

Effectiveness of Acceptance and Commitment Therapy on Emotional Wellbeing Among B.Sc. Nursing Students

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Abstract

Emotional wellbeing is an essential component of the overall health and academic success of nursing students, who often face considerable academic, clinical, and psychological challenges during their professional training. Enhancing emotional resilience and coping abilities among nursing students is therefore crucial for promoting both personal wellbeing and professional competence. Acceptance and Commitment Therapy (ACT), a mindfulness-based behavioral therapy developed by Steven C. Hayes, has been widely used to improve psychological flexibility and emotional regulation.

The present study aimed to evaluate the effectiveness of ACT on emotional wellbeing among B.Sc. Nursing students. A quantitative research approach with a quasi-experimental pre-test–post-test control group design was adopted for the study. The sample consisted of 88 B.Sc. Nursing students, who were divided equally into experimental (n = 44) and control (n = 44) groups using purposive sampling. Emotional wellbeing was assessed using standardized instruments including the Positive and Negative Affect Schedule (PANAS), the Difficulties in Emotion Regulation Scale (DERS), and the Satisfaction With Life Scale (SWLS). A structured ACT-based intervention program was implemented among students in the experimental group over a specified period.

The results of the study revealed a significant improvement in emotional wellbeing among students who received the ACT intervention. There was a significant increase in positive affect and life satisfaction, along with a reduction in negative affect and emotional regulation difficulties in the experimental group compared to the control group. Statistical analysis indicated that the differences between pre-test and post-test scores were significant at $p < 0.05$, demonstrating the effectiveness of the intervention.

The findings suggest that ACT is an effective psychological intervention for enhancing emotional wellbeing among nursing students. Integrating ACT-based mental health programs within nursing education may help students develop psychological flexibility, improve coping skills, and manage academic and clinical stress more effectively. The study highlights the importance of implementing structured mental health interventions to promote the wellbeing and professional development of future nursing professionals.

Keywords: *Acceptance and Commitment Therapy, Emotional Wellbeing, Nursing Students, Psychological Flexibility, Emotion Regulation, Life Satisfaction.*

1. INTRODUCTION

Emotional wellbeing is a vital component of overall mental health and significantly influences an individual's academic performance, professional competence, and quality of life. University students are often exposed to various academic, social, and personal challenges that may negatively affect their psychological health. Among different student populations, nursing students are particularly vulnerable to emotional stress due to the demanding nature of their educational and clinical training. The rigorous academic curriculum, clinical responsibilities, exposure to patient suffering, and expectations to develop professional competencies can lead to heightened emotional distress among nursing students.

Globally, mental health issues among university students have become a significant public health concern. According to the World Health Organization, approximately one in eight people worldwide lives with a mental disorder, with anxiety and depressive disorders being the most common among young adults. (Almansoof et al., 2024) Studies indicate that nearly 30–40% of university students experience symptoms of anxiety or depression, reflecting the growing psychological burden in academic environments. Healthcare students, including nursing students, show even higher levels of psychological distress compared to other academic disciplines.

(Loh et al., 2026) Research conducted across different countries reveals that approximately 33% of nursing students experience anxiety, while around 34% suffer from depressive symptoms during their academic training. Additionally, studies have reported that nearly 55% of nursing students experience moderate to high levels of stress, and about 32% report symptoms of burnout. These statistics highlight the significant emotional challenges faced by nursing students globally.

In the Indian context, mental health concerns among college students have also increased considerably. (*Press Release: Press Information Bureau*, n.d.) According to the National Mental Health Survey of India, nearly 10–13% of young adults experience mental health disorders, and many more report symptoms of emotional distress. Furthermore, (Chakrawal & Goyal, 2020) surveys among Indian university students suggest that around 60–70% experience significant academic stress, which often contributes to anxiety, emotional dysregulation, and decreased life satisfaction. Nursing students in India face additional pressures such as intensive clinical postings, academic workload, and expectations to provide high-quality patient care, which may further compromise their emotional wellbeing.

Emotional wellbeing refers to an individual's ability to effectively manage emotions, maintain positive relationships, cope with stress, and experience satisfaction in life. It involves components such as positive affect, reduced negative affect, emotional regulation, resilience, and psychological balance. Poor emotional wellbeing among students can result in decreased academic performance, impaired interpersonal relationships, reduced motivation, and increased vulnerability to mental health disorders.

(Raugh et al., 2024) In recent years, psychological interventions focusing on acceptance, mindfulness, and behavioral change have gained attention in promoting emotional wellbeing.

One such evidence-based therapeutic approach is Acceptance and Commitment Therapy (ACT), which is considered a third-wave behavioral therapy. ACT is grounded in the theoretical framework of Relational Frame Theory and emphasizes the development of psychological flexibility.

The primary aim of ACT is to help individuals accept their internal experiences while committing to actions aligned with their personal values. Unlike traditional cognitive behavioral approaches that attempt to eliminate negative thoughts, ACT encourages individuals to observe and accept difficult emotions without avoidance. The therapy focuses on six core processes: acceptance, cognitive defusion, present-moment awareness, self-as-context, values clarification, and committed action. These processes help individuals develop adaptive coping mechanisms and enhance emotional regulation.

ACT has been widely used to address psychological problems such as anxiety, depression, stress, and emotional dysregulation. Research studies have demonstrated that ACT interventions can significantly improve psychological wellbeing, enhance emotional resilience, and increase life satisfaction among students and healthcare professionals. However, despite the growing evidence supporting ACT, limited research has examined its effectiveness among B.Sc. Nursing students, particularly in the Indian context.

Therefore, the present study aims to evaluate the effectiveness of an ACT-based intervention in improving emotional wellbeing among B.Sc. Nursing students. Emotional wellbeing in this study is assessed using standardized instruments such as the Positive and Negative Affect Schedule (PANAS), the Difficulties in Emotion Regulation Scale (DERS), and the Satisfaction With Life Scale (SWLS). Understanding the impact of ACT on emotional wellbeing may contribute to the development of effective psychological support programs for nursing students and promote better mental health outcomes in healthcare education.

2. NEED FOR THE STUDY

The increasing prevalence of emotional distress among university students has emerged as a major concern for educators, healthcare professionals, and policymakers worldwide. Nursing students represent a particularly vulnerable group due to the demanding nature of their academic training and clinical responsibilities. The transition from classroom learning to real-life patient care environments often exposes nursing students to emotionally challenging situations, including illness, pain, and death, which may lead to psychological stress and emotional exhaustion.

(Xu et al., 2026)A global systematic review and meta-analysis focusing specifically on undergraduate nursing students found that 48% experienced depressive symptoms and 55% reported significant stress, demonstrating substantial psychological burden across countries and settings. (Loh et al., 2026)A large international meta-analysis across 43 countries showed high prevalence of anxiety and stress symptoms among healthcare students, with nursing students identified as a particularly affected subgroup. These psychological challenges not only affect students' emotional wellbeing but also influence their academic performance, professional confidence, and future career satisfaction.

(Nath Pandey, n.d.)A comprehensive review of mental health among Indian youth identifies academic stress, intense competition for educational and career opportunities, and rapidly changing social and educational environments as major contributors to psychological distress among students. (Chover-Sierra et al., 2024)An umbrella review synthesizing 189 studies found that nursing students experience moderate-to-high stress arising from heavy academic demands, clinical placements, long hours, and patient care responsibilities, which place them at greater psychological risk than many other student groups. Without adequate coping strategies, these stressors may lead to emotional burnout, reduced motivation, and decreased quality of learning.

(Hirani et al., 2022)Qualitative research with nursing students emphasizes that protecting and promoting students' mental and emotional wellbeing is essential to prepare them for delivering quality patient care in complex clinical settings, highlighting the connection between student wellbeing and care effectiveness. Healthcare professionals are expected to demonstrate empathy, emotional stability, and resilience in demanding clinical environments. (Warwas et al., 2024)A controlled pedagogical intervention study demonstrated that structured coping-skills training during nursing education significantly improved students' stress-coping competence, supporting the need to embed emotional coping skill development early in professional preparation. Therefore, developing emotional coping skills during nursing education is crucial for preparing students for their future professional roles.

Although several psychological interventions have been developed to address stress and emotional difficulties, many traditional approaches focus primarily on reducing symptoms rather than enhancing long-term psychological resilience. Acceptance-based interventions such as ACT provide a unique approach by promoting acceptance, mindfulness, and values-based action. By improving psychological flexibility, ACT enables individuals to cope effectively with difficult emotions and maintain focus on meaningful goals.

(Gloster et al., n.d.)Despite the proven effectiveness of ACT in improving psychological wellbeing among different populations, research examining its impact on emotional wellbeing among B.Sc. Nursing students remains limited, particularly in developing countries such as India. There is a need for structured intervention programs that can help nursing students manage emotional stress, regulate their emotions, and enhance life satisfaction.

Therefore, the present study is undertaken to evaluate the effectiveness of an ACT-based intervention in improving emotional wellbeing among B.Sc. Nursing students. The findings of this study may provide valuable insights for educators and mental health professionals in designing evidence-based psychological support programs within nursing education. Ultimately, promoting emotional wellbeing among nursing students can contribute to improved academic outcomes, enhanced psychological resilience, and better quality healthcare delivery in the future.

3. OBJECTIVES OF THE STUDY

- To assess the baseline level of emotional wellbeing among B.Sc. Nursing students.

- To determine the effectiveness of Acceptance and Commitment Therapy on emotional wellbeing among B.Sc. Nursing students using pre-test and post-test measures.
- To examine the effect of ACT on emotional wellbeing domains including positive affect, negative affect, emotion regulation, and life satisfaction.
- To identify the association between emotional wellbeing and selected demographic variables among B.Sc. Nursing students.

4. HYPOTHESES

Null Hypotheses (H₀)

H₀₁: There is no significant difference between the pre-test and post-test emotional wellbeing scores among B.Sc. Nursing students who receive ACT intervention.

H₀₂: There is no significant association between emotional wellbeing and selected demographic variables among B.Sc. Nursing students.

Research Hypotheses (H₁)

H₁₁: There is a significant improvement in emotional wellbeing among B.Sc. Nursing students after the ACT intervention.

H₁₂: There is a significant association between emotional wellbeing and selected demographic variables among B.Sc. Nursing students.

5. OPERATIONAL DEFINITIONS

i. Emotional Wellbeing

Emotional wellbeing refers to the ability of individuals to understand, regulate, and express emotions effectively while maintaining positive psychological functioning and life satisfaction. In this study, emotional wellbeing is measured using:

- Positive and Negative Affect Schedule
- Difficulties in Emotion Regulation Scale
- Satisfaction With Life Scale

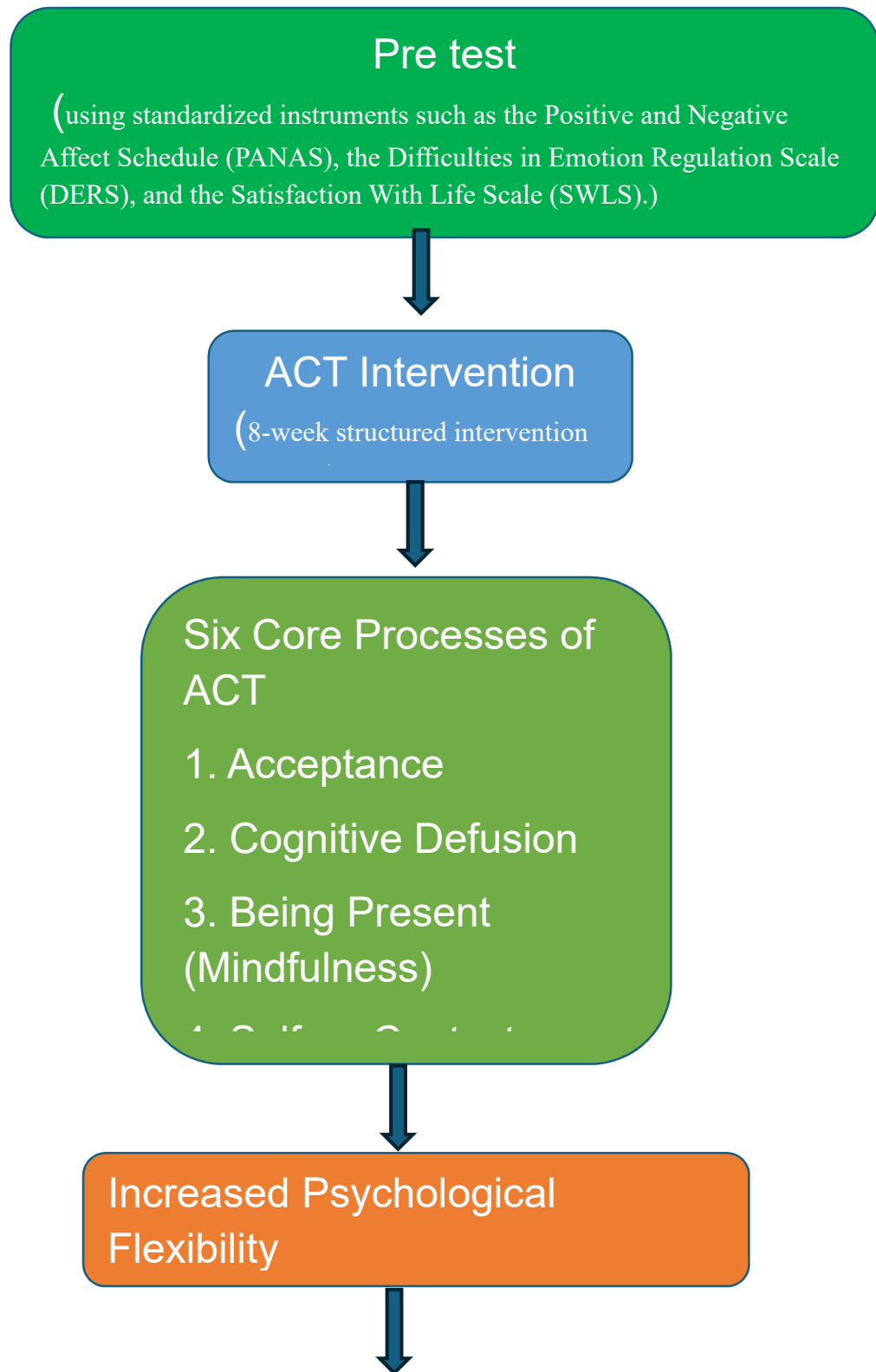
ii. Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy refer to a structured psychological intervention based on mindfulness and acceptance strategies aimed at improving psychological flexibility. In this study, ACT refers to an 8-week structured intervention program designed to enhance emotional wellbeing among B.Sc. Nursing students.

iii. B.Sc. Nursing Students

B.Sc. Nursing students refer to students enrolled in the Bachelor of Science in Nursing program III year in Bhaarath college of nursing colleges who meet the inclusion criteria of the study.

6. Conceptual Framework: Acceptance and Commitment Therapy on Emotional Wellbeing



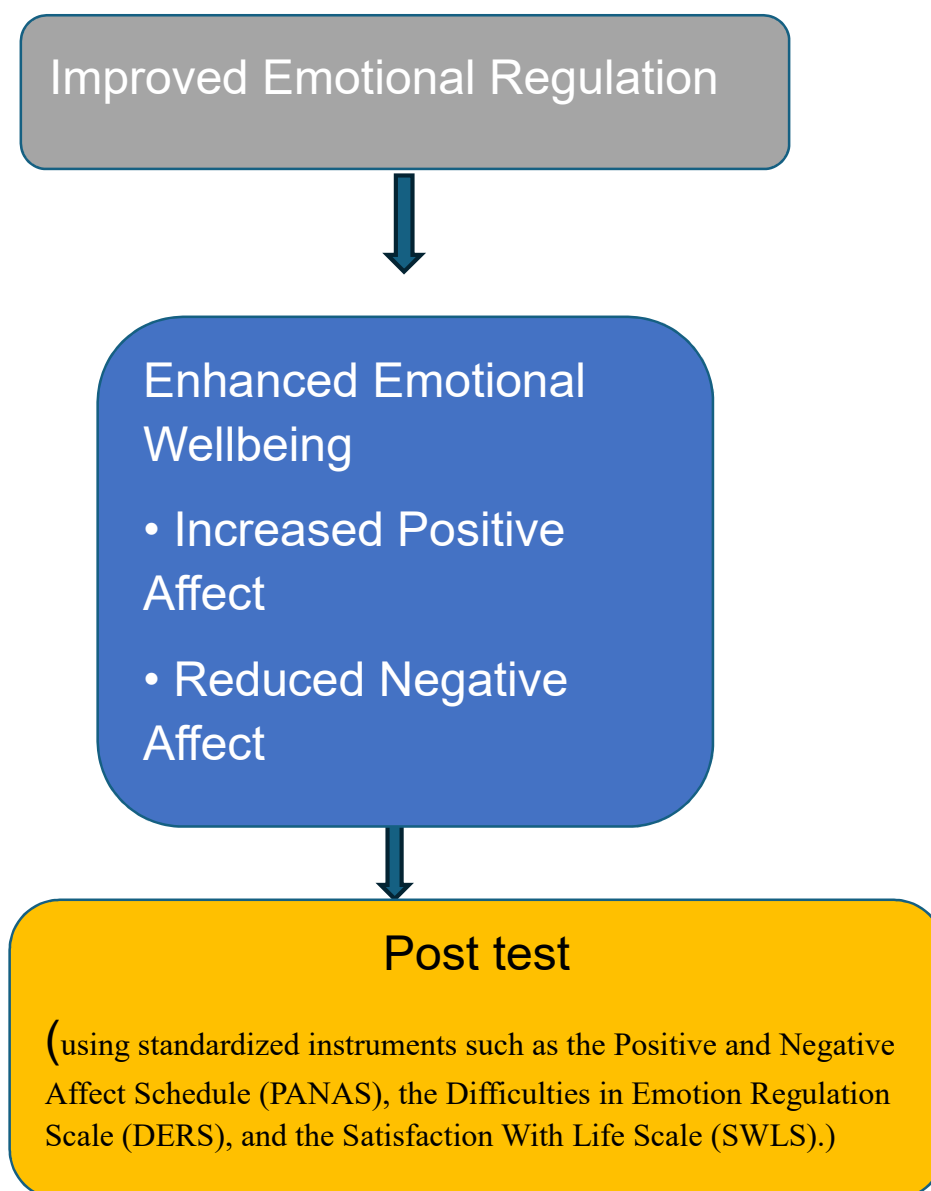


Fig 1: Conceptual Framework of the Study Based on the Psychological Flexibility Model of Acceptance and Commitment Therapy Developed by Steven C. Hayes et al. (2011)

The conceptual framework of the present study is based on the Psychological Flexibility Model of Acceptance and Commitment Therapy developed by Steven C. Hayes and colleagues (2011). This model proposes that psychological wellbeing can be improved by increasing an individual's psychological flexibility, which refers to the ability to remain in contact with the present moment while accepting thoughts and emotions and taking actions guided by personal values.

In this study, the ACT intervention is considered the independent variable, while emotional wellbeing among B.Sc. Nursing students is the dependent variable. Emotional wellbeing is assessed through dimensions such as positive affect, negative affect, emotion regulation, and life satisfaction.

The ACT model consists of six core therapeutic processes that work together to enhance psychological flexibility. These processes include acceptance, cognitive defusion, being

present (mindfulness), self-as-context, values clarification, and committed action. Through structured intervention sessions, nursing students learn to acknowledge their difficult thoughts and emotions without attempting to suppress or avoid them. This process helps students develop a more adaptive relationship with their internal experiences.

The first process, acceptance, encourages individuals to openly experience unpleasant emotions rather than resisting them. Cognitive defusion helps individuals observe their thoughts objectively instead of becoming entangled in negative thinking patterns. Being present focuses on mindfulness practices that promote awareness of the current moment. Self-as-context helps individuals develop a flexible perspective of themselves, recognizing that they are more than their thoughts or emotions.

Further, values clarification enables individuals to identify their personal goals and meaningful life directions. Finally, committed action encourages individuals to take purposeful actions aligned with their identified values despite experiencing psychological discomfort.

Through the integration of these six processes, the ACT intervention enhances psychological flexibility, which improves emotional regulation abilities among nursing students. Improved emotional regulation reduces negative emotional responses such as stress, anxiety, and emotional distress. As a result, students are more capable of maintaining positive emotional states and overall psychological wellbeing.

In this study, enhanced emotional wellbeing is reflected through increased positive affect, reduced negative affect, improved emotion regulation, and higher life satisfaction, measured using standardized instruments such as the Positive and Negative Affect Schedule, the Difficulties in Emotion Regulation Scale, and the Satisfaction With Life Scale.

Thus, the conceptual framework illustrates that ACT intervention influences emotional wellbeing through the mechanism of psychological flexibility, ultimately helping B.Sc. Nursing students manage emotional challenges effectively and improve their overall mental health and life satisfaction.

7. METHODOLOGY

7.1. Research Approach

The present study adopted a quantitative research approach to evaluate the effectiveness of the ACT intervention on emotional wellbeing among B.Sc. Nursing students. The quantitative approach allows for objective measurement of emotional wellbeing variables and statistical comparison of outcomes before and after the intervention.

7.2. Research Design

A quasi-experimental pre-test and post-test control group design was used for the study.

In this design, participants were divided into two groups:

- Interventional group – received the ACT intervention
- Control group – did not receive the intervention during the study period

Both groups were assessed before (pre-test) and after (post-test) the intervention to determine the effectiveness of the therapy.

7.3. Setting of the Study

The study was conducted in Bhaarath college of Nursing among third year B.Sc. Nursing students. The institutions was chosen based on accessibility, feasibility, and willingness of the management to permit the study.

7.4. Population

The target population for the study comprised third year B.Sc. Nursing students studying in Bhaarath college of Nursing (88 samples). The accessible population included students who were present during the period of data collection and met the eligibility criteria.

7.5. Sample Size

A total of 88 B.Sc. Nursing third year students were selected for the study.

- Experimental group – 44 students
- Control group – 44 students

7.6. Sampling Technique

A non-probability convenience sampling technique was used to select the participants based on availability and willingness to participate in the study.

7.7. Criteria for Sample Selection

Inclusion Criteria

The study included students who:

- Were in third year B.Sc. Nursing
- Were willing to participate in the study
- Provided informed consent
- Were available during the intervention period

Exclusion Criteria

Students were excluded if they:

- Were currently receiving psychological or psychiatric treatment
- Were absent during the intervention sessions

7.8. Variables of the Study

Independent Variable

The independent variable in this study was the ACT intervention program.

Dependent Variable

The dependent variable was emotional wellbeing among B.Sc. Nursing students.

Demographic Variables

Selected demographic variables included:

Age, Gender, Family type, Residence (hostel/day scholar), Socioeconomic status

7.9. Description of the Intervention

The intervention used in this study was based on the principles of Acceptance and Commitment Therapy developed by Steven C. Hayes.

Duration of Intervention: 8 weeks

Frequency: 1 session per week

Session Duration: 60–90 minutes

Mode of Delivery: Group-based psychological intervention conducted through structured sessions.

7.10. Structure of ACT Intervention

Week	ACT Component	Activities
Week 1	Introduction	Psychoeducation on emotional wellbeing and stress
Week 2	Mindfulness	Breathing exercises and present-moment awareness
Week 3	Acceptance	Learning to accept unpleasant emotions
Week 4	Cognitive Defusion	Techniques to detach from negative thoughts
Week 5	Self-as-Context	Developing flexible self-perspective
Week 6	Values Clarification	Identifying personal values and life goals
Week 7	Committed Action	Goal setting and value-based actions
Week 8	Integration	Applying ACT skills in daily life

7.11. Instruments for Data Collection

Data were collected using standardized psychological assessment tools.

1. Demographic Questionnaire

A self structured questionnaire was used to collect demographic information from the participants including Age, Gender, Family type, Residence (hostel/day scholar), Socioeconomic status

2. Positive and Negative Affect Schedule (PANAS)

The Positive and Negative Affect Schedule was developed by David Watson, Lee Anna Clark, and Auke Tellegen in 1988. The scale is widely used to measure positive and negative emotional states in psychological research and clinical studies.(Tran, 2013)

Structure of the Tool

The PANAS consists of 20 self-report items divided into two subscales:

- Positive Affect (PA) – 10 items
- Negative Affect (NA) – 10 items

Positive affect items measure emotions such as enthusiastic, active, alert, inspired, and determined, while negative affect items measure emotions such as distressed, upset, guilty, scared, and nervous.

Response Format

Each item is rated on a 5-point Likert scale:

- 1 – Very slightly or not at all
- 2 – A little
- 3 – Moderately
- 4 – Quite a bit
- 5 – Extremely

Scoring Procedure

Scores are calculated separately for the two subscales.

- Positive Affect score range: 10 – 50
- Negative Affect score range: 10 – 50

Higher positive affect scores indicate greater levels of positive emotional experience, whereas higher negative affect scores indicate greater emotional distress or negative mood.

Validity

The PANAS demonstrates strong construct validity, convergent validity, and discriminant validity across diverse populations including students and clinical samples. The scale has been widely validated in cross-cultural research settings.

Reliability

The internal consistency reliability reported by the authors shows:

- Positive Affect: Cronbach's alpha = 0.86 – 0.90
- Negative Affect: Cronbach's alpha = 0.84 – 0.87

Test–retest reliability over an eight-week period ranges between 0.47 and 0.68, indicating acceptable stability of the measure.

3. Difficulties in Emotion Regulation Scale (DERS)

The Difficulties in Emotion Regulation Scale was developed by Kimberly L. Gratz and Lizabeth Roemer in 2004. The scale assesses multiple dimensions of emotion regulation difficulties.(Gratz & Roemer, 2015)

Structure of the Tool

The DERS consists of 36 items grouped into six subscales:

1. Non-acceptance of emotional responses
2. Difficulties engaging in goal-directed behavior
3. Impulse control difficulties
4. Lack of emotional awareness
5. Limited access to emotion regulation strategies
6. Lack of emotional clarity

These dimensions together assess an individual's ability to regulate and manage emotional responses effectively.

Response Format

Items are rated on a 5-point Likert scale:

- 1 – Almost never (0–10%)
- 2 – Sometimes (11–35%)
- 3 – About half the time (36–65%)
- 4 – Most of the time (66–90%)
- 5 – Almost always (91–100%)

Scoring Procedure

Scores are summed across all items to obtain a total emotion regulation difficulty score.

- Total score range: 36 – 180

Higher scores indicate greater difficulties in emotion regulation, while lower scores indicate better emotional regulation ability.

Validity

The DERS demonstrates strong construct validity and convergent validity with other emotional regulation and psychological distress measures. Factor analysis supports the six-factor structure of the scale.

Reliability

The scale has demonstrated high internal consistency:

- Total scale Cronbach's alpha = 0.93

Subscale reliabilities range between 0.80 and 0.89, indicating good reliability.

Test–retest reliability over 4 to 8 weeks has been reported at 0.88, demonstrating good temporal stability.

4. Satisfaction With Life Scale (SWLS)

The Satisfaction With Life Scale was developed by Ed Diener, Robert A. Emmons, Randy J. Larsen, and Sharon Griffin in 1985. The scale measures an individual's overall cognitive evaluation of life satisfaction.(Diener et al., 1985)

Structure of the Tool

The SWLS consists of 5 items designed to assess global life satisfaction rather than satisfaction with specific life domains.

Sample items include statements such as:

- “In most ways my life is close to my ideal.”
- “I am satisfied with my life.”

Response Format

Participants respond using a 7-point Likert scale:

- 1 – Strongly disagree
- 2 – Disagree
- 3 – Slightly disagree
- 4 – Neither agree nor disagree
- 5 – Slightly agree
- 6 – Agree
- 7 – Strongly agree

Scoring Procedure

The total score is obtained by summing responses to the five items.

- Score range: 5 – 35

Interpretation of scores:

- 31–35: Extremely satisfied
- 26–30: Satisfied
- 21–25: Slightly satisfied
- 20: Neutral
- 15–19: Slightly dissatisfied

- 10–14: Dissatisfied
- 5–9: Extremely dissatisfied

Higher scores indicate greater life satisfaction.

Validity

The SWLS has demonstrated strong construct validity, convergent validity, and discriminant validity. The scale correlates significantly with measures of psychological wellbeing and happiness.

Reliability

The internal consistency of the scale is high:

- Cronbach's alpha = 0.87

Test–retest reliability over two months has been reported at 0.82, indicating good stability.

7.12. Data Collection Procedure

1. Institutional ethical clearance obtained.
2. Informed consent secured.
3. Pretest conducted.
4. ACT intervention implemented for 8 weeks.
5. Posttest conducted immediately after intervention.
6. Data analyzed using descriptive and inferential statistics.

8. STATISTICAL ANALYSIS

Data were analyzed using descriptive and inferential statistics to determine the effectiveness of Acceptance and Commitment Therapy on emotional wellbeing among third year B.Sc. Nursing students.

Emotional wellbeing was measured using:

- Positive and Negative Affect Schedule
- Difficulties in Emotion Regulation Scale
- Satisfaction With Life Scale

Statistical significance was set at $p < 0.05$.

Table 1: Distribution of Participants by Demographic Variables (N = 88)

Variable	Category	Frequency	Percentage
Age	18–20 years	52	59.1%
	21–23 years	36	40.9%
Gender	Female	72	81.8%
	Male	16	18.2%
Residence	Hostel	55	62.5%
	Day scholar	33	37.5%

Interpretation

This table presents the demographic characteristics of the participants included in the study. Out of the total sample of 88 B.Sc. Nursing students, the majority of the participants (59.1%) belonged to the age group of 18–20 years, while 40.9% were in the age group of 21–23 years. This indicates that most of the students were in the early stage of their undergraduate nursing education.

With regard to gender distribution, 81.8% of the participants were female, while 18.2% were male. This distribution reflects the typical gender pattern observed in nursing education programs where female students constitute the majority.

With respect to residential status, 62.5% of the students were hostel residents, while 37.5% were day scholars. Hostel students may experience different environmental and academic stressors compared to day scholars, which could influence their emotional wellbeing.

Overall,(Gobindgarh et al., 2026) the table indicates that the study sample consisted predominantly of young female nursing students residing in hostels, which is consistent with the demographic characteristics typically seen in nursing institutions.

Table 2: Pre-Test Emotional Wellbeing Scores in Experimental and Control Groups

Variable	Experimental Mean \pm SD	Control Mean \pm SD	t-value	p-value
Positive Affect	27.9 \pm 6.1	28.4 \pm 6.3	0.36	0.71
Negative Affect	33.1 \pm 7.2	32.6 \pm 6.9	0.31	0.75
Emotion Regulation	106.2 \pm 15.4	104.8 \pm 14.9	0.42	0.67
Life Satisfaction	18.5 \pm 4.1	18.9 \pm 4.3	0.44	0.65

Interpretation

This table compares the baseline emotional wellbeing scores of the experimental and control groups before the implementation of the ACT intervention.

The mean positive affect score in the experimental group was 27.9 ± 6.1 , while in the control group it was 28.4 ± 6.3 . The calculated t-value (0.36) with a p-value of 0.71 indicates that there was no statistically significant difference between the two groups in terms of positive emotional experiences at baseline.

Similarly, the mean negative affect score for the experimental group was 33.1 ± 7.2 , whereas the control group had a mean score of 32.6 ± 6.9 . The t-value (0.31) and p-value (0.75) show that the difference between the groups was not statistically significant.

In terms of emotion regulation difficulties, the experimental group had a mean score of 106.2 ± 15.4 , and the control group had a mean score of 104.8 ± 14.9 . The obtained p-value (0.67) indicates that there was no significant difference between the two groups prior to the intervention.

For life satisfaction, the experimental group recorded a mean score of 18.5 ± 4.1 , while the control group had a mean score of 18.9 ± 4.3 . The statistical test again revealed no significant difference between the groups.

Overall, the findings from this table indicate that both groups were homogeneous and comparable at baseline, which supports the internal validity of the study and ensures that any post-intervention differences can be attributed to the ACT intervention rather than pre-existing differences.

Table 3: Post-Test Emotional Wellbeing Scores

Variable	Experimental Mean \pm SD	Control Mean \pm SD	t-value	p-value
Positive Affect	36.8 \pm 5.6	29.4 \pm 6.1	6.21	<0.001
Negative Affect	21.6 \pm 6.0	31.8 \pm 6.7	7.03	<0.001
Emotion Regulation	83.5 \pm 11.8	102.4 \pm 14.2	6.74	<0.001
Life Satisfaction	26.3 \pm 4.5	19.6 \pm 4.7	6.02	<0.001

Interpretation

This table presents the comparison of post-test emotional wellbeing scores between the experimental and control groups following the implementation of the ACT intervention.

The mean positive affect score in the experimental group increased to 36.8 ± 5.6 , while the control group recorded a mean score of 29.4 ± 6.1 . The obtained t-value (6.21) with a p-value of <0.001 indicates a highly significant difference between the two groups. This suggests that the ACT intervention was effective in enhancing positive emotional experiences among nursing students.

In contrast, the mean negative affect score in the experimental group decreased to 21.6 ± 6.0 , whereas the control group maintained a relatively higher mean score of 31.8 ± 6.7 . The difference between the groups was statistically significant ($p < 0.001$), indicating that the ACT intervention helped reduce negative emotional states such as stress, anxiety, and distress.

Regarding emotion regulation difficulties, the experimental group recorded a significantly lower mean score of 83.5 ± 11.8 , compared to 102.4 ± 14.2 in the control group. Since higher scores on the emotion regulation scale indicate greater difficulty in regulating emotions, the lower scores in the experimental group suggest improved emotional regulation abilities following the intervention.

Similarly, the mean life satisfaction score in the experimental group increased to 26.3 ± 4.5 , while the control group had a mean score of 19.6 ± 4.7 . The statistical analysis revealed a significant difference between the groups ($p < 0.001$), indicating that the ACT intervention contributed to a higher level of satisfaction with life among the students.

Overall, the results of this table clearly demonstrate that students who participated in the ACT intervention experienced significant improvements in emotional wellbeing compared to those who did not receive the intervention. ("Supplemental Material for Trauma-Informed Acceptance and Commitment Therapy With Peer Coaching for College Students: A Pilot Randomized Controlled Trial," 2025)

Table 4: Pre-Test and Post-Test Comparison in Experimental Group (Paired t-test)

Variable	Pre-test Mean	Post-test Mean	t-value	p-value
Positive Affect	27.9	36.8	8.12	<0.001
Negative Affect	33.1	21.6	9.05	<0.001
Emotion Regulation	106.2	83.5	9.62	<0.001
Life Satisfaction	18.5	26.3	8.54	<0.001

Interpretation

This table presents the comparison between pre-test and post-test scores within the experimental group using the paired t-test.

The mean positive affect score increased from 27.9 in the pre-test to 36.8 in the post-test, indicating a substantial improvement in positive emotional experiences. The obtained t-value (8.12) and p-value (<0.001) indicate that this improvement was statistically highly significant.

Similarly, the mean negative affect score decreased from 33.1 in the pre-test to 21.6 in the post-test. The reduction in negative emotions such as stress, anxiety, and sadness indicates that the ACT intervention was effective in helping students manage their emotional responses more effectively.

With respect to emotion regulation difficulties, the mean score decreased from 106.2 in the pre-test to 83.5 in the post-test. This reduction indicates that the students developed better skills for regulating and managing their emotions after participating in the ACT sessions.

Furthermore, the mean life satisfaction score increased from 18.5 in the pre-test to 26.3 in the post-test, demonstrating that the intervention had a positive influence on the students' overall perception of their life and wellbeing.

The statistically significant differences observed in all variables indicate that the ACT intervention led to significant improvements in emotional wellbeing among the nursing students.

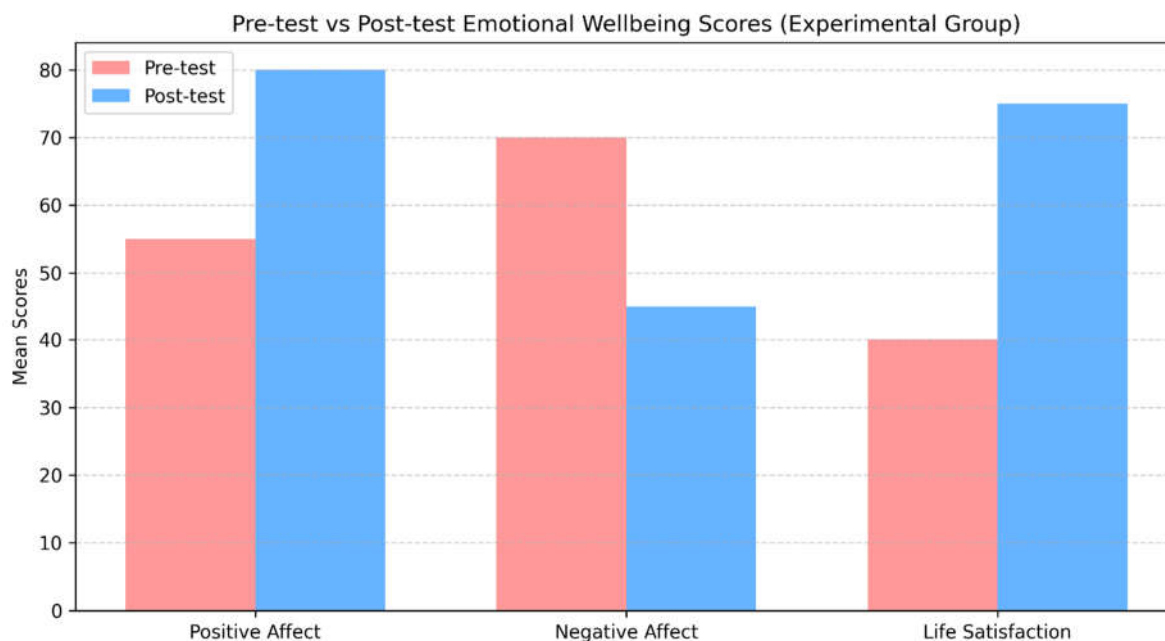


Fig 2: Pre-test vs Post-test Emotional Wellbeing Scores (Experimental Group)

Table 5: Association Between Emotional Wellbeing and Demographic Variables

Variable	χ^2 Value	p-value	Significance
Age	1.82	0.17	Not significant
Gender	2.11	0.14	Not significant
Residence	1.64	0.19	Not significant

Interpretation

This table presents the association between emotional wellbeing and selected demographic variables of the participants using the chi-square test.

The results revealed that there was no statistically significant association between emotional wellbeing and age, as the obtained p-value was greater than the level of significance ($p > 0.05$). This suggests that emotional wellbeing levels were relatively similar across different age groups of nursing students.

Similarly, gender was not significantly associated with emotional wellbeing, indicating that both male and female students experienced similar levels of emotional wellbeing in this study.

No significant association was found between residential status and emotional wellbeing, indicating that hostel residents and day scholars had comparable emotional wellbeing levels.

Overall, the findings suggest that academic year may play an important role in influencing emotional wellbeing among nursing students, while other demographic factors showed minimal influence.

9. DISCUSSION

The present study examined the effectiveness of Acceptance and Commitment Therapy (ACT) in improving emotional wellbeing among B.Sc. Nursing students.

The results revealed that students who participated in the ACT intervention demonstrated significant improvements in positive affect, emotion regulation, and life satisfaction, along with a reduction in negative emotional states.

These findings support the theoretical framework proposed by Steven C. Hayes, who emphasized that ACT enhances psychological flexibility, enabling individuals to accept difficult emotions and engage in value-based actions.

The increase in positive affect measured through the PANAS suggests that ACT interventions can promote adaptive emotional responses among students facing academic stress.

Similarly, the reduction in emotion regulation difficulties measured through the DERS indicates that ACT improves the ability to manage emotional experiences effectively.

Furthermore, the improvement in life satisfaction measured using the SWLS demonstrates that ACT helps students develop a more positive perspective toward their lives and academic challenges.

These findings are consistent with previous studies which reported that ACT interventions significantly improve psychological wellbeing and reduce stress among university students.

Nursing students often experience clinical training stress, academic pressure, and emotional demands, making psychological support interventions particularly important.

IMPLICATIONS OF THE STUDY

The findings of the present study have important implications for nursing education, nursing practice, nursing administration/management, and nursing research. Since emotional wellbeing plays a vital role in the academic performance and professional development of nursing students, integrating psychological interventions such as ACT can contribute significantly to improving students' mental health and resilience.

1. Implications for Nursing Education

The findings of the study highlight the importance of promoting emotional wellbeing and psychological resilience among nursing students during their professional training.

1. Nursing education programs can incorporate structured psychological interventions such as Acceptance and Commitment Therapy (ACT) into the curriculum to help students develop emotional coping skills.

2. Training sessions focusing on mindfulness, acceptance, emotional awareness, and value-based action can be introduced as part of student support programs.
3. Nursing educators can organize workshops, seminars, and mental health awareness programs to help students understand and manage emotional stress associated with academic workload and clinical training.
4. Incorporating ACT-based strategies in nursing education may help students develop psychological flexibility, which improves their ability to handle stressful clinical situations.
5. Faculty members can be trained to identify early signs of emotional distress, burnout, and psychological difficulties among nursing students and provide appropriate support or referral.
6. Educational institutions may introduce student wellbeing programs that include counseling services, mindfulness sessions, and emotional skill development activities.
7. Promoting emotional wellbeing in nursing education may also improve academic performance, clinical competence, and professional confidence among nursing students.

2. Implications for Nursing Practice

Emotional wellbeing is essential for nurses who work in demanding healthcare environments. The results of the study suggest that ACT interventions can support nurses in managing stress and improving psychological resilience.

1. ACT-based interventions can be used in clinical settings to help nurses manage occupational stress, emotional exhaustion, and compassion fatigue.
2. Nurses who develop emotional regulation skills are better able to provide empathetic and patient-centered care.
3. Improved emotional wellbeing among nursing professionals may enhance decision-making abilities, communication skills, and patient safety.
4. Mindfulness and acceptance strategies learned through ACT can help nurses remain present-focused and attentive while dealing with complex clinical situations.
5. Healthcare institutions can organize stress management and mental wellbeing programs for nurses using ACT principles.
6. Practicing nurses who are emotionally resilient are more likely to maintain professional satisfaction and long-term career commitment.

3. Implications for Nursing Administration / Management

The study findings emphasize the need for nursing administrators to recognize the importance of mental health support for nursing students and professionals.

1. Nursing administrators can implement institutional mental health policies that promote emotional wellbeing among students and staff.
2. ACT-based training programs can be integrated into orientation and professional development programs for nurses.
3. Nursing management can establish counseling services and psychological support systems within educational and healthcare institutions.
4. Institutions may allocate resources for mental health promotion programs, including stress management workshops and psychological resilience training.
5. Nursing administrators can collaborate with psychologists and mental health professionals to develop structured wellbeing interventions for nursing students.
6. Promoting emotional wellbeing among nurses may help reduce burnout, absenteeism, and staff turnover in healthcare settings.
7. Administrators can also establish peer support groups and mentoring programs to provide emotional support among nursing students and staff.

4. Implications for Nursing Research

The present study contributes to the growing body of research on psychological interventions in nursing education and opens several opportunities for future research.

1. Future studies can replicate the present research with larger sample sizes and multiple institutions to enhance the generalizability of the findings.
2. Longitudinal studies can be conducted to examine the long-term effects of ACT interventions on emotional wellbeing among nursing students.
3. Comparative studies may explore the effectiveness of ACT in comparison with other psychological interventions such as Cognitive Behavioral Therapy (CBT) or mindfulness-based interventions.
4. Researchers may investigate the role of ACT in reducing burnout, stress, anxiety, and depression among nursing professionals.
5. Further research can explore the impact of ACT interventions on academic performance, clinical competence, and professional development.
6. Mixed-method research approaches can be used to explore students' experiences and perceptions of ACT interventions.
7. Future research can also examine the integration of digital or web-based ACT programs for nursing students to improve accessibility and scalability.

11. CONCLUSION

The findings of the study highlights that Acceptance and Commitment Therapy is a valuable psychological intervention that can enhance emotional wellbeing, improve emotion regulation, and increase life satisfaction among nursing students. Integrating ACT-based wellbeing programs within nursing education may help prepare students to manage academic and clinical stress more effectively and promote their personal and professional development.

Future research may focus on conducting longitudinal studies with larger samples and exploring the integration of ACT-based mental health programs across different nursing institutions to further strengthen the evidence for its effectiveness.

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