INTRODUCTION
Sleep has an important role in the regulation of Central Nervous System and the body's physiological functions, regulating metabolism, catabolism, temperature, learning and memory consolidation. Sleep has become an important issue and sleep-related variables (e.g. sleep deficiency, Sleep quality, sleep habits) have been shown to influence performance of workers and students. Insomnia is very common in different medical fields. 90% of the general population has experienced acute insomnia at least once. Approximately 10% of the population may suffer from chronic (long-standing) insomnia. Insomnia is defined as difficulty initiating or maintaining sleep, or both, despite opportunity and time to sleep, leading to impaired daytime functioning. Insomnia may be a cause or result of poor quality and quantity of sleep. Research on sleep disturbances in physiotherapy students is of particular interest because of the known relationship between sleep and mental health (Emotional Intelligence) and the concern that the academic demands of medical training can cause significant stress.

In a survey of 150 Indian medical students, 30.6% reported an Epworth Sleep Scale (ESS) >10, indicating daytime sleepiness; sleep quality in females was better than in males medical students. Poor sleep quality and insomnia are pertinent to emotional intelligence because of the known relationship between sleep and mental health (Emotional Intelligence). Emotional Intelligence is a set of abilities that enable individuals to organize and manage the emotions of themselves and others. This intelligence includes understanding our own feelings and using them for taking appropriate decisions in personal and business aspects of our lives. Emotional Intelligence could also modulate reactions to sleep loss.

A large body of evidence supports the notion that good quality sleep is important for optimal neurocognitive and psychomotor performance as well as physical and mental health. So, it is important to know whether Physiotherapy students have sleep problems, to know the extent of their problem, and also whether their sleep disturbance has any effect on emotional intelligence and academic performance or quality of life.

OBJECTIVE
To study the relationship between self perceived Insomnia and Emotional Intelligence in Physiotherapy students.

MATERIALS AND METHODS
Ninety (90%) of the students were female and 90% were male. Both genders were included. Age range was 18-30 years. The study population consisted of 300 Physiotherapy students. The students were selected using a convenience sampling method.

RESULTS
The intensity of Insomnia and Emotional Intelligence were measured using the Insomnia Severity Index and Emotional Intelligence Questionnaires. The results showed a significant relationship between Insomnia and Emotional Intelligence. The study concluded that the self perceived Insomnia had indirect relationship on Emotional Intelligence among Physiotherapy students.

CONCLUSION
The study concluded that the self perceived Insomnia had indirect relationship on Emotional Intelligence among Physiotherapy students. Components of Emotional Intelligence mostly affected were Self Awareness and Managing Emotions.

KEYWORDS: Insomnia, Emotional Intelligence, Physiotherapy Students.
11. Description of Tool:
1. Insomnia severity Index questionnaire
   The Insomnia severity Index questionnaire was explained by Charles M. Morin, Ph.D from the University of Laval. It has 7-item self report questionnaire assessing the nature and severity of insomnia. A 5-point Likert scale which says 0- None ,1-Mild, 2- Moderate 3-Severe, 4- Very severe, yielding a total score ranging from 0-28. The total score interpreted as follows: No clinically significant insomnia(0-7); Sub threshold insomnia(8-14); Clinical insomnia(moderate severity) (15-21); Clinical insomnia(severe)(22-28).

2. Emotional intelligence questionnaire
   The Emotional Intelligence, the self-assessment questionnaire was designed to get the thinking about the components of five qualities of self awareness, managing emotions, motivating oneself, empathy and social skills. It was Daniel Goleman first brought emotional intelligence to a wide audience with his book in 1995. The Emotional Intelligence has 50 questionnaires which used to assess the 5 qualities which described above. The scale which says 1- does not apply at all, 2-applies about half time, 3- always applies to you, yielding a total score ranging from 0-50. The total score is interpreted as follows: The area is a strength for you(25-50), Giving attention to where you feel you are weak(18-34), The area is a development priority(10-17).

RESULTS:
Out of 300(100%) Physiotherapy students, 50 males (17%) and 250 females (83%). Mean age of the participants were (19.78±1.88). Graph no. 1 explained the score of insomnia among the Physiotherapy students. The first year student were having higher score of insomnia (10.52±5.35) compared to other students. They were falling under sub threshold Insomnia.

Table 2 obtained the sub scores of Emotional Intelligence among the Physiotherapy students. The first year had higher score compared to other students. Their Emotional Intelligence as follows: Self Awareness (39.75±4.93), Managing Emotions (33.91±5.26), Motivating Oneself (36.01±4.73), Empathy (37.6±4.67) and Social Skills (37.17±5.42). The score interpretation of Emotional Intelligence questionnaire for First year Physiotherapy students was in strength category.

Table no.3 reported about Gender distribution in Physiotherapy students. The male students had higher mean score of Insomnia compared to female students. The male students had mean score of insomnia 10.86±5.14 and female had score of 9.08±5.21. Their ‘p’ and ‘t’ values were 0.0279 and 2.2102. They were significant to each other. The female students had higher score in Emotional Intelligence in their subscales as follows: SA(39.22±4.75), ME(33.0±5.13), MO(35.22±4.88), E(36.45±5.10) and SS(36.24±5.39). Their ‘p’ and ‘t’ values as follows: (0.0286, 2.2002), (0.9902, 0.0123), (0.8415, 0.2002), (0.7113, 0.3704) and (0.6133, 0.5088). SA score was significant but other scores of ME, MO, E and SS were significant.

STUDY LIMITATION
• Study was limited to students of Dr. A.P.J. Abdul Kalam college of Physiotherapy.

FUTURE SCOPE OF STUDY
1. Future study can be done on “Effect of music and breathing exercises on Insomnia severity and Emotional Intelligence among physiotherapy students.”
2. Further study can be carried out in different faculty to investigate the relationship between Insomnia and Emotional Intelligence.
3. The study can be done on “Effect of movement therapy on Insomnia severity and Emotional Intelligence among Physiotherapy students.”

CONCLUSION
The present study provides preliminary information on the relationship between self perceived Insomnia and Emotional Intelligence was significant between the Physiotherapy students in Dr. A.P.J. Abdul Kalam College of Physiotherapy in Loni. It was found that the male students had more Insomnia severity and their Emotional Intelligence was less as compared to female students. So Insomnia had indirect effect on their Emotional Intelligence. The Postgraduate students had more Insomnia severity score as compared to Undergraduate students. Some of the Emotional Intelligence components were affected. Present study can be concluded on a
note that a good sleep habits may improve the Emotional Intelligence.

Graph no. 1: The score of Insomnia among Physiotherapy students.

![Mean value of Insomnia Score](image)

Table no.2: The sub scores of EI among the Physiotherapy students.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Males (M±SD)</th>
<th>Females (M±SD)</th>
<th>Unpaired ‘t’ test value</th>
<th>‘p’ value and Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insomnia</td>
<td>39.75±4.93 (N=104)</td>
<td>33.91±5.2 (N=104)</td>
<td>36.01±4.73 (N=104)</td>
<td>37.6±4.6 (N=104)</td>
</tr>
<tr>
<td>SA</td>
<td>38.75±5.42 (N=61)</td>
<td>33.36±4.8 (N=61)</td>
<td>34.44±5.01 (N=61)</td>
<td>35.95±5.43 (N=61)</td>
</tr>
<tr>
<td>ME</td>
<td>38±5.24 (N=37)</td>
<td>31.86±5.3 (N=37)</td>
<td>34.29±7.05 (N=37)</td>
<td>35.24±5.64 (N=37)</td>
</tr>
<tr>
<td>MO</td>
<td>38.19±4.76 (N=42)</td>
<td>32.5±4.51 (N=42)</td>
<td>35.26±3.97 (N=42)</td>
<td>35.4±5.2 (N=42)</td>
</tr>
<tr>
<td>E</td>
<td>38±5.24 (N=37)</td>
<td>31.86±5.3 (N=37)</td>
<td>34.29±7.05 (N=37)</td>
<td>35.24±5.64 (N=37)</td>
</tr>
<tr>
<td>SS</td>
<td>38.54±4.57 (N=22)</td>
<td>32.4±5.82 (N=22)</td>
<td>34.81±5.19 (N=22)</td>
<td>34.95±5.6 (N=22)</td>
</tr>
</tbody>
</table>

Table no.3: Gender distribution in Physiotherapy student.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Males (M±SD)</th>
<th>Females (M±SD)</th>
<th>Unpaired ‘t’ test value</th>
<th>‘p’ value and Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insomnia</td>
<td>10.86±5.1 (N=50)</td>
<td>9.08±5.21 (N=250)</td>
<td>2.2102</td>
<td>0.0279, Significant</td>
</tr>
<tr>
<td>SA</td>
<td>37.56±5.4 (N=50)</td>
<td>39.22±4.75 (N=250)</td>
<td>2.2002</td>
<td>0.0286, Significant</td>
</tr>
<tr>
<td>ME</td>
<td>33.06±5.7 (N=50)</td>
<td>33.07±5.13 (N=250)</td>
<td>0.0123</td>
<td>0.9902, Not significant</td>
</tr>
<tr>
<td>MO</td>
<td>35.06±6.3 (N=50)</td>
<td>35.22±4.88 (N=250)</td>
<td>0.2002</td>
<td>0.8415, Not significant</td>
</tr>
<tr>
<td>E</td>
<td>36.14±6.7 (N=50)</td>
<td>36.45±5.1 (N=250)</td>
<td>0.3704</td>
<td>0.7113, Not significant</td>
</tr>
<tr>
<td>SS</td>
<td>35.8±6.64 (N=50)</td>
<td>36.24±5.39 (N=250)</td>
<td>0.5088</td>
<td>0.6133, Not significant</td>
</tr>
</tbody>
</table>

References:
[2] Yu Chih Chang and et al, The effects of sleep on performance of undergraduate students working in the hospitality industry as compared to those who are not working in the industry. College Student Journal, Graduate theses and Dissertations.1,006,2013.