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SOCIAL INTELLIGENCE, EMOTIONAL REGULATION AND QUALITY OF SLEEP IN TRAINEE CLINICAL PSYCHOLOGISTS: A CORRELATIONAL STUDY

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Social Intelligence, Emotional Regulation, Quality of Sleep, Working hours, internship duration, deregulation of emotions, social functioning, deprivation of sleep.

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Abstract

The present study was conducted to investigate the Social Intelligence, Emotional Regulation and Quality of Sleep in Trainee Clinical Psychologists. Sample was selected by purposive sampling and 200 female trainee clinical psychologists were selected in this study. Quantitative research method was used to analyze the data for this study. Three scales Tromso Social Intelligence Scale, Emotional Regulation Questionnaire and Pittsburgh Sleep Quality Index were used to identify the relationship between variables and in Trainee Clinical Psychologists. Descriptive statistics were used to analyze the data. In order to analyze the hypothesis about relationship between Social Intelligence, Emotional Regulation and Quality, Parson Product Correlation was used. Hierarchical Regression Analysis was used to find variables as a predictor. Moreover, Results revealed Demographic Variables Duration of Internship has negative correlation with Emotional Regulation and Quality of Sleep and Time spend in workplace has positive correlation with Quality of Sleep. In Regression Analysis Social Intelligence was non-significant predictor of Quality of Sleep in trainee clinical psychologists. And other model of the result showed that Emotional Regulation was significant predictor of Quality of Sleep in Trainee Clinical Psychologists. The findings of the study showed that Social Intelligence doesn't effect the Quality of Sleep on Trainee Clinical Psychologists on the other hand Emotional Regulation effect the Quality of Sleep of Trainee Clinical Psychologists. This study will help to deal with sleep problems and their triggering factors before any psychological illness diagnosed.

Introduction

In the field of clinical psychology, the Social Intelligence, Regulation of Emotions and nature of sleep in the students of clinical psychology is a fascinating marvel to investigate. The normal individual spends around 33% of his or her life resting and sleeping (Peltzer & Pengpid, 2016). Still minimum is explored by health experts. Still minimum is explored by health experts regarding how sleep patterns influence social cognition and

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emotion regulation capacities in clinical psychology trainees. Research with university and medical students shows that poor sleep quality and short sleep duration are linked to higher anxiety, depression, hostility, and emotion regulation difficulties (Rahman et al., 2025), while higher emotional intelligence correlates with better sleep health and social functioning (Zhang et al., 2019). Social knowledge is the capacity of an individual to know one self as well as other people. It is a capacity to build relations with others in a general public and pursue the standards of a general public. James Gross, an expert in the field of emotions, sees feelings as brief reactions influencing both behavior and body (Gross, 1998). Sleep has an imperative effect in people's lives for general wellbeing as well as for emotional well-being and personal satisfaction. It propensities fluctuate with age, way of living and sociocultural impacts (Peltzer & Pengpid, 2016). Sleep issues in students of clinical psychology have been proposed to impede numerous spaces of working including school, social and family working (Rahman et al., 2025).

The branch of Clinical Psychology in third world nations like Pakistan is in its dynamic stage. Numerous variables like heavy work load given to student have effect on feelings and Social Intelligence. These elements can bother trainee clinical psychologist's Quality of Sleep Peltzer & Pengpid, 2016).

The nature of social relationships and support seems to be linked with outcome of physical wellbeing outcomes and Quality of Sleep. This research gives the direction to students how to deal with their socialization and feelings amid their placements in hospitals as well as their Sleep pattern (Beattie et al., 2015).

Quality of Sleep

Quality of Sleep can be characterized as unfathomable steadiness of stuff or Recognizable class. Sleep Quality consolidates quantitative parts of rest, for instance, Sleep period of Time, Sleep Latency, or number of arousals, and the feeling of relaxation the individual gets during Sleep. Then again, the exact segments that make Sleep Quality, and their relative critical, might change between individuals. Also, in light of the fact that Sleep Quality is, as it were, abstract, Sleep research facility measures may relate with saw Sleep Quality, yet they can't describe it. Finally, the estimation of Sleep Quality is affected by the kind of concentrate in which it is being broke down. Broad scale reviews focus on habitual Sleep Quality and reasons in disruption of sleep (Karacan, &Thornby; 1983; Pearsall, &Trumble, 1995).

The method for sleep notwithstanding the reality of its development and stages can be well and dependably depicted towards the individual. The idea of sleep is always observed as an emotional issue of that quality. It is moreover imperative to review the combination of potential factors that impact and shape the system of sleep. It isn't only the person's psychological and physical expression but the enviornment which can play a role in sleep disorder. Sleep has been viewed as a major part of human life and prosperity. People thought about the favorable effect of sleep and hypnotherapy was among the main psychotherapeutic techniques used. A portion of these systems are as yet pertinent to issues of beginning or overseeing sleep, and involvement pharmacology. In any case, these practices can't substitute for a helpful treatment. Sleep, a basic physiological need of all creatures, appears to be both integrative and therapeutic (Hsu & Lin, 2005; Rehulkova&Rehulkova, 2011).

Sleep is essential for mental and physical health. It has been notified as a major health problem. It's also a physiological and psychological process which effects both domains of human life. Both of them have significant correlation. (Grady et al, 2019).

Insomnia is a common feature in psychosis. Quality of Sleep has shown to be associated with symptom severity. Understanding the impact of sleep quality in psychotic disorders can help in better intervention. Intervention program for first episode psychosis, were researched the connection between quality of sleep with clinical symptoms was positively correlated. (Villa et al, 2018).

Frontier in Medical & Health Research

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Theories of Sleep

There are different theories of sleeps like repair and sleep oration theory, evolutionary Theory, information consolidation theory, that explain the mechanism of sleep are as following.

Repair and restoration theory of sleep

As indicated by presumption of this hypothesis, sleep is vital stage to recharge and re-establish all physical and mental procedures that keep up the equalization of brain and body for healthy functioning. The rebuilding hypothesis of Sleep recommends that Sleep is ability to fix personality and body. In case this did not happen, cerebrum and body would consistently separate. (Oswald, 1980).

Oswald (1980) suggest particular sorts of Sleep that is imperative to renovate various diverse organic roles. Rapid Eye Movement (REM) is basic proposed for mind improvement to fix and refresh. REM sleep suggested to change the activity of cerebrum. Moderate Wave Sleep (MWS) additionally helps in the same purpose. The Slow Wave Sleep (SWS) hormone is discharged that helps in protein development while the person is asleep. Horne (1988) proposed the cerebrum Rapid Eye Movement occur during sleep. Significant recovery occurs during SWS and similarly occur at various occasions (e.g. amid times of loose alertness). The restoration theory gives the following predictions:

During periods when the brain is developing, there will be an extension in the proportion of REM sleep of the individual.

Sleep will increase when the body is redesigning itself.

If people are precluded from sleep for a significant period, they will try to get lost sleep in a specified time.

Sleep deprivation will achieve deficiencies in mental working

Evolutionary theory of sleep. It is also called adoptive hypothesis of Sleep. It says that times of movement and latency developed as a method for preserving vitality. By hypothesis, each specie regulates their sleep for the period of time till the time when mind cannot be risked All animals on earth have sleeping pattern of almost 12 to 15 hours every day while some take frequent naps of 4 or 5 hours in a day (Xie et al., 2013).

Information consolidation theory of sleep. It depends on cognitive studies and proposes that an individual an individual lay down with a particular ultimate objective to assimilate information which has been gained in a day. The theory implies that sleep stimulates the cerebrum to get ready for the information to be retained and processed. Some investigations are of the opinion that sleep helps in binding the day activities thus creating a memory. Different lack of sleep contemplates showing that absence of sleep truly influences the ability to audit and review information (Gallagher, 2013).

While there is research and verification to sponsorship every one of these hypotheses of sleep, there is still no conspicuous support for any one hypothesis. It is moreover possible that every one of these theories can be used to clarify why we sleep. Sleep impacts various physiological procedures, so help is very possible that sleep occurs for a few reasons and purposes (Andrykowski, 1998; Iliescu et al.2003).

Little research has been done on insomnia. Harvey and his colleagues investigated the personal meaning of sleep quality in people with insomnia and normal sleep. Sound deep sleep was linked with better health, small day naps, greater well-being and better psychological functioning. Sleep disturbance is a major symptom which leads to insomnia. Although quality of sleep is widely utilized, a survey of the empirical literature proposes that it is not yet fully comprehended (Harvey et al, 2008).

Lalluka wanted to see “the interaction of quality and quantity of Sleep on health, emotions, physical and social functioning, in the general population”. Poor Sleepers were linked with deterioration in social functioning, physical, emotional as pain and associated illness. The relationship of poor sleep was positively associated with poor functioning. (Lallukka et al, 2018).

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Social Intelligence

It comprehends and manages behavior for individual and organizational success it's also called the ability of a person to deal with society norms and interaction with his social circle. (Essex; 2017).

It can also be seen that the brain is actually "wired to connect", because all members of a society are social animals, they never lived without connection with each other (Golemaz, 2006).

The idea of social insight returns to a decade back to Thorndike who defined

"Social knowledge as a capacity to behave astutely in human relationship." He said people have ability to analyze what others communicate (Edward Thorndike, 1920).

Intelligence is categorized in three ways:

Mechanical Intelligence: It is a measure of an individual's capacity to handle situations and people.

Abstract Intelligence - is person's capacity for perception of relationships.

Social Intelligence - is ability to comprehend and deal people. (Thorndike, 1920).

Social Intelligence is one's capability to use brains effectively thus exploring through complex emotional situations and negotiate different social connections. It is a capacity that causes us to adjust according to distinctive working environments. Mostly researches explain how social intelligence manages deal with sophisticated social dealings such as politics and quarrels in family and working place. It is the ability to decode the activities in life, deal relationships and it is more common in intelligent people (Point, 2015).

The idea of Social Intelligence was coined by Howard Gardner's in 1983 in his book Frames of Mind. He writes about the Theory of Multiple Intelligence separated into eight modalities including sensible, visual, intrapersonal and relational. Social Intelligence is made up of intrapersonal and relational modality (Essex, 2018).

Gardener refuted intelligence in numbers but said that intelligence is multidimensional and can be expanded as much as a person wishes (Albrecht, K., 2004). Gardner has suggested categories of intelligence which were recasted by Karl Albrecht (2004) into six dimensions. These are Abstract / logical reasoning, mathematics /symbolic information processing, Social / interaction with others, Practical, or critical thinking for real life circumstances, Emotional, or mindfulness and capacity to control one's passionate and behavior responses, Aesthetic, or a comprehension of relation between objects, and Kinesthetic knowledge, or mindfulness and expertise in moving the body or controlling items through space (Fischman, 2015).

Emotional Regulation

"Emotion regulation" term is used to "describe one's ability to handle and react to emotions. We consciously and unconsciously apply strategies of emotional regulation in handling difficult situations every day. Healthy or unhealthy varieties of Emotion Regulation are applied by different people in different situations.

Common healthy strategies are include talking with companions and friends, meditation and relaxation, taking care of self when physically sick, Exercising, writing a diary, having satisfactory sleep, focusing attention to negative thoughts. The unhealthy strategies include Abusing liquor or different substances, abusing liquor or different substances, Avoiding or pulling back from troublesome situations, Excessive use of social media, verbal and nonverbal outbursts (Rolston& Lloyd,2017).

Emotions are significant self-regulating processes that permit rapid reactions and adjustments to circumstances in social life. They have physiological bases and are molded through experiences. Emotions are learnt through defined rules. (Kappas, 2011).

Emotions are frequently depicted as overpowering powers that apply a powerful effect on behavior. Individuals are significantly more adaptable in managing their feelings. For reasons unknown, individuals can control for all intents and purposes each part of emotion preparing, including how feeling coordinate (Rothermund, Voss, and Wentura, 2008).

Frontier in Medical & Health Research

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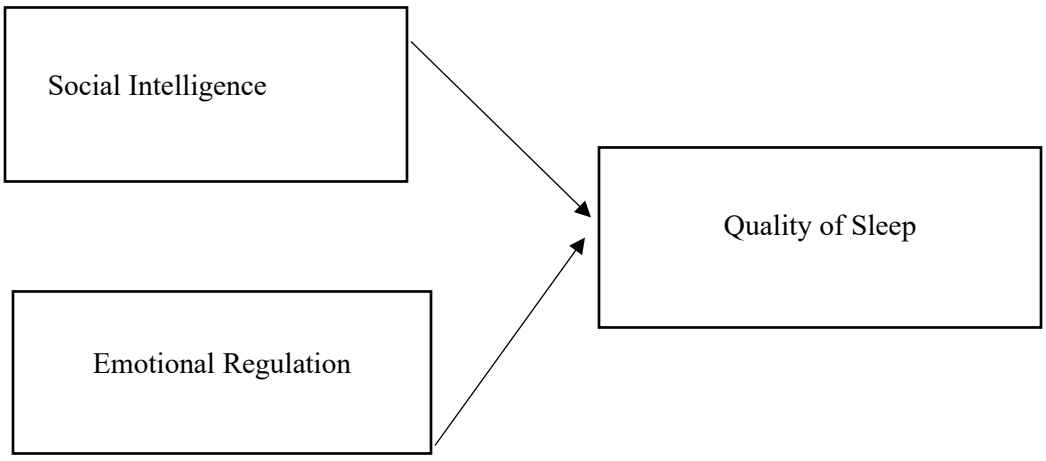
The psychological examinations that mold experiences emotional (Gross, 1998a), and the biological (Porges, 2007). Different procedures whereby individuals deal with their own emotions are normally alluded to as emotional regulation. Emotional control has been connected to some essential results as psychological wellbeing (Gross and Mun¯ oz, 1995), physical wellbeing, (; Sapolsky, 2007), and work fulfillment (Diefendorff, etal, 2000).

Gross (1998b) says that emotions influence body and behavior and are manipulatable. Emotion regulation is the adjustment of emotion in accordance they are interpreted. Model of emotion regulation was made by gross (1998b). He gave five emotions: situation determination, situation adjustment, attentional arrangement, cognitive change, & response alteration. The meaning that is credited to the event can likewise be regulated through evolving cognition. After the emotional reaction happens, regardless there is a chance to modulate response by taking medicines or by changing thought processes. Majority of the regulations are antecedent-focused, just reaction regulation is reaction centered which occurs after an emotional response. Gross (1998a) explicitly inspected the distinction among "strategies which are antecedent and response based". Both methods were effective at reducing emotional responses, strategies which are antecedent turn better at decreasing emotions whereas reaction procedures gave bodily changes. Thus, predecessor reaction centered emotion regulation can effectively handle diverse purposes and mechanisms (James Gross, 1998a).

Emotional regulation decides the equalization of response of emotion and is different from emotional sensitivity. It is decisive of the beginning of emotional responding. The significant classifications for arranging emotion-regulation ways are the objectives and functions of emotional regulations. The emotion-generating mechanisms which target emotion regulation include learning, attention and bodily reactions. The functions of emotion regulation include satisfaction of basic needs, supporting of the objective pursuits, and encouraging the worldwide personality development. Emotion regulation emerges as one of the most significant procedures involved in cognition and emotion. (Koole, 2008). Emotion regulation strategies are use differently by people such as concealment, reappraisal, individual differences in affect and mental health well-being. Reappraisers experience positive feelings and less negative emotions, whereas suppressors experience less positive feelings, and greater negative feelings. While reappraisal is connected with better relationships at work place, whereas utilization of suppression is connected with poor relationship working. (Gross & John, 2003).

1.9 Research Model



Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Methodology

The aim of the study is exploring the relationship between social intelligence, Emotional regulation and quality of sleep in the trainee clinical psychologists. This chapter involved the discussion of the population, sampling procedures, the tools for data collection for the research study. The role of sampling techniques in a research study and relates to the kind of sampling used in this research study.

Research Design

The correlational research design was used to investigate the relationship of social intelligence, Emotional regulation and quality of sleep in the trainee clinical psychologists. The nature of research was quantitative.

Sample

The Sample of the present research was trainee clinical psychologists. In this current study 200 trainee clinical psychologists from different institutes and hospitals were taken respectively. Sample was calculated by G-Power analysis.

Sampling Technique

The Purposive Sampling technique was used to collect the data. Purposive Sampling refers to the sampling elements that are selected subjectively by the researcher, who attempt to get a sample that appears to be representative of the population (Akins, 1994).

Inclusion Criteria

Participants pursuing Advance Diploma in Clinical Psychology (ADCP) and MS Clinical Psychology.

Participants' age range was 22 years and above included in study (Only Lahore).

Exclusion criteria

Internees of M.Sc. would be excluded.

Internees after M.Sc. would also not include.

The people who have also diagnosed psychological illness would be excluded.

Table 2.1

Descriptive Statistic of demographic of the Participants (N=200)

Variables	M(SD)	f (%)
Age	25.98(4.480)	
No of Siblings	4.34(1.808)	
Religion		
Muslim		187(93.5)
Christian		13(6.5)
Socioeconomic status		
Lower		1(.5)
Middle		183(91.5)
Upper		16(8.0)
Residence		
Hostel		68(43.0)
Home		127(63.5)
Other		5(2.5)
Birth order		

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

1st born	54(27.0)
Middle born	30(15.0)
Last born	54(27.0)
Single born	4(2.0)
Others	58(29.0)
Marital Status	
Married	35(17.0)
Un-Married	163(81.5)
Widow	1(.5)
Divorced	1(.5)
Family System	
Nuclear	149(74.5)
Joint	51(25.5)
Family Background	
Rural	74(37.0)
Urban	127(63.0)

Table shown that the age of mostly participants was (Mean=25.98), most of the participant were Muslims 98%. Moreover, most of the participant were belongs to middle socioeconomic status 91%, Large number of participants lived in home 63%. Most of them have other birth order 29%. Mostly participant was unmarried 81%, their family system was nuclear 74% and family background was urban 63%.

Assessment Measure

In the present study the following tools were used to measure Social Intelligence, Emotional Regulation and Quality of Sleep in Trainee Clinical Psychologists.

Demographic Information Sheet

The demographic information sheet was made in the research to get information related to participant's personal characteristics. It included age, education, siblings, birth order, family system and socioeconomic status etc. Respondents were instructed to read the given statements carefully, then fill the sheet carefully.

The Tromsø Social Intelligence Scale

It has been developed by Silvera, Martinussen, & Dahlin 2001.It has 21 items which measure social skills, social information processing and social awareness. It has 5 points Likert scale. Current study reliability of this scale is .78.

Emotional Regulation Scale

It was developed by Gross& John (2003). It assesses individual differences expressive suppression and cognitive reappraisal. It has 10 items Likert scale with scoring range is based on a 1 to 7. Current study reliability of this scale is .86.

Pittsburgh Sleep Quality Index (PSQI)

It was developed by Daniel J, Buysse in 1989 and translated by Hashmi in 2015 and is self-rated to assess sleep disturbance over one month. It has 19 questions which can be grouped into seven

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

categories: subjective sleep quality and use of sleep medications, sleep latency, sleep duration, habitual sleep efficiency and daytime dysfunction and sleep disturbances. Scoring range is through Likert scale from 0 to 3 scale. A global score of >5 distinguishes poor sleepers from good sleepers and higher scores reflecting poor sleep pattern. It has internal consistency or reliability coefficient of 0.83 for its seven components. The current study reliability of this scale is .67.

Procedure

First of all, research topic was approved from Board. Permission from authors of the research tools was taken via emails. An authority letter was taken from department for institutional permission. After that, the researcher visited different institutes and hospitals for data collection. The consent form was provided to willing participants and participants were briefed about the nature of study. They could withdraw whenever they wished. After taking permission from the subject researcher gave questionnaires to fill.

Pilot study

To ensure that the questionnaire was easy to apprehend, the pilot study was conducted on 10 participants from different institutes of Lahore. For checking difficulties for reading the items the pilot study was conducted. Those who participated were briefed about the research. The participants were reported about some demographic questions which were modified and simplified.

Ethical Considerations

These were followed by the researcher throughout the study:

Synopsis was submitted to Supervisor and approved by university and BASR.

Permission was taken from authors of scales.

Permission was taken from different concerned authorities of Hospitals and Institutes.

Informed consent was given to participants and full consent of participants prior to the study.

They were ensured that their identity will not be disclosed to anyone and provided information will keep confidential.

Participants were also ensured that if they want to know the findings of the research than we will share it.

The names of the scales were omitted from the scales to avoid the biasness in response.

Statistical Analyses

Different analyses were performed to study the relationship between Social Intelligence, Emotional Regulation and Quality of Sleep in Trainee Clinical Psychologists. SPSS software was used to analyze data. Descriptive statistics was carried out to assess means, standard deviations and frequencies of the variables. Pearson product moment correlation was used to find relation between Social Intelligence, Emotional Regulation and Quality of Sleep in Trainee Clinical Psychologists. Hierarchical Regression analysis was used to find the predictor.

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Frontier in Medical & Health Research

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Flow Chart

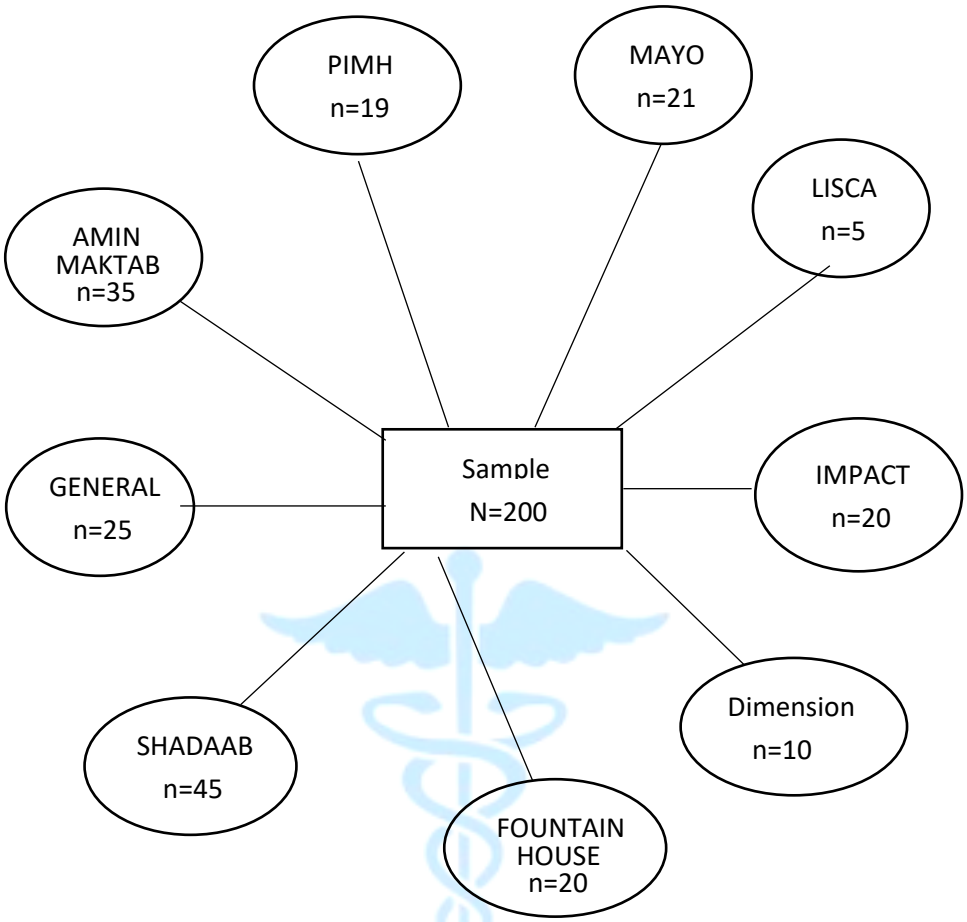

Figure 2.1 showed the list of institutes and hospitals for data collection

Results

The present study aimed to investigate the relationship between Social Intelligence, Emotional Regulation and Quality of Sleep in Trainee Clinical Psychologists. The data was analyzed using Statistical Packages for Social Science, version 21(SPSS-21). The Cronbach's Alpha reliability of the scales was obtaining using reliability analysis on current sample. The data was analyzed by using (i) Descriptive Statistics for demographic variables and also used for values of mean, standard deviation, frequency, minimum, maximum etc., (ii) Pearson Product Moment Co-relational Analysis to observe the relationship between Social Intelligence, Emotional Regulation and Quality of Sleep in the trainee clinical psychologists. (iii) Hierarchal Regression Analysis was used to check the prediction between Social Intelligence, Emotional Regulation and Quality of Sleep.

Table 3.1
Psychometric Properties of Questionnaires (n=200)

				Potential		Actual		
Variables	k	M	SD	Min Scores	Max Scores	Min Score	Max score	α

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Social Intelligence Sale	21	54.54	8.59	21	105	28	72	.78
Emotional Regulation Scale	10	51.19	10.43	10	70	14	70	.86
Pittsburgh sleep quality index	19	71.27	18.18	19	57	12	43	.67

Note. k= Number of Items in the subscales, M = Mean, SD=Standard Deviation, Min Score = Minimum Score, Max Score = Maximum Score, α = Reliability Co-efficient, SIS= Social Intelligence Scale, ERQ= Emotional Regulation Scale, PSQI= Pittsburgh sleep quality index.

The psychometric properties result of the present study was shown in table 3.1 Results explained the Alpha Reliability of Social Intelligence Scale has significantly moderate Cronbach's α moderate reliability .78. This Scale has 21 items and the Mean Score is M=54.54 (SD=8.59). The table shows that the Alpha Reliability of Emotional Regulation Scale has also high Cronbach`s α.86. This Scale has 10 items and the Mean Score is M = 51.19 (SD = 10.43). Moreover, the Table also shows that the Alpha Reliability of Quality of Sleep Scale has moderate Cronbach`s α.67. This Scale has 19 items and the Mean Score is M= 71.27, (SD=18.18).

Table 3.2

Descriptive Statistics of Demographic Characteristics of the Participants

Variables	M(SD)	f (%)
Education		
ADCP		31(15.5)
M.S		169(84.5)
Semester		
2nd		91(45.5)
3rd		50(25.0)
4th		59(29.5)
Hours spend in workplace	4.30(.873)	
Distance of internship place	33.98(24.483)	
Satisfied with work		
Highly Satisfied		14(7.0)
Satisfied		114(57.0)
Neutral		48(24.0)
Un-Satisfied		22(11.0)
Highly-Un-Satisfied		2(1.0)
Sector of Work		
Government		130(65.0)
Private		70(35.0)
Center of Work		
Indoor		71(35.5)
Outdoor		12(6.0)
Both		117(58.5)
Other Engagements		
Private Teaching		22(11.0)
Private Clinic		11(5.5)
Under-Supervision		54(27.0)
Independently		24(12.0)

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

Sr.#	Variables	I	II	III	IV	V	M	SD
I	Duration of Internship	-	.07	-.00	-.13*	-.14*	3.31	1.23
II	Time spent in workplace		-	.00	.52	.13*	4.30	.87
III	Social Intelligence			-	.005	.08	54.53	8.59
IV	Emotional Regulation				-	.15*	51.18	10.43
V	Quality of Sleep					-	22.25	6.08

Practice	16(8.0)
Others	73(35.5)
Source of travel	
Auto	59(29.5)
Bus	56(28.0)
Private Van	37(18.5)
Car	48(24.0)

Most of the participants were doing MS Clinical Psychology 84%. Mostly were in 2nd semester 45%, hours spend in work place (Mean=4.30), distance of their internship was (Mean=33.98). Mostly participant was satisfied with their placement 57%. Moreover, mostly worked in government sector 65%. Participants were worked in both sector (Indoor, Outdoor) 58%, mostly were under supervision 27% and used auto for traveling 29%.

Table3.3 Correlation matrix for Social Intelligence, Emotional Regulation and Quality of sleep
***p<0.05**

	Quality of Sleep	
	Trainee Clinical Psychologists	
Predictors	ΔR2	β
Step 1	.002	
SI		.81
Step 2	.020	
ER		.151
R2	29%	
N	200	

Correlation matrix of Social Intelligence, Emotional Regulation and Quality of Sleep indicated that Duration of Internship has negative correlation with Emotional Regulation (r= -.13*, p<0.05) and Quality of Sleep (r= .14*, p<0.05). Time spend in workplace has positive correlation with Quality of Sleep (r= -.13*, p<0.05). Emotional Regulation has significant positive correlation with Quality of Sleep (r= .15*, p<0.05).

Table 3.4
Hierarchal regression model of Social Intelligence, Emotional Regulation as predictors of Quality of Sleep

Frontier in Medical & Health Research

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Note.*p<.05; **p<.01; **p<.001; β = Standardized Co efficient; ΔR2= Adjusted R Square, R2= R Square, N= Number of participants, SI =Social Intelligence, ER=Emotional Regulation, PSQI= Pittsburgh sleep quality index

Hierarchal Regression was conducted in order to find predictive relationship of Social Intelligence, Emotional Regulation as predictors of Quality of Sleep. Results show that model stepwise was non-significant F (1.31), p>.000 shows variance 81 % variance in Social Intelligence. Overall variances show stepwise F (2.99), p<.05 show 15% variance in Emotional Regulation and it is mild predictor of Quality of Sleep.

Discussion

The current research investigated the relationships between Social Intelligence, Emotional Regulation and Quality of Sleep of trainee Clinical Psychologists.

The hypothesis of present study is proved. There is likely to be a positive relation between Emotional Regulation and Quality of Sleep, in trainee Clinical Psychologists. Good sleep is important to mental, physical and emotional well-being. Sleep is essential for mental and physical health. It has been notified as a major health problem (Grady et al, 2019).

Sleep disturbance changes mood state, which can exaggerate the effects of negative events and subside positive ones. Sleep issues before a traumatic event result in psychiatric disorder. Healthy people develop three times more the likelihood to develop psychiatric disorder. (Kahn, Sheppes, and Sadeh, 2013).

As sleep problems are common in the general population. There is a reason for its development. Social Intelligence has no significant correlation with Quality of Sleep. Social intelligence is one's ability to use our brains to effectively explore through complex emotional situations and negotiate different social connections. It is a capacity that causes us to adjust according to distinctive working environments. Mostly researches explain how social intelligence manages deal with sophisticated social dealings such as politics and quarrels in family and working place. It is the ability to decode the activities in life, deal relationships and it is more common in intelligent people (Point, 2015). It is also proved by Anjum& Saeed, 2014 that students could not cope up with the changing environment of the studies. A similar study also proved the same results that students used sedatives to cope up with stress (Waqas et al, 2015). Chen, Lauderdale & Waite (2016) studies have also shown that weak correlation in individuals with better social circle. If low mood is coped up the sleep is better which is also shown in the study by Kent et al, (2015). He saw low mood which interceded the link between relationship characteristics and quality of sleep. Thus, it is proved that there is weak correlation witocial intelligence and quality of sleep.

Our study showed Social Intelligence has non-significant correlation with Emotional Regulation. Our hypothesis is proved that Emotional Regulation will predict Quality of Sleep in trainee clinical psychologists. Here the results proved that Emotional Regulation is definite predictor of Quality of Sleep. It means that Emotion regulation can have an impact on the perception of emotional stimuli and its resultant states. The relation between mood and emotional stimuli are is a complicated one. Beattie et al in 2015 found similar results of correlation between emotion, social interactions, and sleep. Sleep problems are linked with low and poor emotional expression and regulation. Our study showed that Emotional deregulation results in poor sleep similar results were found that sleep deprivation was linked positively with diminished emotional expression and impaired emotional recognition, and lack of social interactions. (Beattie et al, 2015). Similar results were seen in the study where Social support effected sleep (Proulx et al, 2019). Higher levels of social support was linked with short sleep period. It is also shown in a study (Troxel et al, 2010). Our results are also proved by Lopes& Straus (2003) who showed that emotionally intelligence leads to good sleep. Global satisfaction was linked with neuroticism, extroversion and the ability to manage emotions. Fairholme, &Manber, (2015) also found same results that if sleep is disturbed

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

the emotions are effect badly. They also found that individual differences count a lot in the management of sleep. Thus, significant correlation points out to individual differences in our study

This study also proves a positive relationship between emotional regulation and quality of sleep in the trainee clinical psychologists. Our study showed positive relationship between Emotional Regulation and Quality of sleep in the trainee clinical psychologists. Our study showed Sleep disturbance affects socio-emotional functioning in many ways. Emotional reactivity to stimuli appears to be elevated in sleep deprivation. Tasks of behavioral inhibition are also effected. Sleep loss impairs social functioning, which damages emotional intelligence. Emotional expressivity gets badly effected resulting in poor social functioning. The relationships between emotions, sleep and social functioning are interconnected. Gruber and Cassoff (2014) examined similar results that sleep fundamentally influences passionate working. Evening sleep influences daytime state of mind, enthusiastic reactivity and the ability to direct positive and negative feelings; on the other hand, daytime encounters influence sleep.

Emotional Regulation has significant positive correlation with Quality of Sleep. Our results have also shown that Emotional Regulation is mild moderator of Quality of Sleep. Emotional Regulation is a significant predictor of Quality of Sleep. Emotion Regulation while defining emotion perception talks about cognitive processes. Emotion Regulation effects the initial appraisal of stimuli, and to the affective state produced by stimuli appraisal. Lopes & Straus (2003) also proved same results that Global satisfaction was linked with neuroticism, extroversion and the ability to manage emotions. Our study found that stress results in poor sleep.

Similarly, Kalak et al, (2015) found young adults at high risk of being victim of poor sleep. They also found that gender difference was non-significant. Our results showed emotions effect sleep. Similar results were seen in students in medical field having anxiety, depression and severe loss of attention and concentration which cause lack of sleep (Mustahsan, 2013). The correlation in our study is low which is similar to the study John & Gross (2004) who found in their study that reappraisal is a better way to cope with emotions. It effects physiological processes but suppression effects both physiological processes and memory (Gross, 2002). The stress on trainee psychologist is a lot. Similar analysis was showed that high work expectation with lot of physical output resulted in poor sleep. The obsession of worrying about work also contributed in sleep disturbance. (Åkerstedt et al, 2002).

It has found that the negative connection between lack of sleep and representative execution was partially mediated by stress at workplace (Kumari at el 2016). The workload is contributed by stress and emotions from family too which is shown in a study where family strain is more considerable for sleep (Ail shire &Burgard, 2012).

Wang, Han & Chen in 2017 also found correlation emotional strategies on positive emotions on memory (Wang, Chen & Han, 2017) found common link is found between sleep and psychological health, they were of the opinion that emotional regulation is effected by sleep and disrupted psychological problems. They said if emotions are appropriately regulated it can give sound sleep.

Many researches have focused on emotions which generate as a result of poor sleep. (Palmer &Alfano, 2017).

Our results also show that the Alpha Reliability of Social Intelligence Scale has significantly moderate Cronbach's α. 78. The Alpha Reliability of its Sub Scale Social Information processing has moderate Cronbach's α. 60. The Alpha Reliability of Social Skills has also high Cronbach`sα.67. The Alpha Reliability of Social Awareness Scale has also moderate Cronbach`sα.71. Emotional Regulation Scale has also high Cronbach`sα.86. The Alpha Reliability of its Sub Scale Reappraisal items has high Cronbach`s α .84. The Alpha Reliability of its Sub Scale, Suppression items have high Cronbach'sα.81. The Alpha Reliability of Quality of Sleep Scale has moderate Cronbach`sα.67. The mean average age of the participants was 25 and they were 4 sibling sin average. They spend roughly 5 hours and had to travel a lot form their home which caused stress of travel and stress of economics. Majority (84%) had done MS and

Frontier in Medical & Health Research

ISSN: (e) 3007-1607 (p) 3007-1593

were in 2nd (45%) semester. Majority (91%) were from middle socio-economic group and 16% from upper group. Majority (63%) travelled from home and (43%) were living apart from their families which was a cause of stress and travel. Majority (27%) were either first or last born. Majority (81%) participants were unmarried and 17% were married with children. Majority (74%) had nuclear family and 25% belonged to joint family system. Majority (57%) were satisfied with their work and other half was not satisfied. 65% were in working in government sector. Majority (28%) travelled through bus and other means and only 24% had private cars.

4.1 Conclusion

Current study sees the relationship between the Social Intelligence, Emotional Regulation and Quality of Sleep in Trainee Clinical Psychologists. The finding of this study directly proved that there is likely to be a positive relationship between Emotional Regulation and Quality of Sleep in Trainee Clinical Psychologists. Social Intelligence does not affect the Quality of Sleep rather Sleep is effected by Emotional Regulation. Our hypothesis is proved that Emotional Regulation was predictor of Quality of Sleep in Trainee Clinical Psych

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