

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

SEVERICHE MORA MARIA MARGARITA
VILLANUEVA VARGAS JOHANNY RAIZA
YEPES CONSUEGRA KATERINE ANDREA
SANJUAN PUGLIESSE DUBYS ESTHER

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

Tutores

**MARTHA MENDINUETA MARTÍNEZ
ERIKA PALACIO DURÁN
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.

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

Materiales y Métodos: Para la elaboración de este estudio, se realizó un análisis cuantitativo, en el que se tuvo en cuenta, el sector laboral de los encuestados, edad, sexo, estado civil, susceptibilidad percibida en relación con el COVID-19 entre otros. La realización de este estudio se realizó por medio remoto, debido a la emergencia sanitaria por la que estamos atravesando.

Resultados: Se encontró que al evaluar la percepción y creencia de la probabilidad de contraer el Covid-19 en el sector de la construcción el susceptibilidad y severidad percibida de contagio y es moderado a débil, respectivamente, en cuanto a los beneficios y las barreras percibidas es débil en su gran mayoría y con respecto a la motivación en salud gran parte de los encuestados respondieron que teniendo los cuidados necesarios la probabilidad de contraer el coronavirus es débil.

Conclusiones: La gran mayoría de los participantes son de sexo masculino, entre los 27 a 59 años de edad, de estrato socioeconómico y nivel educativo bajo y

laboran en jornada diurna de 8 horas diarias. Se determinó que la susceptibilidad percibida sobre la probabilidad de contraer infección por coronavirus en la rutina diaria es moderada, en relación a la intensidad de los síntomas si ya contrajo el coronavirus previamente, la posibilidad de tener complicaciones graves y ser hospitalizado, al igual que la posibilidad de contraer el COVID-19 por quedarse en casa y respetar las normas e instrucciones para proteger y evitar la infección por coronavirus es débil, la creencia y percepción de contraer el coronavirus es débil y consideran que si se tienen los cuidados adecuados el riesgo de contraer el virus es poco probable.

Palabras clave: COVID-19; percepción; creencia; contagio; riesgo, construcción.

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 the beliefs and perceptions about the probability of contracting the coronavirus in workers in the construction sector.

Materials and Methods: For the preparation of this study, a quantitative analysis was carried out, in which the labor sector of the respondents, age, sex, marital status, perceived susceptibility in relation to COVID-19, among others, was taken into account. This study was carried out remotely, due to the health emergency we are going through.

Results: It was found that when evaluating the perception and belief of the probability of contracting Covid-19 in the construction sector, the susceptibility and perceived severity of contagion and is moderate to weak, respectively, in terms of benefits and perceived barriers is weak In the vast majority, and with regard to health motivation, a large part of the respondents responded that having the necessary care, the probability of contracting the coronavirus is weak.

Conclusions: The vast majority of the participants are male, between 27 and 59 years of age, of socioeconomic status and low educational level, and they work a day shift of 8 hours a day. It was determined that the perceived susceptibility on the probability of contracting coronavirus infection in the daily routine is moderate, in relation to the intensity of the symptoms if previously contracted the coronavirus, the possibility of having serious complications and being hospitalized, as well as the The possibility of contracting COVID-19 by staying at home and respecting the rules and instructions to protect and avoid coronavirus infection is weak, the belief and perception of contracting the coronavirus is weak and they consider that if proper care is taken, the risk of contracting the virus is unlikely.

KeyWords: COVID-19; perception; belief; contagion; risk, construction.

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 Natl 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, Grander 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-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 (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.

