

**CREENCIAS Y PERCEPCIONES SOBRE LA
PROBABILIDAD DE CONTRAER EL CORONAVIRUS EN
TRABAJADORES DEL SECTOR DE SERVICIOS**

**AREVALO SALAS ERIKA PATRICIA
BENEDETTI BERNAL MARIA CAROLINA
CORREA ALVAREZ OSC
MAURICIO DE LA ROSA SANCHEZ SOREDIS MALENA**

**Trabajo de Investigación como requisito para optar el título de especialista
en seguridad y salud en el trabajo**

**Tutores
MARTHA MENDINUETA MARTÍNEZ
ERIKA PALACIO DURAN
YANETH HERAZO BELTRÁN**

RESUMEN

Antecedentes: El COVID-19, fue declarado pandemia por la Organización Mundial de la Salud el 11 de marzo de 2020, lo que conllevó a tomar medidas como el aislamiento y/o distanciamiento social con el fin de reducir la transmisión del virus y evitar que personas sanas entren en contacto con personas infectadas. La enfermedad por coronavirus (COVID-19) es una enfermedad infecciosa causada por el coronavirus SARS-CoV-2, las personas infectadas experimentan una enfermedad respiratoria de leve a moderada y se pueden recuperar sin necesidad de un tratamiento especial; aunque, las personas mayores o con problemas médicos subyacentes como enfermedades cardiovasculares, diabetes, enfermedades respiratorias crónicas y cáncer tienen más probabilidades de desarrollar enfermedades graves o de morir. Se han observado 135.646.617 casos confirmados de COVID-19 y 2,930,732 muertes a nivel mundial, en Colombia son 2.518.715 casos confirmados y 65.608 muertes.

Objetivo: Determinar las creencias y percepciones sobre la probabilidad de contraer el coronavirus en trabajadores del sector de servicios.

Materiales y Métodos: Estudio descriptivo transversal en 735 trabajadores de empresas del sector económico Servicios. Se usó el Modelo de Creencias en Salud para explorar cuatro dimensiones: Susceptibilidad percibida, Severidad percibida, Beneficios y Barreras percibidas; el cuestionario constaba de 24 preguntas, cada categoría contenía cinco (5) ítems, más cuatro preguntas adicionales sobre comportamientos y actitudes dirigidas a mejorar la salud general, dimensión denominada Motivación para la salud. El cuestionario utilizó la Escala de Borg de 0-100 y las respuestas a cada pregunta fueron Nada en absoluto, Débil, Moderado, Fuerte y Máximo. Resultados: El 64,3% percibe como moderada y máxima la creencia de un posible contagio del coronavirus en los diferentes ámbitos y entornos del diario vivir. La actividad de lavado de manos y aplicación de gel de alcohol con regularidad el 48.6% de los colaboradores opinan que es factible mientras que el resto opinan que no es relevante para prevenir el contagio. El 40,7% de los sujetos

participantes en el estudio consideran fuerte la posibilidad de que las personas se alarmen más de lo necesario.

Conclusión: Existe una tendencia a percibir el Covid-19 como una enfermedad que pone en riesgo la vida propia y de los demás, sin embargo, se presentan dificultades relacionadas con el desarrollo de hábitos que reduzcan la probabilidad de contagio del virus SARS-Cov-2, causante de la enfermedad ya mencionada.

Palabras clave: Covid-19, creencias en salud, trabajadores

ABSTRACT

Background: COVID-19 was declared a pandemic by the World Health Organization on March 11, 2020, which led to measures such as isolation and / or social distancing in order to reduce the transmission of the virus and prevent healthy people come into contact with infected people. Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 coronavirus, infected people experience mild to moderate respiratory illness and can recover without the need for special treatment; However, people who are older or with underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory diseases, and cancer are more likely to develop serious illnesses or die. There have been 135,646,617 confirmed cases of COVID-19 and 2,930,732 deaths worldwide, in Colombia there are 2,518,715 confirmed cases and 65,608 deaths.

Objective: Objective: To determine the beliefs and perceptions about the probability of contracting the coronavirus in workers in the service sector.

Materials and Methods: Descriptive cross-sectional study in 735 workers of companies in the Services economic sector. The Health Belief Model was used to explore four dimensions: Perceived Susceptibility, Perceived Severity, Perceived Benefits and Barriers; The questionnaire consisted of 24 questions, each category contained five items, plus four additional questions on behaviors and attitudes aimed at improving general health, a dimension called Motivation for health. The questionnaire used the Borg Scale of 0-100 and the responses to each question were None at all, Weak, Moderate, Strong and Maximum.

Results: 64.3% perceive as moderate and maximum the belief of a possible contagion of the coronavirus in the different areas and environments of daily life. The activity of hand washing and application of alcohol gel regularly, 48.6% of employees believe that it is feasible while the rest believe that it is not relevant to prevent contagion. 40.7% of the subjects participating in the study consider the possibility that people are more alarmed than necessary to be strong..

Conclusions: There is a tendency to perceive Covid-19 as a disease that endangers one's own life and that of others, however, there are difficulties related to the development of habits that reduce the probability of contagion of the SARS-Cov-2 virus, causing the aforementioned disease.

KeyWords: Palabras clave: Covid-19, creencias en salud, trabajadores

REFERENCIAS

1. Emerson, KG. Coping with being cooped up: Social distancing during COVID-19 among 60+ in the United States. *Rev Panam Salud Publica.* 2020;44:e81. <https://doi.org/10.26633/RPSP.2020.81>.
2. Organización Mundial de la Salud. Coronavirus. Genova; 2020
3. World Health Organization. WHO Coronavirus (COVID-19) Dashboard. 2021.
4. Patiño-Lugo D, Vélez M, Velásquez S, Vera-Giraldo C, Vélez V, Marín I, et al. Non-pharmaceutical interventions for containment, mitigation and suppression of COVID-19 infection. *Colomb. Med.* 2020; 51(2): e4266. <https://doi.org/10.25100/cm.v51i2.4266>.
5. Valero, N; Vélez, M; Durán, A; Portillo, M. Afrontamiento del COVID-19: estrés, miedo, ansiedad y depresión? *Enferm Inv.* 2020;5(3):63-70.
6. Engelhard IM, van Uijen SL, van Seters N, Velu N. The effects of safety behavior directed towards a safety cue on perceptions of threat. *Behavior Therapy.* 2015; 46(5): 604-610. <https://doi.org/10.1016/j.beth.2014.12.006>.
7. Medina MR. COVID-19: La no percepción del riesgo. *Más Poder Local.* 2020; 4: 34-35

8. De Coninck D, d'Haenens L, Matthijs K. Perceived vulnerability to disease and attitudes towards public health measures: COVID-19 in Flanders, Belgium. *Pers Individ Dif.* 2020; 166:110220. doi: 10.1016/j.paid.2020.110220.
9. Peres D, Monteiro J, Almeida M, Ladeira R. Risk Perception of COVID-19 Among the Portuguese Healthcare Professionals and General Population. *J Hosp Infect.* 2020;105(3):434–7. doi: 10.1016/j.jhin.2020.05.038.
10. Motta Zanin G, Gentile E, Parisi A, Spasiano D. A Preliminary Evaluation of the Public Risk Perception Related to the COVID-19 Health Emergency in Italy. *Int J Environ Res Public Health.* 2020; 17(9):3024. doi: 10.3390/ijerph17093024.
11. Geldsetzer P. Use of Rapid Online Surveys to Assess People's Perceptions During Infectious Disease Outbreaks: A Cross-sectional Survey on COVID-19. *J Med Internet Res.* 2020; 22(4):e18790. doi: 10.2196/18790.
12. Pedrozo-Pupo John Carlos, Pedrozo-Cortés María José, Campo-Arias Adalberto. Perceived stress associated with COVID-19 epidemic in Colombia: an online survey. *Cad. Saúde Pública.* 2020; 36(5): e00090520. <https://doi.org/10.1590/0102-311x00090520>.
13. Organización Mundial de la Salud. Prevención y control de infecciones en los centros de atención de larga estancia en el contexto de la COVID-19. 2020.
14. Jones CL, Jensen JD, Scherr CL, Brown NR, Christy K, Weaver J. The Health Belief Model as an explanatory framework in communication research: exploring parallel, serial, and moderated mediation. *Health Commun.* 2015;30(6):566-76. doi: 10.1080/10410236.2013.873363.
15. Glanz K, Bishop DB. The role of behavioral science theory in development and implementation of public health interventions. *Annu Rev Public Health.* 2010;31:399-418. doi: 10.1146/annurev.publhealth.012809.103604.
16. Champion V, Skinner C. The Health Belief Model. In: *Health behavior and health education: theory, research, and practice.* Glanz K, Rimer B and K. Viswanath. 4th ed. 2008.
17. Cabrera AG, Tascón GJ, Lucumí CD. Creencias en salud: historia, constructos y aportes al modelo. *Rev Fac Nal Salud Pública.* 2001; 19(1): 91-101.

18. Rodríguez IH, Mendoza ZD, Vázquez Giler, M. El Modelo de Creencia de Salud (HBM): un análisis bibliométrico. FACSALUD-UNEMI. 2020; 4(7): 43-54.
19. Henshaw E, Freedman-Doan C. Conceptualizing mental health care utilization using the Health Belief Model. Clin Psychol Sci Prac. 2009; 16 (4): 420-439. doi.org/10.1111/j.1468-2850.2009.01181.x
20. Orji R, Vassileva J, Mandryk R. Towards an effective health interventions design: An extension of the Health Belief Model. J Public Health Inform. 2012; 4(3):e9, 2012
21. Carico RR Jr, Sheppard J, Thomas CB. Community pharmacists and communication in the time of COVID-19: Applying the health belief model. Res Social Adm Pharm. 2021; 17(1):1984-1987. doi: 10.1016/j.sapharm.2020.03.017.
22. Finfgeld DL, Wongvatunyu S, Conn VS, Grandner VT, Russell CL. Health belief model and reversal theory: a comparative analysis. J Adv Nurs. 2003; 43(3):288-97. doi: 10.1046/j.1365-2648.2003.02712.x.
23. Janz NK, Becker MH (1984) The health belief model: a decade later. Health Educ Q 11:1-47 <https://doi.org/10.1177/109019818401100101>
24. Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), Encyclopedia of human behavior (Vol. 4, pp. 71-81). New York: Academic Press. (Reprinted in H. Friedman [Ed.], Encyclopedia of mental health. San Diego: Academic Press, 1998).
25. Centers for Disease Control and Prevention. Implementation of mitigation strategies for communities with local COVID-19 transmission. 2020.
26. Pérez AM, Gómez TJ, Dieguez GR. Características clínico-epidemiológicas de la COVID-19. Rev haban cien méd. 2021; 19(): e3254.
27. Yuki K, Fujiogi M, Koutsogiannaki S. COVID-19 pathophysiology: A review. Clin Immunol. 2020; 215:108427. doi: 10.1016/j.clim.2020.108427.
28. Pollard CA, Morran MP, Nestor-Kalinoski AL. The COVID-19 pandemic: a global health crisis. Physiol Genomics. 2020 Nov 1;52(11):549-557. doi: 10.1152/physiolgenomics.00089.2020.

29. Wiersinga WJ, Rhodes A, Cheng AC, Peacock SJ, Prescott HC. Pathophysiology, Transmission, Diagnosis, and Treatment of Coronavirus Disease 2019 (COVID-19): A Review. *JAMA*. 2020; 324(8):782-793. doi: 10.1001/jama.2020.12839.
 30. Wilder-Smith A, Freedman DO. Isolation, quarantine, social distancing and community containment: pivotal role for old-style public health measures in the novel coronavirus (2019-nCoV) outbreak. *J Travel Med*. 2020; 27(2):taaa020. doi: 10.1093/jump/taaa020.
 31. Xu Y, Lin G, Spada C, Zhao H, Wang S, Chen X, et al. Public Knowledge, Attitudes, and Practices Behaviors Towards Coronavirus Disease 2019 (COVID-19) During a National Epidemic-China. *Front Public Health*. 2021; 9:638430. doi: 10.3389/fpubh.2021.638430.
 32. Sesagiri Raamkumar A, Tan SG, Wee HL. Use of health belief model-based deep learning classifiers for COVID-19 social media content to examine public perceptions of physical distancing: Model Development and Case Study. *JMIR Public Health Surveill*. 2020; 6(3):e20493. doi: 10.2196/20493.
 33. Sim SW, Moey KS, Tan NC. The use of facemasks to prevent respiratory infection: a literature review in the context of the Health Belief Model. *Singapore Med J*. 2014 Mar;55(3):160-7. doi: 10.11622/smedj.2014037.
 34. Costa MF. Health belief model for coronavirus infection risk determinants. *Rev Saude Publica*. 2020;54:47. doi: 10.11606/s1518-8787.2020054002494.
 35. Ramírez Chinchilla K. Investigación de la UNED analiza conductas y percepciones de los costarricenses frente al COVID-19. *Acontecer Digital*. [Internet]. 2020 [citado 25/4/2020].
 36. Martínez Calvo S. Comentarios acerca de la percepción de riesgo en la población cubana. *Rev Cubana Salud Pública* 2018; 44(2): 426-430.
 37. Habib MA, Dayyab FM, Iliyasu G, Habib AG. Knowledge, attitude and practice survey of COVID-19 pandemic in Northern Nigeria. *Plus One*. 2021;16(1):e0245176. doi: 10.1371/journal.pone.0245176.
37. Ministerio de Salud y Protección Social. Lo que se conoce de la nueva cepa del COVID-19. Bogotá;

38. Ministerio de Salud y Protección Social. Lo que se conoce de la nueva cepa del COVID-19. Bogotá;