinary Medical Association*, 261(6), 907–916.
- Stockton, D., Kellett, S., Berrios, R., Sirois, F., Wilkinson, N., & Miles, G. (2019). Identifying the underlying mechanisms of change during acceptance and commitment therapy (ACT): A systematic review of contemporary mediation studies. *Behavioural and Cognitive Psychotherapy*, 47(3), 332–362.
- Strosahl, K. D., Hayes, S. C., Bergan, J., & Romano, P. (1998). Assessing the field effectiveness of acceptance and commitment therapy: An example of the manipulated training research method. *Behavior Therapy*, 29(1), 35–63.
- Suri, C. S., Srivastava, N., Shylaja, S. P., & Priyadarshini, B. I. (2022). The role of workshops on psychological adaptability for early childhood special education. *International Journal of Early Childhood*, 14(01), 2464–2474.
- Tamer, , Dereli, B., & Sağlam, M. (2014). Unorthodox forms of capital in organizations: positive psychological capital, intellectual capital and social capital. *Procedia - Social and Behavioral Sciences*, 152, 963–972.
- Tarro, L., Llauradó, E., Ulldemolins, G., Hermoso, P., & Solà, R. (2020). Effectiveness of workplace interventions for improving absenteeism, productivity, and work ability of employees: A systematic review and meta-analysis of randomized controlled trials. *International Journal of Environmental Research and Public Health*, 17(6), 1901.
- Toor, S. U. R., & Ofori, G. (2010). Positive psychological capital as a source of sustainable competitive advantage for organizations. *Journal of Construction Engineering and Management*, 136(3), 341–352.
- Towey-Swift, K. D., Lauvud, C., & Whittington, R. (2023). Acceptance and commitment therapy (ACT) for professional staff burnout: A systematic review and narrative synthesis of controlled trials. *Journal of Mental Health*, 32(2), 452–464.
- Trueba-Gómez, R., & Estrada-Lorenzo, J. M. (2010). La base de datos PubMed y la búsqueda de información científica. *Seminarios de la Fundación Española de Reumatología*, 11(2), 49–63.
- Twohig, M. P., & Levin, M. E. (2017). Acceptance and commitment therapy as a treatment for anxiety and depression: A review. *Psychiatric Clinics of North America*, 40(4), 751–770.
- Tyler, F. B. (2020). Cross-cultural psychology: Is it time to revise the model? In D.L. Dinne, D.K. Forgays, S.A. Hayes, W.J. Lonner (eds.), *Merging past, present, and future in cross-cultural psychology* (pp. 116–123). Garland Science.
- Tyndall, I., Waldeck, D., Pancani, L., Whelan, R., Roche, B., & Pereira, A. (2020). Profiles of psychological flexibility: A latent class analysis of the acceptance and commitment therapy model. *Behavior Modification*, 44(3), 365–393.
- Tyndall, I., Waldeck, D., Riva, P., Wesselmann, E. D., & Pancani, L. (2018). Psychological flexibility and ostracism: Experiential avoidance rather than cognitive fusion moderates distress from perceived ostracism over time. *Journal of Contextual Behavioral Science*, 7, 72–80.
- Unruh, I., Neubert, M., Wilhelm, M., & Euteneuer, F. (2022). ACT in the workplace: A meta-analytic examination of randomized controlled trials. *Journal of Contextual Behavioral Science*, 26, 114–124. <https://doi.org/10.1016/j.jcbs.2022.09.003>
- Unruh, I., Neubert, M., Wilhelm, M., & Euteneuer, F. (2022). ACT in the workplace: A meta-analytic examination of randomized controlled trials. *Journal of Contextual Behavioral Science*, 26(3), 114–124.
- Van Agteren, J., Iasiello, M., Lo, L., Bartholomaeus, J., Kopsaftis, Z., Carey, M., & Kyrios, M. (2021). A systematic review and meta-analysis of psychological interventions to improve mental wellbeing. *Nature Human Behaviour*, 5(5), 631–652.
- Wang, D., Lin, B., Xiong, F., Deng, Y., & Zhang, L. (2023). Effectiveness of Internet-delivered self-help acceptance and commitment therapy (iACT) on nurses' obsessive-compulsive symptoms and sleep quality: A randomized controlled trial with 3-month follow-up. *Journal of Affective Disorders*, 341, 319–328.
- Wardley, M. N. J., Flaxman, P. E., Willig, C., & Gillanders, D. (2014). 'Feel the feeling': Psychological practitioners' experience of acceptance and commitment therapy well-being

- training in the workplace. *Journal of Health Psychology*, 21(8), 1536–1547.
- Waters, C. S., Frude, N., Flaxman, P. E., & Boyd, J. (2018). Acceptance and commitment therapy (ACT) for clinically distressed health care workers: Waitlist-controlled evaluation of an ACT workshop in a routine practice setting. *British Journal of Clinical Psychology*, 57(1), 82–98.
- Wersebe, H., Lieb, R., Meyer, A. H., Hofer, P., & Gloster, A. T. (2018). The link between stress, well-being, and psychological flexibility during an acceptance and commitment therapy self-help intervention. *International Journal of Clinical and Health Psychology*, 18(1), 60–68.
- WHO. (2021). *Comprehensive mental health action plan 2013–2030*. WHO.
- WHO. (2022a). *World mental health report: Transforming mental health for all*. WHO.
- WHO. (2022b). WHO guidelines on mental health at work. WHO.
- Wilson, A. N., Dzigan, E., & Hutchinson, V. D. (2022). Using a nonconcurrent multiple-baseline across-participants design to examine the effects of individualized ACT at school. *Behavior analysis in practice*, 15(1), 141–154.
- Wilson, K. G., & Soriano, M. C. L. (2014). *Terapia de aceptación y compromiso (ACT): Un tratamiento conductual orientado a los valores*. [Acceptance and Commitment Therapy (ACT): A values-oriented behavioural treatment.] Ediciones Pirámide.
- Zarvijani, S. A. H., Moghaddam, L. F., & Parchebafieh, S. (2021). Acceptance and commitment therapy on perceived stress and psychological flexibility of psychiatric nurses: A randomized control trial. *BMC Nursing*, 20(1), 239–9.
- Zhang, X., Wang, Y., Lyu, H., Zhang, Y., Liu, Y., & Luo, J. (2021). The influence of COVID-19 on the well-being of people: Big data methods for capturing the well-being of working adults and protective factors nationwide. *Frontiers in Psychology*, 12, 681091.
- Zou, H., Chen, X., Lam, L. W. R., & Liu, X. (2016). Psychological capital and conflict management in the entrepreneur–venture capitalist relationship in China: The entrepreneur perspective. *International Small Business Journal*, 34(4), 446–467.