

# 1 The Influence of Spatial, Cleanliness and the Environment of Investigation on Patients' Comfort during Receiving Treatment at RSU H. Sahudin Kutacane

Zakiul Ifkar Hamsi<sup>1</sup>, 11 Irmu Girsang<sup>2</sup>, Sri Lestari Ramadhani Nasution<sup>2</sup>,  
 Chrismis Novalinda Ginting<sup>2</sup>

<sup>1</sup>Postgraduate Students Department Magister of Public Health,  
 Faculty of Medicines at University Prima Indonesia

<sup>2</sup>Postgraduate Lecturer Department Magister of Public Health,  
 Faculty of Medicines at University Prima Indonesia

Corresponding Author: Zakiul Ifkar Hamsi

## ABSTRACT

Comfort is the right of patients and people who use health facilities. The hospital must 41 attention so that good public services can be felt by the community. Improving the quality of public services in health facilities such as hospitals, not only in terms of services or facilities of medical devices, but also must be accompanied by a sense of comfort of patients while in the facility. Comfort is in the spotlight of the reason patients choose the same hospital when they need treatment or forced home because of discomfort both physically, psycho-spiritual, phys21 environment and different socio-cultural. The purpose of this study was to analyze the effect of spatial planning, cleanliness and inpatient environment on patient comfort while receiving treatment7 at H. Sahudin Kutacane Hospital in 2019. This study uses quantitative associative research. The population in the study were all 67 patients hospitalized in Class III at RSU H. Sahudin Kutacane22 and the study sample was the total population. The data analysis method used in this study consisted of univariate, bivariate and multivariate analysis. The results of the study show: 1) Inpatient care affects patient comfort, 2) Cleanliness of inpatient room influences patient comfort, 3) Inpatient room environment has an effect on patient comfort, 4) The most dominant inpatient room environment influences patient comfort while receiving home care sick. By looking at the results of the study it is recommended that

the hospital always 40 conduct hospital performance evaluations to improve health services to patients or the community so that hospital service users get satisfaction with the services provided.

**Keywords:** Patient Comfort, Spatial Planning, Cleanliness, Environment, Inpatient Room

## INTRODUCTION

One of the curative efforts whose role is very important in creating health 34 thus for the community is the hospital. Hospital is a health facility that provides health services. The hospital also provides options for some of its stay that cater to the upper middle class to the lower middle class. The hospital strives to provide health services that are evenly distributed to everyone without forgetting their social function.

6 The hospital is one part of the health service system in general providing services to the community in the form of health services including medical services, medical support services, medical rehabilitation, and care services. These services are carried out through emergency units, outpatient units and inpatient units (Septiari, 2012).

Improving the quality of public services in health facilities such as hospitals, not only in terms of services or medical

equipment facilities, but also must be accompanied by a feeling of comfort for patients while in these facilities. MenpanRB is very focused on accelerating the quality of public services. According to him, with the concept of going green and with environmentally friendly facilities, hospitals can increase the sense of comfort for visitors and patients who are being treated. Comfort is the right of patients and people who use health facilities. The hospital must pay attention so that good public services can be felt by the community (MenpanRB, 2017).

The quality of services in a hospital can be improved if it is supported by an increase in the quality of physical facilities. Inpatient rooms are a form of physical facilities that are important for patient care (Santosa, 2006).

In human life which is now modern, fast and informative, most of a person's time is spent on activities that are carried out in space. Therefore, every part of the room must be arranged and designed as well as possible so that the occupants or users of the space can work calmly, serenely and comfortably. Large or medium hospital complexes not only provide space for patients and the necessary medical / technical equipment but also must provide a treatment room, good to maximize the comfort of patient care. A feeling of comfort can be obtained based on the tolerance of a person to the value obtained from the experience compared to what he expected. The feeling of comfort of each individual can differ even though assessing a similar experience <sup>28</sup> hospital services. Service comfort is related to the waiting room / service area, convenience, availability of data and information and instructions (Gaspersz, 1997).

<sup>3</sup> Comfort is the highlight of the reason why patients choose the same hospital when they need treatment or go home because of discomfort, both physical, psycho-spiritual, physical and socio-cultural environment (Irawan et al, 2015). Two of the six indicators of the quality of clinical

nursing service are comfort and satisfaction (Kemenkes RI, 2012). The end result of service is satisfaction with services and facilities that give rise to comfort (Naidu, 2009). Therefore, comfort and satisfaction are used as indicators of the quality of nursing services (Laschinger et al, 2005).

Theory of Comfort is a Middle Range Theory of nursing that emphasizes the perfection of nursing practice through the comfort of life. In this theory, there is an intervention variable which is an interaction of various forces that influence a person's <sup>32</sup> perception of overall comfort, namely past experience, age, attitude, emotional status, support system, disease prognosis and finance (Kolcaba, 2003). Comfort has become the main goal of nursing, because with comfort, healing can be obtained (Alligood and Tomey, 2006).

Nurses and patients have different perspectives regarding comfort (Newson, 2008; Agritubella 2018). Patient comfort as a fulfillment of basic needs is individual and holistic depending on who experiences it (Kolcaba, 2003). Convenience plays a role in improving the quality of nursing services, increasing resources and professional relationships (Gardner et al., 2009; Agritubella, 2018). Convenience can increase satisfaction in the nursing service interaction process (Purdy, 2011). Comfort <sup>24</sup> something that shows itself in accordance and in harmony with the use of a space, both with the space itself and with various shapes, textures, colors, symbols and signs, light intensity or some other things that influence <sup>14</sup> it.

Patients will feel satisfied if there is a similarity between the expectations and the reality of the health services obtained. Satisfaction of health service users has a close relationship with the results of hospital health services, both medically and non-medically, where one of the non-medical hospital health services is the arrangement of inpatient rooms (Kotler, 2002).

The spatial factor is the physical appearance of the layout of the rooms and facilities in the hospital. A good layout is

intended to provide optimal comfort for residents or users of the facility. The layout of a hospital, for example, is said to be good if it is provided in accordance with the standards provided by the hospital standard controller (Depkes RI, 2004).

On the other hand, environmental factors in a hospital location are multi-complex. Environmental factors themselves mean whatever is conditioned by what is in a certain environment (Darpito, 2000). The environment is an external factor that can be modified to create a sense of comfort in the client. Health is an optimal function that can be achieved by clients, one of which is determined by the convenience factor (Wong et al, 2009).

In an inpatient ward, patients can spend only time sleeping and sitting in the patient's bed, with few activities to do. The architectural environment can contribute to a patient's recovery and significantly affect his health<sup>17</sup>.

The physical environment condition of the inpatient room also affects the patient's psychology. Inpatient rooms that are noisy, the temperature is too hot, the lighting is not enough, cleanliness and tidiness are not maintained will increase stress on<sup>17</sup> patient. Inpatient rooms should generate optimism so that they can help the patient's<sup>25</sup> healing process (Robby, 2006).

Based on the description above, it can be seen that the layout, cleanliness and environment of the inpatient room at the hospital have an impact on patient comfort while receiving treatment. This can be seen from the research conducted by Nehru (2012) at Dr. General Hospital. RM. Djoelham Binjaim proved that there is an influence of spatial and environmental factors on patient comfort while receiving treatment. If comfort decreases, the inpatient unit performance indicator also decreases.

Furthermore, based on Wayunah's research (2011) it is known that the comfort level of patients in the inpatient room of Indramayu Hospital is only 53.8%. The level of comfort is related to the

implementation of nurse actions which are assessed based on physical, psychosocial, socio-cultural and environmental aspects.

It is proven that the room layout and environment of the inpatient room have an effect on the comfort of patients while receiving treatment at the hospital, making researchers want to do research on this at the H. Sahudin Kutacane Hospital in 2019. From a preliminary study conducted through interviews with five patients who were being hospitalized Inpatient class 3, they think that the H. Sahudin Kutacane General Hospital room still needs to be reorganized because they think that the existing layout still looks mediocre. In addition, they think that the inpatient room environment also needs to be improved, because they feel uncomfortable where the atmosphere of the inpatient room feels a bit hot or stifling, especially if the inpatient room is full of patients or their families who are visiting. This indicates that the arrangement of the room and environment of the inpatient room still needs improvement so that the patient or the family of the visiting patient feels comfortable when receiving hospital services in the form of facilities available at the hospital.

## LITERATURE REVIEW

### Patient Comfort

<sup>19</sup> Comfort is a condition where basic human needs that are individual and holistic have been met. The fulfillment of comfort can create a feeling of well-being in the individual. Comfort is a basic need for an individual that is holistic, including physical, psychospiritual, sociocultural, environmental comfort. Patient comfort as a fulfillment of basic needs is individual and holistic depending on the experience (Kolcaba, 2003).

### Spatial

Interior / spatial layout is a spatial arrangement of a building as the function of the space. Spatial arrangement includes inpatient room layout, spatial planning,



lighting, air ventilation, inferior system and equipment including non-medical medical devices in the room. hospitalization (Gunadarma, 2008).

### Cleanliness

Cleanliness is a state free from dirt, including dust, trash and odors. Cleanliness is also a sign of good hygienic conditions. A clean place shows that the place has special attention to the cleanliness of its environment (Taufik, 2013).

### Environment

The environment is everything around the human subject that is related to its activities. Environmental elements are matters related to: land, air, water, natural resources, flora, fauna, humans and the relationship between these factors. (Revelation, 2000).

### Inpatient Room

The inpatient room is a form of equipment where patients are treated and stay in the hospital for a certain period of time. As long as the patient is treated, the hospital must provide the best service to the patient (Anggraini, 2008).

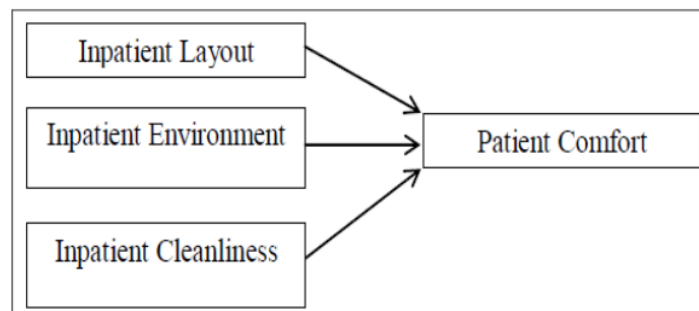


Figure 1: Conceptual Framework

### Hypothesis

Based on the research background and the relationship between variables, the research hypothesis:

1. The inpatient room layout affects the patient's comfort while receiving treatment.
2. The cleanliness of the inpatient room has an effect on patient comfort during treatment.
3. The environment of the inpatient room has an effect on patient comfort while receiving treatment.
4. The layout, cleanliness and environment of the inpatient room have an effect on patient comfort while receiving treatment.

### MATERIAL AND METHODS

Research is basically to show the truth or as a solution to the problem of what is being researched. To achieve these goals, it is necessary to carry out a method that is

appropriate and relevant for the object<sup>20</sup> studied. Sugiyono (2013) argues that the research method is basically a scientific way to obtain data with specific purposes and uses. This study uses associative quantitative research. Furthermore, Sugiyono<sup>12</sup> (2013) says that associative research is research that aims to determine the relationship between two or more variables. In this research, a theory will be built which can function to explain, predict and control a symptom. Furthermore, Sugiyono (2013) states that quantitative research is research whose research data is in the form of numbers and analysis using statistic<sup>5</sup>.

Population is a generalization area consisting of objects or subjects that become certain quantities and characteristics that are determined by the researcher to study and then draw conclusions (Sugiyono, 2016). The population in this study were all patients hospitalized class III at RSUH.

<sup>8</sup>  
Sahudin Kutacane as many as 67 people. The sample is part of the number and characteristics of the population (Sugiyono, 2016). The sampling technique in this study was total sampling. Total sampling is a sampling technique where the number of sample <sup>37</sup> is the same as the population. So that in this study the sample size was 67 people.

Types of data in this study consisted of 3 (three) parts, namely primary data, namely data obtained in <sup>7</sup> the form of respondent characteristics. Secondary data, namely data obtained from the object of research in the form of the number of patients in class III RSUH. Sahudin Kutacane and the scattered data, namely data obtained from very valid references such as journals and others.

Data collection techniques in this study <sup>39</sup> consisted of 3 (three) parts, namely: Primary data is data that has been obtained directly from respondents and is collected through filling out questionnaires, questionnaires, interviews and observations, Secondary data is data that has been collected and documented by RSUH. Sahudin Kutacane and the data tersiser are research data that have been officially published, such as journals or research reports.

## RESULTS AND DISCUSSION

### The Effect of Inpatient Layout on Patient Comfort While Receiving Treatment at H. Sahudin Kutacane Hospital in 2019

Based on the results of the statistical test, the value of  $p = 0.000$  was obtained, which means that the inpatient room layout had an effect on patient comfort while receiving care at H. Sahudin Kutacane Hospital in 2019. Furthermore, from the data obtained, it was known that most patients stated that the inpatient room layout was good (65,7 %) so that they feel comfortable while receiving treatment at RSUH. Sahudin Kutacane.

A well-designed inpatient room is of course aimed at providing optimal comfort for residents, especially patients while

receiving treatment. A good layout in this study according to the assessment for most patients is that the color pattern on the floor is very beautiful to the eye, the layout of the room furniture is very precise, the color of the room furniture is very right, the light arrangement is good enough and the ceiling color matches very well. the room so that the patient while receiving treatment feels comfortable, that is, does not feel hot, the walls in the nursing room make <sup>23</sup> lax, the lights in the room do not dazzle the patient or the patient's family. This shows that the comfort and feeling of comfort in the patient is a comprehensive assessment of the arrangement of the inpatient room. The patient <sup>4</sup> assesses the layout of the inpatient room based on the stimuli that enter him through the senses and are digested by the brain for assessment. In this case involved not only physical, biological problems but also feelings. Sound, light, smell, temperature, etc. in the inpatient room are captured at once, then processed by the brain then the brain will give a relative assessment of the condition is comfortable or uncomfortable. <sup>38</sup>

Therefore, patient comfort plays a role in improving the quality of nursing services, resources and professional relationships and can increase satisfaction in the nursing service interaction process. Patients who feel comfortable while receiving treatment will also have a positive influence on the patient as if the patient is not being treated so that they can accelerate the healing process.

Furthermore, the results showed that there were some patients who stated that the inpatient room layout was not good so that they felt uncomfortable while receiving treatment. This can be seen from the opinion of Sastrowinoto (1985) which states that most people are not aware of the comfortable conditions in the room. Only when the condition deviates from the limits of comfort will people experience discomfort.

Sastrowinoto's opinion shows that each individual has a different assessment of

his own comfort. On the one hand, there are individuals who think that they are comfortable in the inpatient room layout which is designed in such a way from the hospital, but on the other hand, they think that the inpatient layout is less comfortable for themselves. The inconvenience of this study was that most of the patients considered that the area of this ward was not sufficient. The assessment of these patients was understandable because in this study the patient received health services with class 3 where the inpatient room had 6 beds which of course from the patient's point of view was still lacking. large. This happens because the patient is being cared for by six patients and when the patient's family visits, the room becomes densely populated which of course affects the comfort of the patient and the patient's own family.

This is in accordance with the opinion of Parasuraman et al. (1998) which states that from the point of view of marketing hospital services, the tangibility factor is important. Hospital service users in general will always assess spatial planning as an aspect of determining the quality of service at the hospital. This spatial layout covers aspects including the area of the room, which on average is not too crowded. When the room is too crowded, the consequences will be uncomfortable.

#### **The Effect of Inpatient Cleanliness on Patient Comfort While Receiving Treatment at H. Sahudin Kutacane Hospital in 2019** <sup>7</sup>

Based on the results of statistical tests, it was obtained that the value of  $p = 0.014$ , which means that the cleanliness of the inpatient room had an effect on patient comfort while receiving treatment at H. Sahudin Kutacane Hospital in 2019. Furthermore, from the data obtained, it was known that most patients stated that the cleanliness of the inpatient room was good (55.2 %) so that they feel comfortable while receiving treatment at RSUH. Sahudin Kutacane.

<sup>16</sup>  
The results of this study are in accordance with the opinion of Umairroh (2016) which states that cleanliness is a form of human effort to protect themselves and their environment from all dirty things to create and preserve a healthy and comfortable life. Cleanliness is a prerequisite for the realization of health and health is one of the factors that can create happiness. Concretely clean is clean from dirty things or anything that is considered dirty. Dirt that is attached to the body, clothes, shelter and so on that makes a person uncomfortable with the dirt.

From the data obtained, most of the patients considered that the inpatient room was always cleaned every day, the inpatient room smelled good, the smell of the toilet was liked and the patient's bedding was kept clean. This indicates that the hospital is trying to make the patient's inpatient room always clean so that the patient feels comfortable while being treated as part of the patient's healing process and this shows that the hospital always maintains the quality <sup>33</sup> service in a direct form.

The quality of a health service is multi-dimensional in which the dimensions of the quality of a health service include the convenience dimension, which is not directly related to the effectiveness of the health service itself, but affects patient satisfaction so as to encourage <sup>44</sup> patients to come for treatment again. The quality of service provided by the hospital to its customers (patients) is a dimension of service quality which includes tangibles (direct evidence), namely physical facilities and facilities that can be directly felt by patients. In service is cleanliness of the room and the comfort of the inpatient room. If the patient feels that the inpatient room he lives in is clean, then the patient will feel comfortable.

Of course each individual has a different assessment of an object that is felt or seen and this is also seen from the presence of patients who judge the cleanliness of the inpatient room to be less clean, but in general they feel comfortable



while receiving treatment in the inpatient room. From the data obtained from the patient, it is known that the hygiene problem lies in the toilet of the inpatient room which is not always cleaned. Based on the observations made it is known that the problem lies in the smell of the toilet which is not good for the user. This is due to the presence of patients or their families who do not maintain the cleanliness of the toilet so that patients consider the toilet to always be cleaned for a certain period of time after several patients or the patient's family use the toilet in the inpatient room. Therefore Taufik (2013) states that a clean place shows that the place has special attention to the cleanliness of its environment. Alligood and Tomey (2006) also state that comfort has become the main goal of nursing because healing comfort can be obtained.

Then from the data also shows that patients who assess the cleanliness of the inpatient room are good, but they feel less comfortable while receiving treatment. The patient's discomfort was caused by the patient judging that this inpatient room smelled less good and also questioned the cleanliness of the toilet. This is because the senses on a person's body, such as smelling the aroma or smell of a room, can be different from others. This can be seen from the opinion of Taufik (2013) which states that cleanliness is a state free from dirt, including dust, trash and odors and through the opinion stated by Judge (2006) that factors that affect comfort include smells or disturbing smells that can reduce comfort of those around him. Fragrance is also relatively personal. A fragrance that is pleasant to one person is not necessarily pleasant to another.

From the description above, it can be concluded that the cleanliness of the inpatient room will have an impact on patients while receiving treatment. A hospital that always maintains the cleanliness of the inpatient room will provide a positive assessment of the patient and their family and if the cleanliness<sup>31</sup> the inpatient room is not maintained, it will

have a negative impact on the reuse of the patient to the hospital.

### **The Influence of Inpatient Room Environment on Patient Comfort While Receiving Care at H. Sahudin Kutacane Hospital<sup>30</sup> in 2019**

Based on the results of the statistical test, it was obtained that the value of  $p = 0.000$ , which means that the environment of the inpatient room has an effect on patient comfort while receiving treatment at<sup>29</sup> H. Sahudin Kutacane Hospital in 2019. The results of this study are in accordance with the opinion of Wong, et al (2009) which states that the environment is an external factor can be modified to create a sense of comfort in the client. Health is an optimal function that can be achieved by clients, one of which is determined by the convenience factor.

<sup>16</sup> Likewise, the results of this study are in accordance with the opinion of Manuhara (200<sup>36</sup>) which defines the environment as everything around human subjects related to their activities. The environment referred to in this study includes the width of the treatment room, patient bed, patient wardrobe, empathy and responsiveness as well as physical comfort.

Furthermore, from the data obtained, it is known that most of the patients stated that the inpatient room environment was good (74.6%) so that they felt comfortable while receiving treatment at RSUH. Sahudin Kutacane. The inpatient room environment that most patients mean based on the data is that the room lighting is very compatible with the patient's condition, the room temperature is very suitable for the patient's condition and the inpatient room is quite wide. Of the three assessments, the most prominent is that 56 patients stated that the temperature of the inpatient room was very suitable for the patient's condition while receiving treatment. The temperature was controlled in the inpatient room so that it was i<sup>3</sup> accordance with the needs of the sick. The human body will always try to maintain the normal condition of its body

<sup>3</sup>  
systems. by adapting to changes that occur outside the body. However, the ability to adapt to room temperature, if the change in outside body temperature does not exceed 20% in hot conditions and 35% in cold conditions. The human body can adapt due to the human ability to carry out convection, radiation and evaporation processes when there is a lack or excess of heat that burdens the body.

<sup>3</sup>  
Temperature and humidity that are in accordance with the permitted standards will result in patient comfort while receiving treatment in the hospital. Apart from these things that must be considered, the hospital is a place of sick people which is a source of disease transmission. If the temperature is low and the humidity is too high, it will make it easier for bacteria, fungi, viruses and various other germs to breed so that if temperature and humidity are not considered properly, it will cause harm to the patient and will prolong treatment for that patient. alone. Therefore, the Minister of Health issued a Decree Number: 1204/MenKes/SK/X/2004 which stipulates that the air quality standard in inpatient rooms is room temperature 22-24°C with humidity of 45-60%. For that we need a room control device such as AC. This tool can adjust the room temperature according to the temperature outside the room which can affect the temperature inside the inpatient room. However, if a hospital does not use a temperature control device (AC), especially with class III services, the hospital can regulate the air cycle. Wignjosoebroto (1995) states that the air around us contains about 21% oxygen, 0.03% carbon dioxide and 0.9% mixture of other gases. Dirty air around us can affect our health and speed up the fatigue process. Circulating air will replace dirty air with clean air. In order to maintain proper circulation, it can be reached by providing adequate ventilation (through windows), or by placing plants to provide adequate oxygen demand.

In terms of comfort, it is generally influenced by the surrounding surface

temperature and also by the surrounding air. The comfort felt by a person or occupants of a building such as a patient can be in the form of a sense of security and freedom. The availability of air conditioning facilities in a building is a major factor in comfort. The comfort achieved by the patients at the hospital is one of the good values of the hospital building and in the end the patient will assess the satisfaction obtained while receiving treatment. This is in accordance with the opinion of Junadi (2007) in a seminar on patient satisfaction survey at the hospital which states that to measure hospital patient satisfaction, aspects that can be measured include convenience, namely this aspect is described in questions about hospital location, cleanliness, room comfort, food and beverages, room equipment, layout, lighting, cleanliness of toilets, garbage disposal, freshness of the room and others.

From the results of the above research, it can be seen that the environment is all objects and conditions including humans and their activities, which are contained in the space where humans are and affect the survival and welfare of life and other microorganisms.

A good environment in a place can affect the comfort of individuals in their activities. Likewise, a good inpatient room environment can affect the patient's comfort while receiving treatment. This comfort is not only felt by the patient but includes health workers and the patient's family.

The environment of the inpatient room includes cleanliness, spatial arrangement both the arrangement of the objects in it, the color or shape as well as the arrangement of air circulation so that the occupants of the room get comfort.

Based on this, as long as the patient is treated in the inpatient room, the hospital must provide the best service to the patient. The best services include inpatient layout, cleanliness, and health care services. This is stated because the results of the data analysis show that the inpatient room environment has the most dominant



influence on patient comfort while receiving RSUH care. Sahudin Kutacane.

## 27 CONCLUSIONS AND RECOMMENDATIONS

### Conclusion

Based on the results of the study, the following conclusions were drawn that the effect of spatial, cleanliness and environment of the inpatient room on patient comfort while receiving treatment at Rsu H. Sahudin Kutacane are:

1. The inpatient room layout influences the patient's comfort while receiving treatment at RSUH. Sahudin Kutacane.
2. The cleanliness of the inpatient room affects the comfort of the patient while receiving treatment at RSUH. Sahudin Kutacane.
3. The environment of the inpatient room has an effect on patient comfort while receiving treatment at RSUH. Sahudin Kutacane.
4. The inpatient room environment has the most dominant influence on patient comfort while receiving treatment in the hospital.

### Recommendation5

Looking at the results of the research and discussion that has been stated previously, some of the suggestions submitted are as follows:

#### 1. For the Hospital

From the data obtained related to patient comfort, it is hoped that the hospital can consider reducing one bed for patients, which is usually for class III containing 6 six beds into 5 beds so that the area of the inpatient room is so that the patient or patient's family feels comfortable with the area in patient room. In addition, for the toilet room to always pay attention to its cleanliness by not cleaning the toilet or bathroom in the patient's ward according to the cleaning schedule but still paying attention from time to time so that the smell of the patient's bathroom feels comfortable for

the patient or the patient's family who visits.

#### 2. For Further Researchers

One of the research objectives is to develop the knowledge itself so that it is hoped that further researchers can develop this research by replacing data analysis and changing patient comfort as the dependent variable and adding one patient satisfaction variable as a moderating variable or an intervening variable.

## REFERENCE

1. Agritubella, Syafrisar Meri (2018). *Kenyamanan dan Kepuasan Pasien Dalam Proses Interaksi Pelayanan Keperawatan di RSUD Petala Bumi*. Jurnal Endurance 3(1) Februari 2018 (14-26).
2. Alligood, MR & Tomey, A.M. (2006). *Nursing Theories and their work*, 7 th edn, Mosby Elsevier, St. Louis, Missouri.
3. Anggraini, F (2008). *Hubungan antara Gaya Hidup dengan Status Kesehatan Lansia Binaan Puskesmas Pekayon Jaya Bekasi tahun 2008*. Skripsi. Fakultas Kedokteran Universitas Indonesia.
4. Ching, Francis D.K. (2002). *Ilustrasi Desain Interior*. Jakarta: Gramedia.
5. Dahlan, Muhammad Sopiudin (2012). *Statistik untuk Kedokteran dan Kesehatan*. Jakarta: Salemba Medika.
6. Darpito, Hening, (2000). *AMDAL dan Pengelolaan Limbah Rumah Sakit, Semiloka Pengelolaan Limbah Rumah Sakit Medan*. Sumatera Utara.
7. Depkes RI (2004). *Kepmenkes RI No. 1203/Menkes/SK/X/2004 Tentang Persyaratan Kesehatan Lingkungan Rumah Sakit*. Jakarta.
8. Foyle, Grace. (2011). *The Psychological and Social Needs of Patients*. BMA Science and Education. London: British Medical Association.
9. Gaspersz, Vincent (1997). *Manajemen Kualitas*. Jakarta: PT. Gramedia Pustaka. Utama.
10. Ghozali, Imam (2011). *Aplikasi Analisis Multivariate Dengan Program SPSS*. Semarang: Badan Penerbit Universitas Diponegoro.
11. Haliman, Arif dan Ari Wulandari (2012). *Cerdas Memilih Rumah Sakit (Sebuah*

- Komunikasi Medical yang Jujur dan Harmonis). Yogyakarta. Rapha.
12. Hatmoko, A.U., Wulandari, W., Alhamdani, M.R. (2010). *Arsitektur Rumah Sakit*. Yogyakarta: Global Rancang Selaras.
  13. Hidayat, A, Aziz Alimul (2008). *Metode Penelitian Kebidanan Teknik Analisa Data*. Jakarta: Salemba Medika.
  14. Ikhsanudin, K. (2016). *Efektivitas Styrofoam Sebagai Material Peredam Panas Pada Dinding, Simulasi Menggunakan Program Ecotect Analysis*. Fakultas Teknik Prodi Arsitektur Universitas Muhammadiyah Surakarta
  15. Irawan, dkk. (2015). *Hubungan antara komunikasi perawat dengan kepuasan pasien terhadap pelayanan keperawatan di Irna RS Muhammadiyah Palembang*. ISSN: 2460-5271.
  16. Kotler, Philip (2002). *Manajemen Pemasaran*, Edisi Millenium. Jakarta: PT Prenhallindo.
  17. \_\_\_\_\_ (2000). *Prinsip-Prinsip Pemasaran Manajemen*. Jakarta: Prenhallindo
  18. Karyono, Tri Harso (1999). *Arsitektur Kemapanan Pendidikan Kenyamanan dan Penghematan Energi*. Edisi Pertama, Jakarta: PT Catur Libra Optima.
  19. Kemenkes RI (2012). *Mutu Pelayanan Keperawatan Klinik Bina Pelayanan Medik dan Keperawatan*. Jakarta: Kemenkes RI.
  20. \_\_\_\_\_ (2012). *Pedoman Teknis Bangunan Rumah Sakit Ruang Rawat Inap*. Jakarta: Direktorat Bina Pelayanan Penunjang Medik dan Sarana Kesehatan Kementerian Kesehatan.
  21. Kolcaba K. et al. (2006). *Comfort Theory: A Unifying Framwork to Enchance the Practice Environment*. JONA Vol. 36 Number 11, Pp 538-544 2006. Lippincott William & Wilkins inc.
  22. Kolcaba, K. (2003). *Comfort Theory and Practice: A Vision For Holistic Health Care and Research*. New York: Spinger Publishing Company.
  23. Kolcaba, K., & DiMarco, M., A. (2005). *Comfort theory and its application to pediatric nursing*. Pediatric Nursing, 31(3), 187-194. Diakses dari <http://www.medscape.com/viewarticle/507387>.
  24. Laschinger, et al. (2005). *A Psychometric Analysis of the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) An Actionable Approach to Measuring Patient Satisfaction*. Journal of Nursing Care Quality. 20 (3) 220-230.
  25. MenpanRB (2017). *Tingkatkan Kenyamanan Pasien, Ciptakan Konsep Go Green dalam Lingkungan Rumah Sakit*. Diakses dari : <https://www.menpan.go.id/site/berita-terkini/tingkatkan-kenyamanan-pasien-ciptakan-konsep-go-green-dalam-lingkungan-rumah-sakit>
  26. Merriam Webster (2000). *Webster's New Collegiate Dictionary*.
  27. Meilgaard, M., Civile G.V., Carr B.T. (2000). *Sensory Evaluation Techniques*. CRC. Press, Boca Raton.
  28. Naidu, A. (2009). *Factors affecting patient satisfaction and healthcare quality*. International Journal of Health Care Quality Assurance, 22(4).
  29. Nehru (2012). *Pengaruh Tata Ruang Dan Lingkungan Rumah Sakit Terhadap Kenyamanan Pasien Selama Menerima Perawatan Di Rsu Dr. R.M. Djoelham Binjai Tahun 2012*. Medan: Skripsi Universitas Sumatera Utara.
  30. Neufert, Ernest (2002). *Data Arsitek*. Terjemahan Sunarto Tjahjadi. Jakarta: Erlangga.
  31. Parasuraman, et al. (1988). *SERVQUAL: a multiple-item scale for measuring consumer perceptions of service quality*. Journal of Retailing, vol. 64(1), p. 12-40.
  32. Peterson, S.J. & Bredow, T.S. (2008). *Middle range theories: Application to nursing research*. (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.
  33. Pohan, Imbalo (2004). *Jaminan Mutu Layanan Kesehatan*. Jakarta: EGC.
  34. Potter, P.A., & Perry, A.G. (2005). *Buku Ajar Fundamental Keperawatan: Konsep, Proses dan Praktik*. Jakarta: EGC.
  35. Prabowo, Hendro (1998). *Arsitektur, Psikologi dan Masyarakat*. Depok. Universitas Gunadarma.
  36. Purdy (2011). *Effects of Work Environments on Nursing and Patient Outcomes*, Western University. Electronic Thesis and Dissertation Repository.
  37. Roza, Andalia & Wulandini, Putri (2018). *Kepuasan Pasien Peserta BPJS di Ruang Rawat Inap RSUD Pekanbaru*. Jurnal Keperawatan Abdurrah. Vol 2 No 1 Juli 2018.
  38. Sanders, Mark S. & McCormick, Ernest (1993). *Human Factors In Engineering and*

- Design, 7th.ed., New York: McGraw-Hill, Inc.
39. Santosa Adi, (2006). Pencapaian Pada Interior Rumah Sakit: Studi Kasus Ruang Rawat Inap Rumah Sakit Panti Rapih Yogyakarta. *Jurnal Dimensi Interior*. Vol 4, No 2 (2006)
  40. Sastrowinoto, S. (1985). *Penanggulangan Dampak Pencemaran Udara dan Bising. Dari Sarana Transportasi*. Jakarta: Pustaka Binaman Pressindo
  41. Satwiko, Prasasto (2009). *Pengertian Kenyamanan Dalam Suatu Bangunan*. Yogyakarta: Wignjosoebroto.
  42. Setiawan, Puguh Jaya (2011). *Hubungan Penataan Ruang Dan Kelengkapan Alat Ruang Rawat Inap Dengan Kepuasan Pasien Di Ruang Bougenvile RSUD dr. Soegiri Lamongan*. Lamongan: Skripsi Sekolah Tinggi Ilmu Kesehatan Muhammadiyah.
  43. Sugiyono (2016). *Metode Penelitian Kuantitatif Kualitatif dan Kombinasi (Mixed. Methods)*. Bandung: Alfabeta.
  44. \_\_\_\_\_ (2013). *Metode Penelitian Pendidikan Pendekatan Kuantitatif, Kualitatif, dan R&D*. Bandung: Alfabeta.
  45. Sudjana (2000). *Metode Statistika*. Bandung: Gramedia Pustaka Utama.
  46. Suma'mur P.K., (1996). *Higiene Perusahaan dan Kesehatan Kerja*. Jakarta: PT. Gunung Agun.
  47. Tuhari (2014). *Pengembangan Model Sistem Ventilasi Ruang Gambar Dengan CFD, Studi Kasus: Ruang Gambar Basement SMK Negeri 2 Wonosari*. Yogyakarta: Program Studi Magister Teknik Arsitektur Program Pascasarjana Universitas Atma Jaya Yogyakarta.
  48. Taufik, Muhammad (2013). *Pengaruh Kebersihan Lingkungan Terhadap Tempat produksi*. Pontianak.
  49. Umairoh, Hafizah (2016). *Konsep Kebersihan Dalam Islam*. Diakses dari: <http://www.halaqah.net>.
  50. Undang-Undang Nomor: 24/2001 tentang Penataan Ruang.
  51. Umar,Husein (2008). *Metode Penelitian Untuk Skripsi dan Tesis Bisnis*. Jakarta. PT. Rajagrafindo Persada.
  52. Wahyu, Manuhara P. (2000). Audit Lingkungan: Pengungkapan Isu Lingkungan Dalam Laporan Keuangan Auditan. *Jurnal Akuntansi & Investasi* Vol. 1 No. 2 hal: 85-92 ISSN: 1411-6227.
  53. Wayunah (2011). *Hubungan Pengetahuan Perawat Tentang Terapi Infus dengan Kejadian Plebitis dan Kenyamanan Pasien di Ruang Rawat Inap Rumah Sakit Umum Daerah (RSUD) Kabupaten Indramayu*. Diakses dari: <http://lib.ui.ac.id/file?file=digital/20282715-T%20Wayunah.pdf>.
  54. Wignjosoebroto, Sritomo (1995). *Ergonomi Studi Gerak dan Waktu Teknik Analisis untuk Peningkatan Produktivitas Kerja*. Jakarta: Guna Widya
  55. Wong, D.L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M. L., Schwartz.P. (2009). *Wong' essentials of pediatric nursing* (7th ed.). St. Louis: Mosby, Inc.
  56. Zulmiar, Yanri (1999). *Pengendalian Bahaya Kebisingan di Tempat Kerja*. Jakarta: Seminar Sehari Manajemen K3.
  57. Zadeh, Farahnaz & Eskandari, Alireza (2012). Firm Size as Company and Level of Risk Disclosure: Review on The ories and Literatures. *International Journal of Business and Social Science*, 3(17), 9-17.

How to cite this article: Hamsi ZI, Girsang E, Nasution SLR et.al. The influence of spatial, cleanliness and the environment of investigation on patients' comfort during receiving treatment at RSU H. Sahudin Kutacane. *International Journal of Research and Review*. 2020; 7(11): 111-121.

\*\*\*\*\*



ORIGINALITY REPORT

---

23%

SIMILARITY INDEX

18%

INTERNET SOURCES

10%

PUBLICATIONS

12%

STUDENT PAPERS

---

PRIMARY SOURCES

---

1

Submitted to Deakin University

Student Paper

3%

2

Submitted to Institut Pertanian Bogor

Student Paper

2%

3

Ulfah Kurniasari, Koesnadi Koesnadi. "Analysis of Organizational Culture and Work Environment to the Satisfaction of Outpatients Room in Public Health Center of Bangsal Mojokerto Regency", Journal for Quality in Public Health, 2021

Publication

2%

4

[journal.undiknas.ac.id](http://journal.undiknas.ac.id)

Internet Source

1%

5

[pdfs.semanticscholar.org](http://pdfs.semanticscholar.org)

Internet Source

1%

6

[ijmr.net.in](http://ijmr.net.in)

Internet Source

1%

7

[www.stikes-bth.ac.id](http://www.stikes-bth.ac.id)

Internet Source

1%

---

8	<a href="https://ojs.unm.ac.id">ojs.unm.ac.id</a> Internet Source	1 %
9	<a href="https://ners.fkep.unand.ac.id">ners.fkep.unand.ac.id</a> Internet Source	1 %
10	Submitted to Binus University International Student Paper	1 %
11	Submitted to Universitas Prima Indonesia Student Paper	1 %
12	<a href="http://jurnal.ceredindonesia.or.id">jurnal.ceredindonesia.or.id</a> Internet Source	1 %
13	<a href="http://liopagarra.blogspot.com">liopagarra.blogspot.com</a> Internet Source	1 %
14	Novita Eka Sari, Indasah Indasah, Sentot Imam Suprpto. "Analysis of Waiting Time Factors and Patient Satisfaction Level in Diseases Poly in Hospital dr. Sayidiman Magetan", Journal for Quality in Public Health, 2020 Publication	1 %
15	<a href="https://repository.unpkediri.ac.id">repository.unpkediri.ac.id</a> Internet Source	1 %
16	<a href="http://www.researchpublish.com">www.researchpublish.com</a> Internet Source	<1 %
17	<a href="http://chipset.fti.unand.ac.id">chipset.fti.unand.ac.id</a> Internet Source	<1 %

18	<a href="http://www.globalcsrc.org">www.globalcsrc.org</a> Internet Source	<1 %
19	Submitted to Sultan Agung Islamic University Student Paper	<1 %
20	<a href="http://core.ac.uk">core.ac.uk</a> Internet Source	<1 %
21	<a href="http://ojsicobuss.stiesia.ac.id">ojsicobuss.stiesia.ac.id</a> Internet Source	<1 %
22	<a href="http://123dok.com">123dok.com</a> Internet Source	<1 %
23	<a href="http://journal.uin-alauddin.ac.id">journal.uin-alauddin.ac.id</a> Internet Source	<1 %
24	<a href="http://insightsociety.org">insightsociety.org</a> Internet Source	<1 %
25	<a href="http://repository.warmadewa.ac.id">repository.warmadewa.ac.id</a> Internet Source	<1 %
26	<a href="http://ejurnal.stikesprimanusantara.ac.id">ejurnal.stikesprimanusantara.ac.id</a> Internet Source	<1 %
27	<a href="http://media.neliti.com">media.neliti.com</a> Internet Source	<1 %
28	<a href="http://journal.iainkudus.ac.id">journal.iainkudus.ac.id</a> Internet Source	<1 %
29	Submitted to Udayana University Student Paper	<1 %



30	<a href="http://enrichment.iocspublisher.org">enrichment.iocspublisher.org</a> Internet Source	<1 %
31	Edy Suwasono. "The Effect of Non-Medical Waste Management in Hospitals on the Comfort and Satisfaction of Patients Towards Green Hospital", Prosiding Seminar, 2020 Publication	<1 %
32	<a href="http://www.coursehero.com">www.coursehero.com</a> Internet Source	<1 %
33	<a href="http://docplayer.net">docplayer.net</a> Internet Source	<1 %
34	<a href="http://eprints.undip.ac.id">eprints.undip.ac.id</a> Internet Source	<1 %
35	<a href="http://www.toppr.com">www.toppr.com</a> Internet Source	<1 %
36	<a href="http://moam.info">moam.info</a> Internet Source	<1 %
37	Roikatus Sa'diyah, Su'ad, Gunawan Setiadi. "The Use of Technology in Online Learning to Improve Discipline", Journal of Physics: Conference Series, 2021 Publication	<1 %
38	<a href="http://docero.net">docero.net</a> Internet Source	<1 %
39	<a href="http://eprints.unram.ac.id">eprints.unram.ac.id</a> Internet Source	

<1 %

40

[journal.umg.ac.id](http://journal.umg.ac.id)

Internet Source

<1 %

41

[journals.inaba.ac.id](http://journals.inaba.ac.id)

Internet Source

<1 %

42

[repository.uinsaizu.ac.id](http://repository.uinsaizu.ac.id)

Internet Source

<1 %

43

Hameedah Sayani, Immanuel Azaad Moonesar, Lama Zakzak, Mona Mostafa Elsholkamy. "Determinants of Patient Satisfaction in The United Arab Emirates Health Care Industry", Research Square, 2020

Publication

<1 %

44

[repository.kmou.ac.kr](http://repository.kmou.ac.kr)

Internet Source

<1 %

Exclude quotes Off

Exclude matches Off

Exclude bibliography On