Emotional Intelligence and Empathy on Counselors' General Health in Accra Ghana

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Abstract

Counsellors sometimes become victim in their professional practice. This study explores the role of emotional intelligence and empathy on the general health of counselors in the Accra metropolis. The aim of the study is to determine the relationship between emotional intelligence, empathy, and general health and to identify demographic predictors on emotional intelligence, empathy, and general health. In a cross-sectional exploratory case study of 133 purposively selected counselors from Accra Metropolis were administered an online self-report survey questionnaire that consisted of emotional intelligence questionnaire, empathy scale and general health questionnaire. Findings revealed that emotional intelligence and empathy significantly predict general health. A significant positive correlation exists between emotional intelligence and general health, while a clinical significance of a positive correlation exists between emotional intelligence and empathy. Again, no significant difference was found between the general health of male and female counselors. No significant difference was found in the scores for empathy and emotional intelligence for licensed professional counselors and licensed lay counselors. Safeguarding the counselor's health is ethically imperative due to the effect on professional competence and performance. It is recommended that counselors and training institutions deepen effort in creating awareness on the need to protect the health of counselors for the benefit of clients and the high regard of the counseling profession.

Keywords: Counselor; Trained personnel in counseling who offers emotional and psychological support through guidance and counseling to individuals, couples, families, and groups to promote their mental health and general well-being. The individual may have a license as a lay counselor, paraprofessional or a professional counselor according to Ghana Psychological Council (GPC) categorization with regards to licensure.

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Emotional intelligence: The capacity of the individual to generate, recognize, express, understand and evaluate emotions in himself or herself and others and to use the information of those emotions to manage his or her thinking, behavior, and relationships so that coping with environmental demands and pressures would be effective.

Empathy: The ability to recognize other's feelings, the causes of these feelings, and to be able to partake in the emotional experience of the other without becoming part of it.

General health: A combination of physical and mental health state of a person, where there is soundness or wellbeing derived from having bodily functions and processes working at their peak and one is able to enjoy life, manage stress and achieve full potential.

1. Introduction

Counselors can cause harm to clients unintentionally when they fail to manage levels of psychological distress [1, 2, 3, 4]. Every counselor aims at serving his/her client to the best of his/her abilities so that counseling goals would be achieved. However, there are stressors both within and outside of the counselor which present an emotional cost and a psychological challenge with the potential of 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' [6]. According to [7], determinants of health include our relationships with friends and family, our income and education level, genetics, as well as our environment; and that the impact of these factors are even greater than the commonly considered factors such as access and use of health care services. Achieving complete physical, mental, and social well- being will require intentional efforts and the counselor is expected to safeguard his/her health despite the risk of emotional exhaustion among other stressors associated with the counseling profession [2]. According to [8] 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. By this, counselors secure their general health, physically and psychologically. Many organizations in the helping profession, including the American Psychological Association (APA) and the Ghana Psychology Council (GPC) proactively instruct their members to attend to their own health needs to be able to offer help to their clients effectively. 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, the best for your clients is when you take sufficient care of yourself. A counselor risks becoming an impaired counselor when self-care is neglected. In the study of [30] it is important to understand the importance of social relationships using four social relationship models- main effects, stress buffering, stress-exacerbation and joint effects revealed the prominence of social support. Social support was directly and positively associated with psychological wellbeing. Also [31] confirms that empathy is related to personal wellbeing, and that the wellbeing of the health professional (counsellor) would not be compromised if empathy can act as buffer against harmful effect of stress on health. Attending to 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 [7]. If the demand to safeguard the counselor's general

health is important, then the counselor should have what it takes to survive the threats and demands of the profession. Empathy has been described as the social key to social interactions and morality. The concept has significant history in philosophy and psychology, and currently receiving attention in some fields including cognitive neuroscience. According to the bio psychosocial model, biological, psychological, and social factors all play a significant role in health and disease. It suggests that illness is caused by a multitude of factors and not by a single factor. Bio psychosocial model posits that health and illness are best understood in terms of a combination of biological, psychological, and social factors [10]. The psychological aspects of health and illness are described in terms of cognition, emotions, and behaviors. Socioeconomic, socio-environmental, and cultural factors are examples of the social aspect of the bio psychosocial model. The stress buffering effect theory posits that persons with strong social ties are protected from the potential pathogenic effects of stressors. The theory, formally proposed by Cassel and Cobb (1976), (as cited in [10] postulates that social resources can mitigate the effect of stressful events on one's health. Thus, a supportive social network acts as a buffer against stress by contributing to less negative appraisals and leads to the perception of events or situations as less stressful [10]. According to [10] to understand important social relationships using four social relationship models – main effects, stress- buffering, stress-exacerbation and joint-effects revealed the prominence of social support. Social support was directly and positively associated with psychological wellbeing, while high social support buffered against life stress. These theories were the conceptual framework for emotional intelligence and empathy as factors influencing counsellors' health. The whole concept of looking at emotional intelligence and empathy as factors that influence the health of the counselor has been relegated to the background by researchers. There are several studies done on health professionals such as nurses and medical doctors in relation to their health focusing on burnout, compassion fatigue, stress among other variables, but not many are related to counselors [11]. Many studies have confirmed that no matter how prepared the counselor may be, immunity to psychological dangers associated with the profession is not guaranteed [12] [13]. The researchers' engagement with some counselors in Accra revealed that they encounter wide range of clients with diverse problems which sometimes could be overwhelming 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 programme for a fatal drowning disaster, involving teenagers at Apam in the Central Region of Ghana. A review of the intervention programme revealed that some members of the team were emotionally drained, thus suffered emotional exhaustion after engaging the survivors, affected families, rescuers, and community leaders. The conceptual framework was the stress buffering effect theory which posits that persons with strong social ties are protected from the potential pathogenic effects of stressors. The theory, formally proposed by Cassel and Cobb (1976), (as cited in [10] postulates that social resources can mitigate the effect of stressful events on one's health. Thus, a supportive social network acts as a buffer against stress by contributing to less negative appraisals and leads to the perception of events or situations as less stressful. In view of the fact that counselors may not find immediate resources for relief when experiencing emotional exhaustion from stressful situations with clients at work, an understanding of how to manage their emotions to safeguard their health is crucial. According to [32] stress is an important pathway through which the social and physical environment affect health. Stress can directly affect biological processes integral to the development of disease and drive the use of maladaptive health behaviors that can putr individuals at risk for poor health outcomes. Also, awareness into the need for periodic assessment of the counselor's health before and during

engagement with clients is a necessity. This is because a counselor who has not been able to manage his/her emotions will suffer ill health and would not be of benefit to the client. 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 demands that the counselor does not compromise on his/her health but safeguards it to be able to navigate through the risk of the profession. It is therefore imperative that counselors recognize and deal with stressors that compromise their health. According to [25] emotional intelligence as "the ability to recognize our own feelings and those of others, to motivate ourselves, and to handle our emotions well to have the best for ourselves and for our relationships". The conceptual framework that guided the study was bio psychosocial model. According to the bio psychosocial model, biological, psychological and social factors all play a significant role in health and disease. It suggests that illness is caused by a multitude of factors and not by a single factor. Bio psychosocial model posits that health and illness are best understood in terms of a combination of biological, psychological and social factors [15]. The psychological aspects of health and illness are described in terms of cognition, emotions and behaviors.

2. Methods

The research design was a set of individuals case study used in exploring the role of emotional intelligence and empathy on the general health of counselors in the Accra metropolis. A case study was an intensive description and analysis of a single individual, organization, or event based on information obtained from a variety of sources. A case exploratory study therefore provides insight and understanding of a particular individual, organization, or event. A counseling group was engaged for this study and the data obtained from questionaire taken by individual counselors provided insight and understanding of counselor's emotions and their health. According to [17], exploratory research is the soul of good research which offers the researcher the opportunity to attempt at finding something new and interesting issues as the research is being carried out. The cross-sectional study design was also adopted which enabled the researcher to pick data from the counselors at a single point in time making data collection easy. The study targeted male and female counselors in Greater Accra who have formally received training in counseling; offer 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 counselors. The counselor may hold a license as a lay counselor, paraprofessional or a professional counselor according to Ghana Psychological Council (GPC) categorization with regards to licensure. Inclusive criteria were counselors who were resident in Greater Accra, counselors who were practicing in an institution or organization located in Greater Accra and counselors who consent to be part of the study.

3. Sampling

One hundred and thirty-three (133) counselors were selected to participate in the study. Purposive sampling

procedure was used in the selection of the participants. Purposive sampling according to [18] is a technique involved with deliberate selection of particular settings, persons or events which offer 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 counselling and majority have obtained license from the regulatory body - Ghana Psychological Council (GPC). The leadership of these three associations were contacted and briefed first on the research. Members of these three groups were also briefed and were requested to decide whether to participate in the study or not. Those who expressed the desire to participate were given the link to the questionnaire online to be part of the study. The total estimated number of counselors in all three association who were eligible to participate were 420. This total number was used in the estimation of the required and representative sample size. The sample size for the study was determined using Epi Info version 3.5.1., population size 420, expected frequency 5%, worst acceptable value 5% confidence level   95%, estimated representative 124. However, to make room for inappropriate 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.

4. Material

The questionnaire used as the tool for gathering data consisted of four main sections. Section A elicited information on socio-demographic characteristics and counseling practice of the participants such as age, marital status, religion, counseling association, license status, years of practice, among others. Section B elicited information on emotional intelligence of the counselors. This section was a standardized scale of thirty (30) items. The Trait Emotional Intelligence Questionnaire (TEIQue) was designed by [20]. The scale had 6-point likert scale response options of "Completely Disagree", "Strongly Disagree", "Slightly Disagree", "Unsure", "Slightly Agree", "Strongly Agree". Based on the objectives of this study the Trait Emotional Intelligence Questionnaire (TEIQue) is considered best for this research. According to [20], the trait emotional intelligence feature sampling domain offers a complete coverage of emotional aspects of personality. The adult sampling domain is made up of fifteen (15) facets; namely, adaptability, assertiveness, emotion expression, emotion perception, emotion regulation, emotion management, impulsiveness (low), relationships, self-motivation, self-esteem, social awareness, stress management, trait-happiness, trait-optimism, and trait-empathy. The fifteen (15) facets of the TEIQue were further grouped into four (4) factors; namely, wellbeing, sociability, emotionality, and self-control. The limitation of this trait-based measure was revealed in its self-reporting nature. According to [21] the self-reporting nature of trait-based measure makes it susceptible to faking by participants. In view of this, participants were well oriented about the test particularly for it benefit of self-development and also for research purposes. Participants therefore did not respond to questions in socially desirable way but gave the actual reflection of their emotions to the questions. Section C of the questionnaire elicited information on empathy of the counselors. This section used a standardized scale of thirty (30) items. The Multi-Dimensional Empathy scale was designed with a 5-point response scale. To reduce response bias by respondents, six (6) negatively worded items were included such as ("I rarely take notice when other people

treat each other warmly"). It can measure 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 [22]. Among all the approaches for measuring empathy, self-reports measures are the most commonly used measure and are well validated [23]. Section D of the questionnaire elicited information on general health of the counselors. This section was a standardized scale of twenty-eight (28) items. General Health Questionnaire GHQ 28 was first developed by [29]. It measures common mental health problems of anxiety, depression, somatic symptoms, and social withdrawal. It is a self-reporting health screen tool consisting of 4 subscales. Each subscale has seven items, and all questions have four options (0, 1, 2, 3). The subscales are 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 (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 was however recommended for the researcher [24].

5. Procedure

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 Docs. This online tool was specifically chosen because of its convenience and ability to reach the targeted population within the shortest possible time. It enabled the researcher to view the progress of responses by participants. The participant had about 30 minutes to complete the questionnaire. It took a period of 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 socio-demographic characteristics and counselling practice of the participants such as age, marital status, religion, counseling association, license status, years of practice, among others. The responses were counted and analyzed as nominal data except for years of practice and age of participants which were maintained in ratio scale. The Trait Emotional Intelligence Questionnaire (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 of negative statements. The total score of emotional intelligence ranged between 30 -180 with higher scores reflecting better emotional intelligence.

The Multi-Dimensional Empathy scale has 30 items, and this was scored on a 5-point response options. Negatively worded items were reversed scores and a total empathy of participants computed by adding scores attached to their ticked responses. Scores obtained ranged between 30 -150. General Health Questionnaire consisted of 28 items with four Likert scale response options (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 the general health of the person.

6. Data Analysis

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 with using Pearson's Product Moment Correlation Coefficient (Pairwise Correlation). The fourth hypothesis seeks to compare male and female counselors on general health, and this was tested using Independent Samples t- Test because of the two groups (male and female counselors and general health in scale). The fifth was tested with Multivariate Analysis-MANOVA (this is because the hypothesis was on the impact of two variables (Predictors) in a Nominal form (License and Professional status of a counselor) on two Outcome variables (Empathy and Emotional Intelligence) in an interval form. Selected participants were briefed on the purpose and process of the study. Participants were clearly made to understand that the study was solely for research purpose Participation in the study was voluntary and participants were assured of absolute confidentiality. Responses were kept confidential and used for research purpose only.

7. Results

The first analyses involved the demographic background of the study participants using basically descriptive statistical methods such frequency and percent and Chi Square analysis to determine if significant differences exist between the responses options associated with the bio data on study participants. The second part of the analysis consist of preliminary analysis of the major study variables to ensure the data meets the rigidity, normality, and accuracy standards for the conduction of inferential statistical analysis. Data robustness and normality indicators such as skewness and kurtosis were estimated. The final section of this chapter involves the testing of set hypotheses.

8. Demographic Background of Participants

Demographic background information on the participants is presented in Table 1.

Table 1: Distribution of Demographic Information on Participants.

Variables	Statistics		
	Frequency	Percent	**p-value (χ^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	

** = <.01, *= p<.05,

Results in Table 1 revealed that female participants represented a significant proportion of the sampled participants 59.4% [χ^2 (1) = 4.117, p<.05] while their male counterparts represented 40.6%. Mean age and its standard deviation of participants are 47.97 and 11.31 years respectively. The years of working as counselors ranged between a minimum of 2 years and a maximum of 25 years with the average years of working as 6.99 years in different settings such as the church, educational institutions, private practice, health institutions, Ghana fire service, among others with License 62% and without License 38%. Those who were married represent majority of the sample 84% with single 9%, Divorced 2%, Widowed 3%, and Separated 2%. Almost all participants studied were Christians 99% and only 1% representing those from other religions. The diversity and richness of the demographic background of participants showed they possess the required knowledge to provide information on the key study variables.

9. Preliminary Analysis

The second stage of the analysis referred to as Preliminary Analysis involved summarizing the data in a more interpretable form. To assess for 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, standard deviations were computed to support the data fittingness. This is presented in Table 2.

Table 2: Mean, Standard Deviation.

Variables	Data Normality Statistics			
	Mean	Std. Dev.	Skewness	Kurtosis
Emotional Intelligence (EI)	126.05	10.98	.299	1.745
Empathy (E)	131.17	15.13	.490	.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 was within the acceptable range of ±2.

(Tabachnick & Fidell, 2007) for Emotional Intelligence Scale (EI), Empathy Inventory (E) and General Health Questionnaire (GH) scores were positively skewed. Further, all the three scales recorded acceptable Kurtosis figures well within the ±2 range.

As a result, data on these variables were analysed without any transformation because parametric tests used are robust to minimize violations of any assumptions on data normality (Hayes, 2013).

The major study variables were further subjected to Partial Correlation to check the basis for the conduction of regression analysis on the relationship between variables whiles controlling for all demographic variables. Result on this is presented in the Correlation Matrix Table 3 below.

Table 3: Correlation Matrix on Key Study Variables.

Variables	Key Study Variables		
	1	2	3
Emotional Intelligence (EI)	-	-	-
Empathy (E)	.039^{ns}	-	-
General Health (GH)	.184*	.276**	-

** = <.01, *= p<.05, ^{ns}= not significant, 1 = EI, 2 = E, 3 = GH

10. Testing Hypothesis

The first hypothesis states that "Emotional intelligence and empathy would predict general health". Results in the Correlation Matrix in Table 3 revealed correlation exist between the three study variables which satisfies the basic requirement to run a Regression Analysis (MREg) to hypothesis one. Results from the MREg revealed that emotional intelligence and empathy as predictor variables together significantly accounted for 13.5% variability in general health of counselors ΔF (2,132 = 10.159, P<.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 on this is presented in Table 4.

Table 4: Standard Multiple Regression Analysis on Relationship between Emotional Intelligence, Empathy, and General Health of Counselors.

(n =130)					
Variables	**B**	**Std. Error**	**Beta**	**t**	**Sig**
General Health (Constant)	-	-	-	-	-
Emotional intelligence	.150	.071	.174	2.096	.038
Empathy	.169	.052	.270	3.250	.001

Results in Table 4 showed that EI as a predictor variable controls 17.4% variability in general health of counselors and this is significant [t = 2.096, p<.05, $_\beta$= .174].

Empathy as a predictor variable controls 27% variability in general health of counselors which is also significant [t = 3.250, p<.05, $_\beta$ = .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 on this hypothesis is presented in Table 5.

Table 5: Pearson's Product Moment Correlation between Emotional Intelligence and Empathy.

Predictor Variable	Outcome Variable (Empathy)		
	df	*r*	*Sig*
Emotional Intelligence	131	.039	.326

Results in Table 5 revealed that a positive correlation exists between emotional intelligence and Empathy [r (131) =.039, p>.05] however, this is not significant implying the second hypothesis is not supported by the results of the analysis.

The third hypothesis states that "General health would negatively correlate with emotional intelligence". Result on this hypothesis is presented in Table 6.

Table 6: Pearson's Product Moment Correlation between General Health and Emotional Intelligence.

Predictor Variable	Outcome Variable (Emotional Intelligence)		
	df	*r*	*Sig*
General Health	131	.184*	.017*

* = <.05

Results in Table 6 revealed that a significant positive correlation exists between general health and emotional intelligence [r (131) =.184, p<.05]. This is consistent with the hypothetical prediction, and this means the third hypothesis is supported by the results of the analysis.

The fourth hypothesis states that "Male counselors would be healthier than female counselors". Results on this hypothesis is presented in Table 7

Table 7: General Health among Male and Female Counselors.

Counselors (n=133)					
Gender	**M**	**SD**	**df**	**t**	**Sig**
Males	41.73	6.54			
Females	41.14	7.47			
General Health	**41.43**	**7.02**	**131**	**.470**	**. 369**

Results in Table 7 depicts that mean and standard deviations scores of general health recorded by male counselors were 41.73 and 6.54. That of their female counterparts were 41.14 and 7.47 respectively. The two means were subjected to independent t test analysis and results revealed no significant difference exist between the general health of the counselors categorized by sex [t (131) =.470, p>.05]. This implies that the fourth hypothesis that "Male counselors would be healthier than female counselors" is not confirmed by the results of

the analysis. The fifth hypothesis states that "Licensed professional counselors would score higher in empathy and emotional intelligence than licensed lay counselors". Results on this hypothesis is presented in Table 8.

Table 8: Multivariate Analysis of Variance for Empathy and Emotional Intelligence of Counselors Categorized by Professional and License Status.

DV/Statistics	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) ULC = 132.36 (8.72)	LC = 131.05 (9.49) ULC = 126.33 (9.07)	LC = 125.10 (30.34) ULC = 126.33 13.58)	LC = 135.39 (13.51) ULC = 133.71 (7.36)	LC = 128.00 (0.00) ULC = 133.36 (8.53)
E. 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(27.68)	ULC = 138.33 (4.93)	ULC = 121.85 (14.16)	ULC = 127.03 (8.85)

EMPATHY					
df	1,125		3,125		
F	0.01^{ns}		$.877^{ns}$		
Sig	.997		.455		
η^2	.000		.021		
E. INTELLIGENCE					
df	1,125		3,125		
F	0.05^{ns}		2.321^{ns}		
η^2	.000		.053		

^{ns}= not significant at .05, LC=licensed counselor, ULC =Unlicensed Counselors, E. Intelligence = Emotional Intelligence

To determine any significant differences in Empathy and Emotional Intelligence of counselors categorized by license status (with two levels – Licensed and Unlicensed) and Professional Status (with four levels - Professional, Paraprofessional, Lay and Non-Professional), multivariate analysis of variance (MANOVA) was conducted. This involved the demographic variables (license and professional status) as the predictor variables and empathy and emotional intelligence as outcome or dependent variables (DVs).

The Two-Way MANOVA showed an insignificant multivariate main effect for License status as a predictor variable as related to counselors' empathy [Wilks Lambda λ=.975, F (1,125) = 0.01, p>.05, partial η2=.00] and emotional intelligence [Wilks Lambda λ=.975, F (1,125) = 0.05, p>.05, partial η2=.00]. The two predictor variables (license and professional status) accounted for only 16% variability in empathy as a DV [ODD Ratio = .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 λ=.148, F (3,115) =0.887, p>0.05, partial η2=0.021] and emotional intelligence) [Wilks Lambda λ=.148, F (3,115) = 2.321, p>.05, partial η2=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 license status and professional status of the counselor did not significantly influence both their empathy and emotional intelligence. Thus, the fifth hypothesis that "Licensed professional counselors would score higher in empathy and emotional intelligence than licensed lay counselors" is not supported.

11. Discussion

The results of the current study revealed that the counselors with high emotional intelligence and empathy were in better health as well. The findings support the work of [31] which confirms this study that empathy is related to personal wellbeing, and that the wellbeing of the health professional (counsellor) would not be compromised if empathy can act as buffer against harmful effect of stress on health. Interestingly, the result of the current study also indicated higher scores in empathy and emotional intelligence among the counsellors. This indicates that the counselors were effective at managing emotions and so were not negatively impacted in health. It could also be said that the healthy counselors were in better control of their emotions. The facts remain that a healthy counselor is an asset to the counselee and not a danger to self and others. The current study sought to establish the predictive role of emotional intelligence and empathy on general health. The hypothesis predicted by the researcher that emotional intelligence and empathy would predict general health was supported. A correlation existed between the three study variables (emotional intelligence, empathy, general health). Notable among literature reviewed that suggested that emotional intelligence and empathy would predict general health include the studies by [1]. Findings of the current study is consistent with previous findings, revealing the predictive role of emotional intelligence and empathy on general health. The counselors were found to be 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 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 had the ability to manage their emotions and that of others; reacted appropriately to issues while managing stressful scenarios and were able to feel with others without losing the separateness of their own identity. This support the findings of {11}. Thus, the exhibition of these behaviors in the lives of the counselors yielded positive health benefit for them. By virtue of the fact that they are trained counselors contributed to their self-awareness on the management of emotions in promoting their health. The study showed that the counselors had much 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 the counselors. It could be inferred that the counselors' knowledge in counseling through training influenced these scores. This is because counselors with lower amount of training in social and cultural empathy recorded lower score in cultural empathy in the study by The findings support the study30] that t is important to understand the importance of social relationships using four social relationship models- main effects, stress buffering, stress-exacerbation and joint effects revealed the prominence of social support. Social support was directly and positively associated with psychological wellbeing. The study predicted differences in empathy and emotional intelligence among licensed professional counsellors and licensed lay counsellors. The findings indicates that training and practices that have good social and cultural background do not give any manifest difference in professional and lay licensed practitioners. As much as it appears logical to conclude that training in counseling has some impact on the emotional intelligence or empathy level of a counselor, the study

by [1] reveals otherwise. The study by [1] which explored emotional intelligence among master's level counseling trainees did not find a significant relationship between emotional intelligence and counselor education programme. Perhaps the different sample population used in these studies accounted for the difference. No significant difference was found in the scores for empathy and emotional intelligence for licensed professional counselors and licensed lay counselors in the current study. The hypothesis was therefore not supported. Unlike the study by [26] which examined licensed and non-licensed counselors, this study examined lay licensed counselors and professional licensed counselors. Both have received license from the regulatory body upon the attainment of specific training levels in counseling; with professional license category issued out for highest level of training in counseling, at least, at the master's level. It can be inferred from the findings that being emotionally intelligent or high on empathy is not necessarily dependent of one's level of training in counseling, the findings has been supported by the work of [2}. However, deliberate effort to encourage and stimulate the usefulness of these constructs during and after training is laudable for all counselors. The study predicted differences in general health of male counselors and female counselors. The findings of current study found no significant difference in the general health of male and female counselors. The findings were not consistent with [33] who found that male counselors to be slightly healthier that female counselors with prevalence of psychological disorders for females slightly higher than that of males 63.2% and 48.4% respectively. The differences in outcomes might be due the fact that in Ghana both men and women develop effective copping strategies.

12. Summary of the Results

The first hypothesis which states "Emotional intelligence and empathy would predict general health" is supported. The second hypothesis that "Emotional intelligence and empathy would be positively correlated" is not supported. However, the third hypothesis which states that "General health would positively correlate with emotional intelligence" is supported. The fourth hypothesis that "Male counselors would be healthier than female counselors" is not supported. The fifth hypothesis which states "Licensed professional counselors would score higher in empathy and emotional intelligence than licensed lay counselors" is also not confirmed.

13. Summary and conclusions

This study has revealed the role emotional intelligence and empathy play in safeguarding the health of counselors, and the findings are relevant for future research. The study found a correlation existed between the three study variables (emotional intelligence, empathy, general health). Emotional intelligence and empathy significantly predicted general health. This means a person's level of emotional intelligence and empathy have effect on their health. This study also revealed a significant positive correlation between emotional intelligence and general health. The counselors had high emotional intelligence and were in better health as well. This showed that the counselors were effective at managing emotions and so were not negatively impacted in health. It can therefore be inferred that the effective management of one's emotions is reflected in great benefits of safeguarding one's health.

The findings again revealed a clinical significance of a positive correlation between emotional intelligence and

empathy, although statistically insignificant. The partial link of empathy to emotional intelligence revealed the complexities in handling empathy as having both risk and protective factors. Thus, albeit empathy is an aspect of emotional intelligence, ineffective handling of it could result in emotional drain or exhaustion. Also, individuals who are high on emotional intelligence have empathetic understanding and would be able to manage their emotions and that of others better without being drained emotionally.

Further, no significant difference was found between the general health of male counselors and female counselors. The counselors, regardless of their gender, were equal to the task of managing their emotions appropriately and this was depicted in the good score for both males and females on general health. Higher levels of emotional intelligence yield better health outcomes in both male and female counselors.

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 is not necessarily dependent of one's level of training in counseling, the findings disagree with the findings of [28}. Thus, regardless of one's level in the counseling field, high levels of emotional intelligence and empathy is achievable for the benefit of the counselor.

The findings of this study should encourage counselors and educators of counselors to put in deliberate efforts in stimulating these constructs during and after training at all levels for counselors. This is because the usefulness of emotional intelligence and empathy in promoting positive health outcomes for the counselor cannot be denied. Again, a counselor who is not able to manage his/her emotions would suffer ill health and would not be of benefit to the client, but rather a danger to himself and others. The need to safeguard the counselor's health is ethically imperative. The skillful application of empathy and emotional intelligence provide some protection. One can learn to improve on these constructs through training and skill acquisition [27, 28].

14. Recommendations

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. This would provide insight into these two determinants of health for the counselor. Also, a future study should look at different samples and settings among helping professionals including teachers, caregivers, and health professionals with regards to empathy and emotional intelligence. Contextualized psychological assessment tools are needed for similar research since some aspect of the measuring tools appeared culturally different among the population studied. It is therefore highly recommended that African researchers and counseling experts generate local psychological assessment tools to meet the needs of African population in research. The limitation of the study was the sample was from practitioners in Greater Accra which is not generalize to the whole Ghana.

Conflict of Interest: There is no conflict of interest in this work. The study was the work of author. There was no sponsorship or financial support from anywhere. The recommendation is that future studies should use a

larger sample size than the one used in this study. This is important because a larger sample size will be more representative of the targeted population, and will also go a long way to enhance how the findings of the study can be generalized.

15. Limitations

The following observations might influence the outcomes of the study

1. Sampling bias cannot be ignored in the sample from online with low internet rates in rural Ghana. Respondents' views from such marginalized communities might not be represented in the scores obtained for analysis of data.
2. The study employed the use of questionnaire only in data collection limiting qualitative exploration of variables. Further research ought to consider the use of qualitative approach of mixed approach where interview and observations can be used to explore the variables.

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