International Journal Dental and Medical Sciences Research
Volume 7, Issue 5, Sept – Oct 2025 pp 111-115 www.ijdmsrjournal.com ISSN: 2582-6018

Nurses Perception Regarding Dengue Fever in Mymen Singh Medical College Hospital, Bangladesh

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Date of Submission: 05-09-2025 Date of Acceptance: 15-09-2025

ABSTRACT: A descriptive type of cross-sectional study was conducted to assess the nurses' perception regarding dengue fever. Study period was March 2025 to May 2025. Study population ware nurse, sample size was 50. The Maximum participants were female (94%) and Minimum was Male (6%). Most of the participants were Diploma in Nursing Science and Midwifery (52%), Diploma in Nursing (30%), B.Sc. in Nursing (8%) and 2% participants was B.Sc. in Public Health Nursing. The report was presented a highlight that all participants (100%) were known about dengue fever. Maximum participants (98%) were known about causes of dengue fever and they (86%) were worked with dengue patient. Another highlight that all participants were known the sign-symptom of dengue fever. Maximum participants (84%) were known to preventive measure for Ades Mosquito and rare participants (16%) were did not know to preventive measure for Ades Mosquito. 92% (Maximum) participants were known to educational activities organized regularly in Hospital and Minimum (8%) were not educational activities organized regularly and 90% participants were ensured confidentiality when taking with the patient's assessment and 10% were not ensured confidentiality when taking with the patient's assessment.

KEY.WORD: Nurses, Perception (Knowledge, Attitude, Behaviour Feeling), Dengue fever.

I. INTRODUCTION

Dengue Fever, a life-threading disease, can lead to death even; various studying showed that the mortality and morbidity rates are increasing. Now the day is all over the world, and it is becoming a major health problem in developing countries, including Bangladesh, every year. Dengue fever is a mosquito-borne disease caused by the dengue virus. Dengue fever is one of the most important tropical diseases of humans in the world. According to the Centers for Disease Control and Prevention (CDC) in the USA, more than one-third of the world's population lives in areas with a risk of transmission of dengue and dengue infection, which is known to be a leading cause of illness and death in the tropical and climate change, population density, rapid unplanned urbanization, and neglectful behavior toward Dengue Fever could aggravate the current condition. In light of these factors, Bangladesh's national and local governments, as well as other stakeholders and city inhabitants, must prepare and respond effectively to stem the dengue outbreak's spread. Bangladesh is a land of natural catastrophic events due to its geographical location and climate change, where infectious diseases have also become prevalent. Dhaka, the capital city, serves as the focal point for all major activities in Bangladesh. It is also one of the most densely populated areas of the world. However, this megacity faces several challenges, including rapid development, migration from other parts of the country, and inadequate housing management for such a large population. It has also experienced the worst outbreaks of Dengue Fever. According to the Centres for Disease Control and Prevention (CDC), USA, more than one-third of the world's population lives in areas with a risk of dengue transmission, and dengue infection is known to be a leading cause of illness and death in the tropical and subtropical countries. It is estimated that there are between 50 and 100 million cases of dengue fever and about 500000 cases of dengue haemorrhagic fever each year, leading to hospitalization. Over the last 10-15 years, dengue fever has become a leading cause of hospitalization and death in the South East Asia region of, the World Health Organization. Institute of Epidemiology, Disease Control and Research (IEDCR) under the Ministry of Health gives an alarming situation as the capital city has seen a rapid surge in the incidence of mosquito-borne viral infection (IEDCR, 2015). According to statistics of the Institute of Epidemiology, Disease Control and Research (IEDCR, 2015) under the Ministry of Health, gives an alarming situation as the capital city has seen a rapid surge in the incidence of mosquito-borne viral infection. According to statistics of (IEDCR) this year, 2,601 people had already suffered from dengue fever till 21st Oct. In the last two years, 375 and 1,749 cases of Dengue were reported in 2014 and 2013, respectively. However, there was no death report from Dengue in

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2013 and 2014.The number of cases reported in 2015 is the highest in the last nine years (IEDCR, 2015). There is no prophylaxis or effective vaccine for Dengue Fever. Health behaviors, such as adhering to authentic knowledge, maintaining a positive attitude, and following proper procedures, may only help reduce Dengue Fever. Individual and community behavioral changes and proper governmental

Dengue Fever, a life-threading disease, can lead to death even; various studying showed that the mortality and morbidity rates are increasing. Now the day is all over the world, and it is becoming a major health problem in developing countries, including Bangladesh, every year. Dengue fever is a mosquito-borne disease caused by the dengue virus. Dengue fever is one of the most important tropical diseases of humans in the world. As a result we are finding dengue fever related factors, increase awareness the service provider, patients and public also.

II. METHODOLOGY

Study Design: A Descriptive type of cross-sectional study was conducted to assess the nurses' perception regarding dengue fever.

Study setting: Medical ward in Mymensingh Medical College Hospital, Mymensingh, Bangladesh,

Study period: March 2025 to May 2025.

Study sampling: Study population ware nurses, sampling technique was purposive method and sample size was 50.

Study instrument: A pre-structured & researcher-administered questionnaire was used to collect data regarding dengue fever from selected sample (Nurses). Instrument was divided into two part, Part A contained demographic events (There were 7 questionnaire) and Part B contained perception events. (There were 19 questionnaire)

Data analysis: Data was analysed using Microsoft excel and demographic data was analysed by SSPS version 22 statistical software.

Identify the level of perception: According to Bloom's cut-off point (Score and Category)

Category	Score
Low knowledge	<60%
Moderate knowledge	<80%
High knowledge	>80%

Inclusion criteria: The sample was included purposively by using the following inclusion criteria-

1. Nurses are those who work in the selected area of the hospital.
2. Nurses who are willing to participate.
3. Respondents who are available on duty during the data collection period.

Exclusion criteria:

1. Nurses who are not willing to participate.
2. Respondents who are not available during the data collection period.
3. Nurses, who were sick or ill in data collection period in the selected area of the hospital.

III. ANALYSIS & FINDING

Do you Lived/worked with dengue patient

		Frequency	Percent	Valid Percent	Cumulative Percent
Vald	Yes	43	86.0	86.0	86.0
	No	7	14.0	14.0	100.0
	Total	50	100.0	100.0	

Table Showed that Maximum participants (86%) were worked with dengue patient and rare participants were replied "No"

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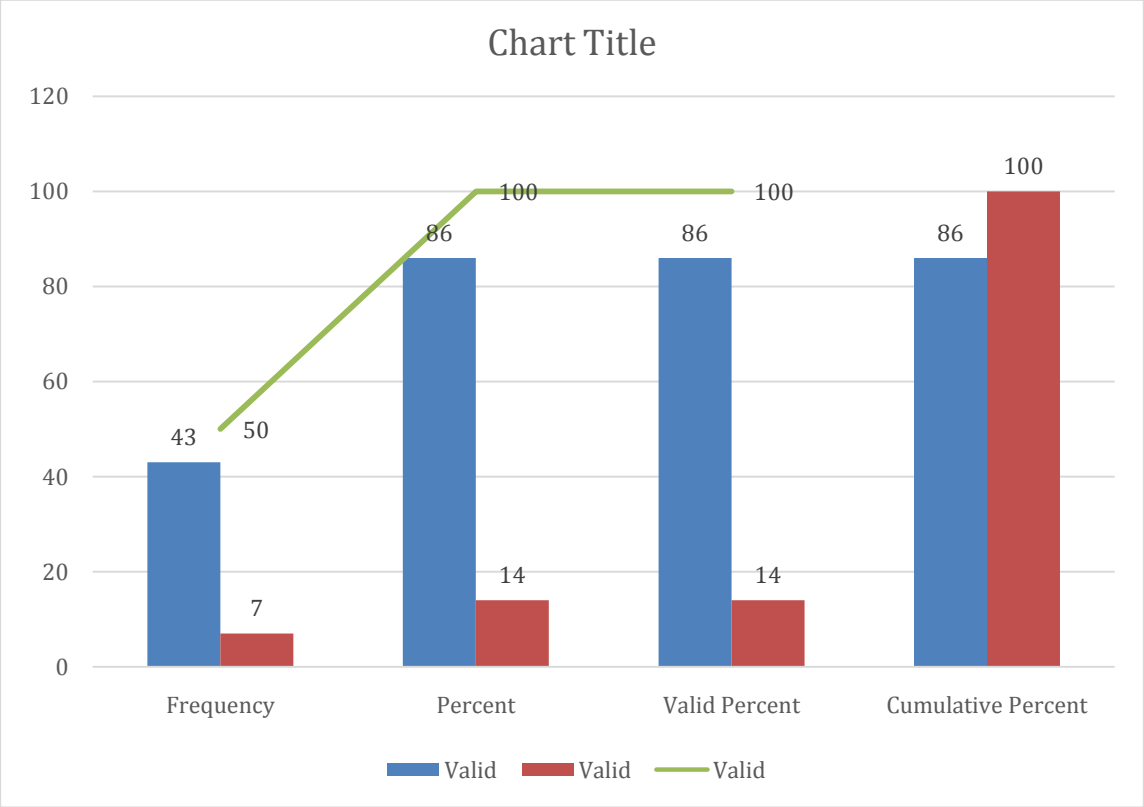

Do you Spent most of the time in outside the home

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	40	80.0	80.0	80.0
	No	10	20.0	20.0	100.0
	Total	50	100.0	100.0	

Table showed that 80% participants were spent most of time outside of home and 20%were replied No against of the question.

Do you know what preventive measure for Ades mosquito

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	42	84.0	84.0	84.0
	No	8	16.0	16.0	100.0
	Total	50	100.0	100.0	

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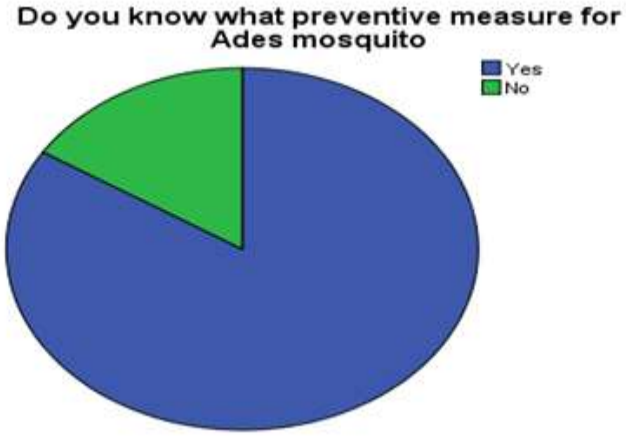
Table showed that Maximum participants (84%)were known to preventive measure for Ades Mosquito and rare participants (16%) were did not know to preventive measure for Ades Mosquito.



IV DISCUSSION

Study instrument was a pre-structured & researcher-administered questionnaire was used to collect data regarding dengue fever from selected sample (Nurses). Instrument was divided into two part, Part A contained demographic events (There were 7 questionnaire) and Part B contained perception events. (There were 19 questionnaire). Collected data was analysed by SSPS version 22 statistical software and graphs prepared by Microsoft excel.

Age variable was reported that participants (N) 50. There were Minimum age 26 years, Maximum age 58 year and Median was 33 years.

The participants mean age 35.5 year and standard deviation 7.58. Other hand the mean of service length was10.100 years. The Maximum participants were female (94%) and Minimum was Male (6%). Maximum Participants Were Married (88%), Single were (10%) and Widow was (2%). Academic qualification of participants was H.S.C (66%), SSC. was (24%) and Bachelor degree was (8%), Master was (2%). Most of the participants were Diploma in Nursing Science and Midwifery (52%), Diploma in Nursing (30%), B.Sc. in Nursing (8%) and 2% participants was B.Sc. in Public Health Nursing. The report was presented a highlight that all participants (100%) were known about dengue fever. Maximum participants (98%) were known about causes of dengue fever and they (86%) were worked with dengue patient.

Another highlight that all participants were known the sign-symptom of dengue fever.

The participants (46%) were used mosquito net at day time for sleep, rest of participants (52%) were without mosquito net at daytime for sleep. Some participants were given mixed opinion about bust station or garage, junk yard and stagnant water and construction site within 250 miter around. 52% participants were known and 48% participants were unknown about mosquito breeding sources. Maximum participants (84%) were known to preventive measure for Ades Mosquito and rare participants (16%) were did not know to preventive measure for Ades Mosquito. The most of participants (88%) were inform to patient about complication of DHF and 12% participants were No inform to patient about complication of DHF. 92% (Maximum) participants were known to educational activities organized regularly in Hospital and Minimum (8%) were not educational activities organized regularly and 90% participants were ensured confidentiality when taking with the patient's assessment and 10% were not ensured confidentiality when taking with the patient's assessment. Another report showed that 92% (Maximum) participants were known the treatment option of dengue and 8% were not known the treatment option of dengue. 94% participants were idea complications of dengue fever and 6% did not idea complications of dengue fever.

V.RECOMMENDATION

Based on the findings of the study, the following recommendations are proposed to improve participants (Nurses) perception (awareness, knowledge, behaviour and attitude) about dengue fever in hospital.

1. Introduce Structured Health Education Programs: Regular educational sessions should be organized for inpatients and their family members. These

sessions can cover the basics of objectives of dengue fever patient management.

2.Develop Easy-to-Understand Educational Materials: Leaflets, brochures, posters, and video presentations should be developed in Bengali (or the local dialect) to ensure the information is accessible to participants.

3.Trained Healthcare Providers in Patient Communication: Doctors, nurses, and support staff should receive training on how to effectively communicate health information to patients. Routine patient interactions can be utilized to share small but vital bits of knowledge in simple language.

4.Involve Family Members in the Education Process: Since many dengue patients rely heavily on family support, involving caregivers in the education sessions can enhance patient compliance and shared understanding of treatment protocols.

5.Set Up a Patient Education Corner: A dedicated space within dengue fever Ward could be set up with educational resources, including leaflets, charts, videos, and interactive models,

6. Regularly Assembly to increased accountability: Implement a system to assess patient knowledge upon admission and discharge to evaluate the effectiveness of educational interventions and identify areas needing improvement.

7.Extend Awareness Beyond Hospital Walls: Hospital can collaborate with local health centres, NGOs, and media outlets to spread awareness about dengue fever in the community. Early identification and education at the grassroots level can reduce the number of critical-stage patients admitted to the hospital.

8.We should be suggested to the researcher further study as a large scale.

VI. CONCLUSION

A descriptive type of cross-sectional study was conducted to assess the nurses' perception regarding dengue fever. Study setting at Medical ward in Mymensingh Medical College Hospital, Mymensingh, Bangladesh,

Study period was March 2025 to May 2025. Study population ware nurses, sample size was 50. Study instrument was a pre-structured & researcher-administered questionnaire was used to collect data regarding dengue fever from selected sample (Nurses).

The result was concluded that identified participants were a small gap within perception. There were suggested to develop participants for better services to dengue fever patients.

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