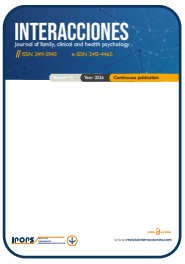
INTERACCIONES
Journal of family, clinical and health psychology
// ISSN 2411-5940 e-ISSN 2413-4465

www.revistainteracciones.com



ORIGINAL ARTICLE

Factor structure of the Work-Related Acceptance and Action Questionnaire in health personnel

Jesus Blancas-Guillen [1]*, Leandra Ccoyllo-Gonzalez [1], Giuliana Salazar-Alvarez [2,3], Franco Andree Méndez-Flores [4], Pablo D. Valencia [5]

[1] Instituto Peruano de Psicología Contextual – Dirección Valiosa, Lima, Peru.
[2] Asociación Peruana Contextual-Conductual de Psicología, Lima, Peru.
[3] Universidad Peruana Cayetano Heredia, Lima, Peru.
[4] Departamento de Psicología, Universidad Iberoamericana, Mexico City, Mexico.
[5] Coordinación de Universidad Abierta y Educación Digital, Universidad Nacional Autónoma de México, Mexico City, Mexico.

* **Correspondence:** blancasj864@gmail.com

Received: November 17, 2025 | **Revised:** December 28, 2025 | **Accepted:** February 10, 2026 | **Published Online:** March 07, 2026.

CITE IT AS:
Blancas-Guillen, J., Ccoyllo-Gonzalez, L., Salazar-Alvarez, G., Méndez-Flores, F. A., & Valencia, P. D. (2026). Factor structure of the Work-Related Acceptance and Action Questionnaire in health personnel. *Interacciones, 12*, e487. https://doi.org/10.24016/2026.v12.487

ABSTRACT

Introduction: Acceptance and Commitment Therapy (ACT) has gained increasing empirical support in workplace settings, highlighting the need for valid measures of psychological flexibility among healthcare professionals.

Objective: The objective of this study was to examine the unidimensional structure of the Work-Related Acceptance and Action Questionnaire (WAAQ), evaluate its internal consistency reliability, and assess validity evidence based on its associations with anxiety and depression.

Method: The participants were 182 Peruvian healthcare professionals who completed the WAAQ, the Patient Health Questionnaire-2 (PHQ-2), and the Generalized Anxiety Disorder Scale-2 (GAD-2).

Results: Confirmatory factor analysis supported the one-factor model (CFI > 0.95, TLI > 0.95, RMSEA < 0.06, and SRMR < 0.08), and the scale demonstrated adequate internal consistency (ω = 0.87). As expected, psychological flexibility showed a small-to-moderate correlation with depression (r_s = -0.28, IC 95% [-0.41, -0.14], p < 0.001) and a moderate correlation with anxiety (r_s = -0.30, IC 95% [-0.42, -0.16], p < 0.001).

Conclusion: The findings suggest that the WAAQ is a valid and reliable measure of psychological flexibility in the workplace among healthcare professionals.

Keywords: psychological flexibility, validation study, Acceptance and Commitment Therapy, healthcare professionals, Peru.

INTRODUCTION

Acceptance and Commitment Therapy (ACT) is considered part of the third wave of behavioral therapies (Hayes, 2004) and is grounded in functional contextualism (Biglan & Hayes, 1996). This perspective views human suffering as inherent to life due to our verbal nature and emphasizes cognition and language through Relational Frame Theory (RFT; Hayes et al., 2001). Notably, ACT does not focus on symptom reduction or elimination but rather on helping individuals accept private events while continuing to pursue a meaningful life—in other words, fostering psychological flexibility (Hayes et al., 2014; Wilson & Luciano, 2002). ACT is a transdiagnostic approach that conceptualizes psychopathology in terms of psychological inflexibility, where experiential avoidance disorder (EAD) is understood

as part of this inflexible pattern (Hayes et al., 1996; Luciano & Hayes, 2001).

Psychological inflexibility is considered a condition of psychological vulnerability. Interventions targeting this construct have been shown to reduce maintaining factors and etiological processes of various health problems in general and psychological disorders in particular (Kashdan et al., 2006). These include depression (Bond et al., 2011) and generalized anxiety disorder (Roemer & Orsillo, 2005). From a transdiagnostic perspective, psychological inflexibility provides a novel framework for understanding psychopathology.

The opposite construct, psychological flexibility, was described by Hayes et al. (2006) as "the capacity to contact the present moment more fully as a conscious human being and to change or persist in behavior when doing so serves valued ends" (p. 7). In occupational contexts, greater psychological flexibility has been linked to improved behavioral effectiveness at work (Bond et al., 2008), as well as to mental health outcomes (Bond & Bunce, 2003), job performance (Bond & Flaxman, 2006), and the development of work-related skills (Hayes et al., 2006). Recent studies with healthcare professionals have further examined this construct (Bond et al., 2011; Holmberg et al., 2019; Ortiz-Fune, 2019; Valiente-Barroso et al., 2021). The application of ACT in healthcare settings has shown promising results, including improvements in productivity and occupational functioning (Gaupp et al., 2020), as well as reductions in distress and improvements in mental health (Barrett & Stewart, 2021; Prudenzi et al., 2021).

To provide a specific measure of psychological flexibility in occupational settings, Bond et al. (2013) developed the Work-Related Acceptance and Action Questionnaire (WAAQ). Based on exploratory factor analyses (EFA), they generated a final version with seven items loading on a single factor. Confirmatory factor analysis (CFA) subsequently indicated good fit for the unidimensional model (CFI = .95–.98, RMSEA = .05–.08). The WAAQ has since been adapted into Spanish (Ruiz & Odriozola-González, 2014), Chinese (Xu et al., 2018), and Swedish (Holmberg et al., 2019). These studies, however, used principal components analysis, a method like EFA but not recommended for analyzing psychological constructs (Lloret-Segura et al., 2014). More recent studies have also highlighted concerns about the inappropriate application of EFA and have proposed recommendations to improve methodological rigor (Paniagua, 2022; Leal-Soto et al., 2022). Given that the unidimensional structure has been consistently demonstrated, the next logical step is to test this model directly using CFA (Bond et al., 2013). Furthermore, although prior research estimated internal consistency using Cronbach's alpha (ranging from .81 to .92), current recommendations favor reliability estimates derived from CFA, such as coefficient omega (Dunn et al., 2014; Savalei & Reise, 2019).

In light of these considerations, it is important to examine the psychometric properties of the WAAQ using statistical methods better suited to its nature. Additionally, it is important to assess how this instrument functions in contexts different from those in which it was initially developed. The present study therefore pursued three objectives: (a) to evaluate the unidimensional structure of the WAAQ using CFA; (b) to estimate internal consistency reliability using coefficient omega; and (c) to examine validity evidence based on associations with other variables (specifically anxiety and depression, for which negative correlations were expected). These objectives were addressed in a sample of healthcare workers in a middle-income country (Peru) during the COVID-19 pandemic.

METHODS

Design

This was an instrumental study.

Participants

The sample was selected through non-probabilistic convenience sampling. Inclusion criteria required participants to be formal Peruvian healthcare workers who understood and accepted the informed consent. No formal exclusion criteria were established for the study. Before recruitment, the minimum sample size was determined via a Monte Carlo simulation using the factor loadings from the Spanish validation of the WAAQ (Ruiz & Odriozola-González, 2014). Results indicated that a sample size of 150 was sufficient to achieve a statistical power of 1.00 and coverage probabilities close to 0.95, with negligible parameter and standard error bias (< 1.5%). Therefore, the final sample consisted of 182 Peruvian healthcare professionals (55 men and 127 women). Of these, 66.5% were from Metropolitan Lima and 33.5% from other regions of the country. In terms of employment, 41.2% worked in the private sector, 37.9% in the public sector, and 20.9% in both sectors. Psychologists represented the largest professional group (26.9%). Regarding years of service, 39% had less than 3 years of work experience, while 18.1% had more than 10 years (see Table 1).

Variables

Work-Related Acceptance and Action Questionnaire (WAAQ; Bond et al., 2013): The WAAQ consists of seven items rated on a 7-point Likert scale ranging from 1 (never true) to 7 (always true), with higher scores indicating greater work-related psychological flexibility. The instrument has demonstrated convergent, concurrent, and predictive validity. In previous studies, internal consistency was acceptable, with Cronbach's alpha coefficients of 0.83 and 0.81 in two samples of British workers (Bond et al., 2013) and 0.92 in a sample of Spanish workers (Ruiz & Odriozola-González, 2014). In the present study, we used the Spanish version validated by Ruiz and Odriozola-González (2014). This version was reviewed by the Peruvian authors, who identified no regionalisms or complex wording that could affect the Peruvian population. Additionally, this version has been used in Colombia and Ecuador without language-related difficulties (Bravo et al., 2023; Ponce & Villar, 2022).

Patient Health Questionnaire-2 (PHQ-2; Kroenke et al., 2003): PHQ-2 includes the two core items of the PHQ-9, one of the most widely used instruments to assess depressive symptoms (Persons et al., 2018). It assesses experiences over the past two weeks, specifically: (1) feeling down, depressed, or hopeless, and (2) having little interest or pleasure in doing things. Items are rated on a 4-point scale ranging from 0 (not at all) to 3 (nearly every day). In the present sample, internal consistency was

Table 1. General Characteristics of the Study Sample.

Variable		*n*	%
Sex	Male	55	30.2
	Female	127	69.8
Marital status	Single	106	58.2
	Married or cohabiting	65	35.7
	Divorced, separated, or widowed	11	6
Occupation	Nurse	27	14.8
	Physiotherapist	18	9.9
	Laboratory technician	8	4.4
	Physician	29	15.9
	Nutritionist	8	4.4
	Midwife	3	1.6
	Dentist	15	8.2
	Psychologist	49	26.9
	Pharmacist	8	4.4
	Occupational therapist	2	1.1
	Speech therapist	3	1.6
	Social worker	2	1.1
	Other	10	5.5
Work region	Metropolitan Lima	121	66.5
	Rest of the country	61	33.5
Do you have children?	No	111	61
	Yes	71	39
COVID-19 vaccination status	None	3	1.6
	Two doses	35	19.2
	Three doses	144	79.1
Have you had COVID-19?	No	57	31.3
	Yes	125	68.7
Work sector	Public	69	37.9
	Private	75	41.2
	Both	38	20.9
Years of service	< 3 years	71	39
	3 - 5 years	49	26.9
	6 - 10 years	29	15.9
	> 10 years	33	18.1
Work shift	Daytime	106	58.2
	Nighttime	5	2.7
	Rotating	71	39
Work modality	On-site	133	73.1
	Remote	17	9.3
	Hybrid	32	17.6
Do you take work home?	No	116	63.7
	Yes	66	36.3
Weekly working hours	< 40 hours	83	45.6
	41 - 48 hours	62	34.1
	49 - 60 hours	23	12.6
	> 60 hours	14	7.7
Are you the sole income provider in your household?	No	127	69.8
	Yes	55	30.2

adequate (α = 0.88; categorical ω = 0.80).

Generalized Anxiety Disorder Scale-2 (GAD-2; Kroenke et al., 2007): GAD-2 consists of two items that assess emotional and cognitive symptoms of generalized anxiety. Items are rated on the same 4-point scale as the PHQ-2. In this study, internal consistency was acceptable (α = 0.78; categorical ω = 0.67).

Procedure

Data were collected through an online survey administered via Google Forms. Collaborations were established with several healthcare institutions in Lima and other regions of Peru, which distributed the link through their social networks. Data collection took place between December 2021 and February 2022. The survey began with an informed consent form describing the study's objectives, voluntary participation, and anonymity. The project was reviewed and approved by the Ethics Committee and the Research Directorate of the School of Psychology at Universidad Autónoma del Perú.

Data analysis

First, we computed descriptive statistics at the item level (mean, standard deviation, skewness, kurtosis, and item–total correlations). We then conducted confirmatory factor analysis (CFA) using a robust maximum likelihood estimator (MLR; Yuan & Bentler, 2000). Although the items use a 7-point Likert scale, we based this decision on methodological evidence indicating that maximum likelihood estimators perform similarly to categorical estimators (e.g., WLSMV) when the number of response categories exceeds five (Rhemtulla et al., 2012). Furthermore, treating the data as continuous avoids potential instability in estimation associated with calculating polychoric correlations (e.g., zero frequencies in contingency tables) in moderate sample sizes.

We evaluated model fit using the Comparative Fit Index (CFI), the Tucker–Lewis Index (TLI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR). We used the following criteria to indicate adequate fit: CFI > 0.95, TLI > 0.95, RMSEA < 0.06, and SRMR < 0.08. When fit indices were not satisfactory, we examined modification indices to identify possible respecifications, provided they had theoretical justification. Based on the CFA results, we estimated internal consistency reliability using the coefficient omega (ω).

Finally, we examined correlations between WAAQ scores and anxiety and depression scores. Given the ordinal nature of these variables and the fact that end users will compute a total observed score by summing the items, we employed Spearman's correlations. We conducted all analyses in R (version 4.0.3) using the lavaan (version 0.6–8) and semTools (version 0.5–3) packages.

Ethical considerations

The Ethics Committee and Research Directorate of the School of Psychology at the Universidad Autónoma del Perú approved the protocol. All participants were informed about the study and provided written informed consent before taking part. The key principles of the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (2017) were followed. Participation was clearly stated to be entirely voluntary, and all information collected was handled with the highest level of confidentiality.

RESULTS

Preliminary Item Analyses

Inspection of the item statistics indicated that skewness and kurtosis values fell within the acceptable range of -1 to +1 for most items (except Items 1 and 2). According to Ferrando and Anguiano-Carrasco (2010), this suggests that the items were approximately normally distributed. No evidence of floor or ceiling effects was observed. Item–total correlations exceeded 0.30 for all items (see Table 2).

Confirmatory Factor Analysis and Reliability

We conducted a confirmatory factor analysis to test the proposed dimensionality of the WAAQ empirically. As shown in Table 3, the one-factor model including all seven items (Model 1) exhibited poor fit across indices. We proposed a respecified model allowing the residuals of Items 1 and 3 to correlate (Model 2) due to their semantic redundancy within the construct of psychological flexibility: both assess effective work action despite private events (worries vs. nervousness) and may share method variance due to similar phrasing (e.g., "trabajar eficazmente"). Model 2 demonstrated improved but still suboptimal fit (see Table 3).

We tested two additional exploratory models: a six-item model excluding Item 1 (Model 3) and a six-item model retaining Item 1 but excluding Item 3 (Model 4). Among these, Model 4 demonstrated the best fit indices (Table 3). However, because eliminating Item 3 could not be theoretically justified, we selected the one-factor model with a correlated error between

Table 2. Descriptive Statistics and Item–Total Correlations for the WAAQ Items.

Item	*M*	*SD*	*g1*	*g2*	% response per option							r_{it}
					1	2	3	4	5	6	7	
1	5,56	1,26	-1,18	1,56	1,1	2.7	1,6	12,6	19,2	40,7	22	0,67
2	5,62	1,19	-1,14	1,95	1,1	1.6	1,1	11	24,7	36,8	23,6	0,53
3	5,1	1,28	-0,79	0,67	1,6	2.2	6,6	16,5	30,8	31,3	11	0,79
4	4,99	1,49	-0,73	0,04	2,7	5.5	6,6	17	25,8	28	2,7	0,64
5	5,37	1,23	-0,77	0,77	1,1	1.1	3,8	15,9	27,5	32,4	18,1	0,73
6	5,03	1,43	-0,8	0,35	2,7	3.3	8,2	14,3	29,7	28,6	13,2	0,73
7	5,22	1,52	-0,93	0,47	3,8	2.2	5,5	17,6	18,7	31,9	20,3	0,57

Items 1 and 3 (Model 2) as the final solution. The internal consistency of this model was adequate (ω = 0.87).

Associations With Other Variables

Regarding correlations with external variables, psychological flexibility as measured by the WAAQ was negatively associated with depression, showing a small-to-moderate correlation (r_s = -0.28, 95% CI [-0.41, -0.14], p < 0.001), and with anxiety, showing a moderate correlation (r_s = -0.30, 95% CI [-0.42, -0.16], p < 0.001).

DISCUSSION

The present study examined the psychometric properties of the WAAQ in healthcare professionals. Results indicated that a one-factor model with a correlated residual between Items 1 and 3 provided the best fit. As expected, WAAQ scores were associated with anxiety and depression in the predicted directions.

It is worth noting that, unlike previous studies using the WAAQ (Holmberg et al., 2019; Ruiz & Odriozola-González, 2014; Xu et al., 2018), the present research employed confirmatory factor analysis (CFA). This represents an advantage, as CFA allows a more stringent test of dimensionality, thereby providing stronger validity evidence for the scale's structure (Furr, 2018). In addition, we estimated internal consistency using coefficient omega, which is considered more appropriate for psychological measures that may not meet the assumption of tau-equivalence (Dunn et al., 2014; McNeish, 2018). Indeed, current recommendations favor coefficient omega over traditional Cronbach's alpha (Viladrich et al., 2017).

The findings further showed that psychological flexibility was negatively and moderately correlated with depression and anxiety. Previous research has consistently documented associations between psychological flexibility and diverse psychological problems (Aguirre-Camacho & Moreno-Jiménez, 2017). Moreover, within the healthcare context, psychological flexibility has been linked to specific occupational phenomena such as burnout (Ortiz-Fune, 2019). Taken together, these findings underscore the relevance of psychological flexibility in explaining both emotional problems and work-related difficulties, suggesting that future studies should continue to incorporate measures of this process. For instance, other instruments, such as the Emotional Acting at Work Scale (Salessi & Omar, 2016), may be helpful to expand the assessment of psychological flexibility in occupational contexts.

Limitations and strengths

Several limitations of the present study should be acknowledged. First, the sample was convenience-based and included only professionals who voluntarily participated in the online survey. This method introduces potential self-selection bias, as participation was restricted to individuals with digital access

Table 3. Fit Indices for the Models Tested Using Confirmatory Factor Analysis.

Model	χ^2	CFI	TLI	RMSEA	90%		SRMR	α	ω
					LI	LS			
Model 1 (gl: 14)	44,13	0,92	0,88	0,11	0,08	0,14	0,06	0,88	0,88
Model 2 (gl: 13)	27,24	0,96	0,94	0,08	0,05	0,11	0,05	0,88	0,87
Model 3 (gl: 9)	22,08	0,95	0,92	0,09	0,05	0,13	0,05	0,86	0,86
Model 4 (gl: 9)	15,51	0,97	0,95	0,06	0,02	0,1	0,05	0,85	0,85

Note. N = 182. Model 1 = original one-factor model. Model 2 = model allowing correlated residuals between items 1 and 3. Model 3 = one-factor model excluding item 1. Model 4 = one-factor model excluding item 3 but retaining item 1. CI = Confidence Interval.

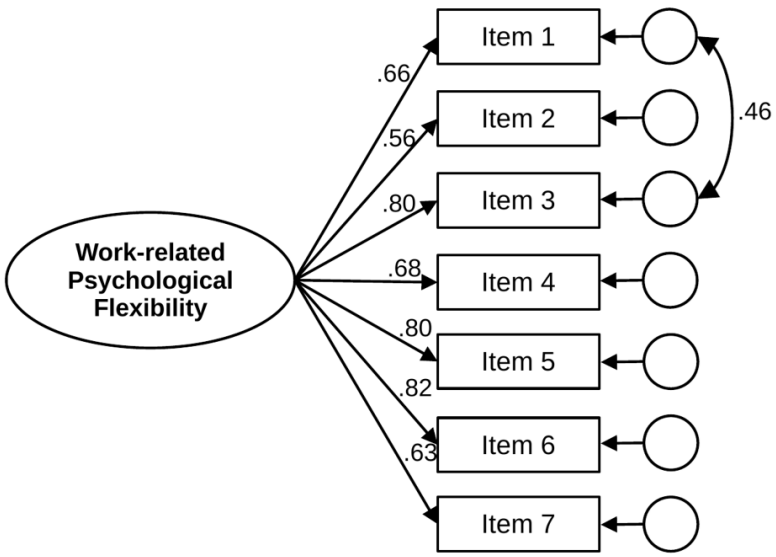


Figure 1. Confirmatory Factor Analysis of the Work-Related Acceptance and Action Questionnaire.

and sufficient motivation to complete the form, potentially excluding healthcare workers with limited connectivity or those under extreme work pressure. Therefore, the results may not be generalizable to all healthcare professionals in Peru. For example, the majority of participants were psychologists, which likely reflects the authors' professional networks. Similarly, other sociodemographic characteristics may not represent the target population.

Furthermore, data collection occurred at the beginning of the third year of the COVID-19 pandemic; replication across different contexts will be important. Second, the study did not include additional work-related variables (e.g., job satisfaction). Future research should examine whether WAAQ scores significantly predict outcomes relevant to occupational well-being. Third, although a pair of correlated errors between WAAQ Items 1 and 3 was theoretically justified (semantic overlap in private events within the ACT framework), this post hoc modification may increase the risk of overfitting (Domínguez-Lara, 2019); future studies should cross-validate this model in independent samples. Finally, although invariance testing would be valuable for evaluating the stability of the factor structure, particularly the correlated-error model, the sample size falls short of the minimum requirements for reliable invariance analysis (Putnik & Bornstein, 2016). Despite these limitations, this study contributes by examining the functioning of the WAAQ in a new population using statistical methods not applied in prior research.

Conclusions

The present findings suggest that the WAAQ is an appropriate measure of work-related psychological flexibility among healthcare professionals. Replication studies in other samples and with additional variables of interest will further strengthen its evidence base.

ORCID

Jesus Blancas-Guillen: https://orcid.org/0000-0002-9106-8072
Leandra Ccoyllo-Gonzalez: https://orcid.org/0000-0003-2366-5171
Giuliana Salazar-Alvarez: https://orcid.org/0000-0002-1387-8707
Franco Andree Méndez-Flores: https://orcid.org/0009-0000-6667-4532
Pablo D. Valencia: https://orcid.org/0000-0002-6809-1805

AUTHORS' CONTRIBUTION

Jesus Blancas-Guillen: Conceptualization; Writing - Original Draft; Project administration
Leandra Ccoyllo-Gonzalez: Conceptualization; Writing - Original Draft; Project administration
Giuliana Salazar-Alvarez: Conceptualization; Writing - Original Draft; Writing - Review & Editing
Franco Andree Méndez-Flores: Formal analysis; Writing - Original Draft
Pablo D. Valencia: Data Curation; Writing - Review & Editing

FUNDING SOURCE

This study was self-funded.

CONFLICT OF INTEREST

The authors declare that there were no conflicts of interest in the collection of data, analysis of information, or writing of the manuscript.

ACKNOWLEDGMENTS

Not applicable.

REVIEW PROCESS

This study has been reviewed by two external reviewers in double-blind mode. The editor in charge was David Villarreal-Zegarra. The review process is included as supplementary material 1.

DATA AVAILABILITY STATEMENT

The authors attach the database as supplementary material 2.

DECLARATION OF THE USE OF GENERATIVE ARTIFICIAL INTELLIGENCE

We used DeepL to translate specific sections of the manuscript and Grammarly to improve the wording of certain sections. The final version of the manuscript was reviewed and approved by all authors.

DISCLAIMER

The authors are responsible for all statements made in this article.

REFERENCES

Aguirre-Camacho, A., & Moreno-Jiménez, B. (2017). La relevancia de la flexibilidad psicológica en el contexto del cáncer: Una revisión de la literatura [The relevance of psychological flexibility in the context of cancer: A literature review]. *Psicooncología*, *14*(1), 11–22. https://doi.org/10.5209/PSIC.55808

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. https://doi.org/10.1111/hsc.13074

Biglan, A., & Hayes, S. C. (1996). Should the behavioral sciences become more pragmatic? The case for functional contextualism in research on human behavior. *Applied and Preventive Psychology*, *5*(1), 47–57. https://doi.org/10.1016/S0962-1849(96)80026-6

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

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

Bond, F. W., Flaxman, P. E., & Bunce, D. (2008). The influence of psychological flexibility on work redesign: Mediated moderation of a work reorganization intervention. *Journal of Applied Psychology*, *93*(3), 645–654. https://doi.org/10.1037/0021-9010.93.3.645

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

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

Bravo, D. M., Falcón, J. C. S., Salguero, J. M. B., Luciano, B. G., & Ruiz, F. J. (2023). Psychometric properties and measurement invariance of the Work-Related Acceptance and Action Questionnaire (WAAQ) in a Colombian sample. *International Journal of Psychology & Psychological Therapy*, *23*(3), 301–312.

Dominguez-Lara, S. (2019). Correlation between residuals in confirmatory factor analysis: a brief guide to their use and interpretation. *Interacciones*, *5*(3), e207. https://doi.org/10.24016/2019.v5n3.207

Dunn, T. J., Baguley, T., & Brunsden, V. (2014). From alpha to omega: A practical solution to the pervasive problem of internal consistency estimation. *British Journal of Psychology*, *105*(3), 399–412. https://doi.org/10.1111/bjop.12046

Ferrando, P. J., & Anguiano-Carrasco, C. (2010). El análisis factorial como técnica de investigación en psicología [Factor analysis as a research technique in psychology]. *Papeles del Psicólogo*, *31*(1), 18–33.

Fumero, A., & Navarrete, G. (2016). Personalidad y malestar psicológico: Aplicación de un modelo de redes neuronales [Personality and psychological distress: Application of a neural network model]. *Revista Iberoamericana de Diagnóstico y Evaluación Psicológica*, *41*(1), 28–38.

Furr, R. M. (2018). *Psychometrics: An introduction* (3rd ed.). SAGE.

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. https://doi.org/10.3389/fpsyt.2020.00861

Hayes, S. C. (2004). Acceptance and commitment therapy, relational frame theory, and the third wave of behavioral and cognitive therapies. *Behavior Therapy*, *35*(4), 639–665. https://doi.org/10.1016/S0005-7894(04)80013-3

Hayes, S. C., Barnes-Holmes, D., & Roche, B. (Eds.). (2001). *Relational Frame Theory: A post-Skinnerian account of human language and cognition*. Plenum Press.

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

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2014). *Terapia de aceptación y compromiso: Proceso y práctica del cambio consciente (Mindfulness) [Acceptance and Commitment Therapy: The process and practice of mindful change]*. Desclée de Brouwer.

Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology*, *64*(6), 1152–1168. https://doi.org/10.1037/0022-006X.64.6.1152

Holmberg, J., Kemani, M. K., Holmström, L., Öst, L.-G., & Wicksell, R. K. (2019). Evaluating the psychometric characteristics of the Work-related Acceptance and Action Questionnaire (WAAQ) in a sample of healthcare professionals. *Journal of Contextual Behavioral Science*, *14*, 103–107. https://doi.org/10.1016/j.jcbs.2019.08.010

Kashdan, T. B., Barrios, V., Forsyth, J. P., & Steger, M. F. (2006). Experiential avoidance as a generalized psychological vulnerability: Comparisons with coping and emotion regulation strategies. *Behaviour Research and Therapy*, *44*(9), 1301–1320. https://doi.org/10.1016/j.brat.2005.10.003

Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2003). The Patient Health Questionnaire-2: Validity of a two-item depression screener. *Medical Care*, *41*(11). https://doi.org/10.1097/01.MLR.0000093487.78664.3C

Kroenke, K., Spitzer, R. L., Williams, J. B. W., Monahan, P. O., & Löwe, B. (2007). Anxiety disorders in primary care: Prevalence, impairment, comorbidity, and detection. *Annals of Internal Medicine*, *146*(5), 317–325. https://doi.org/10.7326/0003-4819-146-5-200703060-00004

Leal-Soto, F., Cuadros, O., Ortiz-Iñíguez, N., & Zenteno-Osorio, S. (2022). Desarrollo y evidencia de validez de constructo de un instrumento para evaluar experiencia escolar [Development and construct validity evidence of an instrument to assess school experience]. *Revista Iberoamericana de Diagnóstico y Evaluación Psicológica*, *63*(2), 147–162. https://doi.org/10.21865/RIDEP63.2.11

Lloret-Segura, S., Ferreres-Traver, A., Hernández-Baeza, A., & Tomás-Marco, I. (2014). Exploratory item factor analysis: A practical guide revised and updated. *Anales de Psicología*, *30*(3), 1151–1169. https://doi.org/10.6018/analesps.30.3.199361

Luciano, C., & Hayes, S. C. (2001). Trastorno de evitación experiencial [Experiential avoidance disorder]. *International Journal of Clinical and Health Psychology*, *1*(1), 109–157.

McNeish, D. (2018). Thanks coefficient alpha, we'll take it from here. *Psychological Methods*, *23*(3), 412–433. https://doi.org/10.1037/met0000144

Ortiz-Fune, C. (2019). Burnout como inflexibilidad psicológica en profesionales sanitarios: Revisión y nuevas propuestas de intervención desde una perspectiva contextual-funcional [Burnout as psychological inflexibility in healthcare professionals: Review and new intervention proposals from a contextual-functional perspective]. *Apuntes de Psicología*, *36*(3), 135–144. https://doi.org/10.55414/8jfbsa09

Paniagua, D., Alvarado, J. M., Olivares, M., Ruiz, I., Romero-Suárez, M., & Aguayo-Estremera, R. (2022). Estudio de seguimiento de las recomendaciones sobre análisis factorial exploratorio en RIDEP [Follow-up study of recommendations on exploratory factor analysis in RIDEP]. *Revista Iberoamericana de Diagnóstico y Evaluación Psicológica*, *66*(5), 127–139. https://doi.org/10.21865/RIDEP66.5.10

Persons, J. B., Fresco, D. M., & Ernst, J. S. (2018). Adult depression. In J. Hunsley & E. J. Mash (Eds.), *A guide to assessments that work* (pp. 131–151). Oxford University Press.

Ponce, M. C., & Villar, E. (2022). Validation of the Work-related Acceptance and Action Questionnaire (WAAQ) with university students. *Behavioral Psychology*, *30*(1), 223–233. https://doi.org/10.51668/bp.8322111s

Putnick, D. L., & Bornstein, M. H. (2016). Measurement invariance conventions and reporting: The state of the art and future directions for psychological research. *Developmental Review*, *41*, 71-90. https://doi.org/10.1016/j.dr.2016.06.004

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. https://doi.org/10.1016/j.jad.2021.07.084

Rhemtulla, M., Brosseau-Liard, P. É., & Savalei, V. (2012). When can categorical variables be treated as continuous? A comparison of robust continuous and categorical SEM estimation methods under suboptimal conditions. *Psychological Methods*, *17*(3), 354–373

Roemer, L., & Orsillo, S. M. (2005). An acceptance-based behavior therapy for generalized anxiety disorder. In S. M. Orsillo & L. Roemer (Eds.), *Acceptance and mindfulness-based approaches to anxiety* (pp. 213–240). Springer. https://doi.org/10.1007/0-387-25989-9_9

Ruiz, F. J., & Odriozola-González, P. (2014). The Spanish version of the Work-related Acceptance and Action Questionnaire (WAAQ). *Psicothema*, *26*(1), 63–68. https://doi.org/10.7334/psicothema2013.110

Salessi, S., & Omar, A. (2016). Desarrollo y validación de una escala para medir actuación emocional en el trabajo [Development and validation of a scale to measure emotional acting at work]. *Revista Iberoamericana de Diagnóstico y Evaluación Psicológica*, *41*(1), 66–79.

Savalei, V., & Reise, S. P. (2019). Don't forget the model in your model-based reliability coefficients: A reply to McNeish (2018). *Collabra: Psychology*, *5*(1), 36. https://doi.org/10.1525/collabra.247

Valiente-Barroso, C., Sáiz-Obeso, J., Valiente-Barroso, B., Lombraña-Ruiz, R., & Martínez-Vicente, M. (2021). Inflexibilidad psicológica gestionada por profesionales sanitarios durante el estado de alarma vinculado al COVID-19 [Psychological inflexibility managed by healthcare professionals during the COVID-19 state of emergency]. *Apuntes de Psicología*, *38*(3), 149–158. https://doi.org/10.55414/ap.v38i3.821

Viladrich, C., Angulo-Brunet, A., & Doval, E. (2017). A journey around alpha and omega to estimate internal consistency reliability. *Anales de Psicología*, *33*(3), 755–782. https://doi.org/10.6018/analesps.33.3.268401

Wilson, K. G., & Luciano, C. (2002). *Terapia de aceptación y compromiso: Un tratamiento conductual orientado a los valores [Acceptance and commitment therapy: A behavioral therapy oriented to values]*. Pirámide.

Xu, X., Liu, X., Ou, M., Xie, C., & Chen, Y. (2018). Psychological flexibility of nurses in a cancer hospital: Preliminary validation of a Chinese version of the Work-related Acceptance and Action Questionnaire. *Asia-Pacific Journal of Oncology Nursing*, *5*(1), 83–90. https://doi.org/10.4103/apjon.apjon_62_17

Yuan, K.-H., & Bentler, P. M. (2000). Three likelihood-based methods for mean and covariance structure analysis with nonnormal missing data. *Sociological Methodology*, *30*(1), 165–200. https://doi.org/10.1111/0081-1750.00078