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UNIVERSIDAD PERUANA UNIÓN

FACULTAD DE CIENCIAS DE LA SALUD

Escuela Profesional de Enfermería

Factores Asociados A La Percepción Del Rol Del Personal De Enfermería Comunitaria

Tesis para obtener el Título Profesional de Licenciada en enfermería

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Asesor:

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Lima, 28 de Octubre 2024

DECLARACIÓN JURADA DE ORIGINALIDAD DE TESIS

Yo Maria Magdalena Diaz Orihuela, docente de la Facultad Ciencias de la Salud de la Escuela Profesional de Enfermería, de la Universidad Peruana Unión.

DECLARO:

Que la presente investigación titulada: "FACTORES ASOCIADOS A LA PERCEPCIÓN DEL ROL DEL PERSONAL DE ENFERMERÍA COMUNITARIA" de la autora Jessenia Yeny Flores Mamani; tiene un índice de similitud de 15% verificable en el informe del programa Turnitin, y fue realizada en la Universidad Peruana Unión bajo mi dirección.

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ACTA DE SUSTENTACIÓN DE TESIS

En Lima, Ñaña, Villa Unión, a 28 día(s) del mes de octubre del año 2024 siendo las 15:00 horas, se reunieron los miembros del jurado en la Universidad Peruana Unión Campus Lima, bajo la dirección del (de la) presidente(a): Mtro. William de Borba Suarez Rodriguez Aparicio, el (la) secretario(a): Dra. Rocio y los demás miembros: Dra. Mary Luz Solorzano y el (la) asesor(a) Dra. María Magdalena Diaz Orihuela con el propósito de administrar el acto académico de sustentación de la tesis titulado: "FACTORES ASOCIADOS A LA PERCEPCIÓN DEL ROL DEL PERSONAL DE ENFERMERIA COMUNITARIA"

de los (las) bachilleres:

a) Jessenia Yeny Flores Mamani

b)

c)

conducente a la obtención del título profesional de: Licenciada en Enfermeria

(Denominación del Título Profesional)

El Presidente inició el acto académico de sustentación invitando al (a la) / a (los) (las) candidato(a)/s hacer uso del tiempo determinado para su exposición. Concluida la exposición, el Presidente invitó a los demás miembros del jurado a efectuar las preguntas, y aclaraciones pertinentes, las cuales fueron absueltas por al (a la) / a (los) (las) candidato(a)/s. Luego, se produjo un receso para las deliberaciones y la emisión del dictamen del jurado.

Posteriormente, el jurado procedió a dejar constancia escrita sobre la evaluación en la presente acta, con el dictamen siguiente:

Bachiller (a): Jessenia Yeny Flores Mamani

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Finalmente, el Presidente del jurado invitó al (a la) / a (los) (las) candidato(a)/s a ponerse de pie, para recibir la evaluación final y concluir el acto académico de sustentación procediéndose a registrar las firmas respectivas.

Presidente/a

Secretario/a

Asesor/a

Miembro

Miembro

Bachiller (b)

Bachiller (c)

AGRADECIMIENTOS

Un profundo agradecimiento a nuestros padres porque nos brindaron todo su apoyo y se esforzaron junto a nosotros para vernos crecer, a nuestros seres queridos que también nos ayudaron y motivaron durante este proceso, también agradecer a nuestros docentes, cada uno de ellos nos brindó formación integral que no olvidaremos y sin duda también agradecer a nuestra universidad por habernos acogido durante los cinco años de nuestra formación académica y porque nos permite formarnos en grandes profesionales de principios y valores; sin más dejamos esta tesis como recuerdo en la historia de nuestra labor en investigación y conocimiento, que pueda ser de ayuda y beneficio para las futuras generaciones.

Índice

RESUMEN

Introducción: La enfermera comunitaria desempeña un papel clave en la promoción de la salud, la educación sanitaria y la prevención de enfermedades. Sin embargo, solo ocasionalmente la sociedad reconoce la labor que desempeña este profesional de la salud. Es necesario conocer cómo percibe la población este trabajo y qué factores podrían influir en él. Objetivo: El objetivo de este estudio fue determinar los factores asociados a la percepción del rol de la enfermera comunitaria. **Métodos:** Se realizó un estudio transversal, con una muestra de 405 residentes mayores de edad, seleccionados mediante muestreo no probabilístico de la región sur del Perú. Para la recolección de datos se utilizó la escala REFCO, que mide el rol del profesional de enfermería en la comunidad. Además, se consideraron aspectos sociodemográficos (sexo, edad, origen, nivel educativo, estado civil, hijos, situación laboral, ingresos, servicios básicos de vivienda, seguridad social, familia) y de salud (afiliado con enfermedad crónica y / o COVID-19, vacuna contra el COVID-19 y haber recibido alguna vez la visita de un profesional de enfermería en su hogar).

Resultados: Los resultados revelaron que los residentes que tuvieron al menos una visita de un profesional de enfermería (OR=3,26; IC 95%: 2,04-5,22) percibieron como adecuado el rol del enfermero comunitario. Asimismo, los residentes con ingresos mensuales inferiores al salario básico (OR=0,44; IC 95%: 0,22-0,87) y que recibieron visita domiciliaria de la enfermera (OR=3,05; IC 95%: 1,76-5,28)presentaron una percepción adecuada de la enfermera comunitaria en su dimensión de "excursión".

Discusión: Finalmente, los residentes del área urbana (OR=2,13; IC 95%: 1,23-3,71)

indicaron una percepción adecuada de la enfermera comunitaria en su dimensión "educativa". **Conclusiones:** Al menos una visita del personal de enfermería comunitaria a los hogares de los residentes hace que la población perciba como adecuado el rol de la enfermera comunitaria. Además, se debe tener en cuenta la condición económica y el origen de la población a la hora de planificar intervenciones en la comunidad.

Palabras clave: Enfermeras, salud comunitaria, atención primaria, trabajadores comunitarios de salud, Perú.

ABSTRACT

Introduction: The community nurse plays a key role in health promotion, health education, and disease prevention. However, only occasionally does society recognize the work performed by this health professional. It is necessary to know how the population perceives this work and what factors could influence it.

Objective: The aim of this study was determine the factors associated with the perception of the role of the community nurse.

Methods: We conducted a cross-sectional study, with a sample of 405 residents of legal age, selected by non-probabilistic sampling from the southern region of Peru. For data collection, *REFCO* scale was used, which measures the role of the nursing professional in the community. In addition, sociodemographic aspects (sex, age, origin, educational level, marital status, children, employment situation, income, basic housing services, social security, family) and health (member with chronic disease and/or COVID-19, vaccine against COVID-19 and having ever received a visit from a professional nursing in their home) were considered.

Results: The results revealed that the residents who had at least one visit from a nursing professional (OR=3.26; 95% CI: 2.04-5.22) perceived the community nurse's role as adequate. Similarly, residents with a monthly income of less than basic salary (OR=0.44; 95% CI: 0.22-0.87) and who received a home visit from the nurse (OR=3.05; 95% CI: 1.76-5.28) presented an adequate perception of the community nurse in its "field trip" dimension. **Discursion:** Finally, the residents from the urban area (OR=2.13; 95% CI: 1.23-3.71) indicated an adequate perception of the community nurse in its "education" dimension.

Conclusions: At least one visit by community nursing staff to the residents' homes makes the population perceive the community nurse's role as adequate. In addition, the economic condition and origin of the population must be considered when planning interventions in the community.

Keywords: Nurses, community health, primary care, community health workers, Peru.

INTRODUCTION

The practical nursing field is divided into two large areas: hospital and community nursing. World Health Organization considers that the community nurse's role is fundamental for promoting health, preventing, and managing the disease (Organization, 2017). However, a global shortage of nurses corresponds to more than 50% of the total lack of health workers (Drennan & Ross, 2019). Additionally, 9 million nurses are estimated to be needed to achieve sustainable health andwellness goals by 2030 (Blay et al., 2022). In that sense, there has not been an alignment of the supply of qualified nursing with the required demand in thecommunity sector,

with evidence of more significant hiring of clinical nurses than community nurses (Ashley, 2016).

Worldwide, the increase in the prevalence of communicable and non-communicable diseases, such as respiratory diseases, diabetes mellitus, HIV/AIDS, cancer, and cardiovascular diseases, require a more significant number of community nurses to help with early detection, prevention of complications, and reduction of deaths, especially in low- and middle-income countries such as Peru (Mhlongo et al., 2020). Likewise, the aging of the population and advances in medical technology highlight the need to integrate concepts of health and healthy lifestyles to achieve a high quality of life, which includes independence, social participation, and dignity. In this sense, the community nurse cares for healthy and sick people in all situations and plays a key role in health promotion, health education, disease prevention, emergencies, and health services before and after a disaster (Huy et al., 2018). It is necessary to see the community nurse as a valuable agent in health promotion and disease prevention, not just as an auxiliary to traditional medical care (Domm &

Urban, 2020).

The scientific literature regarding the community nurse's role from the population's perception is scarce; most of the studies focus on the nurse's global image, social representation, and/or self-perception. A study conducted by Ramos et al., found that patients in primary care centers are aware of the community nurse's role, have good professional judgment and autonomy to make decisions and have a remarkable ability to solve problems (Ramos Santana et al., 2015). On the other hand, an investigation revealed that first-level health nurses self-assess themselves as competent, experienced help ties with families, which makes them feel satisfied with their work; however, they also perceive that the current health model is still at a theoretical level rather than a practical one, in which the caring role and the fulfillment of goals are above promotion and prevention activities (Gonzalez-Vega, 2020). Another study on the perception of community nurses about the leadership of their leaders confirmed a low perception of transformational leadership and that individual characteristics and the work environment influence the perception of nurses about their leaders in primary care (Brzozowski et al., 2022).

The COVID-19 pandemic further highlighted the importance and need to encourage healthcare professionals to become involved throughout the community (Yodsuban et al., 2023). Educational institutions must adapt curricula to the increasing value placed on global and community health and public health to cope with these changes and cultivate a health workforce with vital skills and abilities (Paterson et al., 2021). In this context, it is crucial to evaluate the factors associated with the perception of the role of the community nurse by the population. Identifying these factors will allow

the development of strategies to improve the service provided by this health professional and thus contribute to adopting healthy habits and behaviors in the community. Therefore, this study aimed to determine the sociodemographic factors associated with the perception of the community nurse's role in residents of the southern region of Peru.

METODOLOGIA

Type of study, population, and sample

The study had a quantitative approach, a non-experimental design, cross-sectional and analytical. Sampling was non-probabilistic and by volunteers. The participants were chosen according to the following inclusion criteria: Peruvian residents, residents of the Tacna region of both sexes, over 18 years of age, and who voluntarily agreed to participate in the study. In turn, foreign residents, minors living alone, and who did not sign the informed consent were excluded. The Tacna region is located in southern Peru and has a population of 384,200 inhabitants. We calculated the sample size based on this population and with a conservative assumption that 50% of the participants would have an adequate perception of the role of the community nurse, with a confidence level of 95% and a margin of error of 5%, obtaining the necessary sample of 380 participants. However, the participation of 405 residents who met the inclusion criteria was achieved.

Data collection and instruments

For data collection, the survey technique and the questionnaire were used as the

instrument, which was applied from the home visit between March and May 2023, respecting the biosafety protocols against COVID-19.

For the variable perception of the role of community nursing, the questionnaire "Role of the Nursing Professional in the Community" (REFCO) was prepared in Peru 2022 (Mamani-Vilca et al., 2022), with a reliability of 0.865 by Cronbach's alpha. It is made up of 9 items divided into 2 dimensions: Field trip (1-5 items) and Education (6-9 items), with a Likert-type response scale: always (3), sometimes (2), and never (1). The final scoring scale groups the role of the community nurse into inadequate (≤18 points) and adequate (≥18 points).

On the other hand, the following factors were considered: sex, age, place of origin, level of education, marital status, having children, employment situation, economic income, basic housing services, and social security. Likewise, having a family member with a chronic disease and/or COVID-19, having the COVID-19 vaccine, and having ever received a visit from a nursing professional at home.

Data analysis

The statistical package SPSS v.24 was used for data analysis and processing. Simple frequency tables were chosen for the descriptive analysis since the nature of the study variables was categorical. For the bivariate analysis, contingency tables and the chi-square test were used. Lastly, binary logistic regression was performed for the multivariate analysis, which considered the perception of the role of community nurse as the dependent variable.

Ethical aspects

The first electronic page containing the invitation to participate in the survey provided a brief description of the study and its objective and informed consent. All subjects gave their informed consent to participate in the study. This study complies with the international ethical standards established in the Declaration of Helsinki (2000).

RESULTADOS

Of the 405 residents surveyed, 51.4% were women, and 48.6% were men; the predominant age group was adults, with 65.4%, followed by young people, with 29.4%. On the other hand, 78.5% came from an urban area, 68.9% had a higher level of education, 60.5% were single or separated, and 70.1% had children. Regarding the employment situation, 67.2% had a job, and 70.9% had a monthly economic income of fewer than basic salary (1025 soles); On the other hand, 91.1% stated that they had basic housing services, and 79.5% had no health insurance. Regarding the family context, 69.4% of the respondents indicated that they had a family member with a chronic disease, 66.7% did not have a family member infected with COVID-19, 91.6% of the family members had the complete vaccination schedule against COVID-19, and 72.6% stated that they had received a visit from a nursing professional at home at some time (Table 1).

Regarding the variable perception of the role of the community patient, 69.1% of the residents perceived it as inadequate and 30.9% as adequate. In the same way, for the dimension "field trip," 83.2% of the residents perceived it as inadequate and 16.8% as adequate. However, for the "education" dimension, 55.8% perceived it as

adequate and 44.2% as inadequate (Table 2).

In the bivariate analysis, a relationship was found between the place of origin (p=0.04), the basic services (p=0.02), and the visit of the nursing professional (p=0.00) with the perception of the residents of the Tacna region regarding the role of the community nurse. For the "field trip" dimension, a relationship was found between economic income (p=0.02), basic services (p=0.01), and the visit of the nursing professional (p=0.00). For the "education" dimension, a relationship was obtained between origin (p=0.00), educational level (p=0.03), and basic services (p=0.01) (Table 3).

The multivariate analysis found that the residents who had at least one visit from a nursing professional (OR=3.26; 95% CI: 2.04-5.22) perceived the community nurse's role as adequate. Similarly, residents with a monthly income of less than 1,025 soles (OR=0.44; 95% CI: 0.22-0.87) and who received a home visit from the nurse (OR=3.05; 95% CI: 1.76-5.28) presented an adequate perception of the community nurse in its “field trip” dimension. Finally, the residents from the urban area (OR=2.13; 95% CI: 1.23-3.71) indicated an adequate perception of the community nurse in its “education” dimension (Table 4).

DISCUSSIÓN

The perception that the population has regarding the role of the community nurse ensures the appreciation of community health personnel. It facilitates the performance of the community nurse in their role of protecting, promoting, and

restoring the health of community members (Joubert & Reid, 2023; Meadows, 2009). Identifying the factors that can promote an adequate perception of the work of the community nurse will improve the training of this professional and overcome the barriers that arise.

Our study found that residents who received at least one visit from a nursing professional in their home (OR=3.26; 95% CI: 2.04-5.22) perceived the community nurse's role as adequate. In contrast, a study in Ghana showed that villagers who received home visits by community nurses were not satisfied, feeling that their minor ailments were not adequately cared for and wishing that more activities could be added to the home visiting package (Diema Konlan et al., 2021). These results suggest that the resident's perception of the home visits provided by community nurses may vary depending on the context and the quality of the services provided. Factors such as the education and attitude of community members, supervision challenges, lack of incentives and basic logistics, uncooperative attitude, inaccessibility of the community, financial constraints, and limited number of staff can also negatively influence the perception of home visits among villagers (Diema Konlan et al., 2021; Gillham et al., 2021).

On the other hand, a study in Jordan with patients who attended the emergency services found an association between the number of visits to this area and a worse perception of the patients about the nursing service (Al-Saidat et al., 2022). However, a study conducted in Israel revealed that primary care physicians perceive nurses to contribute to the quality of community practice and share responsibility for patient perception of quality of care (Sela et al., 2022). These regular interactions can establish a relationship of trust and allow personalized attention, which positively influences the residents' perception of the community nurse's role.

Regarding the dimensions of the role of the community nurse, the analysis of the

study showed that residents with a monthly income of less than basic salary (OR=0.44; 95% CI: 0.22-0.87) and who received visits from nurses at home (OR=3.05; 95% CI: 1.76-5.28) presented an adequate perception of the community nurse in the "field trip" dimension. These findings are consistent with a study conducted in Argentina, which found that low-income patients with uncontrolled hypertension who participated in an intervention led by community health workers experienced better control and management of their blood pressure (He et al., 2017). Likewise, in a study carried out in Philadelphia, United States, it was observed that patients living in poverty, without health insurance, and with a diagnosis of two or more chronic diseases, who participated in a program for the management of chronic diseases led by community health workers, improved their perception of the quality

of care and reduced the number of hospitalizations (Kangovi et al., 2018). These results suggest that low-income residents may face economic barriers and access to medical care and perceive the presence of a community nurse as a valuable help to overcome these difficulties.

Concerning the "education" dimension, residents from urban areas (OR=2.13; 95% CI: 1.23-3.71) indicated an adequate perception of the community nurse. A study conducted in Minnesota, United States, found that patients were satisfied with nursing educational visits and that this result was maintained at follow-up for 3 years. In addition, an improvement was observed in the nurses' sense of achievement and their perception of their abilities and skills (Goodman et al., 2021). Other studies also support the importance of the role of the nurse in patient education, such as nurse-led programs in patients with heart failure that have been shown to reduce hospital admissions and readmissions, as well as to be more cost-effective and improve functioning and quality of life (Cui et al., 2019; Rice et al., 2018). In addition, the relevance of the nurse in educating post-operated patients during discharge to achieve effective self-care at home has been highlighted (Kang et al., 2020; McInnes et al., 2017). The availability of educational resources and access to information in urban areas can contribute to a more positive perception of the community nurse in this dimension.

Limitations

The study has some limitations that should be mentioned. First, the community nurse's role was evaluated through the perception that the participant has of the role of this health professional. In addition, the data was collected through a self-

administered questionnaire; therefore, the subjective evaluation of the community nurse's role cannot be accurately reflected. However, measuring this variable through a validated scale is a strength of the study. Second, it is a cross-sectional study; due to the health emergency context, it was not feasible to plan a longitudinal study. Therefore, confirming a causal relationship between the variables under study is impossible, and future longitudinal studies are recommended. Finally, the sample was limited to residents of a region in southern Peru; therefore, the results cannot be generalized to the Peruvian population.

CONCLUSION

At least one visit by community nursing staff to the residents' homes makes the population perceive the community nurse's role as adequate. In addition, economic income below the minimum wage in the country and urban origin is associated with adequate perception of the community nurse in the field trips and education dimensions, respectively.

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Anexo 1 - Evidencia de Sumisión del artículo en una revista de prestigio

SOCIODEMOGRAPHIC FACTORS ASSOCIATED WITH THE PERCEPTION OF THE ROLE OF COMMUNITY NURSING STAFF

https://us.sagepub.com/en-us/nam/sage-open-nursing/journal202460

Anexo 2 - Resolución de Inscripción del Perfil de Proyecto de tesis en formato articulo

"Año de la unidad, la paz y el desarrollo "

RESOLUCIÓN N° 0961-2023/UPEU-FCS-CF

Lima, Ñaña, 02 de mayo de 2023

VISTO:

El expediente de **Bach. Jessenia Yeny Flores Mamani,** identificado(a) con Código Universitario N° **200510099**, de la Escuela Profesional de Psicología de la Facultad de Ciencias de la Salud de la Universidad Peruana Unión;

CONSIDERANDO:

Que la Universidad Peruana Unión tiene autonomía académica, administrativa y normativa, dentro del ámbito establecido por la Ley Universitaria N° 30220 y el Estatuto de la Universidad;

Que la Facultad de Ciencias de la Salud de la Universidad Peruana Unión, mediante sus reglamentos académicos y administrativos, ha establecido las formas y procedimientos para la aprobación e inscripción del perfil de proyecto de tesis en formato artículo y la designación o nombramiento del asesor para la obtención del título profesional;

Que el (la) Bach. Jessenia Yeny Flores Mamani, ha solicitado: la inscripción del perfil de proyecto de tesis titulado: *"Percepción del rol de la Enfermería Comunitaria en pobladores de una zona rural y urbana en Tacna, 2023"* y la designación del Asesor, encargado de orientar y asesorar la ejecución del perfil de proyecto de tesis en formato artículo;

Estando a lo acordado en la sesión del Consejo de la Facultad de Ciencias de la Salud de la Universidad Peruana Unión, celebrada el 02 de mayo de 2023 y en aplicación del Estatuto y el Reglamento General de Investigación de la Universidad;

SE RESUELVE:

Aprobar el perfil de proyecto de tesis en formato artículo titulado: *"Percepción del rol de la Enfermería Comunitaria en pobladores de una zona rural y urbana en Tacna, 2023"*; y disponer su inscripción en el registro correspondiente, designar a él (la) Dra. María Magdalena Diaz Orihuela, para que oriente y asesore la ejecución del perfil de proyecto de tesis en formato artículo el cual fue dictaminado por el (la) MSc. Solorzano Aparicio, Mary Luz, y el (la) Mg. Suarez Rodriguez Rocio, otorgándoles un plazo máximo de doce (12) meses para la ejecución.

Regístrese, comuníquese y archívese.

Dra. Lili Albertina Fernandez Molocho
DECANA

MSc. Mary Luz Solorzano Aparicio
SECRETARIA ACADÉMICA

- Interesado
- Asesor
- Archivo

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Fax: 6186339 Casilla 3564 Web: www.upeu.edu.pe Email: universidadperuanaunion@upeu.edu.pe

Anexo 3 - Constancia de Aprobación del Comité de Ética

UPeU
UNIVERSIDAD PERUANA UNION

Lima, Ñaña, 02 de Marzo de 2023

EL COMITÉ DE ÉTICA DE INVESTIGACIÓN DE LA FACULTAD DE CIENCIAS DE LA SALUD

CONSTA

Que el proyecto de investigación de Flores Mamani Jessenia Yeny identificado (a) con DNI No. 40263490 y su asesor (a) el Maria Magadalena Diaz Orihuela identificado (a) con DNI No. **42882799** con el título: Percepción Del Rol De La Enfermera Comunitaria En Pobladores De Una Zona Rural Y Urbana De Tacna, 2023 fue evaluado y aprobado por el Comité de Ética de Investigación de la Universidad Peruana Unión, considerando su calidad científica, consideración del bienestar de sus participantes, y conformidad con los estándares de la ética establecidas en el Código de ética para la Investigación de la UniversidadPeruana Unión.

Para mantener la aprobación del Comité de Ética, se tiene que cumplir con los siguientes requisitos:

1. Cada participante debe dar consentimiento informado. En el caso de menores de edad, por lo menos uno de sus padres o guardianes debe registrar su consentimiento informado y el menor de edad debe registrar su asentimiento informado, en caso de trabajos prospectivos. En caso de trabajos retrospectivos contar con la carta de autorización de la institución.

Los resultados de este proyecto puedan ser publicados con referencia a aprobación Número ***2023-CE-FCS - UPeU-023.***

FACULTAD DE CIENCIAS DE LA SALUD – UNIVERSIDAD PERUANA UNION – PRESIDENTE DEL COMITÉ DE ÉTICA

Mg. Maria Magdalena Díaz Orihuela
Presidente
Comité de Ética de Investigación

FACULTAD DE CIENCIAS DE LA SALUD – UNIVERSIDAD PERUANA UNION – SECRETARIO DEL COMITÉ DE ÉTICA

Mtro. William de Borba
Secretario
Comité de Ética de Investigación

Anexo 4 - Instrumentos de recolección de datos

CUESTIONARIO SOBRE LAS PERCEPCIONES DEL ROL DEL PROFESIONAL DE ENFERMERÍA COMUNITARIA

Estimado(a) poblador(a):

Soy egresada de la carrera Enfermería de la Universidad Peruana Unión y estoy realizando un trabajo de investigación con el objetivo de determinar la percepcion del rol de la enfermera comunitaria en pobladores de zona rural y urbana. Le agradecemos su colaboración a través de sus respuestas sinceras y veraces, expresándole que es de carácter anónimo y confidencial, su participación es totalmente voluntaria.

Instrucciones:

- Lea detenidamente cada ítem que a continuación se le presenta.
- Luego marque la respuesta que crea conveniente.

Dispongo mi colaboración:

- ☐ Acepto
- ☐ No acepto

DATOS SOCIODEMOGRAFICOS

Género:

- ☐ Femenino
- ☐ Masculino

Edad: ……. años

Lugar de procedencia:

- ☐ Rural
- ☐ Urbano

Grado de instrucción:

- ☐ Sin instrucción
- ☐ Primaria incompleta
- ☐ Primaria complete
- ☐ Secundaria incompleta
- ☐ Secundaria completa
- ☐ Superior técnico incompleto

- Superior técnico completo
- Superior universitario incompleto
- Superior universitario completo

Estado civil:

- Soltero(a)
- Casado(a)
- Conviviente
- Viudo(a)
- Divorciado(a)

Ingreso mensual (S/.):

- Menor de S/. 930.00
- 930 – 1000
- 1000 – 1500
- 1500 – 3000
- Mayor de S/. 3000

¿Cuántos hijos (as) tiene usted?.....

Su trabajo es:

- Independiente
- Dependiente
- No cuenta con trabajo

28 ¿Cuenta con los servicios básicos de sanidad: agua, luz, desagüe?

- Sí
- No

¿Cuenta con seguro de salud? *

- Sí
- No

Actualmente, ¿Algún miembro de la familia sufre de alguna enfermedad?

- Sí
- No

Si contesto SI, especificar:

- Enfermedades Cardiovasculares
- Enfermedades del Sistema Nervioso
- Enfermedades del Sistema Renal
- Enfermedades del Sistema Respiratorio
- Enfermedades del Sistema Digestivo

- ☐ Enfermedades del Sistema Osteomuscular
- ☐ Enfermedades Dermatologicas.
- ☐ Enfermedades del Sistema Reproductor
- ☐ Enfermedades del Sistema Endocrino
- ☐ Enfermedades Oncológicas
- ☐ De 2 enfermedades a más.

Religión:

- ☐ Ninguno
- ☐ Católico(a)
- ☐ Evangélico(a)
- ☐ Adventista
- ☐ Otro:

¿Algún miembro de su familia tiene o ha tenido COVID-19?

- ☐ Sí
- ☐ No

¿Tiene las dosis completas de la vacuna contra el COVID-19?

- ☐ Sí
- ☐ No

¿Ha recibido la visita de algún profesional de enfermería en el último año?

- ☐ Sí
- ☐ No

SALIDA AL CAMPO

1. ¿Alguna vez usted ha observado al profesional de enfermería participar en la formación de escenarios saludables (en la familia, escuelas, municipios, etc.) en la comunidad?

- ☐ Siempre
- ☐ A veces
- ☐ Nunca

2. ¿Alguna vez usted ha observado al profesional de enfermería participar en programas de salud (vacunación, sesiones educativas en salud, campañas de prevención de ETS, escuelas saludables, etc.) en instituciones educativas de la comunidad?

- ☐ Siempre
- ☐ A veces

- Nunca

3. ¿Alguna vez usted ha observado al profesional de enfermería participar en actividades de seguimiento, control y vigilancia al individuo, familia y comunidad?

- Siempre
- A veces
- Nunca

4. ¿Alguna vez usted ha observado al profesional de enfermería visitar los hogares de los miembros de su comunidad/barrio?

- Siempre
- A veces
- Nunca

5. ¿Alguna vez usted ha observado al profesional de enfermería gestionar proyectos de desarrollo en salud (canastas familiares, presupuesto participativo) en beneficio de su comunidad?

- Siempre
- A veces
- Nunca

EDUCACION

6. ¿Alguna vez usted ha observado al profesional de enfermería brindar sesiones educativas (charlas), ya sea, en el hogar, centro de salud, colegios, centro laboral, etc.?

- Siempre
- A veces
- Nunca

7. ¿Alguna vez usted ha observado al profesional de enfermería emplear medios audiovisuales (rotafolio, trípticos, infografías, videos, etc.) y demostraciones prácticas durante las sesiones educativas?

- Siempre
- A veces
- Nunca

8. ¿Alguna vez usted ha observado que el profesional de enfermería brinde sesiones educativas de acuerdo con la necesidad del individuo, familia y comunidad?

- Siempre
- A veces
- Nunca

9. ¿Alguna vez usted ha observado que las sesiones educativas brindadas por el profesional de enfermería han generado cambios en el individuo, familia y comunidad?

- ☐ Siempre
- ☐ A veces
- ☐ Nunca

Anexo 5 - Tablas y Figuras

Table 1. General characteristics of the residents of the Tacna region

Variables		n=405	%
Sex	Female	208	51.4
	Male	197	48.6
Age	Elderly	21	5.2
	Adult	265	65.4

	Young	119	29.4
Origin	Urban	318	78.5
	Rural	87	21.5
Educational level	University	279	68.9
	Complete High School	94	23.2
	Incomplete High School	32	7.9
Marital status	Single/Separated	245	60.5
	Married/Co-habitant	160	39.5
Children	Yes	284	70.1
	No	121	29.9
Employment situation	Yes	272	67.2
	No	133	32.8
Economic income	More than basic salary	118	29.1
	Less than basic salary	287	70.9
Basic services	Yes	369	91.1
	No	36	8.9
Health insurance	Yes	83	20.5
	No	322	79.5
Family members with chronic diseases	Yes	281	69.4
	No	124	30.6
Family members with COVID-19	Yes	135	33.3
	No	270	66.7
Family vaccinated against COVID-19	Yes	371	91.6
	No	34	8.4
Have you ever been visited by a nursing professional in your home?	Yes	294	72.6
	No	111	27.4

Table 2. Perception of the role of the community nurse in residents of the Tacna region.

Perception of the role of the community nurse	Adequate		Inadequate	
	n	%	n	%
General	125	30.9	280	69.1

Field trip	68	16.8	337	83.2
Education	226	55.8	179	44.2

Table 3. Bivariate analysis of the general characteristics according to the perception of the role of the community nurse among residents of the Tacna region

Variables		Perception of the role of the community nurse		p	Field trip		p	Education		p
		Adequate n=125(%)	Inadequate n=280(%)		Adequate n=68(%)	Inadequate n=337(%)		Adequate n=226(%)	Inadequate n=179(%)	
Sex	Female	63 (50.4)	145 (51.8)	0.79	38 (55.9)	170 (50.4)	0.41	114 (50.4)	94 (52.5)	0.67
	Male	62 (49.6)	135 (48.2)		30 (44.1)	167 (49.6)		112 (49.6)	85 (47.5)	
Age	Elderly	8 (6.4)	13 (4.6)	0.13	3 (4.4)	18 (5.3)	0.34	8 (3.5)	13 (7.3)	0.08
	Adult	73 (58.4)	192 (68.6)		40 (58.8)	225 (66.8)		144 (63.7)	121 (67.6)	
	Young	44 (35.2)	75 (26.8)		25 (36.8)	94 (27.9)		74 (32.7)	45 (25.1)	
Origin	Urban	106 (84.6)	212 (75.7)	0.04*	56 (82.4)	262 (77.7)	0.39	193 (85.4)	125 (69.8)	0.00*
	Rural	19 (15.2)	68 (24.3)		12 (17.6)	75 (22.3)		33 (14.6)	54 (30.2)	
Educational level	University	85 (68)	194 (69.3)	0.17	40 (58.8)	239 (70.9)	0.12	161 (71.2)	118 (65.9)	0.03*
	Complete High School	34 (27.2)	60 (21.4)		22 (32.4)	72 (21.4)		54 (23.9)	40 (22.3)	
	Incomplete High School	6 (4.8)	26 (9.3)		6 (8.8)	26 (7.7)		11 (4.9)	21 (11.7)	
Marital status	Single/Separated	75 (60)	170 (60.7)	0.89	41 (60.3)	204 (60.5)	0.97	134 (59.3)	111 (62)	0.57
	Married/Co-habitant	50 (40)	110 (39.3)		27 (39.7)	133 (39.5)		92 (40.7)	68 (38)	
Children	Yes	85 (68)	199 (71.1)	0.53	47 (69.1)	237 (70.3)	0.84	155 (68.6)	129 (72.1)	0.44
	No	40 (32)	81 (28.9)		21 (30.9)	100 (29.7)		71 (31.4)	50 (27.9)	
Employment situation	Yes	84 (67.2)	188 (67.1)	0.99	44 (64.7)	228 (67.7)	0.63	161 (71.2)	111 (62)	0.05
	No	41 (32.8)	92 (32.9)		24 (35.3)	109 (32.3)		65 (28.8)	68 (38)	
Income	More than basic salary	32 (25.6)	89 (30.7)	0.29	12 (17.6)	106 (31.5)	0.02*	69 (30.5)	49 (27.4)	0.48
	Less than basic salary	93 (74.4)	194 (69.3)		56 (82.4)	231 (68.5)		157 (69.5)	130 (72.6)	
Basic services	Yes	120 (96)	249 (88.9)	0.02*	67 (98.5)	302 (89.6)	0.01*	213 (94.2)	156 (87.2)	0.01*
	No	5 (4)	31 (11.1)		1 (1.5)	35 (10.4)		13 (5.8)	23 (12.8)	

Health insurance	Yes	29 (23.2)	54 (19.3)	0.36	18 (26.5)	65 (19.3)	0.18	40 (17.7)	43 (24)	0.11
	No	96 (76.8)	226 (80.7)		50 (73.5)	272 (80.7)		186 (82.3)	136 (76)	
	Yes	90 (72)	191 (68.2)	0.44	53 (77.9)	228 (67.7)	0.09	158 (69.9)	123 (68.7)	0.79

Family members with chronic diseases	No	35 (28)	89 (31.8)		15 (22.1)	109 (32.3)		68 (30.1)	56 (31.3)	
Family members with COVID-19	Yes	44 (35.2)	91 (32.5)		23 (33.8)	112 (33.2)		74 (32.7)	61 (34.1)	
	No	81 (64.8)	189 (67.5)	0.59	45 (66.2)	225 (66.8)	0.92	152 (67.3)	118 (65.9)	0.77
Family vaccinated against COVID-19	Yes	7 (5.6)	27 (9.6)		4 (5.9)	30 (8.9)		17 (7.5)	17 (9.5)	
	No	118 (94.4)	253 (90.4)	0.17	64 (94.1)	307 (91.1)	0.41	209 (92.5)	162 (90.5)	0.47
Nursing professional visit	Yes	69 (55.2)	225 (80.4)		34 (50)	260 (77.2)		158 (69.9)	136 (76)	
	No	56 (44.8)	55 (19.6)	0.00*	34 (50)	77 (22.8)	0.00*	68 (30.1)	43 (24)	0.17

* indicates $p < 0.05$

Table 4. Multivariate analysis of the general characteristics according to the perception of the role of the community nurse among residents of the Tacna region

Variables		Perception of the role of the community nurse			Field trip			Education		
		OR	CI (95%)	p	OR	CI (95%)	p	OR	CI (95%)	p
Origin	Urban	1.72	(0.94-3.14)	0.07				2.13	(1.23-3.71)	0.00*
	Rural	1	(Reference)					1	(Reference)	
Income	More than basic salary				0.44	(0.22-0.87)	0.01*			
	Less than basic salary				1	(Reference)				
Basic services	Yes	1.84	(0.66-5.11)	0.24	6.95	(0.92-52.5)	0.06	1.70	(0.79-3.63)	0.16
	No	1	(Reference)		1	(Reference)		1	(Reference)	
Nursing professional visit	Yes	3.26	(2.04-5.22)	0.00*	3.05	(1.76-5.28)	0.00*			
	No	1	(Reference)		1	(Reference)				
Educational level	University							2.05	(0.86-4.89)	0.10

	Complete High School	1	(Reference)	
	Incomplete High School	1.67	(0.73-3.85)	0.22

* indicates p < 0.005; OR: Odds ratio; CI: confidence intervals

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Anexo 1 .....

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