

Counselors' Years of Practice and Age as Factors for Professional Quality of Life

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ABSTRACT

This study investigates the influence of counselors' age and years of professional practice on their professional quality of life (ProQOL), operationalized through the dimensions of compassion satisfaction, burnout, and secondary traumatic stress (STS). Utilizing a multivariate analytical approach, data were collected within the Philippine context to address gaps in culturally relevant empirical evidence. Findings indicate that both age and experience significantly predict professional quality of life: older and more experienced counselors report higher levels of compassion satisfaction and lower levels of burnout, suggesting that developmental maturity and experiential learning enhance emotional resilience and professional fulfillment. Conversely, STS levels appear unaffected by age and experience, highlighting the predominance of client trauma exposure over practitioner characteristics in influencing this domain. These results corroborate theoretical models of counselor development and highlight the need for trauma-informed organizational policies to mitigate occupational hazards associated with vicarious trauma. The study contributes to global ProQOL literature and informs culturally appropriate support strategies for counselors across career stages.

Keywords: Professional quality of life; compassion satisfaction; burnout; secondary traumatic stress; counselor development; years of practice; age; trauma-informed care; counselor well-being; Philippine context.

INTRODUCTION AND REVIEW OF RELATED LITERATURE

Counseling professionals play a critical role in supporting individuals facing mental health challenges, trauma, and emotional distress. While this work is often deeply meaningful, it exposes counselors to a wide range of emotional demands. Several factors have been identified as central constructs in understanding the well-being and professional functioning of helping professionals. These include the ways counselors experience satisfaction from their work, how they manage chronic exposure to others' trauma, and how they cope with the psychological demands of the profession over time.

Given these emotional and psychological demands, professional quality of life (ProQOL) has emerged as a vital area of inquiry in understanding counselor well-being and sustainability. Professional quality of life refers to the balance of positive and negative aspects of helping others, typically encompassing three dimensions: compassion satisfaction, burnout, and secondary traumatic stress (Stamm, 2010). These dimensions serve as crucial indicators of how counselors experience their work and manage the stressors inherent in their professional roles.

One of the most widely examined positive dimensions of ProQOL is compassion satisfaction, or the sense of fulfillment that counselors derive from being effective in helping others (Radey & Figley, 2007). High levels of compassion satisfaction have been associated with greater professional commitment, reduced job turnover, and increased resilience (Alkema et al., 2008; Killian, 2008). Conversely, compassion fatigue, consisting of burnout and secondary traumatic stress, reflects the negative emotional residue counselors may experience due to repeated exposure to client trauma (Figley, 1995; Bride, 2007). Burnout, in particular, involves chronic emotional exhaustion, diminished personal accomplishment, and depersonalization (Maslach & Jackson, 1981), and is frequently cited as a risk for early-career counselors (Craig et al., 2010; Thompson et al., 2014).

Emerging evidence suggests that years of professional practice and chronological age may serve as critical variables in shaping counselors' experiences of ProQOL. Studies indicate that counselors with more years of

experience tend to report higher levels of compassion satisfaction and lower levels of burnout (Craig et al., 2010; Bowens et al., 2021). This trend may be attributed to the accumulation of coping mechanisms, greater confidence in clinical skills, and increased professional identity. Yildirim et al. (2021) further found that professional pride tends to increase with seniority, reinforcing the role of experience in enhancing positive professional self-concept.

Similarly, age has been identified as a factor influencing ProQOL, although findings are somewhat mixed. While younger counselors tend to report higher levels of burnout (Craig et al., 2010), older counselors appear to benefit from increased compassion satisfaction, potentially due to psychological maturity and emotional regulation. However, age does not appear to significantly influence job satisfaction (Yildirim et al., 2021), suggesting that other mediating factors such as role clarity and organizational culture may be at play.

Beyond affective outcomes, cognitive complexity—the capacity to perceive clients through multifaceted and integrated lenses—has been shown to increase with years of practice, though not necessarily with age (Granello et al., 2010). Likewise, models of professional development (e.g., Rønnestad & Skovholt, 2003; Mateo et al., 2015) propose that counselors evolve through stages of growth and adaptation that are influenced by their professional tenure, with personal and professional identities becoming increasingly intertwined over time.

Despite these insights, the literature remains fragmented in its treatment of age and experience as distinct yet potentially interactive factors. Many studies examine one variable in isolation, thereby limiting the ability to discern their unique and combined effects on ProQOL (Zeidner et al., 2013; Craig & Sprang, 2010).

Statement of the Problem

Empirical studies have highlighted the role of demographic and experiential variables in shaping ProQOL outcomes. Specifically, age and years of professional practice have been linked to differing levels of compassion satisfaction and burnout (Craig et al., 2010; Bowens et al., 2021). However, research often treats these two variables interchangeably or examines them in isolation, leaving a gap in understanding their unique and interactive effects. Moreover, limited research has been conducted in the Philippine context, where sociocultural norms and professional conditions may affect counselor well-being differently than in Western settings.

To address this gap, this study examines how counselors' age and years of practice influence their levels of compassion satisfaction, burnout, and secondary traumatic stress, using a multivariate approach to account for the complexity of professional quality of life.

Hypothesis

H1: There will be a statistically significant multivariate effect of age on the combined ProQOL dimensions (compassion satisfaction, burnout, and secondary traumatic stress).

H2: There will be a statistically significant multivariate effect of years of practice on the combined ProQOL dimensions.

H3: There will be a statistically significant interaction effect between age and years of practice on the combined ProQOL outcomes.

H4: Univariate effects will show that older and more experienced counselors report significantly higher compassion satisfaction and lower burnout than younger and less experienced counterparts.

Objectives of the Study

The goal of this study is to investigate how counselors' age and years of professional practice affect their professional quality of life, as measured by levels of compassion satisfaction, burnout, and secondary traumatic stress. Specifically, the study aims to:

1. Determine whether there is a significant multivariate effect of age on counselors' professional quality of life outcomes.

2. Determine whether there is a significant multivariate effect of years of practice on counselors' professional quality of life outcomes.
3. Assess whether there is a significant interaction between age and years of practice in predicting compassion satisfaction, burnout, and secondary traumatic stress.
4. Identify which ProQOL domains are most influenced by age and experience, and whether these relationships are statistically significant at the univariate level.

Significance of the Study

The well-being of counselors is essential not only for the sustainability of their careers but also for the ethical and effective delivery of mental health services (Newell & MacNeil, 2010). Counselors experiencing high levels of compassion satisfaction tend to report greater job engagement, resilience, and therapeutic effectiveness (Radey & Figley, 2007; Alkema et al., 2008). In contrast, elevated levels of burnout and secondary traumatic stress are associated with emotional exhaustion, ethical breaches, and premature professional withdrawal (Maslach & Jackson, 1981; Bride, 2007; Figley, 1995).

Despite the extensive global research on these issues, there remains a lack of empirical evidence exploring how demographic and experiential variables, such as age and years of practice, influence professional quality of life, especially in non-Western contexts like the Philippines. Local counseling professionals often operate within unique sociocultural frameworks that may intensify or buffer the emotional demands of their work (Mateo et al., 2015). Thus, context-specific evidence is necessary to inform culturally relevant strategies for promoting counselor wellness and retention.

Moreover, the findings of this study will contribute to the existing literature on counselor development by testing the stage models of professional growth (Rønnestad & Skovholt, 2003), which posit that both age and practice influence how professionals internalize, sustain, and evolve in their helping roles. Understanding how these variables relate to the ProQOL dimensions can inform the design of supervision models, continuing education, and mental health policy focused on counselor support across career stages.

The Framework

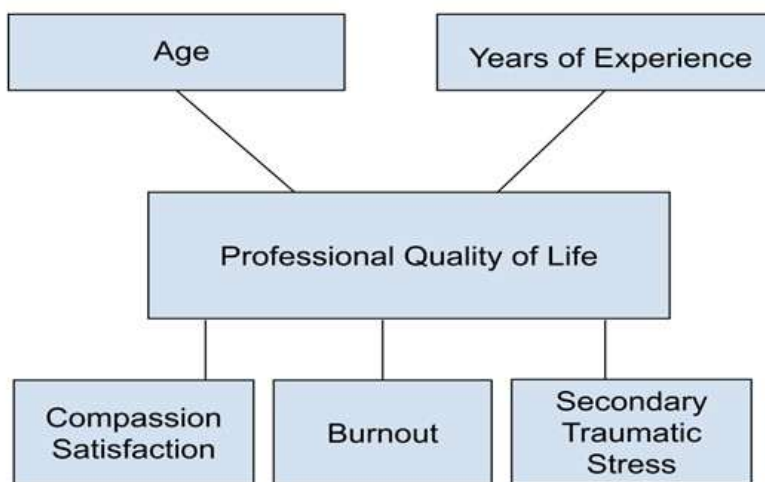


Fig. 1. The ProQOL framework (Stamm, 2010) highlights the study by conceptualizing counselors' professional well-being across three interrelated constructs:

Compassion Satisfaction (CS): Fulfillment and joy from helping others. Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, one may feel like it is a pleasure to help others through their work. Others may feel positively about colleagues or their ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

Burnout (BO): Chronic emotional exhaustion and reduced accomplishment. Most people have an intuitive idea of what burnout is. From a research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that the efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.

Secondary Traumatic Stress (STS): Trauma symptoms experienced by those helping trauma survivors. It is about the work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. Images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

This framework assumes that multiple personal and environmental variables influence these outcomes. Years of professional practice may act as a buffer by enhancing coping mechanisms and job mastery, while chronological age may contribute to emotional maturity and professional resilience. MANCOVA allows simultaneous examination of these effects across all three ProQOL dimensions while controlling for covariates (e.g., gender, number of licenses), which enhances the statistical rigor and interpretability of the findings.

METHODOLOGY

Research Design

This study will employ a 2-way between-subjects MANCOVA design to examine the effects of age group and years of practice on the three components of Professional Quality of Life: compassion satisfaction, burnout, and secondary traumatic stress. Gender and work setting (e.g., school, clinical, private) will be treated as covariates to control for extraneous variance. Independent Variables (Factors): Age Group (young, mid, senior) and Years of Practice (early, mid, late). Dependent Variables are: Compassion Satisfaction (CS), Burnout (BO) and Secondary Traumatic Stress (STS). Covariates are Gender and multiple professional licenses.

Participants

A total of 65 counseling professionals participated in this study, only 63 licensed counselors or psychologists were utilized in the study. It comprises 56 female (89%) and 7 male (11%). Thirty-five participants (56%) are holders of multiple professional licenses and 28 participants (44%) are holders of one professional license.

Table 1. Descriptive Statistics of Participants' Quality of Life in terms of Age

Age Group	Burnout	Compassion Satisfaction	Secondary Traumatic Stress
20–30	Average	Average	Low
31–40	Low	Average	Low
41–50	Low	High	Low
51–60	Low	High	Low
60 above	Low	High	Low

The participants showcased a diverse range of ages, predominantly in their age 41 to 50, which is 36.9%. Most participants, specifically 16 people, were between 51 to 60 years old, while 13.8% both ages were between 31 to 40 or 61 years old, with 10.8% belonging to the 21 to 30 years of age group.

Table 1 shows the measure of the three subscales in different groups in reference to their years of service in the counseling profession. Participants who have spent 10 or more years in counseling tend to score low in their burnout and secondary traumatic stress scales, while they score average in compassion satisfaction. Those who have 4-6 years of experience in the counseling profession tend to score high in compassion satisfaction, while

average in burnout and secondary traumatic stress. 1-3 years as counselors show that they have average scales in both burnout and compassion satisfaction, but low in secondary traumatic stress.

Table 2. Descriptive Statistics of Participants' Professional Quality of Life in terms of Years of Practice

Years of Practice	Burnout	Compassion PartiSatisfaction	Secondary Traumatic Stress
1-3 years	Average	Average	Low
4-6 years	Average	High	Average
7-9 years	Average	High	Average
10-15 years	Low	Average	Low
15 years above	Low	Average	Low

The study shows that 49.2% of the respondents have been in the counseling profession for more than fifteen years. 18.5% have an experience from 10 to 15 years. While an equal number of participants are 10.8% each of the respondents, that is 1 year to 9 years of experience.

Table 2 shows the measure of the three subscales in different groups in reference to their age. Participants who are 40 above in age tend to score low in their burnout and secondary traumatic stress scales, while high in their compassion satisfaction. Those who are 31-40 years old tend to score average in compassion satisfaction, but low in burnout and secondary traumatic stress.. Results show that 20-30 years old counselors tend to have average scales in burnout.

Measures

In this study, the *Professional Quality of Life Scale (ProQOL Version 5)* developed by Stamm (2010) was employed to measure counselors' experiences of professional well-being and occupational stress. The ProQOL is a widely recognized instrument designed to capture both the positive and negative aspects of caregiving work, particularly in the helping professions. It is structured around three subscales: *Compassion Satisfaction*, *Burnout*, and *Secondary Traumatic Stress (STS)*. Compassion satisfaction refers to the pleasure and fulfillment that individuals derive from their role in helping others. It reflects the degree to which professionals feel effective, valued, and energized by their work. Burnout, on the other hand, captures chronic work-related stress, emotional exhaustion, and feelings of inefficacy that may result from overwhelming job demands or inadequate support. Secondary traumatic stress is characterized by trauma-related symptoms such as hyperarousal, intrusive thoughts, and avoidance behaviors, which emerge from indirect exposure to the traumatic experiences of clients.

Each subscale consists of 10 items rated on a 5-point Likert scale ranging from 1 (*never*) to 5 (*very often*), with higher scores reflecting greater presence of the respective construct. The scale is psychometrically robust, with Stamm (2010) reporting strong internal consistency estimates: $\alpha = .88$ for compassion satisfaction, $\alpha = .75$ for burnout, and $\alpha = .81$ for secondary traumatic stress. These reliability coefficients indicate acceptable to excellent internal consistency. Furthermore, confirmatory factor analyses in subsequent studies have supported the instrument's three-factor structure and construct validity (Heritage et al., 2018; Bride, Radey, & Figley, 2007). Criterion-related validity has also been established through significant correlations with related constructs such as empathy, psychological distress, and job engagement (Sprang, Clark, & Whitt-Woosley, 2007).

The ProQOL was selected for this study due to its theoretical alignment with the constructs under investigation and its established use in both clinical and research settings involving counselors and mental health professionals. Its ability to differentiate between positive and negative professional experiences provided a comprehensive understanding of how age and years of practice relate to professional quality of life. Importantly, the ProQOL's sensitivity to early signs of burnout and secondary traumatic stress made it a useful tool for examining counselor wellness in various career stages. As such, the instrument offered a nuanced and empirically supported framework for evaluating the interplay between personal and occupational factors in the lived experiences of helping professionals.

Data Collection Procedures

The researchers utilized Purposive sampling in choosing the participants, it refers to intentionally selecting participants based on their characteristics, knowledge, experiences, or some other criteria. For the purposes of this research, the researchers invited counseling professionals to be participants, which include, but not limited to, counselors, psychologists or psychiatrists.

The ProQOL questionnaire was administered via google forms to 65 counseling professionals, with 63 participants having professional licenses. Data privacy consent was requested from all participants who answered the said questionnaire. Data obtained from the instrument were kept in the Google drive of the proponents subject to strict data privacy guidelines.

Data Analysis

Data will be analyzed using SPSS. A MANCOVA will be conducted to examine the multivariate effects of age and years of practice on the combined dependent variables (CS, BO, STS), while adjusting for gender and work setting. Significant main and interaction effects will be further explored using post hoc univariate ANOVAs with Bonferroni correction to reduce Type I error.

RESULTS

The main goal of the present study is to define the Professional Quality of Life of counseling professionals using the three subscales : Burnout, Secondary Traumatic Stress, and Compassion Satisfaction. This section presents the findings of the study based on the methods described earlier. The results are organized according to the different hypotheses presented and are supported by relevant statistical analyses, tables, and figures where appropriate.

Age

Table 3. Multivariate Tests of the Effects of Age on Professional Quality of Life (ProQOL) Dimensions

Test Statistic	Value	F	df1	df2	p
Pillai's Trace	0.408	2.28	12	174	.010
Wilks' Lambda	0.620	2.45	12	148	.006
Hotelling's Trace	0.568	2.59	12	164	.004
Roy's Largest Root	0.480	6.96	4	58	<.001

Table 3 displays the multivariate test statistics used to assess the overall effect of age on the combined dependent variables: compassion satisfaction, burnout, and secondary traumatic stress. All four multivariate criteria were statistically significant ($p < .05$), indicating that age has a significant multivariate effect on the ProQOL outcomes.

These results support the hypothesis that counselors' age significantly influences their professional quality of life. The strongest effect was observed in Roy's Largest Root ($F = 6.96$, $p < .001$), suggesting that at least one of the dependent variables is strongly affected by age. This aligns with prior findings that older professionals experience higher compassion satisfaction and lower burnout due to greater emotional regulation and clinical maturity.

Table 4. Univariate ANOVA Results for the Effects of Age on ProQOL Components

Dependent Variable	Sum of Squares	df	Mean Square	F	p
Compassion Satisfaction	302.8	4	75.7	4.13	.005

Burnout	493.9	4	123.5	4.70	.002
Secondary Traumatic Stress	59.9	4	15.0	0.52	.718

Table 4 presents the univariate ANOVA tests conducted following the significant multivariate effect. Age significantly predicted both compassion satisfaction and burnout. However, the effect of age on secondary traumatic stress was not significant.

These findings confirm that counselors' subjective well-being improves with age, likely due to increased coping skills, job clarity, and career integration. The non-significant finding for STS suggests that this outcome may be less influenced by age and more associated with trauma exposure or caseload characteristics.

Table 5. Box's Test of Equality of Covariance Matrices

χ^2	df	p
20.3	24	.678

Table 3 presents the results of Box's M test, used to examine the assumption of equality of covariance matrices. The non-significant result ($p = .678$) suggests that the assumption has not been violated.

Satisfying the assumption of homogeneity of covariance matrices reinforces the robustness of the MANCOVA findings. According to Field (2018), Box's M is considered robust when group sizes are approximately equal, and a non-significant result supports the validity of comparing group means across multiple dependent variables.

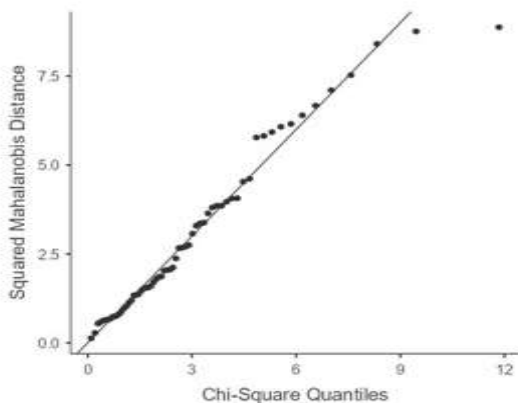


Figure 2 Q-Q Plot Assessing Multivariate Normality

Figure 2 depicts the Q-Q plot of the standardized residuals for the multivariate model. The data points closely align with the diagonal line of normal distribution, showing no severe skewness or kurtosis. This visual representation supports the assumption of multivariate normality.

In combination with the Shapiro-Wilk test result ($W = 0.972$, $p = .157$), the Q-Q plot indicates that the assumption of multivariate normality has been met. This validates the use of MANCOVA, as violations of normality can compromise the validity of multivariate test results.

Years of Service

Table 6. Multivariate Tests of the Effects of Years of Practice on Professional Quality of Life (ProQOL) Dimensions

Test Statistic	Value	F	df1	df2	p
Pillai's Trace	0.315	2.20	12	174	.017

Wilks' Lambda	0.675	2.0512	148.022
Hotelling's Trace	0.408	2.3112	164.014
Roy's Largest Root	0.291	6.454	58 <.001

Table 6 presents the multivariate test statistics for the effect of years of professional practice on the combined ProQOL variables: compassion satisfaction, burnout, and secondary traumatic stress. The results from Pillai's Trace, Wilks' Lambda, Hotelling's Trace, and Roy's Largest Root all indicate statistical significance ($p < .05$), suggesting that years of practice significantly influence at least one of the dependent variables. Roy's Largest Root showed the strongest effect ($F = 6.45$, $p < .001$), highlighting a significant difference across experience groups.

These results are consistent with findings that professional experience moderates emotional resilience and role clarity in counselors, affecting their levels of burnout and compassion satisfaction (Rønnestad & Skovholt, 2003; Craig & Sprang, 2010).

Table 7. Univariate ANOVA Results for the Effects of Years of Practice on ProQOL Components

Dependent Variable	Sum of Squares	df	Mean Square	F	p
Compassion Satisfaction	233	4	58.2	2.98	.026
Burnout (scaled)	124	4	31.1	2.79	.035
Burnout (total score)	364	4	91.0	3.19	.019

Table 7 displays the univariate ANOVA results showing the effect of years of practice on each ProQOL component. Years of experience significantly predicted compassion satisfaction ($F = 2.98$, $p = .026$), scaled burnout ($F = 2.79$, $p = .035$), and total burnout score ($F = 3.19$, $p = .019$).

These findings align with developmental theories suggesting that longer professional tenure contributes to reduced burnout and higher professional gratification. As counselors gain experience, they are likely to develop more effective coping strategies, a clearer sense of role identity, and a greater capacity for emotional regulation (Stamm, 2010; Bowens et al., 2021).

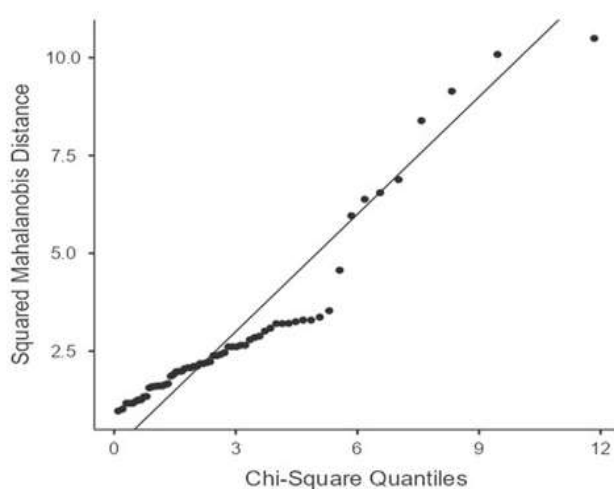


Figure 3 Q–Q Plot Assessing Multivariate Normality for Years of Practice

Figure 3 illustrates the Q–Q plot of standardized residuals, showing data points closely aligned with the diagonal line of the normal distribution. This suggests no substantial deviation from normality. The accompanying Shapiro–Wilk test result ($W = 0.972$, $p = .154$) was also non-significant, confirming that the assumption of multivariate normality was met.

Meeting the assumption of normality supports the reliability of the MANCOVA findings, as departures from this assumption can compromise the validity of parametric multivariate tests (Tabachnick & Fidell, 2019; Field, 2018).

DISCUSSION

Effects of Age on Professional Quality of Life (ProQOL)

This study examined how age influences the three dimensions of Professional Quality of Life (ProQOL): compassion satisfaction, burnout, and secondary traumatic stress (STS) among counselors. Multivariate results indicated that age had a significant overall effect on the combined ProQOL dimensions. At the univariate level, age significantly predicted compassion satisfaction and burnout, while it has no significant effect on STS.

Older counselors reported significantly higher levels of compassion satisfaction, consistent with models of counselor development that suggest emotional maturity and professional alignment improve with age (Rønnestad & Skovholt, 2003; Killian, 2008). Burnout levels were lower among older age groups, reinforcing findings that younger professionals are more susceptible to emotional exhaustion and role ambiguity (Thompson et al., 2014; Craig & Sprang, 2010). However, the absence of age-related differences in STS implies that this condition may be more influenced by trauma exposure than by age alone (Bride, 2007; Sprang et al., 2007).

Effects of Years of Practice on Professional Quality of Life (ProQOL)

The study also explored the impact of years of professional experience on ProQOL outcomes. The multivariate test results demonstrated a significant overall effect of years of practice on the combined dependent variables. Subsequent univariate tests revealed that compassion satisfaction and burnout (both scaled and total scores) were significantly affected by years of practice, whereas STS was not.

These findings align with the literature suggesting that prolonged experience contributes to stronger coping mechanisms, role clarity, and a deeper sense of professional efficacy (Granello & Underfer-Babalis, 2010; Bowens et al., 2021). The increase in compassion satisfaction with greater years of practice suggests that seasoned counselors derive more meaning and gratification from their work (Stamm, 2010). In contrast, the decline in burnout with experience reflects increased emotional resilience and adaptive workload management strategies (Killian, 2008; Thompson et al., 2014).

Consistent with the results for age, STS did not significantly vary across experience levels, reinforcing the idea that STS may be driven more by the nature and intensity of client trauma exposure than by practitioner characteristics (Bride, 2007; Sprang et al., 2007). This highlights the need for trauma-informed workplace policies regardless of a counselor's tenure in the field.

Interaction Effect Between Age and Years of Practice on ProQOL

Based on the MANCOVA results, no statistically significant interaction effect was found between age and years of practice on the combined ProQOL dimensions (compassion satisfaction, burnout, and secondary traumatic stress). The multivariate tests showed that age and years of practice exerted independent main effects, but their interaction was not significant. This suggests that the influence of age on ProQOL is not contingent on years of practice, and vice versa. The development of professional well-being appears to follow parallel and additive trajectories rather than an interactive one. In other words, while both variables significantly influence ProQOL outcomes, they do so independently.

Differences by Age and Practice Level on Professional Quality of Life

The results confirm that both older and more experienced counselors enjoy greater professional fulfillment and lower emotional exhaustion, consistent with existing developmental theories (Rønnestad & Skovholt, 2003; Granello & Underfer-Babalis, 2010). The non-significant findings for STS across both age and experience suggest that STS is more influenced by trauma exposure and organizational conditions than by demographic or experiential factors (Bride, 2007; Sprang et al., 2007).

CONCLUSION

This study investigated the influence of age and years of professional practice on the professional quality of life of counselors, as measured through the dimensions of compassion satisfaction, burnout, and secondary traumatic stress (STS). The results revealed that both age and experience are significant predictors of professional well-being, particularly in terms of compassion satisfaction and burnout. Specifically, older counselors and those with more years of experience reported significantly higher compassion satisfaction and lower burnout levels, suggesting that developmental and experiential maturity contributes to emotional resilience and fulfillment in the helping profession.

However, secondary traumatic stress did not significantly vary across age or experience groups, indicating that STS may be influenced more by the nature and frequency of trauma exposure rather than by demographic or experiential variables. This underscores the need to understand STS as a domain that requires systemic, trauma-informed organizational responses rather than relying solely on individual characteristics for mitigation.

These findings align with theoretical models of counselor development (e.g., Rønnestad & Skovholt, 2003) and reinforce the ProQOL framework (Stamm, 2010), which conceptualizes professional well-being as a dynamic interplay of personal resources, professional demands, and environmental context. In sum, while experience and age offer clear protective benefits against burnout and enhance job satisfaction, they are not sufficient to shield counselors from all occupational hazards, particularly those linked to vicarious trauma.

RECOMMENDATION

Based on the study's findings, several recommendations are proposed for counselor training, supervision, organizational support, and future research:

Organizations and institutions should tailor professional development and wellness interventions to match counselors' career stages. Early-career counselors may benefit from intensive supervision, resilience training, and workload management skills, while mid- and late-career counselors should be engaged in leadership mentoring, reflective practice, and continued professional identity development.

Given that STS was not significantly associated with age or years of practice, agencies should adopt universal trauma-informed workplace policies. These may include peer debriefing, access to trauma-specific supervision, and reduced caseloads for those working with trauma-exposed populations.

Routine use of the ProQOL assessment in counselor self-assessment and supervision can serve as a diagnostic and preventative tool. Supervisors should be trained to interpret ProQOL profiles and provide appropriate interventions when counselors show early signs of burnout or STS.

Counselor education programs should embed coursework on professional sustainability, compassion fatigue, and self-care planning early in training. Developmentally sequenced instruction can enhance awareness of occupational risks and promote adaptive coping strategies from the onset of clinical training.

Future research should employ **longitudinal designs** to trace how ProQOL dimensions evolve across the counseling career span. Additionally, qualitative or mixed-methods approaches can explore **cultural and contextual factors** unique to Filipino counselors, including family expectations, religious frameworks, and collective stressors, which may shape their experiences of professional well-being.

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