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EMOTIONAL COMPETENCE AND QUALITY OF LIFE OF REHABILITATED SURVIVORS OF SPINAL CORD INJURY WITH SPECIAL REFERENCE TO SIPA

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ABSTRACT

This research investigates emotional competence and quality of life among 209 rehabilitated spinal cord injury survivors, selected randomly. Emotional competence, covering both intrapersonal and interpersonal skills, is crucial for adjusting post-rehabilitation (Brackett, Rivers, & Salovey, 2011). Participants used the Short Profile of Emotional Competence (S-PEC) Brasseur and Mikolajczak (2013) and the Quality of Life scale Flanagan (1970) to assess emotional skills and various life dimensions. The study revealed significant links between higher emotional competence and better quality of life, influenced by factors like age, gender, occupation, injury type, and duration. Those receiving more social support during rehabilitation demonstrated higher emotional competence and improved quality of life. Moreover, different levels of emotional competence were observed, with higher intrapersonal competence associated with better emotional understanding and management, and higher interpersonal competence linked to enhanced social awareness and interaction management. These results highlight the importance of incorporating emotional competence training into rehabilitation programs, indicating that comprehensive approaches could have enduring benefits for the well-being and social integration of spinal cord injury survivors.

Keywords: Spinal Cord Injury, Rehabilitation, Emotional Competence and Quality of Life

1. INTRODUCTION

Spinal cord injuries often result in partial or complete loss of motor and sensory functions below the injury site, impacting physical abilities, psychological well-being, and social interactions. Survivors grapple with challenges like reduced independence, chronic pain, and mobility issues, significantly affecting their overall quality of life. Emotional competence, vital for rehabilitated spinal cord injury survivors, involves effectively managing and responding to emotions. Developing emotional competence is essential for coping with the psychological stress and emotional challenges stemming from such injuries, empowering survivors to enhance resilience, improve mental health, and cultivate better social interactions. Quality of life for these individuals encompasses physical health, psychological well-

being, social relationships, and environmental factors. Managing physical health involves pain management and functional maintenance, while psychological health centers on emotional stability. Social relationships include support from others, and environmental factors entail accessibility and societal support systems. Survivors undergo significant emotional and psychological adjustments post-rehabilitation, where emotional competence is crucial for adaptation. Those with higher emotional competence can navigate emotional challenges more effectively, leading to improved mental health and social interactions. Effective emotional regulation can mitigate symptoms of depression and anxiety, fostering a positive outlook and increased engagement in rehabilitation efforts. Additionally, enhanced empathy and social skills contribute to stronger support networks, ultimately enhancing overall quality of life.

2. REVIEW OF LITERATURE

Smith and Johnson (2020) concentrated on interventions aimed at boosting emotional competence in spinal cord injury populations. The study shows the efficacy of structured training programs targeting emotion regulation, coping strategies, and seeking social support, which can mitigate psychological distress and foster adaptive coping mechanisms.

Craig et al. (2019) A cornerstone of spinal cord injury rehabilitation, psychological counseling addresses the emotional and psychosocial challenges intertwined with spinal cord injury. Individuals grappling with spinal cord injury often contend with feelings of depression, anxiety, and adjustment difficulties in the aftermath of life-altering changes.

Kennedy et al. (2016), Kennedy and Rogers (2000) Psychological elements, encompassing depression, anxiety, and adaptive coping mechanisms, exert considerable sway over the quality of life of spinal cord injury individuals. Studies propose that addressing psychological distress and fostering resilient coping strategies are indispensable for improving overall quality of life outcomes.

2.1. AIM

The aim of the study is to find out the association between Emotional Competence and Quality of Life among the rehabilitated survivors of spinal cord injury with the following specific objectives.

2.2. OBJECTIVES

1) To understand the selected socio-demography and bio-medical conditions of the rehabilitated survivors of spinal cord injury.
2) To understand and measure the level of Emotional Competence among the rehabilitated survivors of spinal cord injury.
3) To understand and measure the level of Quality of life among the rehabilitated survivors of spinal cord injury.
4) To find out linkages between Emotional Competence, Quality of Life and selected socio-demography and bio-medical conditions of the rehabilitated survivors of spinal cord injury

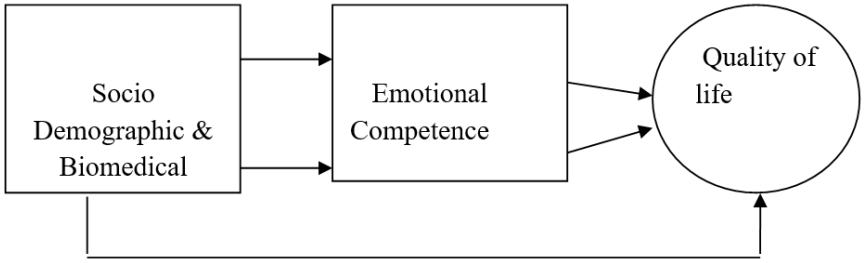
2.3. RESEARCH DESIGN

For the present study the author have used Descriptive research design, since an attempt has been made to describe the selected socio-demography conditions, bio-medical conditions, level of Emotional Competence and level of quality of life. And the association among the variables the appropriate research design could be descriptive research design. Hence descriptive research design was adopted.

2.4. VARIABLES

The following are the variables

Independent Variable Interviewing Variabl Dependent Variable



2.5. HYPOTHESES

- Higher the level of Emotional Competence higher will be the level of Quality of Life of the rehabilitated survivors of spinal cord injury.
- Rehabilitated survivors of spinal cord injury do differ with regard to the selected socio-demography and bio-medical conditions and level of Emotional Competence and level of quality of life.

3. UNIVERSE

Spinal injured persons association strives to create a peer network that has access to information regarding self-care, medical advice, financial independence, sport and other supports. Spinal injured persons association provides support to about 2500 individuals with spinal cord injuries, including both rehabilitated and non-rehabilitated survivors. The author hopes to learn more about spinal cord injury survivors who have undergone rehabilitation. The universe consists of about 450 registered rehabilitated spinal cord injury survivors from the four regions of Tamil Nadu—the north, south, east, and west—was recommended by the Spinal Injured Persons Association.

4. INCLUSION CRITERIA

This study focuses on rehabilitated survivors of spinal cord injury who are registered with the Spinal Injured Persons Association (SIPA) in Tamil Nadu, including both males and females. Participants must have undergone rehabilitation for a minimum period of one to three months and possess the conscious level to understand and respond to questions.

5. EXCLUSION CRITERIA

This study excludes rehabilitated spinal cord injury survivors who are not interested, those who have not received rehabilitation services, those currently undergoing rehabilitation, and individuals who have not answered all the questions from the assessment tool.

6. SAMPLING

Thus **Random Sampling** method has been adopted for this study. It was found that there were a total of 450 rehabilitated survivors of spinal cord injuries. After consultation with the statistician, and as per his guidelines, 45% of the samples (209) were fixed as the samples for this study. These 45% of the samples were distributed proportionally to all four regions of Tamil Nadu—the north, south, east, and west.

7. TOOLS USED

1) To understand the selected socio-demographic and biomedical conditions of the rehabilitated survivors of spinal cord injury, the researcher has prepared a semi structured interview schedule. This tool contains closed ended questions.
2) The Short Profile of Emotional Competence (2013) scale by Brasseur and Mikolajczak was utilized to measure Emotional Competence. It consists of 20 items categorized into intra-personal and inter-personal domains. Scoring followed the authors' guidelines, with positively worded items scored 1 to 5, and reverse scoring applied to negatively worded items. The total score ranges from 20 to 100, indicating the individual's overall emotional competence level. The scale exhibits high reliability (.88) and validity (.85).
3) To measure Quality of Life, John Flanagan's Quality of Life Scale (1970) was used, which consists of 16 items covering five areas: material and physical well-being, relationships with people, social and community activities, personal development and fulfillment, and recreation. The study followed the authors' scoring guidelines, grouping items accordingly. All items are positively worded and scored from 1 (Terrible) to 7 (Delighted). The total score, ranging from 16 to 112, represents the subject's overall quality of life. The scale has high reliability (0.84) and validity (0.92).

8. RESULTS

TABLE 1

Table 1 Distribution of Samples Based on Socio Demographic and Bio Medical Details

S.NO	FACTORS	N (209)	%
1	**Gender**		
	Male	172	82.3
	Female	37	17.7
2	**Age**		
	(Below 25)	31	14.8

	(26 To 30)	47	22.5
	(31 & above)	131	62.7
3	**Occupation**		
	Unemployed	89	42.6
	Private Employee	34	16.3
	Own Business	86	41.1
4	**Type of Injury**		
	Complete Spinal cord Injury	104	49.8
	In Complete Spinal Cord Injury	105	50.2
5	**Duration of Spinal Cord Injury (Years)**		
	(Below 3)	49	23.4
	(3 To 6)	55	26.3
	(6 & above)	105	50.2

The above table explains the distribution of the rehabilitated survivors of spinal cord injury respondents on various socio demographic conditions.

Most of the rehabilitated survivors of spinal cord injury surveyed are males, making up 82.3 percent, while the rest are females at 17.7 percent. In terms of age, the largest group, nearly two-thirds at 62.7 percent, are 31 years old and above. About 22.5 percent are aged between 26 and 30, and the remaining 14.8 percent are below 25 years old. In terms of employment, around 42.6 percent are unemployed, 41.1 percent own businesses, and 16.3 percent work as private employees. As for the severity of their injuries, 50.2 percent have incomplete spinal cord injuries, and 49.2 percent have complete injuries. Specifically, 50.2 percent of rehabilitated survivors of spinal cord injury respondents are affected with spinal cord injuries for (above 6 years); 26.3 percent of rehabilitated survivors of spinal cord injury respondents are affected with spinal cord injuries between (3 to 6 years) and remaining 23.4 percent of respondents who are affected with spinal cord injuries are (within 3 years).

Table 2

Table 2 Karl Pearson's Coefficient of Correlation Among the Sub Dimensions of QOL and Emotional Competence. (N=209)

S. No	Factors of Quality of Life	Emotional Competence: Intrapersonal	Emotional Competence: Interpersonal	EC: Both (Intra +Inter)
1	Material & Physical Well Being	0.223(**)	0.228(**)	**0.272(**)**
2	Relationship With Others	0.168(*)	0.127	**0.181(**)**
3	Social, Community & Civic Activity	0.169(*)	0.263(**)	**0.252(**)**
4	Personal Development & Fulfillment	0.408(**)	0.344(**)	**0.459(**)**
5	Recreation	0.319(**)	0.342(**)	**0.396(**)**
6	**Total Quality of Life**	**0.360(**)**	**0.370(**)**	**0.440(**)**

**** Correlation is significant at the 0.01 level (2-tailed).**

*** Correlation is significant at the 0.05 level (2-tailed).**

An attempt was made to determine the association between sub-dimensions of Quality of Life (QOL)—Material & Physical Wellbeing, Relationship with Others,

Social, Community & Civic Activity, Personal Development & Fulfillment, and Recreation—and sub-dimensions of Emotional Competence, namely, Intrapersonal and Interpersonal. Karl Pearson's coefficient of correlation was used since these constructs are measured at the interval level. The table shows that Material & Physical Wellbeing is positively and significantly associated with both Intrapersonal ($r = 0.223$, $p<0.01$) and Interpersonal ($r = 0.228$, $p<0.01$). Relationship with Others is significantly associated wit' Intrapersonal ($r = 0.168$, $p<0.05$) but not with Interpersonal ($r = 0.127$, $p>0.05$). Social, Community, and Civic Activity is positively associated with both Intrapersonal ($r = 0.169$, $p<0.05$) and Interpersonal ($r = 0.263$, $p<0.01$). Personal Development and Fulfillment shows significant associations with Intrapersonal ($r = 0.408$, $p<0.01$) and Interpersonal ($r = 0.344$, $p<0.01$). Recreation is positively associated with Intrapersonal ($r = 0.319$, $p<0.01$) and Interpersonal ($r = 0.342$, $p<0.01$). Overall, all QOL dimensions are significantly associated with both Intrapersonal ($r = 0.360$, $p<0.01$) and Interpersonal ($r = 0.370$, $p<0.01$). It was observed that better QOL sub-dimensions lead to better Emotional Competence in rehabilitated spinal cord injury survivors, maintaining healthy inter- and intrapersonal levels. However, challenges were noted in the Relationship with Others and Interpersonal aspects, likely due to significant lifestyle changes post-injury. Thus the formulated hypotheses are tested and verified.

Table 3

Table 3 Mean, SD and Independent Sample't' Test Values for the Emotional Competence Based on Type of Injury

S. No	Factors	N	Mean	SD	't' Stat Result (df=207)	Sig
1	**Emotional Competence: Intrapersonal**				4.82	**p<.001****
	Complete Spinal cord Injury	104	66.88	7.85		
	2 In Complete Spinal	105	72.08	7.75		
	Total	209	66.48	7.79		
2	**Emotional Competence: Interpersonal**				13.1	**p<.001****
	Complete Spinal cord Injury	104	60.48	6.54		
	In Complete Spinal Cord Injury	105	71.12	5.11		
	Total	209	60.8	5.86		
3	**Emotional Competence: Both (Intra+Inter)**				7.53	**p<.001****
	Complete Spinal cord Injury	104	63.68	6.28		
	In Complete Spinal Cord Injury	105	69.6	5.01		
	Total	209	63.64	5.66		

NS: Not Significant, * p<.05 (95%) ** p <.01 (99%) *** p<.001 (99.9%)

The table presents the Mean, SD, and Independent Sample 't' test values for Emotional Competence in rehabilitated survivors of spinal cord injury, comparing those with complete and incomplete injuries. The mean score for the Intrapersonal sub-dimension of Emotional Competence is higher in individuals with incomplete spinal cord injury ($M=72.08$, $SD=7.75$) compared to those with complete injury ($M=66.88$, $SD=7.85$), a difference that is statistically significant ('t' Value = 4.82, df = 207, $p<.001$). Similarly, the mean score for the Interpersonal sub-dimension is higher in those with incomplete injuries ($M=71.12$, $SD=5.11$) versus complete injuries ($M=60.48$, $SD=6.54$), with a significant difference ('t' Value = 13.10, df = 207,

p<.001). Overall, the Emotional Competence mean score is higher for individuals with incomplete injuries (M=69.60, SD=5.01) compared to complete injuries (M=63.68, SD=6.28), with a significant difference ('t' Value = 7.53, df = 207, p<.001). Thus, it can be concluded that individuals with incomplete spinal cord injuries exhibit greater Emotional Competence than those with complete injuries. This may be because those with incomplete injuries retain some mobility and experience less physical damage, potentially influencing these findings. Thus the formulated hypotheses are tested and verified.

Table 4

Table 4 Mean, SD and Independent Sample 't' Test Values for the Quality of Life Based on Type of Injury

S. No	Factors	N	Mean	SD	't' Stat Result (df=207)	Sig
1	**Material & Physical Well Being**				3.19	**p<.01***
	Complete Spinal cord Injury	104	70.74	18.82		
	In Complete Spinal Cord Injury	105	79	18.67		
	Total	209	70.37	18.71		
2	**Relationships With Others**				4.19	**p<.001****
	Complete Spinal cord Injury	104	65.35	21.81		
	In Complete Spinal Cord Injury	105	77.14	18.76		
	Total	209	66.25	20.31		
3	**Social, Community & Civic Activity**				4.8	**p<.001****
	Complete Spinal cord Injury	104	73.7	25.86		
	In Complete Spinal Cord Injury	105	87.88	15.54		
	Total	209	78.81	21.86		
4	**Personal Development & Fulfillment**				3.02	**p<.01***
	Complete Spinal cord Injury	104	65.49	18.27		
	In Complete Spinal Cord Injury	105	72.43	14.79		
	Total	209	66.47	16.6		
5	**Recreation**				6.16	**p<.001****
	Complete Spinal cord Injury	104	74.04	19.75		
	In Complete Spinal Cord Injury	105	88.36	13.19		
	Total	209	77.22	17.03		
6	**Total Quality of Life**				5.53	**p<.001****
	Complete Spinal cord Injury	104	69.86	15.76		
	In Complete Spinal Cord Injury	105	79.76	9.28		
	Total	209	71.82	13.03		

NS: Not Significant, * p<.05 (95%) ** p <.01 (99%) *** p<.001 (99.9%)

The table presents the Mean, SD, and Independent Sample 't' test values for Quality of Life in rehabilitated survivors of spinal cord injury, comparing those with complete and incomplete injuries. The mean score for Material & Physical Wellbeing is higher for individuals with incomplete spinal cord injury (M=79.00, SD=18.67) compared to those with complete injury (M=70.74, SD=18.82), with a statistically significant difference ('t' Value = 3.19, df = 207, p<.01). Similarly, the mean score for Relationship with Others is higher for those with incomplete injuries (M=77.14,

SD=18.76) compared to complete injuries (M=65.35, SD=21.81), with a significant difference ('t' Value = 4.19, df = 207, p<.001). The Social, Community & Civic Activity mean score is also higher for those with incomplete injuries (M=87.88, SD=15.54) versus complete injuries (M=73.70, SD=25.86), with a significant difference ('t' Value = 4.80, df = 207, p<.001). For Personal Development & Fulfillment, the mean score is higher for those with incomplete injuries (M=72.43, SD=14.79) compared to complete injuries (M=65.49, SD=18.27), with a significant difference ('t' Value = 3.02, df = 207, p<.01). Additionally, the Recreation mean score is higher for individuals with incomplete injuries (M=88.36, SD=13.19) versus complete injuries (M=74.04, SD=19.75), with a significant difference ('t' Value = 6.16, df = 207, p<.001). Overall, the mean Quality of Life score is higher for those with incomplete spinal cord injuries (M=79.76, SD=9.28) compared to complete injuries (M=69.86, SD=15.76), with a significant difference ('t' Value = 5.53, df = 207, p<.001). Therefore, it can be concluded that individuals with incomplete spinal cord injuries have a higher Quality of Life than those with complete injuries, a conclusion supported by other researchers such as Hicks et al. (2002), Mart ZE et al. (2005), Van et al. (2012), and Tjasa Filipcic et al. (2021).

Table 5

Table 5 Mean, SD and Independent Sample 't' Test Values for the Study Variables Based on Gender

S.No	Factors	N	Mean	SD	't' Stat Result (df=207)	Sig
1	**Eomotional Competence: Both (Intra+Inter)**				**8.51**	**p<.001****
	1 Male	172	63.22	5.65		
	2 Female	37	71.59	5.38		
	Total	209	63.64	5.66		
2	**Total Quality of Life**				**3.94**	**p<.01***
	1 Male	172	71.37	13.29		
	2 Female	37	79.92	11.69		
	Total	209	71.82	13.03		

NS: Not Significant, * p<.05 (95%) ** p <.01 (99%) *** p<.001 (99.9%)

The table presents the Mean, SD, and Independent Sample 't' test values for Emotional Competence and Quality of Life among rehabilitated spinal cord injury survivors, categorized by gender. Females scored higher in Emotional Competence, both Intrapersonal and Interpersonal (M=71.59, SD=5.38), compared to males (M=63.22, SD=5.65), with the difference being statistically significant ('t' Value =8.51, df=207, p<.001). Similarly, females scored higher in Quality of Life (M=79.92, SD=11.69) compared to males (M=71.37, SD=13.29), also showing statistical significance ('t' Value =3.94, df=207, p<.01). The study concludes that females exhibit higher Emotional Competence and Quality of Life than males. Thus the formulated hypotheses are tested and verifier

Table 6

Table 6 Mean SD and One Way ANOVA Test Values for the Study Variables based on Age

S.No	Factors	N	Mean	SD	F-Ratio (df=2 206)	Sig
1	**Emotional Competence: Both (Intra+Inter)**				**9.249**	**p<.001****
	(Below 25)	31	59.52	4.65		
	(26 To 30)	47	65.17	5.54		
	(31 & above)	131	70.84	5.94		
	Total	209	63.64	5.66		
2	**Total Quality of Life**				**10.307**	**p<.001****
	(Below 25)	31	70.17	13.95		
	(26 To 30)	47	74.12	12.44		
	(31 & above)	131	81.51	13.09		
	Total	209	71.82	13.03		

NS: Not Significant, * p<.05 (95%) ** p <.01 (99%) *** p<.001 (99.9%)

The table displays the Mean, SD, and One Way ANOVA outcomes for Emotional Competence and Quality of Life among rehabilitated spinal cord injury survivors categorized by age. Notably, individuals aged 31 and above exhibited higher scores in Emotional Competence (M=70.84, SD=5.94) compared to those in other age groups. This difference proved statistically significant, with the F-Ratio indicating significance at the 99.9% level (F-Ratio = 9.249, df = 2, 206, p<.001, Sig). Similarly, respondents aged 31 and above also scored higher in Quality of Life (M=81.51, SD=13.09) than their counterparts in other age categories. Again, this discrepancy was statistically significant, with the F-Ratio demonstrating significance at the 99.9% level (F-Ratio = 10.307, df = 2, 206, p<.001, Sig). Therefore, it can be concluded that individuals aged 31 and above exhibit significantly higher levels of Emotional Competence and Quality of Life compared to other age groups. This trend aligns with similar findings reported by other researchers regarding resilience based on age, such as those by Terrill AL et al. (2016) and Mohan M and Roumi Deb (2023). Thus, the formulated hypotheses are tested and verified.

Table 7

Table 7 Mean SD and One Way ANOVA Test Values for the Study Variables based on Occupation

S. No	Factors	N	Mean	SD	F-Ratio (df=2 206)	Sig
1	**Emotional Competence: Both (Intra + Inter)**				**7.337**	**p<.001****
	Unemployed	89	62.06	4.9		
	Private Employee	34	65.88	5.96		
	Own Business	86	70.4	5.88		
	Total	209	63.64	5.66		
2	**Total Quality Of Life**				**10.681**	**p<.001****
	Unemployed	89	65.55	12.97		
	Private Employee	34	74.79	13.57		
	Own Business	86	79.26	11.45		

	Total	209	71.82	13.03		

NS: Not Significant, * p<.05 (95%) ** p <.01 (99%) *** p<.001 (99.9%)

The table provides Mean, SD, and One Way ANOVA outcomes for Emotional Competence and Quality of Life among rehabilitated spinal cord injury survivors categorized by their occupation. Notably, individuals engaged in their own business demonstrated higher scores in Emotional Competence (M=70.40, SD=5.88) compared to those in other occupations. This difference was statistically significant, as indicated by the F-Ratio at the 99.9% level (F-Ratio = 7.337, df = 2, 206, p<.001, Sig). Similarly, those with their own business also exhibited higher scores in Quality of Life (M=79.26, SD=11.45) compared to those in other occupations, with the F-Ratio showing significance at the 99.9% level (F-Ratio = 10.681, df = 2, 206, p<.001, Sig). Thus, it can be concluded that individuals engaged in their own business have significantly higher levels of Emotional Competence and Quality of Life compared to others. Thus the formulated hypotheses are tested and verified.

Table 8

Table 8 Mean SD and One Way ANOVA Test Values for the Study Variables based on Duration of Spinal Cord Injury

S.No	Factors	N	Mean	SD	F-Ratio (df=2 206)	Sig
1	**Emotional Competence: Both (Intra + Inter)**				**14.865**	**p<.001****
	(Below 3)	49	60.63	4.11		
	(3 To 6)	55	66.45	5.45		
	(6 & above)	105	72.27	6.3		
	Total	209	63.64	5.66		
2	**Total Quality of Life**				**11.897**	**p<.001****
	(Below 3)	49	67.53	10.84		
	(3 To 6)	55	70.16	13.35		
	(6 & above)	105	78.35	13.67		
	Total	209	71.82	13.03		

NS: Not Significant, * p<.05 (95%) ** p <.01 (99%) *** p<.001 (99.9%)

The table presents the Mean, SD, and One-Way ANOVA results for Emotional Competence and Quality of Life among rehabilitated spinal cord injury survivors, categorized by the duration of their injury. Respondents with spinal cord injuries lasting six years or more scored higher in Emotional Competence (M=72.27, SD=6.30) compared to those with shorter injury durations. This difference is statistically significant, with an F-Ratio indicating significance at the 99.9% level (F-Ratio = 14.865, df = 2, 206, p<.001). Similarly, those with injuries of six years or more scored higher in Quality of Life (M=78.35, SD=13.67), also showing statistical significance (F-Ratio = 11.897, df = 2, 206, p<.001). It can be concluded that individuals with longer-duration spinal cord injuries have significantly higher levels of Emotional Competence and Quality of Life. This finding suggests that over time, survivors develop better coping mechanisms and acceptance of their situation, contributing to higher Emotional Competence, and Quality of Life. Thus the formulated hypotheses are tested and verified.

9. FINDINGS

1) The majority 82.3 percent of the rehabilitated survivors of spinal cord injury respondents is Males and the remaining 17.7 per cent of them are Females. Nearing two third of the respondents 62.7 percent are in the age group of (31 and above) years of age, where as, 22.5 percent of the respondents are in the age group of (26 to 30) years of age and the remaining 14.8 per cent of them are in the age group of (Below 25) years. Nearly two fifth of the respondent's 42.6 percent are unemployed, 41.1 percent respondents have their own businesses, and the remaining 16.3 percent respondents are private employees. Majority 50.2 percent of rehabilitated survivors of spinal cord injury respondents are affected with in complete spinal cord injury and remaining 49.2 percent respondents are affected with complete spinal cord injuries. Majority 50.2 percent of rehabilitated survivors of spinal cord injury respondents are affected with spinal cord injuries for (above 6 years); 26.3 percent of rehabilitated survivors of spinal cord injury respondents are affected with spinal cord injuries between (3 to 6 years) and remaining 23.4 percent of respondents who are affected with spinal cord injuries are (within 3 years) Table 1.
2) It is clear that the dimension of QOL are positively and significantly associated with Intrapersonal ($r = 0.360$, $P< 0.01$, Sig) and Interpersonal ($r = 0.370$, $P< 0.01$. Sig). At end both Intrapersonal and Interpersonal are positively and significantly associated with all the dimension of QOL ($r = 0.440$, $P<0.01$, Sig). However the researcher has also observed that a rehabilitated spinal cord injury person has certain difficulties between the area of relationship with others which is a subcomponent of QOL and Interpersonal relationship which is a subcomponent of emotional competence ($r = 0.127$, $p>.01$, non-Sig). Thus, the formulated hypotheses are tested and verified Table 2.
3) It is observed that the mean score on Emotional Competence for those who had Incomplete Spinal Cord Injury is higher ($M=69.60$, $SD=5.01$) when compared to those who had Complete Spinal Cord Injury ($M=63.68$, $SD=6.28$). This observed difference is statistically significant as the Independent Sample't' test value is significant at 99.9% level of significance. ('t' Value = 7.53, df = 207, $p<.001$, Sig). Thus, those who have had Incomplete Spinal Cord Injury have more Emotional Competence than those who have had Complete Spinal Cord Injury. Thus the formulated hypotheses are tested and verified Table 3**.**
4) It is observed that the mean score on Quality of Life for those who had Incomplete Spinal Cord Injury is higher ($M=79.76$, $SD=9.28$) when compared to those who had Complete Spinal Cord Injury ($M=69.86$, $SD=15.76$). This observed difference is statistically significant as the Independent Sample 't' test value is significant at 99.9% level of significance. ('t' Value = 5.53, df = 207, $p<.001$, Sig). Thus, those who have had Incomplete Spinal Cord Injury have more Quality of Life than those who have had Complete Spinal Cord Injury. Thus, the formulated hypotheses are tested and verified Table 4**.**
5) Emotional Competence both Intrapersonal and Interpersonal for Female is higher ($M=71.59$, $SD=5.38$) when compared to Male ($M=63.22$, $SD=5.65$). This observed difference is statistically significant

as the Independent Sample't' test value is significant at 99.9% level of significance. ('t' Value = 8.51, df = 207, p<.001, Sig). Quality of Life for Female is higher (M=79.92, SD=11.69) when compared to Male (M=71.37, SD=13.29). This observed difference is statistically significant as the Independent Sample't' test value is significant at 99% level of significance. ('t' Value = 3.94, df = 207, p<.01, Sig). Thus, it could be concluded that the female have more Emotional Competence and quality of Life than male. Thus the formulated hypotheses are tested and verified Table 5**.**

6) Emotional Competence (M=70.84, SD=5.94) which is significant at 99.9% level (F-Ratio = 9.249, df = 2, 206, p<.001, Sig) and Quality Of Life (M=81.51, SD=13.09) which is significant at 99.9% level (F-Ratio = 10.307, df = 2, 206, p<.001, Sig), when compared to other age category. Thus the formulated hypotheses are tested and verified Table 6**.**
7) It is very evident that the respondents who are having Own Business, have scored higher in Emotional Competence (M=70.40, SD=5.88) which is significant at 99.9% level. (F-Ratio = 7.337, df = 2, 206, p<.001, Sig). It is very evident that the respondents who are having Own Business, have scored higher in Quality of Life (M=79.26, SD=11.45) which is significant at 99.9% level. (F-Ratio = 10.681, df = 2, 206, p<.001, Sig). It could be concluded that the respondents who are having Own Business have statistically significant higher level of Emotional Competence and Quality of Life when compared to others. Thus, the formulated hypotheses are tested and verified. Table 7**.**
8) It is very evident that the respondents those who come from 6 and above duration years of Spinal Cord Injury, have scored higher in Emotional Competence (M=72.27, SD=6.30) which is significant at 99.9% level. (F-Ratio = 14.865, df = 2, 206, p<.001, Sig). It is very evident that the respondents those who come from 6 and above duration years of Spinal Cord Injury, have scored higher in Quality of Life (M=78.35, SD=13.67) which is significant at 99.9% level. (F-Ratio = 11.897, df = 2, 206, p<.001, Sig). It could be concluded that the respondents those who come from 6 and above duration years of Spinal Cord Injury have statistically significant higher level of Emotional competence and Quality of Life when compared to others. Thus, the formulated hypothesis is tested and verified. Table 8**.**

10. SUGGESTIONS

- It is found out that those who have had Incomplete Spinal Cord Injury have more Emotional Competence and Quality of life than those who have had Complete Spinal Cord Injury. It is suggested that more care and attention be given to those who have complete spinal cord injury to feel better and to boost their confidence level.
- More awareness is to be given to people regarding the accidents and falls which lead to spinal cord injury.
- Family members and care takers of spinal cord injury survivors are to be helped to understand about the need for and importance of the rehabilitation.

CONFLICT OF INTERESTS

None.

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None.

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