

# The Effectiveness of Acceptance and Commitment-Based Training on Occupational Stress in Medical Sciences Employees

Maryam. Parsaei<sup>1</sup>, Ali. Naseri<sup>2\*</sup>

<sup>1</sup> MSc, General Psychology, Department of Psychology, Shi.C., Islamic Azad University, Shiraz, Iran.

<sup>2</sup> Assistant Professor, Department of Psychology, Shi.C., Islamic Azad University, Shiraz, Iran.

\* Corresponding author email address: dr.alinaseri@iau.ac.ir

E d i t o r	R e v i e w e r s
Izet Pehlić  Full professor for Educational sciences, Islamic pedagogical faculty of the University of Zenica, Bosnia and Herzegovina izet.pehlic@unze.ba	<b>Reviewer 1:</b> Mohsen Golparvar  Professor, Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran. mgolparvar@khuif.ac.ir <b>Reviewer 2:</b> Mahdi Khanjani  Associate Professor, Department of Psychology, Allameh Tabataba'i University, Tehran, Iran. Email: khanjani_m@atu.ac.ir

## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

This paragraph could be improved by briefly referencing current occupational stress prevalence statistics for healthcare administrative staff to establish the urgency of the problem more concretely.

It would strengthen methodological rigor to report the assumed effect size and the statistical test type used for the G\*Power calculation.

The rationale provided is useful, but it would be clearer to also mention whether a mixed-model approach was considered and why it was not used.

Some subscales (e.g., "Competition") show minimal change. It may help to briefly note in the results text why these dimensions might be resistant to change before deferring full interpretation to the discussion.

This statement could be more precise by stating which specific subscales had the largest percentage change relative to baseline.

This section should clearly state the clinical or practical significance of the observed score reductions (e.g., whether they represent a meaningful change in stress category).

Expand the discussion to hypothesize why ACT might not influence these dimensions and suggest theoretically grounded mechanisms.

Response: Revised and uploaded the manuscript.

### 1.2. Reviewer 2

Reviewer:

The authors might enhance this section by including more recent post-COVID-19 literature (2023–2024) that specifically examines administrative healthcare roles.

While this section cites several studies, adding a meta-analysis reference that synthesizes ACT's effectiveness across occupational settings would increase the evidence strength.

This paragraph could clarify the comparative advantage of ACT over other therapies by specifying which outcomes (e.g., psychological flexibility, value alignment) are uniquely improved.

Consider reporting partial eta squared confidence intervals alongside effect sizes to provide more robust statistical interpretation.

Clarify in the legend whether the adjusted means are covariate-adjusted for pre-test only, or for other demographic variables as well.

## 2. Revised

Editor's decision after revisions: Accepted.

Editor in Chief's decision: Accepted.