UNIVERSITI TEKNOLOGI MARA

DETERMINING THE BEST PRACTICE OF MITIGATING THE SICK BUILDING SYNDROME ISSUES IN UITM LIBRARIES IN KELANTAN.

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ABSTRACT

An academic library is a place where students and professors can spend hours reading and doing research on their favourite subject. Despite this, many researchers have noted that it can cause work-related pain. People might overlook all the symptoms that their body showed and these uncertain aetiologies are never associated with Sick Building Syndrome. Thus, this issue is in dire need for a comprehensive research to be carried out in order to identify the common causes of Sick Building Syndrome problems in the library building as well as the awareness level of the respondents that comes from different categories regarding the Sick Building Syndrome. The primary data will be obtained from the results of two different sets of questionnaires will be distributed among the 200 of respondents in both campuses while the secondary data will be fully utilizing the findings that were obtained from the desktop study and precedent cases. Based on the collected results, the common causes from both campuses are different as respondents from UiTM Machang stated that the causes come from ventilation deficiency issue, airborne dust, relative humidity and lighting. Whilst from the point of view of the librarian and the BPF staff in the UiTM Kota Bharu, they consider the ventilation deficiency issue, airborne dust, and the relative humidity/vapour content. It is discovered that the awareness level among the respondents in both campuses are low. Lastly, UiTM Machang and UiTM Kota Bharu also have different best practice to mitigate the Sick Building Syndrome recurrence. For UiTM Machang, the BPF staff agree to provide a special room for copying and printing activities. For UiTM Kota Bharu, they propose a prompt spring cleaning once in a month.

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CHAPTER ONE
INTRODUCTION

1.1 RESEARCH BACKGROUND

Many buildings were constructed through a lot of evolutions and changes through the years to be fit to serve their initial construction purpose. All of these changes were made because of the tendency of humankind to spend more time carrying out their activities in a building (Zainal et al, 2019). Through economic growth, safe working and living conditions are being increasingly demanded. Buildings' health problems have become even more significant as people spend much of their time in buildings (Sahlberg, 2012).

One of the common building problems is known as Sick Building Syndrome. Sick Building Syndrome (SBS) can be described in the UK/European terminology as a group of symptoms of uncertain aetiologies (Burge, 2004). The symptom is varied but can be classified into many categories (Vural and Balanli,2011):

- Mucous membrane inflammation: irritation of the eyes, nose, throat
- Skin irritation: rash, scratching, dryness, pain
- Neurotoxic effects: headache, dizziness, nausea, vomiting, mental and physical tiredness, memory loss, lack of attention
- Hypersensitive responses that are non-specific: asthma and other respiratory disorders
- Chemosensory alterations: senses of smell and taste

One of their biggest issues is whether the building is in good condition or not. A lot of work has been done on building safety from various viewpoints, such as eco-building, sustainable building, low-carbon building, and green building. However, these buildings cannot accurately and comprehensively reflect the health status of building (Mao et al,2017). In the same report that is produced by Mao et all (2017), they defined a healthy building as a high-performance building that influences the