

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

**CASTRO ALVARADO FABIAN ENRIQUE  
LIZARAZO LOPEZ LENY FERNANDA  
MENDOZA PUELLO ADRIANA SOFIA  
ZAMBRANO MARTINEZ CESAR ADOLFO**

**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 trasmisión 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.

**Objetivos:** Determinar las creencias y percepciones sobre la probabilidad de contraer el coronavirus en trabajadores del sector comercial

**Materiales y Métodos:** Estudio estadístico de corte transversal, en la que se utilizó un instrumento encuesta que determinaba las creencias y percepciones en salud relacionadas con el contagio por COVID-19, la cual, se aplicó a través de correos electrónicos a una población trabajadora de 436 personas

**Resultados:** La susceptibilidad percibida, frente a la creencia de contraer el coronavirus es débil con un 27,8%, la mayoría de las personas encuestadas, consideran mínima en un 52,5% la posibilidad de tener dificultades respiratorias, asimismo, este valor constata con que la mayor parte de los trabajadores ve moderada la posibilidad de que se tengan síntomas graves dado que el 37,2% así lo manifiestan. Respecto al lavado de manos, las personas aún consideran débil en un 27% la posibilidad de contagio si se realiza esta actividad.

**Conclusiones:** Se concluye que, en este sector económico, la percepción de creencias y susceptibilidades de los trabajadores sobre el contagio por COVID 19 es débil, puesto que, aun hay personas que consideran de poca importancia el uso del tapabocas para evitar el contagio, a su vez, se evidencia que las medidas de prevención como lavado de manos y uso de transportes alternativos tienen poca significancia para la población de estudio.

**Palabras clave:** Severidad, Covid-19, protocolo, Susceptibilidad, creencias, pandemia, aislamiento, bioseguridad.

## 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:** Determine beliefs and perceptions about the probability of contracting the coronavirus in workers in the commercial sector

**Materials and Methods:** Statistical cross-sectional study, in which a survey instrument was used to determine health beliefs and perceptions related to COVID19 infection, which was applied through emails to a working population of 436 people.

**Results:** The perceived susceptibility, compared to the belief of contracting the coronavirus is weak with 27.8%, most of the people surveyed, consider the possibility of having respiratory difficulties minimal in 52.5%, likewise, this value confirms that Most of the workers consider the possibility of having severe symptoms moderate since 37.2% manifest it. Regarding hand washing, people still consider the possibility

of contagion to be weak by 27% if this activity is carried out . **Conclusions:** 19 is weak, since there are still people who consider the use of a mask of little importance to avoid contagion, in turn , it is evidenced that prevention measures such as hand washing and use of alternative transportation have little significance for the study population.

**KeyWords:** Severity, Covid-19, protocol, Susceptibility, beliefs, pandemic, isolation, biosecurity

## 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 Comic 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 J, Pedrozo MJ, Campo A; 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, Rascón GJ, Lucumí CD. Creencias en salud: historia, constructos y aportes al modelo. Rev Fan Nal Salud Pública. 2001; 19(1): 91-101.
18. Rodríguez IH, Mendoza ZD, Vasquez 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, Grando VT, Russell CL. Health belief model and reversal theory: a comparative analysis. J Adv Nurs. 2003; 43(3):28897. 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 cienc 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-Kalinowski 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/jtm/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 (COVID19) 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. Jose, R., Narendran, M., Bindu, A., Beevi, N., L, M., & Benny, P. V. (2021). Public perception and preparedness for the pandemic COVID 19: A Health Belief Model approach. *Clinical Epidemiology and Global Health,* 41-46.
  - 36. González Gacel, J. F., Soler Sánchez, Y. M., Pérez Rosabal, E., González Sábado, R. I., & Pons Delgado, S. V. (2021). Percepción de riesgo ante la COVID-19 en pobladores del municipio Manzanillo. *Multimed,* 25(1).
  - 37. Honarvar, B., Lankarani, K. B., Kharmandar, A., Shaygani, F., Zahedroozgar, M., Rahamanian, M. R., . . . Zare, M. (2020). Knowledge, attitudes, risk perceptions, and practices of adults toward COVID-19: a population and field-based study from Iran. *International Journal of Public Health,* 731–739.
  - 38. Rosero Bolaños, A. D., Carvajal Guachavez, J. L., & Bolaños, E. F. (2021). Percepción de riesgo frente al Covid-19 en adolescentes escolarizados colombianos. *Revista Boletín Redipe,* 376–392.
  - 39. Faria de Moura Villela, E., López, R. V., Sato, A. P., de Oliveira, F. M., Waldman, E. A., Van den Bergh, R., . . . Colebunders, R. (2021). COVID-19 outbreak in Brazil: adherence to national preventive measures and impact on people's lives, an online survey. *BMC Public Health,* 21(1):152.
  - 40. Pell del Río, S. M., Valdés Santiago, D., Gil Rodríguez, A. L., Amador Romero, F. J., Cairo Pell, K. S., Paneque Quevedo, A. A., . . . Febles Elejalde, M. M. (2021). Percepción de riesgo durante el confinamiento por COVID-19 en una muestra cubana: resultados preliminares. *Anales de la Academia de Ciencias de Cuba,* 11(1).
  - 41. Azerrat, J. M., Ratto, M. C., & Fantozzi, A. (2021). ¿Gobernar es cuidar?: Los estilos de gestión de la Pandemia en América del Sur: los casos de Argentina, Brasil y Uruguay. *Trabajo y sociedad,* 146-173.
  - 42. Silva, F. C., Zamprogna, K. M., Souza, S. S., Silva, D. H., & Vende, D. (2021). Social isolation and the speed of covid-19 cases: measures to prevent transmission. *Revista Gaúcha de Enfermagem,* 42(spe).

43. García Salido, A. (2020). Revisión narrativa sobre la respuesta inmunitaria frente a coronavirus: descripción general, aplicabilidad para SARS-COV-2 e implicaciones terapéuticas. *Anales de Pediatría*, 60.e1-60.e7.