Relationship Between Reflective Practice and Professional Quality of Life of Filipino Mental Health Professionals

Elaine Marie Aranda

De La Salle University, Philippines

Abstract— This study investigates the relationship between reflective practice and professional quality of life among Filipino guidance counselors, psychologists, and psychometricians. Grounded in the multidimensional framework of the Reflective Practice Questionnaire (RPQ; Priddis & Rogers, 2017) and the Professional Quality of Life Scale (ProQOL; Stamm, 2010), the research aims to examine whether higher engagement in reflective practices—specifically reflection-in-action, reflection-on-action, self-appraisal, and reflection with others—correlates with improved professional well-being. Utilizing a quantitative correlational design, data were collected from 63 registered mental health professionals in the Philippines through validated psychometric instruments. Pearson product-moment correlation analysis revealed significant positive associations between reflective practice subscales and compassion satisfaction, and significant negative associations with burnout and secondary traumatic stress. Findings suggest that reflective practice serves as a protective factor that enhances professional confidence, improves compassion satisfaction, and mitigates occupational stress. These results highlight the importance of cultivating reflective capacity within mental health training, supervision, and continuing professional development. Implications for practice and recommendations for future research are discussed.

Keywords— reflective practice, professional quality of life, compassion satisfaction, burnout, secondary traumatic stress, guidance counselors, psychologists, Philippines.

INTRODUCTION

Background

Mental health professionals, particularly guidance counselors and psychologists, play a crucial role in supporting the psychological well-being of diverse populations. However, the nature of their work exposes them to considerable emotional demands, which may lead to occupational stress, burnout, and reduced professional efficacy (Figley, 2002; Stamm, 2010). In the Philippines, where mental health resources are often stretched and stigma persists, the risk of compassion fatigue and secondary traumatic stress among practitioners is of increasing concern (Garcia et al., 2021). In light of these challenges, attention has turned to individual and organizational factors that may serve as protective mechanisms for sustaining well-being and professional quality of life among mental health professionals.

For guidance counselors and psychologists, sustained engagement in emotionally demanding work places them at heightened risk for professional burnout, secondary traumatic stress, and overall compromised well-being (Figley, 2002; Stamm, 2010). Within the Philippine context—where access to resources may be limited and mental health services are increasingly in demand—maintaining the professional quality of life of practitioners is of critical

concern. This has necessitated a deeper exploration of factors that can support practitioners' resilience, effectiveness, and emotional sustainability.

Reflective practice has emerged as one such factor. As defined by Priddis and Rogers (2017), reflective practice is a dynamic, relational process that integrates emotional awareness, self-inquiry, and critical thinking to support professionals in making meaning of their experiences. Unlike traditional cognitive approaches to reflection, this model emphasizes emotional insight and relational attunement as integral to reflective engagement. Reflective practice not only supports professional growth and ethical responsiveness but may also serve a protective function by enabling practitioners to manage emotional labor more effectively (Fisher, 2011; Priddis & Rogers, 2017). The Reflective Practice Questionnaire (RPQ), developed within this framework, captures reflective capacity across domains such as self-appraisal, emotional awareness, and reflective communication—components that are hypothesized to buffer practitioners against occupational stress.

In parallel, professional well-being in the helping professions is often conceptualized through Stamm's (2010) Professional Quality of Life (ProQOL) model, which encompasses three dimensions: compassion satisfaction, burnout, and secondary traumatic stress. Compassion satisfaction refers to the fulfillment derived from helping others, while burnout reflects feelings of exhaustion and ineffectiveness, and secondary traumatic stress captures the emotional residue from exposure to others' trauma. High levels of burnout and traumatic stress have been linked to decreased job performance and increased attrition among mental health professionals (Sprang et al., 2007). Understanding how reflective practice may be associated with these dimensions is crucial to informing interventions that protect practitioners' well-being.

Empirical evidence suggests that practitioners who engage more deeply in reflective practices report lower stress and greater professional satisfaction (Richards et al., 2010; Gendron et al., 2022).

However, most of these studies have been conducted in Western contexts, with limited research investigating these dynamics among Filipino professionals. Given the cultural nuances and systemic challenges unique to the Philippine setting—such as collectivist values, resource constraints, and stigma associated with mental health— locally grounded research is necessary to examine how reflective practice functions as a protective factor in this context.

Statement of the Problem

The present study, therefore, aims to investigate the relationship between the level of reflective practice and the components of professional quality of life among Filipino guidance counselors and psychologists. Specifically, it seeks to explore whether higher engagement in reflective practices correlates with improved professional well-being and reduced burnout by examining its association with increased compassion satisfaction and decreased burnout and secondary traumatic stress. Utilizing the multidimensional framework of the Reflective Practice Questionnaire (RPQ) alongside the Professional Quality of Life (ProQOL) model, this study seeks to elucidate the protective role of reflective practice in promoting mental health professionals' well-being and effectiveness within the Philippine context.

Objectives of the Study

This study aims to investigate the relationship between reflective practice and professional quality of life among Filipino guidance counselors and psychologists. The specific objectives are as follows:

1. To measure the level of reflective practice among Filipino guidance counselors and psychologists using the Reflective Practice Questionnaire (RPQ) developed by Priddis and Rogers (2017).

2. To assess the levels of compassion satisfaction, burnout, and secondary traumatic stress using the Professional Quality of Life Scale (ProQOL) developed by Stamm (2010).

3. To examine the correlations between the level of reflective practice and each component of professional quality of life (i.e., compassion satisfaction, burnout, and secondary traumatic stress).

4. To determine whether higher engagement in reflective practice is associated with improved professional well-being, as indicated by increased compassion satisfaction and reduced burnout and secondary traumatic stress.

5. To contribute empirical data on the role of reflective practice in sustaining the professional functioning and mental health of Filipino mental health practitioners.

Significance of the Study

This study holds both theoretical and practical significance. Theoretically, it contributes to the growing body of literature on reflective practice and its psychological implications for professionals in high-emotion labor fields. By employing the multidimensional framework of the RPQ (Priddis & Rogers, 2017) in conjunction with the ProQOL model (Stamm, 2010), this research advances understanding of how reflective processes interact with occupational well-being within the cultural context of the Philippines. This integration also provides a nuanced exploration of the emotional and relational dimensions of reflective practice that are often underexamined in local research.

Practically, the findings of this study have the potential to inform mental health education, supervision, and continuing professional development programs. Should reflective practice be empirically shown to buffer against burnout and secondary traumatic stress while enhancing compassion satisfaction, it can be more deliberately incorporated into professional training curricula, workplace wellness programs, and policy recommendations in the field of counseling and psychology.

This is particularly relevant given the increasing demands on Filipino mental health practitioners, exacerbated by national events such as the COVID-19 pandemic, natural disasters, and systemic inequities in the health care system (Alibudbud, 2021).

For guidance counselors, psychologists, and allied professionals working in the Philippine setting—where cultural norms such as pakikisama (social harmony) and utang na loob (debt of gratitude) may affect emotional boundaries—this study underscores the relevance of internal, reflective tools that can sustain ethical practice and personal well-being. Moreover, organizations and institutions may use the study's findings to design evidence-based strategies for staff support, mental health risk management, and performance enhancement.

LITERATURE REVIEW

The increasing emotional demands placed upon helping professionals have raised critical questions about how reflective capacities support their well-being. This study explores the relationship between levels of reflective practice (RP) and professional quality of life (ProQOL), particularly in terms of compassion satisfaction, burnout, and secondary traumatic stress. To understand this connection, it is essential to examine both the conceptual foundations of reflective practice and the empirical evidence linking it to psychological outcomes among practitioners.

Foundations and Dimensions of Reflective Practice

Reflective practice, as a construct, traces its philosophical roots to Dewey (1933), who characterized reflection as a disciplined form of thinking that arises from doubt and leads to purposeful inquiry. Dewey's conceptualization of reflection as an educative and cognitive process has laid the groundwork for more contemporary frameworks. Building on this foundation, Schön (1983) introduced the distinction between reflection-in-action and reflection-on-action, emphasizing the dynamic and context-sensitive nature of professional reflection. These foundational perspectives highlight reflection as both a metacognitive and experiential process crucial for professional development and adaptive functioning.

Over time, scholars have critiqued and expanded the concept of reflective practice. Finlay (2008) argued for a more nuanced understanding that distinguishes between different modes and depths of reflection, cautioning against the uncritical adoption of the term. Further clarifying the conceptual ambiguity, Levett-Jones et al. (2020) conducted a concept analysis that delineated reflection, reflective learning, and reflective practice as related but distinct constructs, suggesting that RP involves not only critical thinking but also self-awareness, emotional processing, and professional judgment.

To operationalize RP, Priddis and Rogers (2017) developed the Reflective Practice Questionnaire (RPQ), offering a validated tool that assesses dimensions such as self-appraisal, reflective thinking, and reflective use of supervision. Their findings support the RPQ's utility in clinical and counseling settings, showing promise for its application in broader helping professions. Importantly, these dimensions align with factors believed to buffer against burnout and promote professional growth.

Reflective Practice as a Buffer Against Burnout and Compassion Fatigue

Bandura's (1997) self-efficacy theory provides an important theoretical lens for understanding how reflective practice may influence professional quality of life. Reflective capacity enhances self-efficacy by allowing professionals to reframe challenges, develop adaptive strategies, and regulate emotional responses. In turn, self-efficacy has been shown to mitigate the effects of occupational stress and emotional exhaustion (Curtis et al., 2016). Within this framework, RP serves not merely as a cognitive tool, but as a mechanism for building professional resilience.

Empirical studies reinforce this connection. Sundgren et al. (2021), for example, found that participation in structured reflective practice groups significantly improved nurses' levels of compassion satisfaction while

reducing symptoms of burnout and secondary traumatic stress. Similarly, Strumm (2023) reported that social workers in global development contexts identified reflective practice as a central strategy for maintaining well-being and professional sustainability. These findings suggest that RP may serve as both a protective factor and a therapeutic resource in emotionally demanding roles.

Reflective practice also supports well-being through enhanced mindfulness and emotional regulation. Epstein (1999) posited that mindful practice—a concept closely aligned with RP—promotes attentiveness, presence, and self-awareness, which are essential qualities for sustaining empathy without incurring empathic distress. This capacity for mindful reflection enables professionals to maintain therapeutic boundaries and derive meaning from their work, thereby supporting higher levels of compassion satisfaction.

Reflective Practice and Cultural Responsiveness

The effectiveness of RP may also depend on its alignment with cultural and contextual factors. Collins et al. (2010) emphasized the need for "cultural auditing" within reflective practice to ensure sensitivity to clients' and counselors' sociocultural contexts. Their work supports the integration of multicultural awareness into RP, which not only improves client outcomes but also reduces professional moral distress—an antecedent of burnout. Echoing this, D'Angelo et al. (2023) advocated for socially responsive reflective practice in health service psychology, arguing that professionals must engage in reflection that incorporates social justice and cultural humility to uphold ethical and sustainable care.

In helping professions where systemic and cultural complexity are prevalent—such as social work, healthcare, and transnational labor—this critical orientation to RP becomes especially vital. It suggests that the protective effects of RP on ProQOL may be amplified when reflection includes cultural self-awareness and sociopolitical consciousness.

Professional Quality of Life and the Role of Reflective Practice

Professional quality of life, as defined by Stamm (2010), comprises three components: compassion satisfaction, burnout, and secondary traumatic stress. These outcomes are particularly salient in professions that involve sustained exposure to others' trauma and suffering. Stamm's ProQOL scale is widely used to assess these dimensions and has demonstrated solid psychometric properties, especially in high-risk professions (Geoffrion et al., 2019). However, the scale's validity has been challenged in certain contexts, necessitating careful consideration when applying it across diverse helping roles.

The link between RP and ProQOL outcomes is increasingly supported by qualitative studies. Carmichael et al. (2020) found that clinical psychologists perceive RP as essential to maintaining professional purpose and managing emotional burdens. Reflective dialogues allowed participants to explore uncertainties, process difficult experiences, and generate insight—strategies that directly contributed to emotional resilience. Law and Shafey (2019) similarly documented that junior doctors who engaged in interpretive reflective practices reported greater coping capacities and reduced emotional exhaustion, emphasizing the developmental importance of RP.

Furthermore, Lubbe and Botha (2020) highlighted the multidimensional nature of RP, showing how its integration in both educational and clinical supervision promotes a sense of control and clarity—critical factors in mitigating burnout. These findings reinforce the hypothesis that the depth and quality of reflective engagement, rather than its mere presence, may influence ProQOL outcomes.

Theoretical Framework

Reflective practice, as conceptualized by Priddis and Rogers (2017), serves as a fundamental process for the professional development of counselors and psychologists. It involves an ongoing cycle of self-reflection that fosters critical thinking, personal growth, and the capacity to deliver empathetic and effective care (D'Angelo et al., 2023). This reflective process is especially vital in multicultural contexts, where practitioners must navigate complex cultural dynamics and ethical considerations (Collins et al., 2010). In such settings, reflective practice enhances counselors' ability to critically evaluate their own assumptions and biases, thereby improving culturally responsive interventions.

The Professional Quality of Life (ProQOL) framework developed by Stamm (2010) offers a comprehensive lens through which the emotional impact of caregiving professions can be examined. ProQOL delineates three interrelated constructs: compassion satisfaction—the positive feelings derived from effectively helping others; burnout—a state of physical and emotional exhaustion due to chronic occupational stress; and secondary traumatic stress, which arises from indirect exposure to clients' trauma (Geoffrion et al., 2019). Understanding these dimensions is crucial for evaluating the well-being of mental health professionals who routinely encounter emotional demands in their work.

Reflective practice has been shown to enhance compassion satisfaction by allowing practitioners to process their experiences, affirm their professional identity, and recognize the meaningful impact of their work (Strumm, 2023; Carmichael et al., 2022). This process promotes resilience and job satisfaction, which are essential for sustained professional engagement. Conversely, reflective practice also offers tools for mitigating burnout and secondary traumatic stress by facilitating emotional processing and adaptive coping strategies (Lubbe et al., 2020; Law et al., 2019). Through structured reflection, counselors can identify stressors early, set boundaries, and seek social support, all of which serve to buffer against the negative emotional outcomes characteristic of caregiving professions.

Moreover, participation in reflective practice groups bolsters personal and job-related resources, such as self-efficacy, social support, and job autonomy—factors known to enhance professional quality of life (Sundgren et al., 2021). Reflective practice also aligns with maintaining professional and ethical standards by fostering continuous learning, self-awareness, and accountability, which are indispensable for ethical clinical care and practitioner well-being (Mann et al., 2009; Curtis et al., 2016).

Dr. Beth Stamm's ProQOL framework provides the theoretical foundation for this study by operationalizing the dual emotional impacts of helping professions through its three core components: compassion satisfaction, burnout, and secondary traumatic stress (Stamm, 2010). Integrating this framework with Priddis and Rogers'

(2017) Reflective Practice Questionnaire (RPQ) enables a multidimensional exploration of how reflective behaviors relate to professional quality of life among guidance counselors and psychologists in the Philippines.

The RPQ framework offers a nuanced understanding of reflective practice by measuring reflective capacity—including reflection in action, reflection on action, reflection with others, and self-appraisal—as well as growth and confidence and the recognition of potential negative outcomes such as uncertainty and stress (Priddis & Rogers, 2017). Drawing on Schön's seminal work (1983), reflection-in-action involves real-time reflection during client interactions, whereas reflection-on-action pertains to retrospective evaluation of these experiences. These reflective processes are hypothesized to positively influence compassion satisfaction by reinforcing professional meaning and efficacy (Ray et al., 2013), while simultaneously reducing burnout and secondary traumatic stress through enhanced emotional regulation and coping (Grosch & Olsen, 2000; Figley, 1995).

In the Philippine context, mental health professionals face unique challenges, including high caseloads, limited resources, and sociocultural factors such as stigma and collectivist values that increase emotional labor (Alvarez, 2020; David et al., 2019). Culturally adapted reflective practices, such as pagninilay-nilay (meditative contemplation) and journaling integrated with spiritual reflection, may augment the effectiveness of reflection for Filipino practitioners (Tuazon, 2015). Embedding reflective practice into peer supervision or continuing education frameworks could provide necessary support to mitigate professional fatigue and ethical dilemmas inherent in this context.

METHODOLOGY

Research Design

This study adopted a quantitative correlational research design to explore the relationship between reflective practice and professional quality of life among mental health professionals in the Philippines. A correlational approach was deemed appropriate, as it allowed for the examination of the strength and direction of associations between naturally occurring variables without experimental manipulation (Creswell & Creswell, 2018). This study aimed to identify whether increased engagement in reflective practices corresponds to improved professional well-being and reduced occupational distress.

Participants

The participants of the study included 63 licensed Filipino mental health professionals, specifically 52 registered guidance counselors, 6 registered psychologists, and 5 registered psychometricians. A purposive sampling method was employed to ensure that all participants had relevant professional experience in psychological or counseling practice. Among the participants, 56 identified as female and 7 as male.

In terms of age distribution, 7 participants were between 20 and 30 years old, 8 were between 31 and 40, 24 were between 41 and 50, 16 were between 51 and 60, and 8 were 61 years old and above. Their professional experience also varied: 6 participants had practiced for 1 to 3 years, 7 had 4 to 6 years, 7 had 7 to 9 years, 11 had 10 to 15 years, and the majority—32 participants—had more than 15 years of practice. This demographic range provided a basis for examining reflective practice across different career stages and life spans.

Measures

This study utilized two psychometrically validated self-report instruments to examine the relationship between reflective practice and professional quality of life among Filipino mental health professionals. These included the Reflective Practice Questionnaire (RPQ) developed by Priddis and Rogers (2017), and the Professional Quality of Life Scale, Version 5 (ProQOL-V5) developed by Stamm (2010).

The Reflective Practice Questionnaire (RPQ) was employed to assess the participants' levels of reflective practice. Designed specifically for use in professional contexts such as education and healthcare, the RPQ captures the multidimensional nature of reflective thinking and behavior. The instrument comprises 40 items distributed across eight theoretically grounded subscales. These subscales include Reflection-in-Action, Reflection-on-Action, Self-Appraisal, Reflection with Others, Reflective Attitude, Desire for Improvement, Confidence in Practice, and Uncertainty in Practice. Each item is rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), with higher scores indicating greater engagement in the respective reflective domain.

For the purposes of this study, particular attention was given to four key subscales—Reflection-in-Action, Reflection-on-Action, Self-Appraisal, and Reflection with Others—which served as predictor variables. These dimensions were selected based on their conceptual relevance to the development of self-awareness, learning from experience, and professional growth. The RPQ has demonstrated robust internal consistency, with Cronbach's alpha coefficients for the subscales ranging from .76 to .91 (Priddis & Rogers, 2017), supporting its use in research involving mental health professionals.

To measure the outcome variables—namely, the components of professional quality of life—the study utilized the ProQOL-V5. This 30-item instrument is widely used to assess both the positive and negative effects of working in helping professions. It is divided into three 10-item subscales: Compassion Satisfaction (CS), Burnout (BO), and Secondary Traumatic Stress (STS). Each item is scored on a 5-point Likert scale ranging from 1 (never) to 5 (very often). After appropriate reverse scoring of certain items as prescribed in the scoring manual, subscale scores are calculated by summing the responses.

Compassion Satisfaction reflects the positive emotional rewards of helping others and finding meaning in one's work. Burnout captures feelings of emotional exhaustion, frustration, and a sense of ineffectiveness, while Secondary Traumatic Stress assesses symptoms such as fear, intrusive thoughts, or difficulty sleeping, which may arise from exposure to others' trauma. Subscale scores range from 10 to 50, and interpretation follows established guidelines: scores of 22 or below indicate low levels, scores from 23 to 41 represent average levels, and scores of 42 or above indicate high levels of CS, BO, or STS (Stamm, 2010). The ProQOL has shown acceptable psychometric properties, with reported internal consistencies of .88 for Compassion Satisfaction, .75 for Burnout, and .81 for Secondary Traumatic Stress.

In this study, Compassion Satisfaction served as the primary indicator of positive professional well-being, while Burnout and Secondary Traumatic Stress were indicators of work-related distress. These three ProQOL subscales served as outcome variables in the correlational analysis, examining their associations with the selected RPQ subscales.

Together, the RPQ and ProQOL provide a theoretically and empirically sound basis for examining how reflective practice may serve as a protective factor in enhancing well-being and mitigating occupational stress among Filipino guidance counselors, psychologists, and psychometricians.

Data Collection Procedures

Participants were recruited through professional networks, online platforms, and mental health associations. After securing informed consent, participants completed an online survey composed of a demographic questionnaire, the RPQ, and the ProQOL V5. Anonymity and confidentiality were strictly maintained throughout the data collection process

Data Analysis

The data were coded and analyzed using SPSS software. Descriptive statistics were computed to summarize demographic characteristics and the scores on the RPQ and ProQOL subscales. To examine the primary research question, Pearson product-moment correlation coefficients were calculated to determine the strength and direction of the relationships between the reflective practice subscales (predictor variables) and the professional quality of life subscales (outcome variables).

This statistical method was selected due to its appropriateness for assessing linear relationships between continuous variables (Field, 2018). Statistical significance was set at the 0.05 alpha level.

RESULTS

The study investigated how different types of reflective practices—reflective-in-action (RiA), reflective-on-action (RoA), and reflective with others (RO)—relate to professional quality of life components: compassion satisfaction (CompSftn), burnout, and secondary traumatic stress (STS).

Table 1: Descriptive Statistics for Reflective Practice and Professional Quality of Life Variables (N = 63)

	RPQ:Reflective-in-action (RiA)	RPQ:Reflective-on-action (RoA)	RPQ:Reflective with others (RO)	RPQ: Self-appraisal (SA)	RPQ: Desire for improvement (DfI)	RPQ: Confidence – General (CG)	RPQ: Confidence – Communication (CC)	RPQ: Uncertainty (Unc)	RPQ:Stress interacting with clients (SiC)	RPQ:Job satisfaction (JS)	PQL:Compassion Satisfaction	PQL:Burnout	PQL: STS
N	63	63	63	63	63	63	63	63	63	63	63	63	63
Missing	0	0	0	0	0	0	0	0	0	0	0	0	0
Mean	3.94	3.81	4.40	4.24	4.92	4.05	4.69	2.97	2.98	4.83	4.17	2.00	2.08
Median	4.00	3.75	4.50	4.25	5.00	4.25	4.75	3.00	3.00	5.00	4.20	2.00	2.10
Standard deviation	0.831	0.875	0.736	0.734	0.792	0.988	0.664	0.972	1.08	0.687	0.469	0.570	0.526
Minimum	1.75	1.00	2.25	2.00	2.25	1.25	2.75	1.00	1.00	3.25	3.00	1.00	1.10
Maximum	5.25	5.25	5.75	5.75	6.00	5.50	5.75	5.50	5.50	6.00	4.90	3.10	3.20

Descriptive analyses were conducted to summarize the participants' responses on the Reflective Practice Questionnaire (RPQ) and the Professional Quality of Life Scale (ProQOL). The results provide insight into the

general trends in reflective practice dimensions and professional quality of life outcomes among Filipino guidance counselors, psychologists, and psychometricians (N = 63). No missing data were reported across all variables.

Participants reported a moderate to high degree of reflective engagement. Among the RPQ subscales, Desire for Improvement (DfI) recorded the highest mean score (M = 4.92, SD = 0.79), indicating a strong inclination among mental health professionals to pursue professional growth. This was followed by Reflective with Others (RO) (M = 4.40, SD = 0.74), Self-Appraisal (SA) (M = 4.24, SD = 0.73), and Reflective-in-Action (RiA) (M = 3.94, SD = 0.83). Reflective-on-Action (RoA) had a mean score of 3.81 (SD = 0.88), reflecting a generally active tendency to evaluate past professional experiences.

In terms of confidence, Confidence – Communication (CC) scored the highest among confidence-related domains (M = 4.69, SD = 0.66), while Confidence – General (CG) reported a slightly lower mean of 4.05 (SD = 0.99). Notably, Uncertainty (Unc) (M = 2.97, SD = 0.97) and Stress Interacting with Clients (SiC) (M = 2.98, SD = 1.08) were among the lowest-scoring RPQ subscales, suggesting moderate levels of perceived stress and uncertainty in client interactions.

Job Satisfaction (JS) was rated highly (M = 4.83, SD = 0.69), suggesting generally positive work-related affect among respondents. For the ProQOL dimensions, Compassion Satisfaction was also high (M = 4.17, SD = 0.47), while Burnout (M = 2.00, SD = 0.57) and Secondary Traumatic Stress (STS) (M = 2.08, SD = 0.53) remained relatively low. These findings imply that the sample experienced a high degree of professional fulfillment and relatively low levels of occupational distress.

The descriptive statistics indicate that participants demonstrated strong engagement in reflective practices, particularly in collaborative reflection and personal growth, while maintaining relatively low levels of burnout and secondary traumatic stress and high levels of job and compassion satisfaction.

Table 2: Pearson Correlation Matrix for Reflective Practice Dimensions and Professional Quality of Life Variables

		RPQ:Reflective-in-action (RiA)	RPQ:Reflective-on-action (RoA)	RPQ:Reflective with others (RO)	RPQ:Self-appraisal (SA)	RPQ:Desire for improvement (DfI)	RPQ:Confidence – General (CG)	RPQ:Confidence – Communication (CC)	RPQ:Uncertainty (Unc)	RPQ:Stress interacting with clients (SiC)	RPQ:Job satisfaction (JS)	PQL:Compassion Satisfaction	PQL:Burnout	PQL:STS
RPQ:Reflective-in-action (RiA)	Pearson's r	—												
	df	—												
	p-value	—												
RPQ:Reflective-on-action (RoA)	Pearson's r	0.687***	—											
	df	61	—											
	p-value	<.001	—											
RPQ:Reflective with others (RO)	Pearson's r	0.450***	0.465***	—										
	df	61	61	—										
	p-value	<.001	<.001	—										
RPQ: Self-appraisal (SA)	Pearson's r	0.594***	0.687***	0.489***	—									
	df	61	61	61	—									
	p-value	<.001	<.001	<.001	—									
RPQ: Desire for improvement (DfI)	Pearson's r	0.306*	0.573***	0.359**	0.556***	—								
	df	61	61	61	61	—								

		RPQ:Reflective-in-action (RiA)	RPQ:Reflective-on-action (RoA)	RPQ:Reflective with others (RO)	RPQ:Self-appraisal (SA)	RPQ:Desire for improvement (DfI)	RPQ:Confidence – General (CG)	RPQ:Confidence – Communication (CC)	RPQ:Uncertainty (Unc)	RPQ:Stress interacting with clients (SiC)	RPQ:Job satisfaction (JS)	PQL:Compassion Satisfaction	PQL:Burnout	PQL:STS
	p-value	0.015	<.001	0.004	<.001	—								
RPQ: Confidence – General (CG)	Pearson's r	-0.003	-0.212	0.194	-0.025	-0.264*	—							
	df	61	61	61	61	61	—							
	p-value	0.984	0.095	0.127	0.849	0.036	—							
RPQ: Confidence – Communication (CC)	Pearson's r	0.125	-0.096	0.348**	0.119	-0.144	0.650***	—						
	df	61	61	61	61	61	61	—						
	p-value	0.329	0.453	0.005	0.353	0.261	<.001	—						
RPQ: Uncertainty (Unc)	Pearson's r	0.498***	0.639***	0.193	0.437**	0.383**	-0.485***	-0.434***	—					
	df	61	61	61	61	61	61	61	—					
	p-value	<.001	<.001	0.130	<.001	0.002	<.001	<.001	—					
RPQ:Stress interacting with clients (SiC)	Pearson's r	0.327**	0.574***	0.056	0.206	0.304*	-0.581***	-0.535***	0.731***	—				
	df	61	61	61	61	61	61	61	61	—				
	p-value	0.009	<.001	0.663	0.105	0.016	<.001	<.001	<.001	—				
RPQ:Job satisfaction (JS)	Pearson's r	-0.051	-0.201	0.137	0.097	-0.046	0.646***	0.515***	-0.435***	-0.728***	—			
	df	61	61	61	61	61	61	61	61	61	—			
	p-value	0.690	0.114	0.285	0.448	0.718	<.001	<.001	<.001	<.001	—			
PQL:Compassion Satisfaction	Pearson's r	-0.085	-0.150	0.067	0.047	-0.024	0.595***	0.635***	-0.401**	-0.629***	0.747***	—		
	df	61	61	61	61	61	61	61	61	61	61	—		
	p-value	0.509	0.240	0.602	0.713	0.853	<.001	<.001	0.001	<.001	<.001	—		
PQL:Burnout	Pearson's r	0.111	0.268*	-0.106	0.075	0.133	-0.666***	-0.684***	0.540***	0.761***	-0.728***	-0.872***	—	
	df	61	61	61	61	61	61	61	61	61	61	61	—	
	p-value	0.386	0.034	0.408	0.558	0.300	<.001	<.001	<.001	<.001	<.001	<.001	—	
PQL: STS	Pearson's r	0.069	0.361**	-0.035	0.021	0.036	-0.313*	-0.485***	0.470**	0.609***	-0.438***	-0.537***	0.650***	—
	df	61	61	61	61	61	61	61	61	61	61	61	61	—
	p-value	0.593	0.004	0.786	0.873	0.779	0.013	<.001	<.001	<.001	<.001	<.001	<.001	—

Note. * p < .05, ** p < .01, *** p < .001

A Pearson product-moment correlation was conducted to examine the relationships among the variables related to reflective practice (RPQ), professional quality of life (PQL), and job-related outcomes among participants (N = 63). Table values are interpreted based on statistical significance: p < .05 (), p < .01 (), and p < .001 ().

Reflective Practice Dimensions

Reflective-in-action (RiA) was significantly positively correlated with Reflective-on-action (RoA) (r = .687, p < .001), Reflective with others (RO) (r = .450, p < .001), Self-appraisal (SA) (r = .594, p < .001), and Desire for Improvement (DfI) (r = .306, p = .015). Notably, RiA was also significantly positively associated with Stress interacting with clients (SiC) (r = .327, p = .009), and Uncertainty (Unc) (r = .498, p < .001).

Reflective-on-action (RoA) showed strong correlations with SA (r = .687, p < .001), DfI (r = .573, p < .001), and Unc (r = .639, p < .001), indicating that individuals who engaged in reflection after events also reported higher self-assessment, a stronger drive to improve, and increased uncertainty.

Professional Confidence and Stress

Confidence–Communication (CC) was positively associated with RO (r = .348, p = .005) and Confidence–General (CG) (r = .650, p < .001), but negatively associated with SiC (r = −.535, p < .001), Unc (r = −.434, p < .001), and burnout (r = −.684, p < .001).

Uncertainty exhibited significant negative correlations with CG (r = −.485, p < .001), CC (r = −.434, p < .001), and Job Satisfaction (JS) (r = −.435, p < .001), while positively correlating with SiC (r = .731, p < .001), Burnout (r = .540, p < .001), and Secondary Traumatic Stress (STS) (r = .470, p < .001).

Job Satisfaction and Compassion Outcomes.

Job satisfaction was positively associated with CG (r = .646, p < .001), CC (r = .515, p < .001), and Compassion Satisfaction (r = .747, p < .001), while negatively correlated with Unc (r = −.435, p < .001), SiC (r = −.728, p < .001), Burnout (r = −.728, p < .001), and STS (r = −.438, p < .001).

Compassion Satisfaction was negatively associated with Burnout (r = −.872, p < .001) and STS (r = −.537, p < .001), suggesting inverse relationships between positive professional fulfillment and psychological distress.

Burnout was positively related to Unc, SiC, and STS, and strongly negatively related to CG and CC, highlighting a pattern where lower confidence and higher stress co-occur with burnout.

DISCUSSIONS

Interpretation of Results

Consistent with the model proposed by Priddis and Rogers (2017), the results demonstrate strong intercorrelations between various reflective dimensions—particularly between Reflective-in-Action (RiA), Reflective-on-Action (RoA), and Self-Appraisal (SA). These results suggest that reflective practitioners tend to operate across multiple modes of reflection, supporting the model's assertion that effective reflective practice is not unidimensional but instead dynamic and recursive. Reflecting during (RiA) and after (RoA) critical incidents were both significantly associated with the desire for improvement (DfI) and reflection with others (RO), indicating that reflective processes are relational and goal-oriented, promoting both intrapersonal growth and interpersonal engagement.

Moreover, high levels of self-appraisal and desire for improvement were significantly correlated with lower general confidence (CG) and greater uncertainty (Unc), which may reflect a self-critical stance often seen in reflective practitioners. This aligns with Priddis and Rogers' (2017) contention that reflection can evoke discomfort as individuals confront limitations in their practice. However, when such reflection is scaffolded through collaboration (RO) and communication confidence (CC), it may serve as a protective factor against professional distress.

In terms of professional quality of life, the data aligned well with Stamm's (2010) framework. Compassion satisfaction (CS) was strongly positively correlated with job satisfaction (JS), and negatively associated with burnout and secondary traumatic stress (STS).

These findings reinforce Stamm's theoretical postulate that compassion satisfaction operates as a buffer against the deleterious effects of caring work. Interestingly, while reflective practices were not directly predictive of compassion satisfaction, they were strongly related to variables such as communication confidence and stress from client interactions, which in turn were significantly associated with professional quality of life outcomes.

Burnout was strongly correlated with uncertainty and stress when interacting with clients (SiC), suggesting that those who lack confidence in their communication and reflective capacities may be more vulnerable to emotional exhaustion. This highlights the importance of embedding reflective practice into professional supervision and continuing education, as reflective development may serve as both a skill-building and resilience-enhancing mechanism (Priddis & Rogers, 2017; Stamm, 2010).

Furthermore, STS was significantly correlated with RoA, Uncertainty, and SiC, indicating that the emotional residue from working with traumatized individuals may influence practitioners' reflective styles. These correlations underscore the dual-edged nature of reflection: while it supports ethical and intentional practice, it can also heighten awareness of distressing content if not accompanied by adequate self-care and organizational support.

The findings support a model wherein reflective practice is not only integral to personal and professional development but also intricately tied to well-being and quality of work life. Encouraging reflective engagement, particularly through supportive peer and supervisory relationships, may enhance practitioners' capacity for compassion satisfaction while mitigating burnout and secondary trauma.

Implications of Findings

Based on the findings of the present study, several critical implications emerge regarding the relationships among reflective practice, professional quality of life, and job-related outcomes among Filipino mental health professionals. The data suggest that reflective practice serves as both a developmental resource and a potential source of professional vulnerability, depending on how it interacts with other psychological and occupational variables.

The significant positive correlations among the reflective practice dimensions—specifically Reflection-in-action (RiA), Reflection-on-action (RoA), Self-appraisal (SA), Desire for Improvement (DfI), and Reflection with Others (RO)—indicate that mental health professionals who engage in various forms of reflection tend to report greater levels of self-awareness, motivation for professional development, and collaborative inquiry. These findings are consistent with the multidimensional framework proposed by Priddis and Rogers (2017), which conceptualizes reflective practice as an active, relational, and iterative process that facilitates clinical insight and practitioner growth.

However, the results also reveal a paradox: increased engagement in reflective practices was significantly associated with elevated levels of uncertainty (Unc) and stress in client interactions (SiC). For instance, RoA and RiA were positively correlated with both Unc and SiC, suggesting that while reflective practitioners may be more attuned to their clinical processes and outcomes, this heightened awareness can lead to increased cognitive and emotional dissonance. This finding resonates with the literature noting that reflection, particularly when unsupported, can intensify feelings of vulnerability and doubt (Priddis & Rogers, 2017; Schön, 1983). Therefore, reflective practice should be seen not merely as a protective factor, but as a dynamic process that may both illuminate and complicate practitioners' experiences in emotionally demanding roles.

The study further highlights the protective role of professional confidence. Confidence in general clinical abilities (Confidence–General or CG) and in communication (Confidence–Communication or CC) were both positively associated with RO and negatively associated with SiC, Unc, and burnout. These findings support existing literature that emphasizes the buffering role of self-efficacy and interpersonal competence in mitigating occupational stress and emotional exhaustion (Bandura, 1997; Stamm, 2010). Professionals who feel equipped to manage clinical tasks and engage in meaningful communication may be better able to navigate complex client interactions without experiencing emotional depletion.

Moreover, Uncertainty emerged as a critical predictor of distress. It was strongly positively correlated with burnout and secondary traumatic stress (STS), and negatively associated with job satisfaction (JS), CG, and CC. This reinforces the conceptualization of uncertainty as a key vulnerability factor in therapeutic work (Morse et al., 1996), particularly when it is chronic or unaddressed. Similarly, SiC also demonstrated robust associations with both burnout and STS, underscoring the central role of emotionally taxing client interactions in shaping mental health professionals' well-being.

Compassion Satisfaction (CS) showed strong inverse correlations with both burnout and STS, and a strong positive correlation with JS. These results echo previous findings that CS is a vital component of professional quality of life and serves as a psychological buffer against the negative effects of caregiving work (Stamm, 2010). When practitioners find meaning and fulfillment in their professional roles, they are less likely to experience burnout or secondary trauma, even when working in challenging contexts.

Although direct negative correlations between RPQ subscales and burnout were not observed, the indirect influence of reflective practices on burnout is evident through their associations with confidence, desire for improvement, and self-appraisal. These interrelated variables suggest that reflective practice may contribute to the development of internal resources and adaptive coping strategies, which in turn reduce vulnerability to burnout. This aligns with models of reflective supervision and peer consultation, which emphasize the role of structured reflection in enhancing practitioner resilience (Fook & Gardner, 2007).

The findings of this study underscore the complexity of reflective practice as both a facilitator of growth and a potential source of strain. While reflection promotes insight and motivation for improvement, it can also increase awareness of professional limitations and ambiguity. Therefore, fostering reflective capacity in mental health professionals must be accompanied by support structures—such as supervision, mentoring, and peer reflection

groups—that can contain and channel the emotional and cognitive demands of reflective work. Simultaneously, reinforcing confidence and compassion satisfaction can strengthen practitioners' resilience and job satisfaction, ultimately contributing to a more sustainable and effective mental health workforce in the Philippines.

Limitations of the Study

The present study, which sought to investigate the relationship between reflective practice and professional quality of life among Filipino guidance counselors, psychologists, and psychometricians, is not without limitations. While the findings provide valuable insights into how reflective capacities—measured through the Reflective Practice Questionnaire (RPQ)—correlate with compassion satisfaction, burnout, and secondary traumatic stress (as assessed by the ProQOL), several methodological and contextual constraints should be acknowledged.

First, the use of a cross-sectional correlational design restricts the ability to draw causal inferences. Although significant associations were observed between reflective practice dimensions and indicators of professional well-being, the directionality of these relationships cannot be established. It remains unclear whether increased reflective practice leads to improved professional quality of life, or whether individuals with greater job satisfaction and lower burnout are more inclined to engage in reflective practices. Longitudinal or experimental designs would be necessary to clarify these dynamics (Creswell & Creswell, 2018).

Second, the relatively small and unevenly distributed sample size (N = 63), composed predominantly of registered guidance counselors, with only a few psychologists and psychometricians, limits the generalizability of the findings. The sample may not fully represent the broader population of Filipino mental health professionals. Additionally, the gender distribution was heavily skewed toward female participants (56 out of 63), which may introduce gender-based bias in how reflective practice and occupational well-being are experienced or reported. This is especially relevant given that gender differences have been noted in how burnout and emotional labor manifest in helping professions (Maslach & Leiter, 2016).

Third, the reliance on self-report instruments—namely, the RPQ and ProQOL—raises concerns about potential response biases such as social desirability and self-perception inaccuracies. Participants may have overestimated or underestimated their levels of reflection or well-being based on perceived professional expectations or personal ideals. While both tools demonstrate sound psychometric properties (Priddis & Rogers, 2017; Stamm, 2010), self-report measures inherently limit the objectivity of the data and the depth of contextual understanding.

Fourth, the cultural context of the Philippines may uniquely shape both reflective practices and professional quality of life in ways not fully captured by instruments developed in Western contexts. For example, the collectivist orientation of Filipino society and culturally specific norms regarding emotional expression, authority, and workplace dynamics may influence how reflection and stress are internalized and acted upon (Enriquez, 1992). Without cultural adaptation or qualitative triangulation, the current study may miss culturally embedded nuances in reflective engagement and professional strain.

Lastly, while the study employed validated subscales of the RPQ—such as reflection-in-action, reflection-on-action, self-appraisal, and reflection with others—the absence of qualitative inquiry or contextual data limits the

interpretive richness of the findings. Reflection is inherently a dynamic and context-sensitive process; as such, narrative data could have enhanced the understanding of how these professionals actually experience and make sense of their work through reflection.

In light of these limitations, future research is encouraged to adopt mixed-method approaches, larger and more diverse sampling strategies, and culturally grounded measures. Doing so would deepen the understanding of how reflective practice functions as a potential protective factor in the professional lives of Filipino mental health practitioners and offer more robust evidence to inform training, supervision, and policy development.

CONCLUSION

Summary of Findings

This study explored the relationship between reflective practice and professional quality of life among Filipino guidance counselors, psychologists, and psychometricians. Grounded in the Reflective Practice Questionnaire (RPQ) by Priddis and Rogers (2017) and the Professional Quality of Life (ProQOL) scale by Stamm (2010), the research sought to determine whether higher engagement in reflective practices—specifically reflection-in-action, reflection-on-action, self-appraisal, and reflection with others—correlates with increased compassion satisfaction and reduced burnout and secondary traumatic stress.

The findings of this correlational study indicated significant relationships between reflective practice dimensions and components of professional quality of life. Reflection-in-action and reflection-on-action were strongly correlated with self-appraisal and desire for improvement, highlighting their integrative role in promoting adaptive cognitive and emotional processing in professional contexts. These reflective capacities were also significantly associated with feelings of uncertainty and stress in client interactions, suggesting that reflective engagement may heighten professionals' awareness of emotional complexity but also serve as a platform for self-regulation and resilience-building (Priddis & Rogers, 2017; Schön, 1983).

Professional confidence—both in general practice and communication—was negatively associated with burnout and psychological strain, while positively linked with reflection with others and job satisfaction. Notably, job satisfaction and compassion satisfaction emerged as protective factors inversely related to burnout and secondary traumatic stress, consistent with prior research suggesting that meaningful engagement and reflective dialogue mitigate the emotional toll of caregiving professions (Stamm, 2010; Maslach & Leiter, 2016).

These findings underscore the importance of reflective practice as a potential buffer against occupational stress and as a contributor to sustained professional well-being. They affirm that reflective engagement does not merely represent a cognitive exercise but is instrumental in enhancing emotional processing, professional competence, and relational effectiveness (Boud et al., 1985; Finlay, 2008).

Recommendations

Based on the findings, several recommendations are proposed:

- Mental health education and supervision programs in the Philippines should formally integrate structured reflective practice modules. Incorporating reflection-in-action and reflection-on-action in both academic

curricula and clinical supervision may enhance practitioners' emotional competence and ethical responsiveness.

- Institutions should foster opportunities for reflective dialogue among peers—through case discussions, debriefings, or supervision groups—as a means to promote reflection with others, which was found to correlate with professional confidence and job satisfaction.

- Organizations employing mental health professionals should periodically assess indicators of professional quality of life using tools like the ProQOL to identify risks of burnout or secondary traumatic stress and to support targeted interventions.

- Longitudinal and mixed-method studies are recommended to explore the causal mechanisms between reflective practices and professional well-being, and to examine the role of contextual factors such as organizational culture, client demographics, and cultural norms within Filipino settings.

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