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Naa Lamiley Quaye

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Indonesia  
Maharani Tyas Budi Hapsari

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Khoirun Ni'mah, Fuji Juliana Wulandari, Reni Lailatul  
Maqfiroh, Faruq Faruq



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# ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

## TABLE OF CONTENTS

<i>Ethnic Identity And Subjective Well-Being In Students With Javanese And Chinese Backgrounds</i>	1 – 26
Ismi Fatimah, Heru Mugiarto	
<i>The Role Of Study Habits In Academic Achievement: A Comparative Study Between Hostel-Living And Day Scholars</i>	27 – 46
Israr Muhammad, Romaisa Jaffar, Palwasha Rahim, Sabina Amir Muhammad	
<i>Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health</i>	47 – 72
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye	
<i>Team Building Training To Improve Interpersonal Communication Among Operators At PT Komatsu Indonesia</i>	73 – 96
Maharani Tyas Budi Hapsari	
<i>Post-Traumatic Growth Experiences Of Bullying Victims</i>	97 – 126
Muhammad Samsul Arifin, Elka Tiara Zunia, Siti Khoirun Ni'mah, Fuji Juliana Wulandari, Reni Lailatul Maqfiroh, Faruq Faruq	
<i>Author Guidelines</i>	





## ACADEMIC JOURNAL OF PSYCHOLOGY AND COUNSELING

### Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health

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#### **Abstract**

Emotional intelligence and empathy are important in counseling practice and the counselor's life. The aim of this study was to identify demographic predictors of emotional intelligence, empathy, and general health and determine the predictive relationship between the three variables. In the cross-sectional case study, 133 counselors from Accra Metropolis were administered an online self-report survey consisting of the Emotional Intelligence Questionnaire, Empathy Scale, and General Health Questionnaire. Findings revealed that emotional intelligence and empathy significantly predicted general health ( $F = 10.159, p < 0.01$ ). Other results showed no difference between the general health of male and female counselors ( $t = 0.470, p > 0.05$ ). Additionally, there was no difference in empathy ( $F = 0.887, p > 0.05, \text{partial } \eta^2 = 0.021$ ) and emotional intelligence ( $F = 0.05, p > 0.05, \text{partial } \eta^2 = 0.00$ ) between licensed professional counselors and licensed lay counselors. Maintaining the health of counselors is very important because it has an impact on professional competence and on counseling practice. Thus, counselors and training institutions are expected to deepen efforts in creating awareness of the need to protect counselors' health for the benefit of clients and uphold the effectiveness of counselor practice.



## Abstrak

### Kata kunci:

konselor;  
kecerdasan  
emosional; empati;  
kesehatan secara  
umum

Kecerdasan emosional dan empati berperan penting di dalam praktik konseling maupun kehidupan konselor. Tujuan dari penelitian ini adalah untuk mengetahui hubungan prediktif antara kecerdasan emosional, empati, dan kesehatan umum dan untuk mengidentifikasi prediktor demografis pada kecerdasan emosional, empati, dan kesehatan umum. Dalam studi kasus cross-sectional, 133 konselor yang dipilih dari Accra Metropolis diberikan kuesioner survei laporan diri online yang terdiri dari Kuesioner Kecerdasan Emosional, Skala Empati, dan Kuesioner Kesehatan Umum. Temuan mengungkapkan bahwa kecerdasan emosional dan empati secara signifikan memprediksi kesehatan secara umum ( $F = 10,159$ ;  $p < 0,01$ ). Hasil lainnya menunjukkan bahwa tidak ada perbedaan antara kesehatan umum konselor pria dan wanita ( $t = 0,470$ ;  $p > 0,05$ ). Selain itu, juga tidak ada perbedaan dalam skor empati ( $F = 0,887$ ;  $p > 0,05$ ;  $\text{partial } \eta^2 = 0,021$ ) dan kecerdasan emosional ( $F = 0,05$ ;  $p > 0,05$ ;  $\text{partial } \eta^2 = 0,00$ ) antara konselor profesional berlisensi dan konselor awam berlisensi. Menjaga kesehatan konselor sangat penting karena berdampak pada kompetensi profesional dan praktik konseling. Karena itu, konselor dan lembaga pelatihan diharapkan memperdalam upaya dalam menciptakan kesadaran akan perlunya melindungi kesehatan konselor demi kepentingan klien dan menjunjung tinggi efektivitas praktik profesi.

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## INTRODUCTION

### Background Of The Study

Counselors can cause harm to clients unintentionally by failing to manage their own psychological distress (Corey, 2017; Gutierrez & Mullen, 2016; Norcross & VandenBos, 2018; Skovholt & Trotter-Mathison, 2016). Every counselor strives to serve clients to the best of their abilities so that counseling goals can be achieved. However, there are stressors both within and outside of the counselor that present emotional and psychological challenges, potentially affecting the counselor's health. The World Health Organization defines health as a 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (WHO, 2022). According to the WHO (2017), Frank et al. (2020); and Islam (2019), determinants of health include relationships

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye

with friends and family, income and education level, genetics, as well as environment; and the impact of these factors is even more significant than the commonly considered factors, such as access and use of healthcare services. Achieving complete physical, mental, and social well-being requires intentional efforts. The counselor is expected to safeguard their health despite the risk of emotional exhaustion, among other stressors associated with the profession (Skovholt & Trotter-Mathison, 2016).

The code of ethics instructs counselors to “engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities” (American Counseling Association [ACA], 2014). Many organizations within the helping sector, including the American Psychological Association (APA) and the Ghana Psychology Council (GPC), proactively instruct their members to attend to their own health needs so they can help clients effectively and not cause harm; this is a moral imperative and a professional responsibility. Members of all these professional bodies are ethically required to limit or suspend services to clients when their general health is compromised.

In discussing the issue of self-care as ethical imperative, Norcross & VandenBos (2018) stated, “ethically speaking, you care best for your clients when you take sufficient care of yourself.” In other words, a counselor risks becoming professionally impaired when self-care is neglected. According to Norcross & VandenBos (2018), attending to a counselor’s health is a message that is simple yet profound and demanding. Other research findings presented a positive correlation between emotional intelligence and job satisfaction among health workers (Tagoe & Quarshie, 2017). If the counselor is capable of maintaining their general health, then the counselor should have what it takes to manage the risks and demands of the profession.

Empathy is an emotional response (affective) dependent upon the interaction between trait capacities and state influences (Cuff, Brown, Taylor, & Howat, 2016). The concept has a significant history in philosophy and psychology, and is currently receiving attention in some fields including cognitive neuroscience (Goleman, 2009, 2011; Rameson & Lieberman, 2009; Walter, 2012; Watt, 2007). The biopsychosocial model suggests that illness is caused by a multitude of factors and not by a single factor. The model posits that health and disease are best understood as a combination of biological, psychological, and social factors (Bolton & Gillett, 2019). Socioeconomic, socio-



environmental, and cultural factors are examples of the social aspect of the biopsychosocial model.

The stress buffering effect theory posits that persons with strong social ties are protected from the potential pathogenic effects of stressors. The theory postulates that social resources can mitigate the impact of stressful events on one's health (Cassel, 1976; Cobb, 1976; Creel, Dantzer, Goymann, & Rubenstein, 2013; Kerdijk, van der Kamp, & Polman, 2016). Thus, a supportive social network acts as a buffer against stress by lessening negative appraisals, leading to perceiving events or situations as less stressful (Lakey & Cohen, 2000). A study by Rodriguez et al. (2019) aimed to understand the importance of social relationships in stress management using four social relationship models; namely main effects, stress-buffering, stress exacerbation, and joint effects. It revealed the prominence of social support. Social support is directly and positively associated with psychological well-being, while high social support is a buffer to stress. These theories were the conceptual framework for emotional intelligence and empathy as factors influencing counselors' health.

#### *Rationale Of The Study*

The researchers' correspondence with some counselors in Accra revealed that these professionals encountered a wide range of clients with diverse problems which sometimes could be more severe than anticipated. In March 2021, members of the Ghana Psychological Association (GPA), comprising counselors, psychologists, social workers, and other mental health professionals offered an intervention program for a fatal drowning disaster involving teenagers at Apam in the Central Region of Ghana. A review of the intervention program revealed that some team members were emotionally drained after engaging the survivors, affected families, rescuers, and community leaders. The conceptual framework was the stress buffering effect theory, which posits that individuals with strong social ties are protected from the potential pathogenic effects of stressors.

As counselors may not find immediate resources for relief when experiencing emotional exhaustion due to their profession, an understanding of how to manage their emotions to safeguard their health is crucial. The awareness of the need for periodic assessment of the counselor's health before and during client engagement is necessary. This is because a counselor who cannot manage their emotions may see adverse health impacts and be unable to perform their tasks effectively.

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quayee

### *Novelty Of The Study*

There are several studies done on health professionals, such as nurses and medical doctors, concerning their health, which focused on burnout, compassion fatigue, stress among other variables (Alahmadi & Alharbi, 2018; Alenezi, McAndrew, & Fallon, 2019; Baptista et al., 2021; Bhutani, Bhutani, Balhara, & Kalra, 2012; Dall'Ora, Ball, Reinius, & Griffiths, 2020; Garubba & Joseph, 2018; Gates et al., 2018; Grover, Adarsh, Naskar, & Varadharajan, 2019; Kumar, 2016; Moreno-Jiménez, Ayala, & Fresán-Orellana, 2020; Ogundipe, Olagunju, Lasebikan, & Coker, 2014; Tang, Liu, Fang, Xiang, & Min, 2019; Thompson, 2021; West, Dyrbye, & Shanafelt, 2018), but not many are related to counselors (Cook, Fye, Jones, & Baltrinic, 2021; Wardle & Mayorga, 2016; Gutierrez & Mullen, 2016). Many studies have confirmed that regardless of how prepared the counselor may be, immunity to psychological risks associated with the profession is not guaranteed (Meyer & Ponton, 2006; Wardle & Mayorga, 2016). Thus, it is important to study predictors of health in counselors. The present research was different from previous studies. It focused on uncovering predictors of a counselor's health, especially about empathy and emotional intelligence.

### *Purpose Or Hypothesis Of The Study*

The question that remains unanswered especially in Africa and, for that matter Ghana, is "What is the role of emotional intelligence and empathy on the general health of the counselor?" The objectives for this research include the following: to determine the predictive relationship between emotional intelligence and general health; to explore the relationship between empathy and general health; to determine the relationship between emotional intelligence and empathy; and to identify demographic predictors on emotional intelligence, empathy, and general health. The ethics of the profession demand that the counselor does not compromise their health so they can navigate the risk of the job. It is therefore imperative that counselors recognize and deal with stressors that compromise their health.

Researchers proposed several hypotheses in the present study. The first hypothesis was that "emotional intelligence and empathy influence the general health of counselors." The second hypothesis states that "emotional intelligence and empathy are positively correlated." The third hypothesis states that "general health would negatively correlate with emotional intelligence." The fourth hypothesis states that "male counselors have better health than their female counterparts." The fifth hypothesis states

that “licensed professional counselors would score higher in empathy and emotional intelligence than licensed lay counselors.”

## METHODS

### *Research Design*

The study was an exploratory study that sought to increase the understanding of the correlation between general health, emotional intelligence, and empathy among counselors. According to Swedberg (2020), exploratory research is the “soul of good research,” allowing researchers to find new and interesting issues as the research is being carried out. The cross-sectional study design was also adopted, meaning that researchers collected data from multiple counselors at a single point in time (Wang & Cheng, 2020). It simplified data collection, as compared to a longitudinal study, which would require repeated measuring at selected time intervals. The study involved male and female counselors in Greater Accra who formally received training in counseling; offered psychological services to individuals or groups, and belong to at least one of these counselors’ associations: Ghana Psychological Association, Prepare-Enrich Facilitators Association - Ghana and Ghana National Association of Certificated Counsellors. The counselor may hold a license as a lay counselor, paraprofessional, or professional counselor, according to the Ghana Psychological Council (GPC) categorization of licensure. Inclusive criteria were counselors who resided in Greater Accra, counselors practicing in an institution or organization located in Greater Accra, and consenting to be part of the study.

### *Sampling And Research Sample*

This study involved 133 counselors selected using the purposive sampling technique. Purposive sampling according to Taherdoost (2016), is a sampling technique involving a deliberate selection of particular settings, persons, or events which offer more significant information to the study than other choices. This sampling technique is ideal for exploratory research; however, it does not allow for generalization.

The researcher purposively went for these three associations: Ghana Psychological Association (GPA), Ghana National Association of Certificated Counselors (GNACC) and Prepare/Enrich Facilitators Association - Ghana (PEFA), because they are known for offering counseling services. Members of these associations have received formal

training in counseling and most of them have obtained licenses from the Ghana Psychological Council (GPC).

Researchers contacted the management of these three associations and briefed them about the study. Members of these three groups were also briefed and asked for consent regarding their participation in the research. Those who expressed the desire to participate were given the link to the online questionnaire. The total estimated number of counselors in all three associations eligible to participate was 420. This total number was used in the estimation of the sample size. The sample size for the study was determined using Epi Info version 3.5.1. For the population size of 420, the suggested sample size was 124. However, to make room for non-completion and non-return (submission) of the questionnaire, 13 (more than 10%) participants were added to round the figure up to 137. In all, 133 questionnaires were appropriately completed and used for the analysis.

#### *Instruments Of Measurement*

The questionnaire used as the main tool for gathering data consisted of four main sections. Section A elicited information on the socio-demographic characteristics and counseling practice of the participants, such as age, marital status, religion, counseling association, license status, and years of practice, among others. Section B was the Trait Emotional Intelligence Questionnaire (TEIQue) designed by Petrides & Furnham (2001), aimed to measure the emotional intelligence of counselors. This section consisted of 30 items. The 6-point Likert scale had response options ranging from "Completely Disagree," "Strongly Disagree," "Slightly Disagree," "Unsure," "Slightly Agree," to "Strongly Agree." Based on the objectives of this study, the TEIQue was considered the best option. O'Connor, Hill, Kaya, & Martin (2019) and Petrides & Furnham (2001) confirmed that the trait emotional intelligence measure was good and comprehensive. Various studies report that the TEIQue has high internal consistency with Cronbach's Alpha reliability coefficient of over 0.800 and has good construct validity because it correlates with other constructs (Cooper & Petrides, 2010; Mikolajczak, Menil, & Luminet, 2007).

According to Petrides & Furnham (2001), the trait emotional intelligence feature sampling domain offers complete coverage of emotional aspects of personality. The adult sampling domain is made up of 15 facets; namely, adaptability, assertiveness, emotion expression, emotion perception, emotion regulation, emotion management, impulsiveness (low), relationships, self-motivation, self-esteem, social awareness, stress

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*

Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye

management, trait-happiness, trait-optimism, and trait-empathy. The 15 facets of the TEIQue are further grouped into four factors; namely, well-being, sociability, emotionality, and self-control. The limitation of this trait-based measure is revealed in its self-reporting nature. Boyatzis (2018) and O'Connor, Hill, Kaya, & Martin (2019) said the self-reporting nature of trait-based measures makes them susceptible to faking by participants. Considering this factor, participants were well prepared for the test, particularly its benefits for personal and sector development.

Section C of the questionnaire elicited information on empathy of the counselors. This section was also a standardized scale of thirty (30) items. The Multi-Dimensional Empathy scale was designed by Caruso & Mayer (1998). A 5-point response scale ranged from 1 for "Strongly Disagree" to 5 for "Strongly Agree." The Multi-Dimensional Empathy scale has a Cronbach's Alpha reliability coefficient of 0.86 (Caruso & Mayer, 1998). To reduce response bias by respondents, six negatively worded items were included, such as "I rarely take notice when other people treat each other warmly." It measures cognition and emotional response tendencies to other people's psychological states from the perspective of other-orientation and self-orientation, respectively. The five sub-concepts of the Multi-dimensional Empathy Scale are other-oriented emotional reactivity, self-oriented emotional reactivity, emotional susceptibility, perspective taking, and fantasy. Multi-dimensional Empathy Scale is proven to be a valuable tool for research in personality and social psychology (Suzuki & Kino, 2008). Among all the approaches for measuring empathy, self-report measures are the most commonly used measure and are well validated (Neumann, Chan, Boyle, Wang, & Westbury, 2015).

Section D of the questionnaire elicited information on the general health of the counselors. General Health Questionnaire GHQ 28 developed by Goldberg & Hillier (1979) assessed the participants' general health. It measures common mental health problems, such as anxiety, depression, somatic symptoms, and social withdrawal. It is a self-reporting health screen tool consisting of four subscales. Each subscale has seven items, and all questions have four options. The subscales are the physical symptoms subscale, anxiety and insomnia subscale, social dysfunction subscale and the depression subscale. GHQ 28 was found to have an acceptable level of internal consistency reliability (Cronbach's Alpha = 0.92). The minimum possible score on the GHQ 28 is 0 with the maximum being 84. A score which is higher than 23 in the questionnaire



indicates poor health. A cut-off score which is based on the mean of respective samples is however recommended for the researcher (Goldberg, Oldehinkel, & Ormel, 1998).

### *Data Collection Technique*

Counselors who consented to be part of the study were briefed on how to complete the questionnaire online after which the link to the questionnaire was shared with them using Google Form. This online tool was specifically chosen because of its convenience and ability to reach the targeted population within the shortest possible time. It also enabled the researcher to view the progress of responses by participants. The participant had about 20 minutes to complete the questionnaire. It took one month to collect the needed data. Through the link shared, 133 responses were appropriately completed and used for the analysis. The demographic section of the questionnaire elicited information on participants' socio-demographic characteristics and counseling practice such as age, marital status, religion, counseling association, license status, years of practice, among others. The responses were coded and analyzed as nominal data except for years of training and age of participant which were maintained in ratio scale and analyzed as such. The TEIQue has 30 items with a 6-point Likert scale. The response options were allocated a score of 1-6. Scoring was done by adding the scores attached to the ticked responses by each participant after reverse scoring negative statements. The total emotional intelligence score ranged between 30-180 with higher scores reflecting higher emotional intelligence. The Multi-dimensional Empathy scale has 30 items, and this was scored on a 5-point system. Negatively worded items were reversed scored and the total Empathy score was computed by adding values attached to their ticked responses. Scores obtained ranged between 30-150. General Health Questionnaire consists of 28 items with a 4-point scoring system (0, 1, 2, 3). Participants' total score on general health was calculated by adding scores attached to their ticked responses. The higher the total score of an individual the poorer their general health is.

### *Data Analysis Technique*

The first three hypotheses were on prediction among the main study variables and these hypotheses were tested with Standard Multiple Regression (MREg) analysis and further confirmed using Pearson's Product Moment analysis (Pairwise Correlation). The fourth hypothesis sought to compare male and female counselors on general health, and was tested using Independent Samples T-test. The fifth hypothesis was tested with Multivariate Analysis-MANOVA because of the nature of the data; two predictors in



nominal form (license and professional status of a counselor) on two outcome variables (empathy and emotional intelligence) in interval form.

Selected participants were briefed on the purpose and process of the study. Researchers explicitly told participants that the study was solely for research purposes. Participation in the study was voluntary and participants were assured of absolute confidentiality of the data obtained.

## RESULTS AND DISCUSSION

### Research Results

The first analysis involved the demographic background of the study participants using descriptive statistical methods to determine if significant differences exist between the response options associated with the participants' demographics. The second part of the analysis consists of a preliminary analysis of the major study variables to ensure the data meets rigidity, normality, and accuracy standards for the inferential statistical analysis. Data robustness and normality indicators such as skewness and kurtosis were analyzed. The final section of this chapter involves the testing of set hypotheses. Demographic background information on the participants is presented in Table 1.

Table 1.

Demographic Information Of Participants

Variables	Statistics		
	Frequency	Percent	p-value ( $\chi^2$ )
Gender:			
Male	54	40.6	$\chi^2_{(1)} = 4.117^*$
Female	79	59.4	
Marital status:			
Single	12	9.02	$\chi^2_{(4)} = 31.372^{**}$
Married	112		
Divorced	2		
Widowed	4		
Separated	3		
Religious Affiliation:			
Christians	132	99.24	$\chi^2_{(1)} = 77.358^{**}$
Other	1	0.76	
License Status:			
Licensed	83	62.41	$\chi^2_{(1)} = 7.111^{**}$
Unlicensed	50	37.59	

Notes:  $^{**} = p < 0.01$ ,  $^* = p < 0.05$

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quayee

Results in Table 1 revealed that female participants represented a significant proportion of the sampled participants, 59.4% ( $\chi^2(1) = 4.117, p < .05$ ) while their male counterparts represented 40.6%. The mean age of participants was 47.97. The years of working as counselors ranged between two years and 25 years, with participants serving the community in different settings, such as the church, educational institutions, private practice, health institutions, Ghana fire service, among others. Around 62% of study participants were with License (62%). Most of these participants were married (84%). Almost all participants studied were Christians 99% and only 1% represented other religious backgrounds.

The second stage of the analysis referred to as preliminary analysis involved summarizing the data in a more interpretable form. To assess the accuracy of the data in terms of normality, reliability estimates, and homogeneity for key study variables. Based on the results of the preliminary analysis, the data met the underlying assumptions for inferential statistical analysis to be conducted. Descriptive statistics, including means and standard deviations, were computed to support the data fittingness (Table 2).

Table 2.

## Normality Test

Variables	Data Normality Statistics			
	Mean	Standard Deviation	Skewness	Kurtosis
Emotional Intelligence (EI)	126.05	10.98	0.299	1.745
Empathy (E)	131.17	15.13	0.490	0.425
General Health (GH)	41.38	7.09	1.310	1.855

Means, standard deviations, of EI, E and GH are ( $M=126.05, SD=10.98$ ), ( $M=131.17, SD=15.13$ ) and ( $M=41.38, SD=7.09$ ) respectively. Results in Table 3 further showed that skewness and kurtosis were within the acceptable range of  $\pm 2$  (Tabachnick & Fidell, 2012) for Emotional Intelligence Scale (EI), Empathy Inventory (E) and General Health Questionnaire (GH) scores were positively skewed. Further, all three scales recorded acceptable Kurtosis figures well within the  $\pm 2$  range. As a result, data on these variables were analyzed without any transformation because the parametric tests used are robust to minimize violations of any assumptions on data normality (Hayes, 2013).

The primary study variables were further subjected to partial correlation to check the basis for the conduction of regression analysis on the relationship between variables while controlling for all demographic variables. Result of this is presented in Table 3.

Table 3.

## Correlation Matrix on Key Study Variables

Variables	Key Study Variables		
	1	2	3
Emotional Intelligence (EI)	-	-	-
Empathy (E)	.039 <sup>ns</sup>	-	-
General Health (GH)	.184*	.276**	-

Notes: \*\* =  $p < 0.01$ , \* =  $p < 0.05$ , <sup>ns</sup> = not significant, 1 = EI, 2 = E, 3 = GH

The first hypothesis states that “emotional intelligence and empathy contribute to general health.” Results in Table 3 revealed correlation between the three study variables which satisfied the basic requirement to run a regression analysis (MREg) to hypothesis one. Results from the MREg showed that emotional intelligence and empathy as predictor variables together significantly accounted for 13.5% variability in the general health of counselors ( $\Delta F [1, 132] = 10.159, p < 0.01$ ). This further requires the need to check the prediction size of each of the predictor variables (EI and E) on the outcome variable (GH). Results of this is presented in Table 4.

Table 4.

## Multiple Regression Analysis On Research Variables

Variables	B	Standard Error	Beta	t	p
General Health (Constant)	-	-	-	-	-
Emotional intelligence	0.150	0.071	0.174	2.096	0.038
Empathy	0.169	0.052	0.270	3.250	0.001

Results in Table 4 showed that EI as a predictor variable controls 17.4% variability in the general health of counselors and this is significant [ $t = 2.096, p = 0.038$  ( $p < 0.05$ ), Beta = 0.174]. Empathy as a predictor variable controls 27% variability in the general health of counselors which is also significant [ $t = 3.250, p = 0.001$  ( $p < 0.05$ ), Beta = 0.270]. This implies that the first hypothesis which states “emotional intelligence and empathy would predict general health,” is supported.

The second hypothesis states that “emotional intelligence and empathy would be positively correlated”. Result of this hypothesis is presented in Table 5.

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye

Table 5.  
 Correlation Analysis Between Emotional Intelligence And Empathy

Predictor Variable	Outcome Variable (Empathy)		
	<i>df</i>	<i>r</i>	<i>p</i>
Emotional Intelligence	131	0.039	.326

Results in Table 5 revealed that a positive correlation exists between emotional intelligence and empathy [ $r(131) = 0.039, p = 0.326 (p > 0.05)$ ]. However, this is not significant implying the second hypothesis is not supported by the analysis results.

The third hypothesis states that “general health would negatively correlate with emotional intelligence.” Result of this hypothesis is presented in Table 6.

Table 6.  
 Correlation Analysis Between Emotional Intelligence And General Health

Predictor Variable	Outcome Variable (Emotional Intelligence)		
	<i>df</i>	<i>r</i>	<i>p</i>
General Health	131	0.184*	0.017*

Notes: \* =  $p < 0.05$

Results in Table 6 revealed that a significant positive correlation exists between general health and emotional intelligence [ $r(131) = 0.184, p = 0.017 (p < 0.05)$ ]. This is consistent with the hypothetical prediction, and this means the results of the analysis support the third hypothesis.

The fourth hypothesis stated that male counselors have better health than their female counterparts.” The results of this hypothesis is presented in Table 7.

Table 7.  
 General Health Among Male And Female Counselors

<i>N = 133</i>					
Gender	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	<i>p</i>
Men	41.73	6.54			
Women	41.14	7.47			
General Health	41.43	7.02	131	0.470	0.369

Results in Table 7 depict that mean scores of general health in male and female counselors were 41.73 and 41.14, respectively. The two means were subjected to an independent T-test, and results revealed no significant difference exist between the

general health of the counselors categorized by sex ( $t [131] = 0.470, p > 0.05$ ). Thus, the fourth hypothesis was rejected.

The fifth hypothesis states that “licensed professional counselors would score higher in empathy and emotional intelligence than licensed lay counselors.” Results of this hypothesis is presented in Table 8.

To determine any significant differences in empathy and emotional intelligence of counselors categorized by license status (Licensed and Unlicensed) and professional status (Professional, Paraprofessional, Lay and Non-Professional), a multivariate analysis of variance (MANOVA) was conducted.

The two-way MANOVA showed an insignificant multivariate main effect for License status as a predictor variable as related to counselors' empathy ( $Wilks\ Lambda\ \lambda = 0.975, F [1, 125] = 0.01, p > 0.05, partial\ \eta^2 = 0.00$ ) and emotional intelligence ( $Wilks\ Lambda\ \lambda = 0.975, F [1, 125] = 0.05, p > 0.05, partial\ \eta^2 = 0.00$ ). The two predictor variables (license and professional status) accounted for only 16% variability in empathy as a DV (ODD Ratio = 0.160). Results for professional status as a predictor variable showed an insignificant difference among the four categories of counselors (professionals, paraprofessionals, lay and nonprofessionals) on both DVs (empathy) ( $Wilks\ Lambda\ \lambda = 0.148, F [3, 115] = 0.897, p > 0.05, partial\ \eta^2 = 0.021$ ) and emotional intelligence) ( $Wilks\ Lambda\ \lambda = 0.148, F [3, 115] = 2.521, p > 0.05, partial\ \eta^2 = 0.053$ ). The two predictor variables (license and professional status) accounted for only 5% variability in emotional intelligence as a DV [ODD Ratio = 0.047]. This implies that the license status and professional status of the counselor did not significantly influence empathy and emotional intelligence in counselors. Thus, the fifth hypothesis was rejected.

Table 8.

Multivariate Analysis Of Variance For Empathy And Emotional Intelligence Of Counselors

Dependent Variables/Statistics	Predictor Variables				
	License Status			Professional Status	
	Professional	Paraprofessional	Lay	Non-Professional	
	Mean (Std. Dev)	Mean (Std. Dev)	Mean (Std. Dev)	Mean (Std. Dev)	Mean (Std. Dev)
Empathy	LC = 130.45 (17.93)	LC = 131.05 (9.49)	LC = 125.10 (30.34)	LC = 135.39 (13.51)	LC = 128.00 (0.00)
	ULC = 132.36 (8.72)	ULC = 126.33 (9.07)	ULC = 126.33 (13.58)	ULC = 133.71 (7.36)	ULC = 133.36 (8.53)
Emotional Intelligence	LC = 125.07 (10.57)	LC = 123.56 (9.22)	LC = 122.81 (11.97)	LC = 129.78 (8.87)	LC = 153.00 (0.00)
	ULC = 127.68 (11.58)	ULC = 138.67 (27.48)	ULC = 138.33 (4.93)	ULC = 121.85 (14.16)	ULC = 127.03 (8.85)
Empathy					
<i>df</i>	1, 125			3, 125	
<i>F</i>	0.01 <sup>ns</sup>			0.877 <sup>ns</sup>	
<i>p</i>	0.997			0.455	
$\eta^2$	0.000			0.021	
Emotional Intelligence					
<i>df</i>	1, 125			3, 125	
<i>F</i>	0.01 <sup>ns</sup>			2.321 <sup>ns</sup>	
$\eta^2$	0.000			0.053	

Note: ns= not significant; LC=Licensed Counselor; ULC=Unlicensed Counselors; E. Intelligence=Emotional Intelligence



## Discussion

The study revealed that participating counselors had high emotional intelligence and were in good health. This finding indicated that counselors managed their emotions effectively and did not experience adverse impacts on their health. Menefee, Ledoux, & Johnston (2022) stated that the ability to regulate emotions is an important modality in achieving mental health. Al Ubaidi (2018) also noted that emotional intelligence is a skill that health service providers, including counselors, should have. Research conducted by Andal (2021) found that the prevalence of burnout among professional health workers who have high emotional intelligence is low.

Hu et al. (2014) conducted a meta-analysis and found that an individual's ability to regulate emotions can have a positive impact on their mental health. Besides that, Wobeto, Brites, Hipólito, Nunes, & Brandão (2013) conducted research on the emotional regulation abilities of mental health of professional workers in institutions that care for the elderly. The result is that the ability of professional workers to regulate emotions, particularly expressive suppression and cognitive reappraisal, has an impact on increasing their resilience. It leads to improved mental health for these senior care workers.

The present study sought to establish the predictive role of emotional intelligence and empathy on general health. The hypothesis of this research was proven upon data analysis. A correlation exists between the three study variables (emotional intelligence, empathy, and general health). Results of the literature review also suggested that emotional intelligence and empathy would predict general health, including the study by Gutierrez & Mullen (2016).

Findings of the present study are consistent with previous findings, revealing the predictive role of emotional intelligence and empathy on general health. Research conducted by Ordu, Arabacı, & Arslan (2022) found that emotional intelligence can improve mental health. Additionally, a study done by Huang, Liu, & Su (2020) found that empathy has an impact on mental health. The counselors were high on emotional intelligence and general health, with a mean score of 126.05 and 41.38, respectively. Also, the mean score for empathy was categorized as very high, 131.17. For general health, the lower the mean score, the healthier the participants. The result of the study, therefore, indicates that the counselors could manage their emotions, leading them to react

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quayee

appropriately to issues while managing stressful scenarios and were able to empathize with others without losing their sense of self-identity. These behaviors yielded positive health benefits for counselors. Being trained counselors caused them to be aware of the importance of emotion regulation in promoting health.

Data showed that counselors in this study had significantly higher scores in emotional intelligence and cultural empathy than studies that examined the general public and counseling students. Interestingly, the result of the current study also showed higher scores in empathy and emotional intelligence among participating counselors. It could be inferred that the counselors' professional knowledge obtained through training influenced these scores. Smith, Lassiter, & Gutierrez (2020), for instance, found that counselors with a lower amount of training in cultural empathy recorded lower scores on the topic.

Emotional intelligence encompasses several aspects, namely recognizing one's own emotions, managing emotions, motivating oneself, recognizing other people's feelings, and building relationships with other people (Goleman, 2009). These aspects play an important role in performing duties as a counselor. This is because counselors assist clients with mental disorders, both mild and severe. Transference may happen between clients and counselors during therapy sessions. Transference is related to the client's attitude, referring to the process when the client expresses and transfers their emotions, especially negative emotions, to the counselor (Levy & Scala, 2012). These negative emotions have a significant impact on the counselor's own emotions. Thus, counselors need to have the ability to recognize their emotions. When the counselor can recognize their emotions, the counselor will be aware of their own negative emotions. By recognizing their emotions, the counselor can devise strategies to manage these emotions effectively so that the client will not have a significant impact on their emotional state. Thus, counselors are less susceptible to burnout and can maintain good health.

Apart from emotional intelligence, empathy also plays an important role in health. Empathy is when someone experiences emotions originating from other people instead of their own self (Cuff et al., 2016). In other words, empathy is when someone feels the emotions experienced by another person.

Empathy is a form of counselor sensitivity. It can have a positive impact on counselor's job because empathy helps counselor understands their client better.

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye

Empathy also enables the counselor to recognize their own feelings. High awareness of the emergence of these emotions can serve as a warning for counselors when experiencing negative emotions. The counselor can then control these negative emotions so that they do not have a negative impact on their physical or mental health.

On the other hand, empathy can negatively affect the counselor if they are exposed to too many negative emotions from the client. An onslaught of negative emotions from clients will potentially cause counselors to experience emotional exhaustion. Emotional exhaustion will then affect their mental and physical health. Research conducted by Tuithof et al. (2017) found that emotional exhaustion can cause emotional, physical, and social functioning disorders. In other words, emotional exhaustion can harm health.

As much as it appears logical to conclude that counseling training has some impact on the professional's emotional intelligence or empathy level, the study by Gutierrez & Mullen (2016) revealed otherwise. Gutierrez & Mullen's (2016) study, which explored emotional intelligence among master's level counseling trainees, did not find a significant relationship between emotional intelligence and counselor education programs.

There is a possibility that the different samples involved in these studies accounted for the difference. No significant difference was found in the scores for empathy and emotional intelligence for professional licensed counselors and licensed lay counselors in the present study. The hypothesis was, therefore not supported. Unlike the study by Smith et al. (2020), which examined licensed and non-licensed counselors, it examined lay licensed counselors and their professionally licensed counterparts. Both have received licenses from the regulatory body upon completing specific training levels in counseling, with professional license category issued for the highest level of training in counseling, at least at the master's education level. It can be inferred from the findings that being emotionally intelligent or high on empathy is not necessarily determined by one's level of counseling training. However, deliberate effort to encourage and stimulate these soft skills during and after training is necessary for all counselors.

## CONCLUSIONS AND SUGGESTIONS

### *Conclusions*

Researchers found a correlation between the three study variables (emotional intelligence, empathy, and general health). Emotional intelligence and empathy

*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye

significantly contribute to a counselor's general health. It means a person's level of emotional intelligence and empathy has effect on their health. This study also revealed a significant positive correlation between emotional intelligence and general health. Counselors who had high emotional intelligence were typically in better health. This finding indicated that participating counselors managed their emotions effectively and thus did not experience an adverse impact on their health. In other words, the effective management of one's emotions is reflected in better health.

The findings revealed a clinical significance of a positive correlation between emotional intelligence and empathy, although statistically insignificant. The partial link between empathy and emotional intelligence revealed the complexities of handling empathy as having both risk and protective factors. Thus, although empathy is an aspect of emotional intelligence, ineffective handling could result in emotional drain or exhaustion. Also, individuals who are high on emotional intelligence have empathetic understanding and could manage their emotions and that of others better without causing a negative impact on their own self.

No significant difference was found between the general health of male and female counselors. It can be inferred that higher levels of emotional intelligence yield better health outcomes in counselors, regardless of their sex.

Finally, no significant difference was found in the scores for empathy and emotional intelligence for licensed professional counselors and licensed lay counselors. This suggests that being high on emotional intelligence and empathy does not necessarily depend on one's level of training in counseling. Therefore, counselors, regardless of their training, can develop high levels of emotional intelligence and empathy.

The findings of this study should encourage counselors and educators of counselors to put in deliberate efforts to stimulate these capabilities during and after training, regardless of the vocational training level. This is because the benefits of emotional intelligence and empathy in promoting positive health outcomes for the counselor cannot be denied. Counselors who cannot manage their emotions would likely have lower well-being, posing risks to clients they assist, in addition to themselves. The need to safeguard the counselor's health is ethically imperative. The skillful application of empathy and emotional intelligence becomes a buffer to burnout in counselors. One can learn to improve on these skills through training (Heyes, 2018; Nelis, Quoidbach, *Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors General Health* Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye

Mikolajczak, & Hansenne, 2009; Pool & Qualter, 2012; Raatikainen, Rauhala, & Mäenpää, 2017; Reed, Haines, & Holmes, 2021).

### *Suggestions*

The regulatory body of counseling practice, practitioner's associations, and institutions responsible for research, policy development and education in counseling can develop interventions for counselors. Researchers could focus on factors that influence the levels of empathy and emotional intelligence to gain insights into how they contribute to counselors' overall health.

Also, future studies should look at different samples and settings of helping professions, including teachers, caregivers, and health professionals regarding empathy and emotional intelligence. Contextualized psychological assessment tools are needed for similar research since some aspects of the measuring tools appeared to be culturally different in the population studied. It is therefore highly recommended that African researchers and counseling experts generate local psychological assessment tools to meet the needs of the African population in research. The limitation of the study was the sample was from practitioners in Greater Accra, which does not fully represent the whole Ghana.

### **AUTHORS CONTRIBUTION STATEMENT**

**Peter Worlanyo Abomah:** Conceptualization; Data Curation; Formal Analysis; Funding Acquisition; Investigation; Methodology; Project Administration; Resources; Validation; Visualization; Writing Original Draft; Writing, Review & Editing

**Gladstone Agbakpe:** Conceptualization; Data Curation; Formal Analysis; Funding Acquisition; Investigation; Methodology; Project Administration; Resources; Validation; Visualization; Writing Original Draft; Writing, Review & Editing

**Cynthia Naa Lamiley Quaye:** Conceptualization; Data Curation; Formal Analysis; Funding Acquisition; Investigation; Methodology; Project Administration; Resources; Validation; Visualization; Writing Original Draft; Writing, Review & Editing

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*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors' General Health*  
Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye



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Peter Worlanyo Abomah, Gladstone Agbakpe, Cynthia Naa Lamiley Quaye

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*Retracted Article: Emotional Intelligence And Empathy: Predictors Of Counselors General Health*  
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