

The relationship between psychological flexibility and Psychological well-being at Work

علاقة المرونة النفسية بالرفاهية النفسية في العمل

BERBER Mohamed El Mehdi*

Laboratory of Psychological Health, Education, Talent,
and Creativity, University of Blida 2, Algeria.

Berber.mohamedelmehdi@sonelgaz-serv.dz

BOUTEGHANE Mohamed Tahar

Laboratory of Psychological Health, Education, Talent,
and Creativity, University of Blida 2, Algeria.

boutaghanem@yahoo.fr

Abstract:	Article info
<p><i>This study investigated the association between psychological flexibility and psychological well-being among 974 workers employed at Sonelgaz, a company in Algeria. The research findings revealed that women demonstrated higher levels of psychological flexibility compared to men. Additionally, a weak but positive correlation was observed between psychological well-being and age. Moreover, the results indicated that psychological flexibility accounted for 16.4% of the variance in psychological well-being. These findings contribute to our understanding of the factors influencing psychological well-being and emphasize the importance of psychological flexibility in fostering positive mental health outcomes.</i></p>	<p>Received :29/01/2023 Accepted :05/06/2023</p>
	<p>Keywords:</p> <ul style="list-style-type: none"> ✓ Occupational Well-being, ✓ Psychological flexibility
	<p>معلومات المقال</p> <p>تاريخ الارسال: 2023/01/29 تاريخ القبول: 2023/06/05</p>
<p>ملخص:</p> <p>هدفت الدراسة إلى فحص العلاقة بين المرونة النفسية والرفاهية النفسية في مكان العمل، لدى 974 عاملاً في شركة سونلغاز. أظهرت النتائج أن النساء أكثر مرونة نفسية من الرجال، وأن السن لم يكن مرتبطاً بالمرونة النفسية. أما الرفاهية النفسية فكانت مرتبطة إيجابياً بشكل ضعيف بالسن. بالإضافة إلى ذلك، وجدت دراستنا أن المرونة النفسية مرتبطة بشكل إيجابي بالصحة النفسية، حيث تمثل 16.4% من تباينها.</p>	<p>الكلمات المفتاحية:</p> <ul style="list-style-type: none"> ✓ المرونة النفسية ✓ الرفاهية النفسية في العمل

*Auteur correspondant

❖ **Introduction:** The current study aimed to analyze the relationship of the work-related psychological flexibility on the psychological wellbeing at work? Does this relationship exist across gender, age and work-classes? Occupational well-being is an important area of study because it has significant implications for individuals, organizations, and society as a whole. It is important because “Work” is a significant part of most people's lives, and it can have a major impact on their overall well-being. It is important for individuals to have a sense of fulfillment and satisfaction in their work, as well as the ability to be productive and successful in their careers. Thus, studying the different factors which can influence well-being at Work can help us to understand how individuals can be supported to be more adaptive, productive, and successful at work, and how organizations can create a positive and supportive work culture that promotes occupational well-being.

Well-being is considered for Seligman (2008) as a central to the World Health Organization's (WHO) definition of health, which encompasses physical, mental, and social well-being. The idea of "positive health" which emphasizes good health instead of just the absence of illness has been developed through research in social psychology, which traditionally focused on negative aspects of health (Seligman, 2008). The concept of psychological well-being is therefore associated with the positive aspect of psychological health. The WHO also describes well-being in the workplace as a balance between an individual's needs and aspirations and the constraints and possibilities of their work environment.

According to Gilbert et al. (2011), Assessing psychological well-being can present difficulties when employing a method that is not customized to the specific work environment, as it may fail to accurately capture the subjective experiences of individuals. Studies have shown that when tools measuring positive or negative health are directly related to the professional domain, they have greater validity (Gilbert et al., 2011). Dagenais-Desmarais (2010) conceptualized a comprehensive framework and tools that are consistent with the "work" specificity. She proposed a Five-factor model of work related psychological well-being, includes: (1) quality of interpersonal relationships, (2) fulfillment in work, (3) the feeling of professional competence, (4) perceived recognition, and (5) the willingness to engage in the work. This author also provides a questionnaire-based measurement tool, "Index of Psychological Well-being at Work" (IPWBW), which is used in the current study.

Among the various factors influencing occupational well-being and overall well-being in a broader sense, we have opted to examine the influence of Psychological Flexibility, as conceptualized by Acceptance and Commitment Therapy (ACT) and defined by Hayes et al. (2006). Psychological Flexibility entails the capacity to direct attention to the present moment and, guided by available possibilities, engage in actions that align with personal goals and values, even when confronted with obstacles or distressing psychological encounters such as thoughts, emotions, bodily sensations, mental images, or memories. This ability is important for a number of reasons, including helping individuals to cope with stress and adversity, and to be more productive and successful in various domains of life, including work. It has been identified as a key factor in health and behavioral effectiveness. ACT has been demonstrated as effective in treating a number of workplace related problems and behaviors such as emotional burnout and stress in a variety of working populations (Bond and Bunce, 2000; Brinkborg et al., 2011; Lloyd et al., 2013). improve job performance, mental health, and reduce absenteeism (Flaxman and Bond, 2006). Research shows that greater psychological flexibility at work predicts a number of positive work-related outcomes such as improved mental health, work effectiveness, learning work skills, reduced absenteeism and well-being (Bond and Bunce, 2003). And mediates improvements in performance and well-being even after controlling for the influence of other factors such as emotional intelligence (Donaldson-Feilder and Bond, 2004) locus of control and negative affectivity (Bond and Bunce, 2003). ACT interventions have demonstrated improved performance in terms of greater perceived job control, reduced work errors, increased innovation (Bond and Bunce, 2000; Bond and Flaxman, 2006), reduce Stress (Bond and Bunce, 2000; Flaxman and Bond, 2010a; Flaxman and Bond, 2010b). Prevent Emotional Burnout (Lloyd et al., 2013; Biglan et al., 2013; Brinkborg et al., 2011) and reduce stigma and prejudice (Hayes et al., 2004; Lillis and Hayes, 2007).

Hayes et al. (2004) reported that the measurement of psychological flexibility in studies has been performed through the use of the 9 or 16 item Acceptance and Action Questionnaire (AAQ). or more recently through a modified 7 item version, the Acceptance and Action Questionnaire-Revised (AAQ-II) as mentioned by Bond et al. (2011). But according to Ruiz and Odriozola-González (2017) Since Psychological flexibility is contextually controlled and can vary across different contexts and could be influenced by the specific context of the workplace. Therefore it is important that the measuring tool used is adapted to

this context. Bond et al. (2006) define psychological flexibility in the work setting as the ability to focus on the present, be open-minded and respond flexibly based on the situation, all while acting in alignment with one's chosen goals and values at work. Bond and his colleagues (2013) developed a questionnaire, the Workplace Acceptance and Action Questionnaire (WAAQ), to measure psychological flexibility in a professional setting. Which is an adaptation of the AAQ-II to the workplace. Research using this questionnaire has shown that measuring psychological flexibility specific to work is more strongly linked to various work-related outcomes than a general measurement. For these reasons we choose to use it in the current study to assess psychological flexibility.

❖ **Method and instruments:**

- **Selecting the sample:** The employees are required to undergo an annual medical examination at the occupational medicine center. While waiting for their turn, we invited them to take part in a study by answering a set of questionnaires that focused on personality traits and their feelings about work and the workplace. The purpose of the research was clearly explained, and the questionnaires were made available on a table with pencils for anyone to take. The questionnaire contained a description of the study's objectives and the contact information of the author of the study. After completing the questionnaire, the subjects were given a debriefing session in which the results of their responses, including their level of psychological flexibility and well-being in the workplace, were explained, and their participation was acknowledged.

Due to the necessity of having a qualified person present to explain the study's objectives, provide participants with feedback on their questionnaire results, and address any questions they may have had, data collection was restricted to Occupational Medicine Centers staffed with psychologists. The selected centers for data collection were Algiers, Blida, Constantine, Ouargla, and Oran.

- **Psychometrics proprieties of the Questionnaires of the study:**The reliability was measured by Cronbach's alpha, which is considered for Hair et al. (2014) as an indicator of Internal consistency if the value is 0.7 or higher, though values between 0.6 and 0.7 are also considered

acceptable. The component structure was to be examined by a Factorial Analysis (FA) using the Principal Component Analysis (PCA). The suitability of data for the Factorial Analysis was assessed by performing The Kaiser-Meyer-Olkin (KMO) sample adequacy (Kaiser, 1970; 1974), and Bartlett's sphericity test (Bartlett, 1954). If the (KMO) value is 0.5 or higher, and the Bartlett's sphericity test is statistically significant, we consider that the data sample is adequate. Once the data was confirmed suitable, Components with high eigenvalues above 1.0 were retained for extraction and rotation (Kaiser, 1974). Items with loadings above 0.30 were assumed to load on a given component (Pallant, 2001). In the context of the current study, the work-related Acceptance and Action Questionnaire had to be unidimensional (one component) as reported in the theoretical model (Bond et al., 2013). and the Index of Psychological Well-being at Work had to be composed of five components as conceptualized in the theoretical model, that are: (1) Interpersonal Fit at Work; (2) Thriving at Work; (3) Feeling of Competency at Work; (4) Perceived Recognition at Work; and (5) Desire for Involvement at Work (Dagenais-Desmarais, 2010).

✓ **The work-related acceptance and action questionnaire (WAAQ):** The WAAQ is a 7-item, 7-point Likert-type scale (1 = never true, 7 = always true) that measures psychological flexibility in relation to the workplace. Higher scores indicate greater levels of work-related psychological flexibility.

The Cronbach's alpha coefficient was found to be 0.87. Indicates robust value of Cronbach's alpha. Inter-correlations between the Work-related acceptance and action questionnaire items indicated many correlation coefficients above the threshold of .30, which is considered adequate. The Kaiser-Meyer-Olkin (KMO) value was found to be 0.877, indicating good suitability for factor analysis. The Bartlett test of sphericity was significant, X^2 (df=21, N=974) = 2990.75, $p < .001$, indicating that the correlation matrix is not an identity matrix. These results suggest that the data is appropriate for factor analysis. (Pallant, 2001). The principal component analysis identified one component with eigenvalues above 1, which explain 57.17 of the variance. The content of items matched the loading with one component as reported in the original theoretical model (Bond et al., 2013).

✓ ***The Index of Psychological Well-being at Work (IPWBW)***: The IPWBW is a 15 item, 6-point Likert type scale (0 = disagree, 5 = completely agree) that measured the Psychological Well-being at Work. Higher scores indicate greater levels of Psychological Well-being at Work. The Cronbach's alpha coefficient was found to be 0.85. Indicates robust value of Cronbach's alpha. Inter-correlations between the Work-related acceptance and action questionnaire items indicated many correlation coefficients above the threshold of .30, which is considered adequate. The Kaiser-Meyer-Olkin (KMO) test and Bartlett's test of sphericity were conducted to assess the suitability of the data for factor analysis. The KMO value was found to be 0.843, indicating good suitability for factor analysis. The Bartlett test of sphericity was significant, $X^2(df=136, N=974) = 6408.96, p < .001$, indicating that the correlation matrix is not an identity matrix. These results suggest that the data is appropriate for factor analysis. (Pallant, 2001). The principal component analysis with the varimax rotation identified five components with eigenvalues above 1, which explain 30.85%, 13.76%, 9.03%, 7.90%, 7.34% of the variance, respectively. Over all, the five component explained 68.91% of the variance. The scree plot showed a break after the fifth component. In addition, the content of items matched the loading of items within five components as reported in the original theoretical model (Dagenais-Desmarais, 2010).

The two Questionnaires used to assess psychological wellbeing at work and the work related acceptance and action questionnaire has satisfactory psychometric properties, and are appropriate for evaluation of the psychological well-being at work and the work related psychological flexibility among our population.

❖ **Results and Discussion:**

- **Participants Characteristics:** The sample size is $N = 974$. The majority of the participants in this study (80.4%) were Males. The Mean age was 41 Years old ($SD = 8.19$). Execution (32.8%), Maîtrise (28.3%), Cadre (38.9%).
- **Results of the Work-related Acceptance and Action Questionnaire:** The study reports on the mean score of the Work-

related Acceptance and Action Questionnaire, which was found to be 35.33 (SD=7.65). An independent samples t-test was performed to compare the mean scores of male (N= 783, M = 35.04, SD =7.83) and female (N= 191, M = 36.53, SD =7.54) participants. The resulting t-statistic of -2.42 ($p=0.015$) indicates a significant difference between the two groups, with women exhibiting greater levels of flexibility (M = 36.53) compared to men (M = 35.04), with an average difference of -1.49. The study also found no significant correlation between work-related psychological flexibility and age ($r(974) = 0.037$, $p=0.246$), and no significant differences according to work status ($F(2,971) = 0.994$, $P=0.370$).

- **Results of the psychological well-being at work:** The mean score of the index of the psychological well-being at work is 67.68 (SD =8.51). The means of men and women are practically the same (Men: M = 67.70, SD=8.62; Women: M = 67.58, SD=8.08), the independent samples t-test was not significant $t(972) = 0.186$, $p=0.853$). There was no statistically significant differences according to work status $F(2,971) = 0.309$, $P=0.734$. The psychological well-being at work was found weakly positively correlated with Age $r(974) = 0.121$, $P = 0.000$. A one-way ANOVA was conducted to compare the mean scores of the three age's categories (<35; 35-50; >50). The results of ANOVA revealed a significant main effect of age on psychological well-being at work, $F(2,971) = 6,635$, $p=0.001$. Follow-up pairwise comparisons using a Tamhane's T2 indicated that the group older than 50 years old (M = 70.37, SD =7.96) had significantly higher scores than the group aged between 35-50 years old (M =68.80, SD=8.48), $p = 0.002$; $d = 2.99$, and the group aged below 35 years old (M= 66.56, SD=9.00), $p= 0,008$, $d = 2.11$.

- **Relationship between Psychological Flexibility and Psychological well-being at work :** There was a moderate positive relationship between Psychological Flexibility and Psychological well-being at work. This correlation is independent of the Gender, Age, and work status. Indeed, the partial correlation coefficients when controlling for those factors remain practically unchanged, it always indicates a positive moderate correlation: Gender (male: $r(783) = 0.395$, $P = 0.000$. Female: $r(191) = 0.436$, $P = 0.000$); Age

The relationship between psychological flexibility and Psychological well-being at Work

(<35: $r(184) = 0.418, P = 0.000$; 35-50: $r(605) = 0.370, P = 0.000$; >50: $r(185) = 0.475, P = 0.000$.); Work status (Execution: $r(379) = 0.357, P = 0.000$; Maîtrise: $r(276) = 0.460, P = 0.000$. Cadre: $r(319) = 0.411, P = 0.000$.)

A general linear model was conducted, the psychological well-being at work was the dependent variable and the psychological flexibility was the independent variable. The model was statistically significant, $F(1,972) = 172.58, p = 0.000$. the model explained 16.4% of the variance in in the psychological well-being at work, $R^2 = 0.164$. The predictor, psychological flexibility was significantly related to the psychological well-being at work $t(972) = 13.13, p = 0.000$, with a coefficient of $\beta = 0.43$. That suggest that higher psychological flexibility is associated with higher psychological well-being at work. With a 0.43 unit increase in the psychological well-being at work $Y = 52.12 + 0.43.x$.

Table 1. tests results

variables	category	N	%	WAAQ	IPWBW
gender	Male	783	80,4	$t(972) = -2.42, p=0.015$	$t(972) = 0.186, p=0.853$
	Female	191	19,6		
Age	< 35	184	18.89	$r(974) = 0.037, p=0.246$	$r(974) = 0.121, P = 0.000$ $F(2,971) = 6,635, p=0.001$
	35 - 50	605	62.11		
	>50	185	18.99		
Work Status	Cadre	319	32,75	$F(2,972) = 0.994, P=0.370$	$F(2,972) = 0.309, P=0.734$
	Maîtrise	276	28,33		
	Execution	379	38,91		
				$r(974) = 0.405, P = 0.000.$ $R^2 = 0.164.$ $F(1,972) = 172.58, p = 0.000.$ $t(972) = 13.13, p = 0.000.$ $Y = 52.12 + 0.43.x.$	
WAAQ * IPWBW	Male :	$r(783) = 0.390, P = 0.000.$			
	Female:	$r(191) = 0.436, P = 0.000.$			
	<35:	$r(184) = 0.418, P = 0.000.$			
	35-50:	$r(605) = 0.370, P = 0.000.$			
	>50:	$r(185) = 0.475, P = 0.000.$			
	Execution:	$r(379) = 0.357, P = 0.000.$			
	Maîtrise :	$r(276) = 0.460, P = 0.000.$			
	Cadre :	$r(319) = 0.411, P = 0.000.$			

These results coincide with the results of (Hodson ,1989) which show little or no differences between sexes in job satisfaction. This contradicts the results of Fotinatos-Ventouratos and Cooper (2005), and Hendrix et al. (1994), which suggest that women have lower well-being. It also contradicts the results of Clark (1997), indicating that women tend to be more satisfied at work than men. In fact, the literature review on gender differences in well-being is so far inconclusive and remains contradictory, which prompts us to

study the link between gender and psychological well-being from different perspectives.

There is ample evidence that job satisfaction tends to increase with age (White and Spector, 1987). Older employees tend to have lower rates of absenteeism and turnover (Shirom et al., 2008). White and Spector (1987) state that older employees tend to hold jobs that better match their personal characteristics; have more influence in the organization, and over time acquire other cognitive or external resources that intervene in the effects of age on occupational well-being. Warr (1992) suggests that there is a positive linear trend between age and occupational well-being. Thus, older people are more likely to experience positive emotions and less likely to feel negative emotions compared to younger people (Charles et al., 2001). Furthermore, adaptation and coping resources tend to improve with age (Shirom et al., 2008). Most researchers have found a positive linear relationship between age and job satisfaction, but different types of relationships have also been reported such as positive linear, negative linear, U-shaped, inverted U-shaped or inverted J-shaped, or no significant relationship (Bernal et al., 1998).

These results are consistent with Hyde's (2005) meta-analysis which shows that gender differences fluctuate with age. Mroczek and Kolarz (1998) report that the oldest individuals of both sexes are happier than other adults. However, Inglehart's (2002) findings show that women under 45 tend to be happier at work than men of the same age, but older women are less happy. Pinquart and Sorensen (2001) also found that older women show a significantly lower level of well-being than men. Wilks and Neto (2013) state that for job satisfaction age is a more important determinant than gender in the workplace and that aging is associated with increased job satisfaction. As previously mentioned, despite the large number of studies, consistent conclusions have not yet been reached on differences between sexes and research results on age are similarly inconclusive.

Regarding the link between psychological flexibility and well-being at work, it is reflected in a moderate positive correlation coefficient. In fact, psychological flexibility explains 16.4% of the variations in psychological well-being at work. If psychological flexibility increases by one degree, psychological well-being at work increases by 0.43 degree.

We conclude that the most flexible individuals are more likely to be fulfilled in their work, and conversely, the least flexible individuals are more likely to be unfulfilled in their work.

In the literature, psychological flexibility has been positively associated with a wide range of outcomes, such as mental health, work performance, and the ability to acquire new skills at work, and also negatively associated with absenteeism and job burnout."

The results of our study are consistent with the findings of various other studies in the field. In fact, over 20 studies have shown that psychological flexibility is related to a wide range of work-related elements. It allows, in particular:

- To reduce emotional distress related to work (Bond and Bunce, 2000)
- To increase productivity and innovation (Bond and Bunce, 2000)
- To increase leadership behaviors related to change (Moran, 2010)
- To improve team leadership, leading to increased organization and increased engagement and profit (Moran, 2010)
- To reduce unexpected absences from work for employees with chronic health problems (Dahl et al., 2004)
- To increase the likelihood of applying new learning to work (Varra et al., 2008)
- To increase job satisfaction (Bond and Bunce, 2003)
- To increase motivation and improve performance (Bond and Flaxman, 2006)
- To decrease the incidence of burnout (Hayes et al., 2004; Luoma and Vilardaga, 2013)
- To facilitate the individual's adaptation to life circumstances (Kashdan and Rottenberg, 2010),
- To moderate the relationship between emotional demands and burnout and performance at work (Onwezen et al., 2014)

It follows that the more developed psychological flexibility is, the more an individual is able to reconfigure their psychological state and optimize their

resources to meet the demands and challenges of everyday life and adapt to situations, in order to achieve their goals.

❖ **Conclusion:** Workplace psychological flexibility, as defined within the framework of Acceptance and Commitment Therapy (ACT), constitutes a noteworthy determinant in fostering psychological well-being within the occupational context. Remarkably, it elucidates a substantial proportion of the variability, amounting to 16.4%, in individuals' psychological well-being levels. Given the availability of interventions aimed at cultivating flexibility, it becomes a viable avenue to bolster psychological well-being in the workplace. By endowing employees with psychological reservoirs that empower them to effectively navigate distressing personal and occupational circumstances, as well as to gain clarity regarding their values and align their actions with personal aspirations, workplace psychological flexibility emerges as a promising facilitator of optimal well-being at work.

❖ Bibliography:

1. Bernal, D., Snyder, D., and McDaniel, M. (1998). *The age and job satisfaction relationship: Does its shape and strength still evade us?* *Journal of Gerontology: Psychological Sciences*, 53B (5), 287– 293. <https://doi.org/10.1093/geronb/53b.5.p287>
2. Biglan, A., Layton, G., 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, 196 - 210. <https://doi.org/10.1177/0271121411425191>
3. Bond, F. W., Lloyd, J., & Guenole, N. (2013). *The work-related acceptance and action questionnaire: Initial psychometric findings and their implications for measuring psychological flexibility in specific contexts.* *Journal of Occupational and Organizational Psychology*, 86(3), 331–347. <https://doi.org/10.1111/joop.12001>
4. 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. <https://doi.org/10.1037//1076-8998.5.1.156>
5. Bond, F. W., & Bunce, D. (2003). *The Role of Acceptance and Job Control in Mental Health, Job Satisfaction, and Work Performance.* *Journal of Applied Psychology*, 88(6), 1057–1067. <https://doi.org/10.1037/0021-9010.88.6.1057>
6. 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. https://doi.org/10.1300/J075v26n01_05
7. Bond, F. W., Hayes, S. C., Baer, R. A., Carpenter, K. M., Guenole, N., Orcutt, H. K., Waltz, T., & Zettle, R. D. (2011). *Preliminary psychometric properties of the Acceptance and Action Questionnaire-II: a revised measure of psychological inflexibility and experiential avoidance.* *Behavior therapy*, 42(4), 676–688. <https://doi.org/10.1016/j.beth.2011.03.007>

The relationship between psychological flexibility and Psychological well-being at Work

8. Bond, F. W., Lloyd, J., & Guenole, N. (2013). *The work-related acceptance and action questionnaire: Initial psychometric findings and their implications for measuring psychological flexibility in specific contexts. Journal of occupational and organizational psychology*, 86(3), 331-347. <https://doi.org/10.1111/joop.12001>
9. 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. <https://doi.org/10.1016/j.brat.2011.03.009>
10. Charles, S., Reynolds, C. A., and Gatz, M. (2001). *Age-related differences and change in positive and negative affect over 23 years. Journal of Personality and Social Psychology*, 80(1), 136–151. DOI: 10.1037//0022-3514.80.1.136
11. Clark, A. (1997). *Job satisfaction and gender: Why are women so happy at work? Labour Economics*, 4(4), 341–372. [http://dx.doi.org/10.1016/S0927-5371\(97\)00010-9](http://dx.doi.org/10.1016/S0927-5371(97)00010-9)
12. Dagenais-Desmarais, V. (2010). *Du bien-être psychologique au travail: Fondements théoriques, conceptualisation et instrumentation du construit. Thèse de doctorat, Université de Montréal.* <https://doi.org/1866/3916>
13. Dahl, J.C., 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, 785-801. [https://doi.org/10.1016/S0005-7894\(04\)80020-0](https://doi.org/10.1016/S0005-7894(04)80020-0)
14. Donaldson-Feilder, E. J., & Bond, F. W. (2004). *The relative importance of psychological acceptance and emotional intelligence to workplace well-being. British Journal of Guidance & Counselling*, 32(2), 187–203. <https://doi.org/10.1080/08069880410001692210>
15. Flaxman, P. E., & Bond, F. W. (2006). *Acceptance and Commitment Therapy (ACT) in the Workplace. In R. A. Baer (Ed.), Mindfulness-based treatment approaches: Clinician's guide to evidence base and applications (pp. 377–402). Elsevier Academic Press.* <https://doi.org/10.1016/B978-012088519-0/50018-6>
16. Flaxman, P. E., & Bond, F. W. (2010)a. *Worksite stress management training: moderated effects and clinical significance. Journal of occupational health psychology*, 15(4), 347–358. <https://doi.org/10.1037/a0020522>
17. Flaxman, P. E., & Bond, F. W. (2010)b. *A randomised worksite comparison of acceptance and commitment therapy and stress inoculation training. Behaviour research and therapy*, 48(8), 816–820. <https://doi.org/10.1016/j.brat.2010.05.004>
18. Fotinatos-Ventouratos, R., and Cooper, C. (2005). *The role of gender and social class in work stress. Journal of Managerial Psychology*, 20(1), 14–23. <http://dx.doi.org/10.1108/02683940510571612>
19. Gilbert, M. H., Dagenais-Desmarais, V., & Savoie, A. (2011). *Validation d'une mesure de santé psychologique au travail. European review of applied psychology*, 61(4), 195-203. DOI : 10.1016/j.erap.2011.09.001
20. Hair, J.F., Sarstedt, M., Hopkins, L. and Kuppelwieser, V.G. (2014) *Partial Least Squares Structural Equation Modeling (PLS-SEM): An Emerging Tool in Business Research. European Business Review*, 26, 106-121. DOI: 10.1108/EBR-10-2013-0128
21. Hayes, S. C., Bissett, R., Roget, N., Padilla, M., Kohlenberg, B. S., Fisher, G., Masuda, A., Pistorello, J., Rye, A. K., Berry, K., & Niccolls, R. (2004). *The Impact of Acceptance and Commitment Training and Multicultural Training on the stigmatizing attitudes and professional burnout of substance abuse counselors, Behavior Therapy*, 35, 821-836. [http://dx.doi.org/10.1016/S0005-7894\(04\)80022-4](http://dx.doi.org/10.1016/S0005-7894(04)80022-4)

22. 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. <https://doi.org/10.1016/j.brat.2005.06.006>
23. Hendrix, W., Spencer, B., and Gibson, G. (1994). *Organizational and extra organizational factors affecting stress, employee well-being and absenteeism for males and females*. *Journal of Business and Psychology*, 9(2), 103–128.
24. Hodson, R. (1989). *Gender differences in job satisfaction: Why aren't women more dissatisfied?* *Sociological Quarterly*, 30, 385–399. <https://doi.org/10.1023/A:1018722208646>
25. Hyde, J. S. (2005). *The gender similarities hypothesis*. *American psychologist*, 60(6), 581 –592. <https://doi.org/10.1037/0003-066X.60.6.581>
26. Inglehart, R. (2002). *Gender, ageing, and subjective well-being*. *International Journal of Comparative Sociology*, 43(3–5), 391–408. <https://doi.org/10.1177/002071520204300309>
27. Kaiser, H.F. (1970) *A second generation little jiffy*. *Psychometrika*, 35, 401-415. <https://doi.org/10.1007/BF02291817>
28. Kaiser, H.F. (1974) *An index of factorial simplicity*. *Psychometrika*, 39, 31-36. <https://doi.org/10.1007/BF02291575>
29. Kashdan, T. B., & Rottenberg, J. (2010). *Psychological flexibility as a fundamental aspect of health*. *Clinical psychology review*, 30(7), 865–878. <https://doi.org/10.1016/j.cpr.2010.03.001>
30. Lillis, J., & Hayes, S. C. (2007). *Applying acceptance, mindfulness, and values to the reduction of prejudice: a pilot study*. *Behavior modification*, 31(4), 389–411. <https://doi.org/10.1177/0145445506298413>
31. Lloyd, J., Bond, F. W. & Flaxman, P. (2013). *Identifying Psychological Mechanisms Underpinning a Cognitive Behavioural Therapy Intervention for Emotional Burnout*. *Work & Stress*, 27(2), 181-199. [doi:10.1080/02678373.2013.782157](https://doi.org/10.1080/02678373.2013.782157)
32. Luoma, J. B., & Vilardaga, J. P. (2013). *Improving therapist psychological flexibility while training acceptance and commitment therapy: a pilot study*. *Cognitive behaviour therapy*, 42(1), 1–8. <https://doi.org/10.1080/16506073.2012.701662>
33. Moran, D.J. (2010). *ACT for Leadership: Using Acceptance and Commitment Training to Develop Crisis-Resilient Change Managers*. *The International Journal of Behavioral Consultation and Therapy*, 6, 341-355. <https://doi.org/10.1037/h0100915>
34. Mroczek, D. K., & Kolarz, C. M. (1998). *The effect of age on positive and negative affect: a developmental perspective on happiness*. *Journal of personality and social psychology*, 75(5), 1333–1349. <https://doi.org/10.1037//0022-3514.75.5.1333>
35. Onwezen, M., Biron, M., & van Veldhoven, M. J. P. M. (2014). *The role of psychological flexibility in the demands-exhaustion-performance chain*. *European Journal of Work and Organizational Psychology*, 23(2), 163-176. <https://doi.org/10.1080/1359432X.2012.742242>
36. Pallant, J. (2001). *SPSS survival manual: A step-by-step guide to data analysis using SPSS for Windows version 10*. Buckingham: Open University Press. <https://doi.org/10.4324/9781003117452>
37. Pinquart, M., and Sörensen, S. (2001). *Gender differences in self-concept and psychological well-being in old age: a meta-analysis*. *The journals of gerontology. Series B*, 56(4), P195–P213. <https://doi.org/10.1093/geronb/56.4.p195>

The relationship between psychological flexibility and Psychological well-being at Work

38. Ruiz, F. J., & Odriozola-González, P. (2017). *The predictive and moderating role of psychological flexibility in the development of job burnout*. *Universitas Psychologica*, 16(4), 282-289. <https://doi.org/10.11144/javeriana.upsy16-4.pmrp>.
39. Pakenham, K. I., Landi, G., Boccolini, G., Furlani, A., Grandi, S., & Tossani, E. (2020). *The moderating roles of psychological flexibility and inflexibility on the mental health impacts of COVID-19 pandemic and lockdown in Italy*. *Journal of contextual behavioral science*, 17, 109-118. <https://doi.org/10.1016/j.jcbs.2020.07.003>
40. Seligman, M.E.P. (2008). *Positive Health*. *Applied Psychology*, 57(1), 3-18. <https://doi.org/10.1111/j.1464-0597.2008.00351.x>
41. Shirom, A., Gilboa, S. S., Fried, Y., & Cooper, C. L. (2008). *Gender, age and tenure as moderators of work-related stressors' relationships with job performance: A meta-analysis*. *Human Relations*, 61(10), 1371-1398. <https://doi.org/10.1177/0018726708095708>
42. Varra, A. A., Hayes, S. C., Roget, N., & Fisher, G. (2008). *A randomized control trial examining the effect of acceptance and commitment training on clinician willingness to use evidence-based pharmacotherapy*. *Journal of Consulting and Clinical Psychology*, 76(3), 449-458. <https://doi.org/10.1037/0022-006X.76.3.449>
43. Warr, P. (1992). *Age and occupational well-being*. *Psychology and Aging*, 7(1), 37-45. <https://doi.org/10.1037/0882-7974.7.1.37>
44. White, A. T., & Spector, P. E. (1987). *An investigation of age-related factors in the age-job-satisfaction relationship*. *Psychology and aging*, 2(3), 261-265. <https://doi.org/10.1037//0882-7974.2.3.261>
45. Wilks, D. C., & Neto, F. (2013). *Workplace well-being, gender and age: Examining the “double jeopardy” effect*. *Social Indicators Research*, 114(3), 875-890. <https://doi.org/10.1007/s11205-012-0177-7>