



Evaluating the Impact of Flexibility Model on the Adjustment of Female Hostelite Students

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Abstract

The personality of human beings is shaped by the environment and vice versa. Numerous studies have shown that an individual's personality is influenced or shaped by socio-cultural and developmental background. The aim of the study was to select female participants dealing from adjustment issues, and explore the impact of flexibility model of Acceptance and Commitment Therapy on female hostelite students. This experimental research design was evaluating the impact of a flexibility model on the adjustment of female hostelite students. In this research, all techniques of the flexibility model were used to reduce the adjustment issues of female hostelite students. The pre-test and post-test with a quasi-experimental research design was used. A purposive sampling technique was used, to collect data from 16 female hostelite students. For data analysis, the Wilcoxon signed rank test was carried out through SPSS Software. In single pre-test and posttest, the assessment tool was provided to the female hostelite students and completed before and after provided the intervention. The brief adjustment scale-6 was used to measure their adjustment issues before the intervention provided. Although, the post-test was used to measure their adjustment issues after provided the intervention. Therefore, total number of sessions included 10 and each session was consisted of 30-40 minutes. The result was likely suggest that the flexibility model have a significant improvement for reducing the adjustment issues of female hostelite students.

Keywords: Adjustment Issues, Evaluating, Flexibility Model, Female Hostelite

Introduction and Literature Review

Around the world, many people today prefer living in hostels while pursuing their education. In the past, individuals from villages or small towns often struggled to access high-quality education due to their underdeveloped areas. However, parents now recognize the importance of education and encourage their children to become responsible and independent by living in hostels. Additionally, several individuals struggle to adapt to new surroundings, leading to feelings of frustration, irritation, and disturbance. People reside in hostels for various reasons, including education and employment, where students and workers coexist and share experiences. Students often find hostel life challenging as they encounter obstacles related to social interactions, which can result in feelings of loneliness, homesickness, and isolation (Worsely et

al., 2021). A recent study has highlighted a concerning issue regarding the mental health of female students residing in hostels. It was found that an alarming 67% of these students reported experiencing depression, with the severity ranging from mild to severe. The research identified several contributing factors to this mental health struggle, particularly emphasizing the impact of inadequate support systems and disturbances caused by roommates. These elements appear to significantly affect the overall well-being of the students (Batta & Bhatt, 2023). The environment significantly impacts everyone's life. Living in a hostel can be quite challenging compared to life at home. Sharing rooms with different people can lead to clashes in personalities due to diverse cultural beliefs. These conflicts can negatively affect students' mental and physical health, causing increased aggression, disturbances in sleep patterns, fatigue, emotional outbursts, and various physical issues that can easily disrupt their quality of life (Ronika et al., 2023). Research shows that students from diverse cultural backgrounds who live in hostels often faced challenges that affect their academic performance, personality development, and overall quality of life. The research indicates that approximately 80% of student's experience psychological problems and feelings of homesickness while living in hostels (Uran et al., 2003). Hostel students experienced significant behavioral changes due to poor health habits, which increased their risk of chronic diseases. Additionally, many hostel students dealt with stressors such as phobias and depression, which adversely affected both their mental and physical health, as well as their academic performance (Ahmad et al., 2023). The study indicated that patients who underwent the intervention exhibited greater psychological flexibility and an improved emotional state compared to the control group (Coto-lesmess et al., 2020). Another study revealed a notable difference in psychological adjustment issues between girls from urban and rural backgrounds. It further showed that students from urban regions exhibited better psychological adjustment compared to those from rural areas (Praveen et al., 2019). The findings indicated that the experimental group exhibited greater psychological flexibility, improved school engagement, and better mental health, along with reduced levels of depression, anxiety, and stress compared to the control group (Gregoire et al., 2018). The research reported that anxiety and stress were quite common among students living in hostels, with common causes including separation from home, financial crises, and academic pressures (Ahmad et al., 2023). One common and significant source of stress is noise (Klatte et al., 2013). (Cerletti et al., 2020) found that incessant noise pollution not only contributes to increased stress levels but can also lead to health issues such as anxiety and depression, ultimately diminishing daily well-being and life satisfaction.

Method

Research Design

Single group pre-test and post-test quasi experimental research design was used to see the effects of intervention before and after application of the therapy on the participants among female hostelite students.

Sample

The data was collected from female hostelite students and purposive sampling was used for a selected population through inclusion criteria. These students living in hostels for at least one year and sample size consisted of 16 female hostelite students were selected through purposive sampling technique according to their applicability of the study's aim.

Demographic Sheet

The demographic sheet was a contracted to gather significant information of participants establishing a thorough comprehension of the sample's characteristics. The factors included contact number, age of participants, their birth order and questions related to preferred language

Were asked. Also there were questions regarding their marital status, no of siblings, and family system. Furthermore, the questions were related their duration of stay hostels were also asked. Although, participants were asked to state whether they are going to any psychological or physical illness or not.

Brief Adjustment Scale-6

Brief adjustment scale is a self-administered report and it took 1-2 minutes to complete it. This scale measures the psychological adjustment issues (Smith et al., 2011). The scale was consisted of six items whereas the three items indicates anger, anxiety and depression, and other three represents emotional distress includes self-esteem, interpersonal relationship and academic performance. The scale is a 7 Likert scale from (1 indicates not at all, 4= somewhat, and 7 indicates extremely). The higher score of this scale was 42 the sum of all 6 items. Higher score indicates the low level of psychological adjustment issues. There were total seven options the participants select one of the most accurately which defines them best during the week. The higher score indicates 42.

Intervention

Acceptance and Commitment Therapy

Acceptance and commitment therapy was developed by Steven c, Hayes. The ACT is a psychotherapy like other therapies. Psychological flexibility plays a crucial role in how individuals manage their present situations, allowing them to respond with greater resilience and adaptability. ACT also develop positivity and enhanced psychological flexibility to accept thoughts and feelings without judgment and guilt. This approach helped individuals with chronic issues, depression, anxiety, and it was effective for other issues included adjustment and many other disorders. Major life transitions like relocating to a new place or environment can caused adjustment issues while adapting in to new setting. These difficulties can cause emotional distress, which impairs a person's capacity to cope and flourish. This distress can have included stress, anxiety, and feelings of inadequacy.

Flexibility Model

Flexibility model used as an intervention therapy to measure the adjustment issues of female hostelite students, for all those students who faced adjustment issues while living in hostels. The duration of living in hostels must not be less than 1 year. The techniques of flexibility model were used in every session as an intervention. Further, there were 10 total sessions were conducted with the participants.

Session Plan 1-10

Session: 1

- Therapist introduced about therapy, herself and explained mindfulness in detailed.
- Mindfulness technique was focused on the present moment.
- Practice a short technique of mindfulness such as the focused was on the breathing, and physical sensation.

- Through practice this technique it helped participants to be present in the moment and improved emotional regulations.
- Homework, participants must try 3 to 5 minutes in daily routine includes focus on breathing and sensation.

Session: 2

- Each session was started with mindfulness practice
- Practice deep breathing
- Introduced five senses technique
- Asked them to elaborate issues and challenges if any.

Session: 3

- Practice mindfulness exercise.
- Identify cognitive errors in thinking pattern. If participants had a negative thoughts regarding adjustment issues in hostel than label and change with positive ones.
- Explain cognitive restricting to identify their problematic thoughts according to adjust issues.
- Cognitive defusion introduced and applied.
- Explain the next technique cognitive defusion in the session.
- Discuss the challenging irrational beliefs thoughts during the sessions and understand thoughts.

Session: 4

- Start with the practice of mindfulness.
- By repeated of unhelpful thoughts help participants to detach from thoughts.
- Participants learned distance from the distressing thought.
- Importance of detached from thoughts

Session: 5

- Mindfulness practice.
- Explained the role of values clarification in adjustment issues and the potential benefits of ACT therapy
- Priorities values clarification of a participants and make a list of them.
- Worksheet for homework on values clarification
- Understanding to values clarification, participants prioritize values according to important.

Session: 6

- Check homework assignment on values clarification
- Explained about self as context
- Observing oneself
- Activities for self esteem

Session: 7

- Explain the overview of Emotional understanding
- Comprehensive session on the difference between emotions, feelings and thoughts.
- By practice this technique participant learned emotions are normal while in difficult situations.
- In the end of session participants had clear insight of understand emotions and accept without attachment, build flexibility in responded to difficult emotions.

Session: 8

- Skills training related to adjustment issues

- Overcome emotional and psychological problems

Session: 9

- Commitment technique was explained
- Skill training exercises technique
- And acceptance was also comprehensively explained
- Post assessment was done.

Session: 10

- Termination of therapy
- Therapy blue print
- Revised all activities

Procedure

The department synopsis committee (DSC) of LSBS and UOL approved the topic. After sending emails to the authors of the therapy and scales to request permission to use their therapy and scales in the current study, and then took the permission letter from the department research cell to get data collection and informed consent was also provided to the participants. In this research it was used quasi experimental research design where 16 total female hostelite students were selected through purposive sampling technique. The participants were selected on the basis of inclusion criteria. Participants were completed the brief adjustment scale-6, demographic sheet and informant consent for this research. The psychological flexibility model was applied as an intervention therapy to the participants. This self-reported questionnaire was administered before the start of the session and post-assessment was done before the last session.

Participants who had higher scores on the brief adjustment scale was selected in the study for intervention. The session was consisting of 25-30 minutes, and there were total 10 sessions with each participant. In the first session the therapist provided the comprehensive information about therapy and the techniques, the therapist also gathered information from participants and asked them to elaborate their issues related to adjustment issues. Then the participants listed their problems briefly. Although, the mindfulness technique was applied in the first session, therapist guide about the mindfulness technique and applied on the participants throughout the sessions. There were few steps to follow to applied this technique such as put focus on the preset moment, and accept their thoughts without judgement rather than avoid, become aware, if participants feel distracted during the session instruct them to refocus their attention. In the second session the therapist started the session with the mindfulness technique and practiced deep breathing for relaxation, daily practiced deep breathing with five senses technique and given them the homework. After that the third session was started with the practice of mindfulness exercise, if participants faced or deal with challenging then identify the cognitive problems according to the issue, or unhelpful thoughts included negative thoughts regarding adjustment issues in hostels and then reframe it them with positive ones. In this session also explained the importance of next technique include cognitive defusion. Therapist also discussed the challenging irrational beliefs thoughts during the sessions and understand the connection and consequences of the problematic thoughts. The fourth session started with practice of mindfulness, practiced to detach from the thoughts, with this techniques participants learned distance their distressing thoughts. Moreover, the session five, was started same from mindfulness practice and each session was estimated 25-30 minutes. In this session the therapist clarifies the values regarding adjustment issues and priority of their life goals, and make asked them to make lists of their problems. It means that they want in life, then assigned some homework on values clarification. Further, during the

session six, start to check the assignment on values clarification and taken the feedback from them. Although, therapist explained about the new technique of self as context.

In the next seventh session, the session was started with mindfulness technique, and explained about emotional understanding, provided comprehensive information on the difference between emotions, feelings and thoughts. To practice this technique, the participants learned about emotions and accept their feelings without burden in difficult situations. However, in the eight session the skill training was provided to the participants, also assigned the important skills included activates to reduce emotional and psychological problems. The ninth session was based on the commitment technique, applied this technique on the participants, skill training was also continued and introduced the acceptance technique such as acceptance of emotions, thoughts, feelings, problematic thoughts, instead of avoidance. Furthermore, the post assessment after the session was completed from the participants. In the last tenth session explained participants about the termination of therapy, provided the blue print, revised all activities, and techniques. After that summarize the session and post assessment was done to compare the scores. Coates (2025) concluded that Acceptance and commitment therapy protocol state that it can be effective for both such as group and individual setting. Therefore, this research was conducted in individual setting. Moreover, another study revealed that ACT was significantly effective for individual session and smoking cessation (Mak et al., 2020).

Result

The results in the following tables indicate that the use of intervention such as flexibility model of ACT has been effective for the reducing adjustment issues of female hostelite students. The data was analyzed through the use of SPSS-26 version.

Descriptive Statistics

The descriptive statistics was based on the demographic characteristics of the participants.

Table 1 *Demographic Characteristics of a Participants (N=16)*

Characteristics	N	%
Age		
18-21	4	25.0
22-25	9	56.0
26-29	3	18.8
Language		
Urdu	14	87.5
Other	2	12.5
Birth Order		
Elder	4	25.0
Middle	7	43.0
Younger	5	31.0

Family System		
Nuclear	11	68.0
Joint	5	31.0
Duration		
1-18 month	15	93.8
18-24 month	1	6.3
No of siblings		
1-3	6	37.5
4-6	7	43.8
7-9	3	18.8

Note. n = no. Of participants; % = percentage

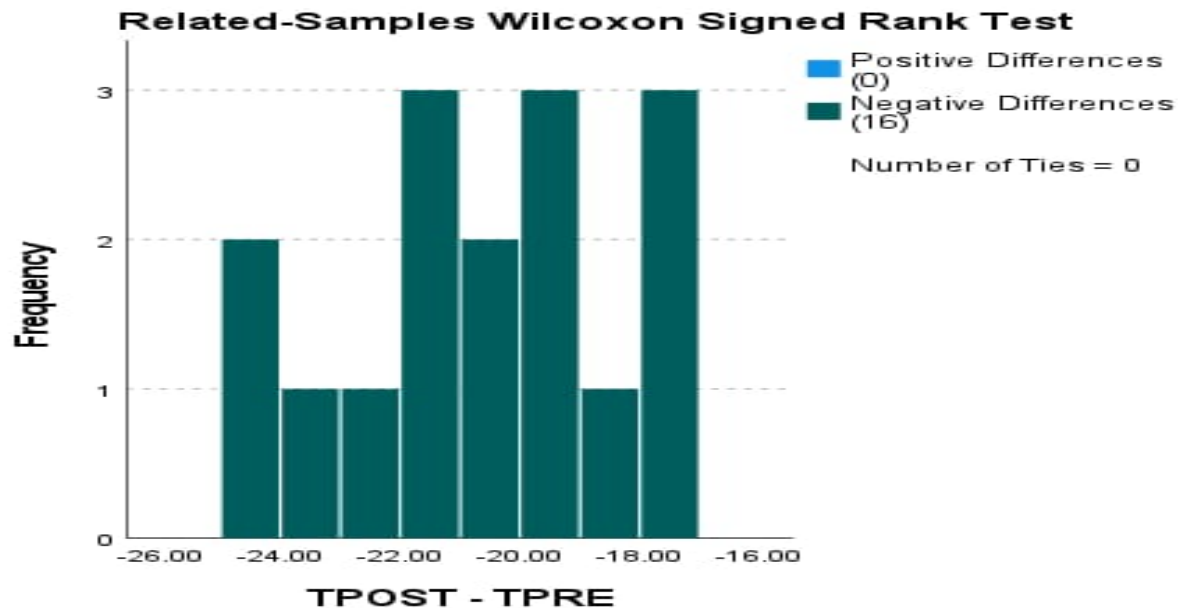
The demographic characteristics of the participants show a diverse sample across various factors. Most participants (56%) are aged 22-25, followed by 25% in the 18-21 range and 18.8% in the 26-29 range, indicating a predominantly young adult sample. Regarding language, 87.5% speak Urdu, with a smaller proportion (12.5%) speaking other languages. In terms of birth order, the majority are middle-born (43%), followed by younger-born (31%) and elder-born (25%). Most participants (68%) belong to nuclear families, with 31% from joint families, reflecting a preference for nuclear family structures. Regarding duration, 93.8% have been in their current situation for 1-18 months, suggesting that most participants are relatively new to this phase. Finally, the largest group has 4-6 siblings (43.8%), followed by 1-3 siblings (37.5%) and 7-9 siblings (18.8%), showing a tendency toward moderate family sizes.

Table 2 Wilcoxon Signed Rank Test Result (N= 16)

Dimension	SE	Mean (positive)	Mean (negative)	Sum of positive mean	Sum of negative mean	Z	P-value
Pre-post test	19.34	--	8.50	0.00	136.	-3.524	<.001

Note. SE = Standard Error; Z = Standard Test Statics

The table indicates the Wilcoxon Signed-Rank Test and results showed that all participants had a decrease in post-intervention scores. The negative ranks (cases where the post-intervention score was lower than pre-intervention) had a mean rank of 8.50, and the total sum of negative ranks was 136. No positive ranks or ties were observed, indicating a consistent reduction in scores across all cases. Therefore, the test statistic, Z, was -3.52 with a p-value of less than 0.001, which is statistically significant at the 0.001 level. This result allows us to reject the null hypothesis that there is no difference between pre- and post-intervention scores, confirming the effectiveness of the intervention in reducing scores. The consistent trend of score reduction further supports the intervention's success in achieving its intended outcome.



The Wilcoxon Signed Rank Test results show a statistically significant reduction in adjustment issues between pre-test and post-test scores (Test Statistic = 0.000, $p < 0.001$). The negative rank dominance suggests that most participants experienced a meaningful improvement in adjustment. This is further supported by the standardized test statistic of -3.524, indicating a large effect size. The graph depicts a major shift in scores, with no ties and consistent negative differences, emphasizing the effectiveness of the intervention. The highest changes are observed in emotional stability, social adaptability, and stress management, where participants showed significant reductions in difficulties. The results confirm that the intervention had a profound and consistent positive impact on adjustment challenges across the group. The figure indicates significant differences of pretest and posttest scores of flexibility model as an intervention among female hostelite students. Thus the blue lines indicate pretest before intervention and the red lines indicates post test scores after the intervention. Hence it was proved that the intervention was effective for reducing the adjustment issues of female hostelite students.

Discussion

At first, hypothesized that the flexibility model would likely have an impact on the adjustment of female hostelite students. The statistical approach revealed that the use of flexibility model as an intervention therapy was effective for reducing adjustment issues of female hostelite students. Consequently, this hypothesis was accepted, these findings agreeing with other researches that indicate a significant difference after intervention therapy and increased psychological flexibility among population. The literature mentioned below has also highlights that there was significant effect of this therapy and indicates positive outcomes in pre-test and post-test scores of participants. Therefore, according to previous research by Masoumian et al., (2021) conclude that acceptance and commitment therapy helps participants to reduce anger issues. ACT shown significantly changings in the anger outcomes. Furthermore, in the current study the results were also significantly effective for reducing adjustment issues by using flexibility model as an intervention. Berkout et al., (2019) analysis that psychological flexibility model has shown the positive effects related to problems like aggression, anger and hostility. Additional evidence includes by Avdagic et al. (2014) founds the effects of acceptance and commitment therapy for generalized anxiety disorder was effective and significantly improved the symptoms. Twohig

and Levin, (2017) demonstrated that ACT was effective for the treatment of psychological problems and improved symptoms reduction, however it also increased psychological flexibility.

These results were much relating with the current study such as flexibility model had positive impact on adjustment issues. Landy et al. (2015) concluded that ACT is an increasingly evidence-based treatment for anxiety. Similarly, a study by Zhao et al. (2023) examined the effects of acceptance and commitment therapy is beneficial in lowering the symptoms of depression. Zemestani and Muzaffari (2020) found acceptance and commitment therapy as helpful treatment for depression, improvement in emotional regulation, psychological well-being and psychological flexibility. Moreover, pre-test of participant on brief adjustment scale was higher but after the intervention of flexibility.

Research conducted by Mirmohammad et al. (2022) Acceptance and commitment therapy attempts to actively manage stress, pain, and suffering that a person experience. According to Saadmanesh and Babaie (2017), examined Acceptance and commitment therapy shown decreased level of self-esteem and anxiety symptoms. Rasooli Ali Abadi (2018) reveled that ACT significantly increased self-esteem, and decreased the concerns about body image and depression symptoms among women. Rezaee et al. (2020) confirmed that ACT was significantly reduced symptoms of social phobia and increased self-esteem among participants. Amlashi et al. (2022) found that ACT was beneficial for self-esteem. Saadati et al. (2021) further investigated that ACT was effective for improving self-esteem. Hashemizadeh et al. (2023) found that ACT was significantly effective for the self-esteem and reduce other problems. Moreover, the Azadeh et al. (2015) revealed that interpersonal relationship problems were significantly improved and increased psychological flexibility. Moreover, pretest of participants on brief adjustment scale was higher but after the internvetion of flexibility model the scores of participant on posttest was low. So this research was effective as an internvetion used for adjustment isseus of female hostelite students. According to Paliliunas et al. (2018) revealed that ACT intervention was helpful for academic performance and psychological flexibility.

Conclusion

This study evaluated the impact of flexibility model on the adjustment of a female hostelite students. The Result indicates that flexibility model as an intervention was effective to reduce adjustment issues of female hostelite students. Data analysis through Wilcoxon signed ranked test it was revealed that the model of flexibility model used as an intervention was significantly improved the post-scores after the intervention and developed psychological flexibility among female hostelite students.

Limitation and Suggestions

Unfortunately, the present study aggravates the said limitations:

- Due to limited timespan and timeline there could not be an in-depth analysis for the outcomes as supposed by qualitative interventions in research.
- Some students showed little to know enhancement in their lifestyle sue to personal and environmental factors affecting them.
- Personal boundaries and individualistic lifestyle may also affect the outcomes of this study, to render such outcomes are considered outliers.
- Due to lack of Indigenous researches in the generated model the results may vary if utilized on any other population.

As per the said limitations, the following recommendations are made for future endeavors of researchers pursuing this theme:

- The researchers are recommended to amplify the scale and time frame for an in-depth analysis.
- Utilization of resources, such as therapeutic interventions must be devised with the help of experts and coexisting factors should also be studied or limited.

Implications

Present study is said to propose obliging implications in the emerging field of flexibility model and its implications in Pakistan.

- To utilize the resources regarding the successful outcomes and adaptive behaviors for stress management.
- To help create an indigenous measurement and assessment tool for the construct of psychological flexibility.
- To enhance, educate and amplify the already existing understanding of the flexibility model in indigenous population.
- To utilize the therapeutic interventions regarding the flexibility model for enhanced outcomes in clinical and non-clinical practices.

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