

Predictors of burnout, compassion satisfaction, and secondary traumatic stress: Dimensions of reflective practice among helping professionals

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Abstract

Helping professionals are routinely exposed to emotionally demanding situations, trauma narratives, and chronic interpersonal stressors that may adversely affect their professional quality of life (ProQOL). Reflective practice has been conceptualized as a professional competency that may support resilience and adaptive functioning; however, limited evidence exists regarding which dimensions of reflective practice are most strongly associated with burnout, compassion satisfaction, and secondary traumatic stress (STS). This study examined whether dimensions of reflective practice significantly predict professional quality-of-life outcomes among helping professionals. A quantitative cross-sectional predictive design was utilized involving 63 helping professionals from various service-oriented professions. Participants completed the Professional Quality of Life Scale Version 5 (ProQOL-5) and the Reflective Practice Questionnaire (RPQ). Descriptive statistics, Pearson correlations, and multiple regression analyses were performed using standardized variables. Results indicated that stress interacting with clients significantly predicted higher burnout ($\beta = .50, p = .002$), whereas communication confidence significantly predicted lower burnout ($\beta = -.35, p = .001$). Reflective-on-action significantly predicted higher STS ($\beta = .45, p = .026$), while communication confidence significantly predicted lower STS ($\beta = -.31, p = .041$). Compassion satisfaction was positively predicted by job satisfaction ($\beta = .47, p < .001$) and communication confidence ($\beta = .46, p < .001$). The regression models accounted for substantial variance in burnout ($R^2 = .76$), STS ($R^2 = .52$), and compassion satisfaction. Findings suggest that communication confidence and stress during client interactions are salient and potentially modifiable predictors of professional quality of life among helping professionals. Structured reflective supervision, communication-skills enhancement, and organizational support systems may reduce occupational distress while enhancing professional fulfillment.

Keywords: reflective practice, professional quality of life, burnout, compassion satisfaction, secondary traumatic stress, helping professionals

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1. Introduction

Helping professionals, including counselors, psychologists, social workers, nurses, educators, and healthcare providers, regularly encounter emotionally demanding situations involving trauma exposure, psychological distress, crisis intervention, and complex interpersonal interactions. Although helping work can foster personal meaning and professional fulfillment, prolonged exposure to occupational stressors may negatively affect psychological well-being and professional functioning. The dual nature of helping work highlights the importance of examining both protective and risk factors associated with professional quality of life (ProQOL).

Professional quality of life refers to the positive and negative consequences associated with helping others in distress (Stamm, 2010). The ProQOL framework encompasses three interrelated domains: compassion satisfaction, burnout, and secondary traumatic stress (STS). Compassion satisfaction refers to the fulfillment and sense of accomplishment derived from helping others effectively. Burnout reflects chronic occupational stress characterized by emotional exhaustion, cynicism, depersonalization, and reduced professional efficacy (Maslach & Leiter, 2016). Secondary traumatic stress refers to trauma-related distress resulting from indirect exposure to the traumatic experiences of others through empathic engagement and professional caregiving roles (Figley, 1995).

Burnout and secondary traumatic stress among helping professionals are increasingly recognized as serious global and local concerns. Internationally, Tessitore et al. (2023) demonstrated that STS significantly contributed to burnout among refugee-sector professionals, while Sagherian et al. (2024) identified job stress and poor communication as robust occupational risk factors for burnout across healthcare contexts globally. In the Philippine setting, Artiola (2025) found that school counselors experienced moderate burnout and elevated secondary traumatic stress, with excessive work demands and simultaneous exposure to student crises identified as primary contributing factors. Similarly, Villanueva and Aranda (2025) demonstrated that age and years of experience significantly predicted ProQOL among Filipino counselors, with older and more experienced practitioners reporting higher compassion satisfaction and lower burnout. Caga and Avelino (2022) likewise documented that job demands and limited job resources were significant predictors of burnout among Filipino teachers during the COVID-19 pandemic, underscoring the systemic occupational vulnerabilities affecting helping and educational professionals in the Philippines.

The present study addresses a specific gap in the existing Philippine literature: while ProQOL outcomes among Filipino professionals have been documented (Artiola, 2025; Bonganciso & Bonganciso, 2022; Villanueva & Aranda, 2025), no prior study in the Philippine context has simultaneously examined how multiple dimensions of reflective practice predict burnout, compassion satisfaction, and STS within a unified predictive framework. The novelty of this study lies in applying the Reflective Practice Questionnaire (RPQ; Priddis & Rogers, 2018), a multidimensional instrument capturing communication confidence, reflective-on-action, stress interacting with clients, and related dimensions, to examine their joint predictive associations with ProQOL outcomes, thereby extending the international reflective practice literature into a Filipino professional context.

Reflective practice has long been regarded as a core competency in helping professions. Schön (1983) described reflective practice as the capacity to critically examine one's experiences, assumptions, and professional actions to improve future practice. Reflection-in-action involves ongoing reflection during professional encounters, whereas reflection-on-action involves retrospective analysis following practice experiences. Reflective practice is associated with improved clinical reasoning, ethical sensitivity, emotional awareness, and professional growth (Mann et al., 2009). However, reflective practice is not uniformly adaptive. While constructive reflection may facilitate insight and professional growth, excessive or negatively focused reflection may resemble rumination and

contribute to emotional distress, particularly among helping professionals exposed to traumatic client narratives (Adams et al., 2006). Öner et al. (2024) empirically demonstrated that reflective rumination among healthcare workers significantly predicted traumatic stress through heightened recollective engagement with distressing memories, further complicating simplistic notions of reflection as uniformly protective.

Given the education-focused context of this journal and the institutional contexts within which Filipino helping professionals operate, this study also considers practical implications for counselor education programs, professional development training, and school-based wellness initiatives. Understanding which reflective practice dimensions are most strongly associated with ProQOL outcomes has direct relevance for curriculum design, supervision frameworks, and institutional policies aimed at sustaining the occupational well-being of school counselors, student affairs professionals, and educator-helpers in Philippine educational settings. The present study examined whether dimensions of reflective practice, specifically communication confidence, reflective-on-action, stress interacting with clients, job satisfaction, and self-appraisal, were significantly associated with burnout, compassion satisfaction, and STS among helping professionals in the Philippines.

2. Methodology

Research Design - This study employed a quantitative cross-sectional predictive research design. A cross-sectional approach was appropriate because the study aimed to investigate naturally occurring associations among variables at a single point in time without experimental manipulation. The study was grounded within a correlational predictive framework wherein dimensions of reflective practice served as predictor variables, and burnout, STS, and compassion satisfaction served as criterion variables. Because the design is cross-sectional and not longitudinal or experimental, the findings reflect predictive associations rather than causal relationships. Accordingly, observed associations between reflective practice dimensions and ProQOL outcomes should not be interpreted as evidence that communication confidence causally reduces burnout or STS, but rather that these variables co-vary meaningfully within this sample.

Participants and Sampling - The analytic sample consisted of 63 helping professionals recruited through voluntary convenience sampling at a professional development conference in the Philippines. Participants represented professions involving direct interpersonal helping, emotional support, and client-centered practice. Professions included guidance counselors and school counselors ($n = 28$, 44.4%), psychologists and allied mental health practitioners ($n = 14$, 22.2%), social workers ($n = 10$, 15.9%), and educators and student affairs practitioners ($n = 11$, 17.5%). Participants worked across educational ($n = 39$, 61.9%), healthcare ($n = 14$, 22.2%), and community or social service settings ($n = 10$, 15.9%). The majority of participants were female ($n = 56$, 88.9%), while male participants comprised 11.1% ($n = 7$). In terms of age, most participants were between 41 and 50 years old ($n = 24$, 38.1%), followed by those aged 51–60 years ($n = 16$, 25.4%), 31–40 years ($n = 15$, 23.8%), and 20–30 years ($n = 8$, 12.7%). The largest proportion of participants reported 15 years or more of practice experience ($n = 32$, 50.8%), followed by 10–14 years ($n = 16$, 25.4%), 5–9 years ($n = 10$, 15.9%), and less than 5 years ($n = 5$, 7.9%). With respect to trauma exposure, participants were classified according to self-reported frequency of client trauma exposure in their professional roles. Fifty-seven participants (90.5%) indicated regular or frequent exposure to emotionally distressing client situations, including trauma disclosures, crisis interventions, and bereavement cases, while six participants (9.5%) reported infrequent or limited trauma-related client contact.

Sample Size and Power Analysis - A post hoc power analysis was conducted using G*Power 3.1 (Faul et al., 2009) to evaluate the adequacy of the sample for the multiple regression models. For a 10-predictor model with $N = 63$, assuming a medium effect size ($f^2 = .15$), $\alpha = .05$, and power $(1 - \beta) = .80$, the minimum required sample size is estimated at 118. The obtained sample of 63 achieves adequate power ($1 - \beta \approx .82$) only for the detection of large effects ($f^2 \geq .35$). The burnout model ($R^2 = .76$) and compassion satisfaction model ($R^2 = .68$) both reflect large effect sizes, whereas the STS model ($R^2 = .52$) reflects a medium-to-large effect. Nonetheless, the modest sample-to-predictor ratio (approximately 6:1, rather than the recommended 10–20:1) raises legitimate concerns about potential overfitting, inflated R^2 values, and unstable beta coefficients (Green, 1991; Tabachnick & Fidell,

2019). Regression findings should therefore be interpreted as preliminary and exploratory, pending replication with a larger and more representative sample.

Ethical Considerations and Consent - All participants were informed of the study's purpose, voluntary nature, and confidentiality protections prior to participation. Written informed consent was obtained from each participant before data collection commenced. Participants were assured that their responses would be used solely for research purposes and that they could withdraw at any time without consequence. Because data were collected from consenting adult participants in a professional conference setting using anonymous self-report instruments, formal institutional ethics board review was not required under institutional guidelines. All procedures were conducted in accordance with the ethical principles of the American Psychological Association and the relevant provisions of the Philippine Psychological Association's code of professional ethics.

Measures

Professional Quality of Life Scale - Professional quality of life was assessed using the Professional Quality of Life Scale Version 5 (ProQOL-5; Stamm, 2010), one of the most widely utilized instruments for assessing the positive and negative consequences associated with helping work. The ProQOL-5 consists of 30 items measuring three subscales: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). Participants respond using a five-point Likert-type scale, with higher scores indicating greater endorsement of the respective construct. The instrument demonstrated strong internal consistency reliability within the present sample: Cronbach's $\alpha = .901$ for compassion satisfaction, $\alpha = .894$ for burnout, and $\alpha = .851$ for secondary traumatic stress. It is important to note that while the ProQOL-5 has been extensively validated in North American and international contexts (Stamm, 2010), its psychometric properties have not been formally validated among Filipino helping professionals. Existing Philippine studies (Artiola, 2025; Bonganciso & Bonganciso, 2022; Villanueva & Aranda, 2025) have applied the ProQOL-5 in Filipino samples and reported adequate reliability, offering provisional support for its applicability. The absence of a formal Filipino-validated version nonetheless represents a limitation that warrants cautious score interpretation.

Reflective Practice Questionnaire - Reflective practice dimensions were assessed using the Reflective Practice Questionnaire (RPQ; Priddis & Rogers, 2018), a multidimensional instrument designed to evaluate reflective functioning and related professional competencies. The RPQ measures 10 subscales: reflective-in-action (RiA), reflective-on-action (RoA), reflection with others (RO), self-appraisal (SA), desire for improvement (DfI), confidence-general (CG), confidence-communication (CC), uncertainty (Unc), stress interacting with clients (SiC), and job satisfaction (JS). Higher subscale scores indicate stronger endorsement of the corresponding reflective or professional characteristic. Internal consistency reliability for each RPQ subscale was computed within the present sample. Cronbach's alpha coefficients were: RiA = .78, RoA = .81, RO = .76, SA = .79, DfI = .73, CG = .82, CC = .84, Unc = .77, SiC = .86, and JS = .80. All subscales demonstrated acceptable to good internal consistency ($\alpha \geq .70$), consistent with established psychometric standards and prior RPQ validation research (Priddis & Rogers, 2018; Rogers et al., 2019). Like the ProQOL-5, the RPQ has not been formally validated in Filipino samples. The current-sample reliability estimates provide preliminary evidence of adequate internal consistency within this population, but cross-cultural psychometric validation remains necessary.

Data Analysis - Data analyses were conducted using SPSS. Descriptive statistics (means, standard deviations, range) were computed for all variables. Pearson product-moment correlations were conducted to examine bivariate relationships. Standard multiple regression analyses were conducted separately for each ProQOL outcome. All predictor and outcome variables were standardized (z -scored) prior to regression to facilitate comparison of standardized beta coefficients (β). Variance inflation factor (VIF) values were examined to assess multicollinearity; all VIFs ranged from 1.73 to 4.91, within acceptable limits. Statistical significance was evaluated at $\alpha = .05$. Effect sizes (f^2) are reported for each regression model to facilitate interpretation of practical significance.

3. Results

Descriptive Statistics - Table 1 presents descriptive statistics and current-sample reliability estimates for all study variables. Among RPQ dimensions, desire for improvement ($M = 4.92, SD = 0.79$) and job satisfaction ($M = 4.83, SD = 0.69$) obtained the highest mean scores. Communication confidence was also high ($M = 4.69, SD = 0.66$), while uncertainty ($M = 2.97, SD = 0.97$) and stress interacting with clients ($M = 2.98, SD = 1.08$) were comparatively lower. Participants reported relatively high compassion satisfaction ($M = 41.67, SD = 4.69$), with burnout ($M = 19.98, SD = 5.70$) and STS ($M = 20.83, SD = 5.26$) in the moderate range.

Table 1

Descriptive Statistics for Reflective Practice Dimensions and Professional Quality of Life Outcomes (N = 63)

Variable	M	SD	Min	Max	α
Reflective-in-action (RiA)	3.94	0.83	1.75	5.25	.78
Reflective-on-action (RoA)	3.81	0.87	1.00	5.25	.81
Reflective with others (RO)	4.40	0.74	2.25	5.75	.76
Self-appraisal (SA)	4.24	0.73	2.00	5.75	.79
Desire for improvement (Dfi)	4.92	0.79	2.25	6.00	.73
Confidence – General (CG)	4.05	0.99	1.25	5.50	.82
Confidence – Communication (CC)	4.69	0.66	2.75	5.75	.84
Uncertainty (Unc)	2.97	0.97	1.00	5.50	.77
Stress interacting with clients (SiC)	2.98	1.08	1.00	5.50	.86
Job satisfaction (JS)	4.83	0.69	3.25	6.00	.80
Burnout (BO)	19.98	5.70	10.00	31.00	.894
Secondary traumatic stress (STS)	20.83	5.26	11.00	32.00	.851
Compassion satisfaction (CS)	41.67	4.69	30.00	49.00	.901

Note. M = mean; SD = standard deviation; Min = minimum score; Max = maximum score; α = Cronbach's alpha (current sample). RPQ subscale α values estimated from the present sample; ProQOL-5 α values also reflect present-sample estimates.

Correlational Analysis - Table 2 presents Pearson correlations among all study variables. Burnout demonstrated strong positive correlations with stress interacting with clients ($r = .76$) and uncertainty ($r = .54$), and strong negative correlations with communication confidence ($r = -.68$), general confidence ($r = -.67$), and job satisfaction ($r = -.73$). STS showed positive correlations with stress interacting with clients ($r = .61$), uncertainty ($r = .47$), and reflective-on-action ($r = .36$), and negative correlations with communication confidence ($r = -.49$) and job satisfaction ($r = -.44$). Compassion satisfaction showed strong positive correlations with job satisfaction ($r = .75$), communication confidence ($r = .64$), and general confidence ($r = .59$), and negative correlations with stress interacting with clients ($r = -.63$) and uncertainty ($r = -.40$).

Table 2

Pearson Correlations Between Reflective Practice Dimensions and Professional Quality of Life Outcomes

Variable	RiA	RoA	RO	SA	Dfi	CG	CC	Unc	SiC	JS
Burnout	.11	.27	-.11	.08	.13	-.67	-.68	.54	.76	-.73
STS	.07	.36	-.03	.02	.04	-.31	-.49	.47	.61	-.44
CS	-.08	-.15	.07	.05	-.02	.59	.64	-.40	-.63	.75

Note. RiA = reflective-in-action; RoA = reflective-on-action; RO = reflective with others; SA = self-appraisal; Dfi = desire for improvement; CG = confidence-general; CC = confidence-communication; Unc = uncertainty; SiC = stress interacting with clients; JS = job satisfaction; STS = secondary traumatic stress; CS = compassion satisfaction.

Multiple Regression Analyses - Standard multiple regression analyses were conducted to examine associations between reflective practice dimensions and each ProQOL outcome. All three models were statistically significant. Given the modest sample-to-predictor ratio, results are interpreted as preliminary and exploratory.

Predictors of Burnout - The regression model predicting burnout was statistically significant, $F(10, 52) = 16.41, p < .001, R^2 = .759, \text{Adjusted } R^2 = .713, f^2 = 3.14$ (large effect). As shown in Table 3, stress interacting with

clients was the strongest positive predictor ($\beta = .496, p = .002$). Communication confidence was a significant negative predictor ($\beta = -.352, p = .001$). Self-appraisal was also a significant positive predictor of burnout ($\beta = .222, p = .048$). This finding is theoretically notable: heightened self-evaluative tendencies may, in the context of demanding helping work, amplify perceptions of professional insufficiency and contribute to emotional exhaustion (Maslach & Leiter, 2016). This is consistent with evidence suggesting that self-critical reflection absent adequate supervisory support may function as a risk factor rather than a protective one (Adams et al., 2006).

Table 3
Multiple Regression Analysis Predicting Burnout

Predictor	β	SE	t	p
Reflective-in-action (RiA)	.044	0.104	0.419	.677
Reflective-on-action (RoA)	-.220	0.140	-1.572	.122
Reflective with others (RO)	.079	0.090	0.879	.384
Self-appraisal (SA)	.222*	0.110	2.021	.048
Desire for improvement (Dfi)	-.124	0.094	-1.319	.193
Confidence – General (CG)	-.141	0.109	-1.296	.201
Confidence – Communication (CC)	-.352**	0.105	-3.353	.001
Uncertainty (Unc)	-.081	0.121	-0.674	.503
Stress interacting with clients (SiC)	.496**	0.151	3.292	.002
Job satisfaction (JS)	-.210	0.120	-1.754	.085

Note. β = standardized beta coefficient; SE = standard error; $R^2 = .759$; Adjusted $R^2 = .713$; $F(10, 52) = 16.41, p < .001$; $f^2 = 3.14$.
* $p < .05$. ** $p < .01$.

Predictors of Secondary Traumatic Stress - The regression model predicting STS was statistically significant, $F(10, 52) = 5.62, p < .001, R^2 = .519$, Adjusted $R^2 = .427, f^2 = 1.08$ (large effect). As shown in Table 4, reflective-on-action was a significant positive predictor of STS ($\beta = .452, p = .026$), indicating that higher retrospective reflection was associated with elevated trauma-related distress. Communication confidence was a significant negative predictor ($\beta = -.310, p = .041$). Stress interacting with clients approached statistical significance ($\beta = .403, p = .064$) but did not meet the alpha criterion. It is important to note the cross-sectional nature of the reflective-on-action association with STS; professionals experiencing higher STS may engage in more post-session reflection as a reactive coping response, making directionality ambiguous.

Table 4
Multiple Regression Analysis Predicting Secondary Traumatic Stress (STS)

Predictor	β	SE	t	p
Reflective-in-action (RiA)	-.275	0.147	-1.863	.068
Reflective-on-action (RoA)	.452*	0.197	2.291	.026
Reflective with others (RO)	.045	0.126	0.354	.725
Self-appraisal (SA)	-.098	0.156	-0.632	.530
Desire for improvement (Dfi)	-.263	0.133	-1.984	.053
Confidence – General (CG)	.186	0.154	1.212	.231
Confidence – Communication (CC)	-.310*	0.148	-2.093	.041
Uncertainty (Unc)	.121	0.171	0.707	.483
Stress interacting with clients (SiC)	.403	0.213	1.894	.064
Job satisfaction (JS)	.016	0.169	0.096	.924

Note. β = standardized beta coefficient; SE = standard error; $R^2 = .519$; Adjusted $R^2 = .427$; $F(10, 52) = 5.62, p < .001$; $f^2 = 1.08$.
* $p < .05$.

Predictors of Compassion Satisfaction - The regression model predicting compassion satisfaction was statistically significant, $F(10, 52) = 11.11, p < .001, R^2 = .681$, Adjusted $R^2 = .620, f^2 = 2.13$ (large effect). As shown in Table 5, communication confidence ($\beta = .458, p < .001$) and job satisfaction ($\beta = .469, p < .001$) were significant positive predictors. Reflection with others was a significant negative predictor ($\beta = -.221, p = .029$), which may

indicate that collaborative reflection tends to occur more frequently as a reactive response during periods of lower professional fulfillment, rather than as a proactive developmental practice.

Table 5
Multiple Regression Analysis Predicting Compassion Satisfaction

Predictor	β	SE	t	p
Reflective-in-action (RiA)	-.170	0.115	- 1.474	.146
Reflective-on-action (RoA)	.224	0.154	1.451	.153
Reflective with others (RO)	-.221*	0.099	- 2.240	.029
Self-appraisal (SA)	-.106	0.122	- 0.873	.387
Desire for improvement (Dfi)	.147	0.104	1.411	.164
Confidence – General (CG)	.086	0.120	0.716	.477
Confidence – Communication (CC)	.458***	0.116	3.948	< .001
Uncertainty (Unc)	.158	0.133	1.186	.241
Stress interacting with clients (SiC)	-.191	0.167	- 1.148	.256
Job satisfaction (JS)	.469***	0.132	3.538	< .001

Note. β = standardized beta coefficient; SE = standard error; $R^2 = .681$; Adjusted $R^2 = .620$; $F(10, 52) = 11.11$, $p < .001$; $f^2 = 2.13$.
* $p < .05$. *** $p < .001$.

4. Discussion

This study examined whether dimensions of reflective practice were associated with burnout, compassion satisfaction, and STS among helping professionals in the Philippines. Consistent with the overarching research aim, findings demonstrated differentiated patterns of association, with communication confidence, client-interaction stress, and reflective-on-action emerging as the most salient RPQ dimensions. These results build upon and extend prior Philippine ProQOL research (Artiola, 2025; Villanueva & Aranda, 2025) by identifying specific reflective competencies as correlates of occupational well-being within a multidimensional predictive framework.

Communication confidence was consistently associated with lower burnout and STS and higher compassion satisfaction across all three models. Professionals who perceive themselves as effective communicators may experience greater self-efficacy, stronger therapeutic alliances, more effective boundary management, and reduced perceived interpersonal threat during challenging client interactions (Norcross & Lambert, 2019). Rogers et al. (2019) documented communication confidence as a key professional competency associated with adaptive functioning in medical education contexts. Turner (2025) reinforced this view, identifying interpersonal self-confidence as a critical component of burnout prevention among counseling professionals. These patterns suggest that communication confidence co-varies meaningfully with occupational well-being in this Filipino sample, consistent with findings from international literature.

Stress interacting with clients demonstrated the strongest positive association with burnout, consistent with occupational stress models emphasizing the centrality of emotionally demanding client interactions in depleting professional resources (Maslach & Leiter, 2016). This finding resonates with Artiola’s (2025) observation that excessive work demands and client crisis exposure were primary drivers of burnout among Filipino school counselors, and with Sagherian et al.’s (2024) global meta-analytic evidence identifying job stress as a robust occupational risk factor for burnout across healthcare contexts. In the Philippine educational setting, this finding is particularly relevant given the documented high counselor-to-student ratios and overlapping administrative and counseling responsibilities that amplify interpersonal demands on school counselors and other helping professionals (Caga & Avelino, 2022).

Reflective-on-action was positively associated with STS. While retrospective reflection is frequently conceptualized as a mechanism for professional learning, the present findings suggest that under certain conditions, particularly for professionals who regularly encounter trauma, retrospective reflection may co-vary with elevated trauma-related distress, possibly through repeated cognitive re-engagement with distressing client material. This

interpretation aligns with Adams et al. (2006), who argued that unsupported cognitive revisiting of traumatic client encounters may heighten emotional strain, and with Öner et al. (2024), who empirically demonstrated that reflective engagement with distressing memories predicted traumatic stress among healthcare workers. The implication is that the structure and support context of reflection matters: unsupported or ruminative reflection may function differently from structured, supervisory-guided reflection. The cross-sectional design does not allow determination of directionality; it is equally plausible that professionals experiencing higher STS engage in more post-session reflection as a reactive coping response.

Job satisfaction and communication confidence were jointly and positively associated with compassion satisfaction, consistent with both international findings (Ningsih et al., 2025; Tessitore et al., 2023) and Philippine evidence (Villanueva & Aranda, 2025). The negative association of reflection with others with compassion satisfaction may reflect a reactive pattern wherein professionals experiencing lower fulfillment seek collaborative support as a coping resource rather than as a proactive developmental practice.

The self-appraisal–burnout association ($\beta = .222$) warrants theoretical elaboration. Self-appraisal in the RPQ captures awareness and evaluation of one’s professional strengths and limitations. A positive association with burnout suggests that heightened self-evaluative tendencies may, in emotionally demanding environments, amplify awareness of professional inadequacy. This is consistent with literature on maladaptive perfectionism and evaluative self-monitoring as burnout risk factors (Maslach & Leiter, 2016) and with Adams et al.’s (2006) argument that self-critical reflection absent adequate supervisory containment may increase occupational distress. Future studies should distinguish between adaptive self-appraisal oriented toward growth and maladaptive self-criticism oriented toward evaluation of failure.

The large R^2 values (burnout = .76; compassion satisfaction = .68; STS = .52) should be interpreted with caution. With 10 predictors and only 63 participants ($\approx 6:1$ ratio), these models carry a meaningful risk of overfitting. The Adjusted R^2 values (.713, .620, and .427, respectively) provide more conservative estimates; the notable attenuation in the STS Adjusted R^2 relative to raw R^2 is particularly noteworthy. Replication with larger, more representative samples is essential before these findings are generalized.

Educational Implications - Given the prevalence of helping professionals within Philippine academic and institutional settings, the findings carry several practical educational implications. First, counselor education programs at the graduate level should incorporate communication-skills development as a core curricular competency. The consistent negative association of communication confidence with burnout and STS and its positive association with compassion satisfaction suggest that training in empathic communication, trauma-informed dialogue, conflict management, and therapeutic boundary-setting functions not merely as a client-service skill but as a professional self-care strategy.

Second, reflective practice components within graduate education and in-service training should be carefully structured to distinguish adaptive reflection from ruminative processing. Case conceptualization exercises, structured journaling, and guided group debriefing formats that emphasize solution-focused and meaning-making orientations, rather than purely evaluative self-analysis, may better support trainees’ emotional well-being while developing professional competence. Faculty supervisors and clinical coordinators should be equipped to model this distinction and create psychologically safe spaces for reflection. Third, school-based student affairs units and educational institutions that employ counselors, psychologists, and social workers should treat the present findings as preliminary evidence for the need for structured wellness programming. Institutional policies that address counselor-to-student ratios, provide regular group supervision, and create peer consultation opportunities may meaningfully reduce client-interaction stress, the single strongest correlate of burnout in this sample.

Implications for Practitioners, Students, and Schools - For practitioners, the study suggests the importance of investing in communication confidence not only as a clinical competency but as a protective occupational resource. Ongoing professional development workshops, advanced communication training, and mentorship programs may help sustain professional quality of life across the career span. Filipino helping professionals, who

often function simultaneously as counselors, administrators, and educators, may especially benefit from targeted support that acknowledges the multiple and overlapping demands of their professional roles (Caga & Avelino, 2022). For students in counseling, social work, psychology, and education programs, the findings suggest the value of early and intentional development of reflective communication skills. Training programs should expose students not only to reflective practice as an epistemological framework but to the emotional regulation skills that allow reflection to function constructively rather than ruminatively. For schools and educational institutions, this study highlights the systemic vulnerability of helping professionals employed in educational settings. Institutional leaders may consider implementing mental health and wellness programs specifically designed for counseling and student affairs staff, including structured supervision models, manageable caseloads, and access to peer support, practices associated with reduced burnout and improved professional quality of life both internationally (Ravalier et al., 2023) and in the Philippine context (Caga & Avelino, 2022).

Limitations and Future Directions - Several limitations constrain interpretation of these findings. First and most critically, the sample of 63 participants is insufficient for a 10-predictor regression model under conventional power requirements, raising concerns about overfitting and unstable beta coefficients (Green, 1991; Tabachnick & Fidell, 2019). These findings should be regarded as exploratory and hypothesis-generating. Future studies should target a minimum sample of 100–200 participants per regression model. Second, the cross-sectional design precludes causal inference. Directionality among reflective practice dimensions and ProQOL outcomes remains undetermined. Longitudinal and experimental designs are needed to examine temporal sequencing and test whether interventions targeting communication confidence or supervised reflection improve occupational well-being over time. Third, neither the ProQOL-5 nor the RPQ has been formally validated in Filipino samples. Future researchers should undertake formal cross-cultural validation studies of both instruments in the Philippine context, including assessment of measurement invariance across professional groups.

Fourth, demographic covariates, including sex, age, professional experience, and work setting, were not entered as control variables in the regression models. Villanueva and Aranda (2025) documented that age and experience significantly predict ProQOL among Filipino counselors; future studies should include these as covariates to examine the incremental predictive utility of reflective practice dimensions above and beyond demographic factors. Fifth, all data were collected through voluntary convenience sampling at a single conference. The predominantly female (88.9%), mid-to-senior career sample from one event may not be representative of the broader Filipino helping professions workforce. Future studies should employ stratified random sampling across multiple professional and institutional contexts. Finally, future research should explore mediation and moderation pathways involving emotional regulation, resilience, organizational support, supervision quality, and trauma exposure history, as well as qualitative methods that can illuminate how Filipino helping professionals subjectively experience reflective practice in emotionally demanding professional contexts.

5. Conclusion

This study examined associations between dimensions of reflective practice and professional quality of life among 63 Filipino helping professionals using a cross-sectional predictive design. Communication confidence emerged as the most consistent correlate of occupational well-being, negatively associated with burnout and STS and positively associated with compassion satisfaction. Stress interacting with clients was the strongest correlate of burnout, while reflective-on-action was positively associated with STS. The findings build upon prior Philippine evidence (Artiola, 2025; Villanueva & Aranda, 2025) and contribute a multidimensional reflective practice lens to the ProQOL literature in the Philippine context. The study highlights that reflective practice is not uniformly protective; its associations with occupational well-being depend on the form, structure, and support context of reflection. Helping professionals in educational and institutional settings may benefit most from structured reflective supervision, communication-skills development, and organizational wellness frameworks. Given the exploratory nature of these findings, replication with larger and more representative samples, incorporation of demographic covariates, and formal instrument validation in Filipino populations are priority directions for future research.

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Ethics Approval - All participants provided written informed consent prior to data collection. The study was conducted in accordance with the ethical principles of the American Psychological Association. Because data were collected from consenting adult participants using anonymous self-report instruments in a professional conference setting, formal institutional ethics board review was not required under institutional guidelines.

Data Availability Statement - All data supporting the findings of this study are included within the manuscript and its supplementary materials.

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