# INTISARI

**Latar Belakang** : Baik buruknya kualitas tidur pasien merupakan salah satu faktor penentu kualitas hidup pasien. Pasien dengan *airborne disease* akan di rawat di ruang isolasi khusus *airborne*. Faktor lingkungan berkontribusi terhadap gangguan tidur pasien. Masalah gangguan pemenuhan tidur dapat menimbulkan komplain terkait lingkungan yang kurang kondusif sehingga berpengaruh terhadap istirahat pasien.

**Tujuan Penelitian** : Untuk mengetahui gambaran kualitas tidur pasien *airborne disease* yang dirawat di ruang isolasi *airborne* Dahlia 3.

**Metode** : Penelitian deskriptif dengan pendekatan *cross sectional*. Teknik pengambilan sampel dengan total sampling sebanyak 78 responden di ruang isolasi *airborne* Dahlia 3 pada November 2023-Januari 2024. Kriteria inklusi semua pasien berusia lebih dari 19 tahun, composmentis dan berkomunikasi baik, lama rawat 2-6 hari. Kriteria eksklusi yaitu keadaan umum tidak stabil, mengkonsumsi obat tidur, gangguan jiwa. Diukur dengan instrumen *Pittsburgh Sleep Quality Index* (PSQI).

**Hasil** : Sebagian besar pasien *airborne disease* di ruang isolasi *airborne* Dahlia 3 memiliki kualitas tidur buruk sebanyak 62 responden (79,5%) dan 16 responden (20,5%) memiliki kualitas tidur baik. Kualitas tidur buruk ada pada responden dengan karakteristik usia 46 – 65 tahun (55,1%), laki – laki (43,6%), diagnosa medis tuberkulosis (50%), penyakit penyerta dengan gangguan metabolik endokrin (20,5%), mempunyai keluhan nyeri (23,1%) dan sesak nafas (21,8%). Berdasarkan dimensi PSQI, sebagian besar responden mengalami masalah pada dimensi durasi tidur.

**Kesimpulan** : Gambaran kualitas tidur pasien *airborne disease* di ruang isolasi *airborne* Dahlia 3 RSUP Dr. Sardjito Yogyakarta 79,5% mempunyai kualitas tidur buruk. Faktor yang mempengaruhi diantaranya nyeri dan tingkat kebisingan gangguan suara. Hasil penelitian diharapkan dapat digunakan sebagai data dasar untuk mengembangkan strategi penanganan gangguan tidur di ruang isolasi *airborne*.

Kata kunci : *airborne disease*, gangguan tidur, kualitas hidup, kualitas tidur

# ABSTRACT

**Background** : Whether the patient's sleep quality is good or bad is one of the determining factors in the patient's quality of life. Patients with airborne disease will be treated in a special airborne isolation room. Environmental factors contribute to patient sleep disorders. The problem of disturbed sleep can give rise to complaints related to a less conducive environment that affects the patient's rest.

**Objective** : To determine the quality of sleep of airborne disease patients treated in the Dahlia 3 airborne isolation room.

**Method** : Descriptive research with a cross sectional approach. The sampling technique involved a total sampling of 78 respondents in the Dahlia 3 airborne isolation room in November 2023-January 2024. The inclusion criteria were all patients aged more than 19 years, composment and good communication, length of stay 2-6 days. Exclusion criteria were unstable general condition, taking sleeping pills, mental disorders. Measured with the Pittsburgh Sleep Quality Index (PSQI) instrument.

**Result** : Most of the airborne disease patients in the Dahlia 3 airborne isolation room had poor sleep quality, 62 respondents (79.5%) and 16 respondents (20.5%) had good sleep quality. Poor sleep quality was found in respondents with characteristics aged 46 – 65 years (55.1%), male (43.6%), medical diagnosis of tuberculosis (50%), comorbidities with endocrine metabolic disorders (20.5%), having complaints pain (23.1%) and shortness of breath (21.8%). Based on the PSQI dimensions, the majority respondents experienced problems in the sleep duration dimension.

**Conclusion** : Description of the sleep quality of airborne disease patients in the airborne isolation room Dahlia 3 RSUP Dr. Sardjito Yogyakarta 79.5% had poor sleep quality. Factors that influence include pain and noise levels. It is hoped that the research results can be used as basic data to develop strategies for treating sleep disorders in airborne isolation rooms.

Keywords: airborne disease, sleep disorder , sleep quality, quality of life