



Contributions of Speech, Language and Hearing Pathology and Audiology for social and professional integration of customers

Contribuições da Fonoaudiologia para a
integração social e profissional dos clientes

Contribuciones de Logopedia para la
integración social y profesional de los
clientes

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Abstract

Introduction: the Speech-Language Pathologist and Audiologist works in various professional contexts, making various interventions, which can be analyzed as the possibilities for participation of Speech-Language Pathology and Audiology in social integration of patients. **Objective:** To investigate the perception of interviewees about how their performance contributes to the social and professional integration of their patients. **Methods:** Subjects: (60 speech-language pathologists and audiologists) using the technique of snowball sampling from disclosure made by mail to the contact lists of speech-language pathologists and audiologists. They answered a questionnaire administered in an online

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format (GoogleDocs®) for the characterization of participants and two essay questions related to social/professional integration of patients. After characterizing this group of subjects, the qualitative analysis established 12 categories to subsequent analysis from the answers to essay questions. **Results:** The subjects were predominantly women (93.3%), with less than 41 years old (71.7%), graduated less than 10 years (57.3%), working in the area of voice (35%), language (21.3%), motricity/oral (18.4%), hearing (16.5%), Health/Public (8.8%) in the state of São Paulo (73.3%), in the clinical and hospital contexts (56.7%). About the importance of Speech Language Pathology and Audiology for insertion/social integration/professional the most mentioned was “improved communication” (18 to 32.2%) and “improved quality of life” (25-33.4%). **Conclusions:** The speech-language pathologists and audiologists perceive their role as important for social and professional integration of their clients/patients, mainly by contributing to improved communication. Inquiries and research in this field is important to alert councils and other associations of the need for projects that enable access of the population to Speech- Language Pathology and Audiology.

Keywords: Speech Language Pathology and Audiology; communication; quality of life.

Resumo

Introdução: o fonoaudiólogo atua em diferentes contextos profissionais, realizando diversas intervenções, que podem ser analisadas quanto às possibilidades de participação da Fonoaudiologia na inserção social e profissional de seus clientes. **Objetivo:** investigar a percepção dos fonoaudiólogos sobre como sua atuação contribui para a integração social e profissional de seus clientes. **Métodos:** Casuística: (60 fonoaudiólogos) foi utilizada a técnica de amostragem por bola de neve, a partir de divulgação feita por Email em listas de contatos de fonoaudiólogos. Esses responderam um questionário, aplicado em formato online (Googledocs®) para a caracterização dos participantes e duas questões dissertativas referentes à integração social/profissional dos clientes. Após a caracterização do grupo de sujeitos, a análise qualitativa estabeleceu 12 categorias a posteriori de análise a partir das respostas às questões dissertativas. **Resultados:** Os sujeitos eram predominantemente mulheres (93,3%), com idade inferior a 41 anos (71,7%), formadas há menos de 10 anos (57,3%), atuantes na área de Voz (35%), Linguagem (21,3%), Motricidade/oral (18,4%), Audição (16,5%), Saúde/Coletiva (8,8%), no estado de São Paulo (73,3%), em contexto clínico e hospitalar (56,7%). Sobre a importância da Fonoaudiologia para inserção/integração social/profissional a categoria mais mencionada foi “melhora da comunicação” (18-32,2%) e “melhora na qualidade de vida” (25-33,4%). **Conclusões:** Os fonoaudiólogos percebem sua atuação como importante para a integração social e profissional de seus clientes/pacientes, principalmente, por contribuir para melhora da comunicação. Questionamentos e pesquisas nesse âmbito são importantes para alertar conselhos e outras entidades de classe da necessidade de projetos que viabilizam o acesso da população aos serviços de Fonoaudiologia.

Palavras-Chave: Fonoaudiologia; comunicação; qualidade de vida.

Resumen

Introducción: el fonoaudiólogo trabaja en varios contextos profesionales, haciendo varias intervenciones, las posibilidades de participación del fonoaudiólogo en la integración social y profesionales sus clientes son diversos. **Objetivo:** Investigar la percepción de los fonoaudiólogos acerca de su desempeño contribuye a la integración social y profesional de sus clientes. **Métodos:** 60 fonoaudiólogos se utilizó la técnica de muestreo de bola de nieve de la divulgación hecha por correo en las listas de contactos. Respondieron un cuestionario administrado en un formato en línea (GoogleDocs®) para la caracterización de los participantes y dos preguntas de desarrollo relacionados con la integración social/profesional de los clientes. El análisis cualitativo estableció 12 categorías para el análisis posterior de las respuestas a las preguntas de ensayo. **Resultados:** Predominantemente mujeres (93,3%), con menos de 41 años (71,7%), formaron menos de 10 años (57,3%), que trabajan en el área de la voz (35%), idioma (21,3%), Motricidad/oral (18,4%), auditiva (16,5%), salud/público (8,8%) el estado de São Paulo (73,3%), en el contexto clínica y hospitalaria (56,7%). Sobre la importancia de los fonoaudiólogos para la inserción/integración social/profesional categoría fue la más mencionada “mejor comunicación” (18 a 32,2%) y “la mejora de la calidad de vida” (25 a 33,4%). **Conclusiones:** Los fonoaudiólogos perciben su papel como importante para la integración social y profesional de sus clientes/pacientes, principalmente mediante la contribución a la mejora de la comunicación. La investigación es importante para los consejos y otras asociaciones de la necesidad de proyectos que permitan el acceso de la población a los servicios del fonoaudiólogo.comunicación. Cuestionamientos e investigaciones a respeto son importantes para alertar los consejos y otras asociaciones profesionales sobre la necesidad de proyectos que permitan el acceso de la población a los servicios de Fonoaudiología.

Palabras clave: Fonoaudiologia; comunicación; calidad de vida



Introduction

During the 1990's, the beginning of continued education in the fields of language, hearing, voice and orofacial motricity enabled the inclusion of the Speech-Language Pathologist and Audiologist in different fields of health care. This context generated new academic, scientific and professional challenges that required significant reviews of the clinical practice in Speech-Language Pathology and Audiology.

Currently, the Speech-Language Pathologist and Audiologist may be found working in several professional contexts, such as: hospitals, schools, daycare centers, private clinical practices, companies, basic health units, communication networks, and artistic activities (theater, movies, singing). In each of these, different methods and intervention techniques are being developed and enhanced regarding assessment, diagnosis, therapy and accessory procedures.

However, these practices often do not converse and/or are not analyzed in a view that enables the understanding/valuing of the possibilities of Speech-Language Pathologist and Audiologist's participation in their clients' social and professional insertion.

Thus, it is stressed that spoken and written language plays a very important role regarding the affectionate, social and occupational aspects of an individual. When these aspects are harmed, there may be an influence in the individual's social insertion and professional performance, due to difficulties in either comprehension or expression¹. Children and adults with communication difficulties may suffer with exclusion from their social relationships and restrictions in family interactions.

In a study which objective was to develop an orientation program with the family of 12 aphasic adults, it was seen that difficulties on communication of patients have influenced greatly social and family relationships. Furthermore, it was clear the difficulties of relatives on the use of strategies to facilitate the communication with these subjects. So, these questions, besides causing loss of autonomy of the patient, also bring social discrimination and difficult social insertion².

Therefore, the subject's entrance and participation in the professional context, according to Rocha-de-Oliveira and Piccinini (2012)³ may not be reduced to mere economic mechanisms.

Professional insertion must be understood as a historic and socially inscribed process and, in this perspective, communication is an essential factor for the subject's performance in this process.

In a study conducted with 30 deaf subjects using a semi-structured interview⁴, it was verified that communication deficiency is the main difficulty they face. This fact is especially observed in the professional context, resistant to social acceptance in the work market.

Another example of the influence of communication difficulties in the occupational context are voice professionals, especially teachers, who frequently seeks a Speech-Language Pathologist and Audiologist to treat voice problems, and represents a risk category for these disorders. There relevance of the subject begins to reflect on public policies, with the analysis of the document entitled "Work-Related Voice Disorder" at the National Health Department. This disorder is understood as any voice disorder directly related to voice use during professional activities that will limit, harm or prevent the worker's performance⁵.

In summary, the action of Speech-Language Pathologists and Audiologists also comprises processes that aim to minimize the effects of communication difficulties, so that the professional user may be able to incorporate the psychosocial implications of these disorders into their practices, and devise their interventions so as to favor their patients' social and professional insertion.

Having stated this, the purpose of this study was to investigate the perception of Speech-Language Pathologists and Audiologists about how their practice affects the social and professional integration of their clients.

Methods

The present study followed the ethical precepts established in the code of ethics for research with human beings, and was approved by the institution's research ethics committee under protocol number 273.557/2013.

In order to attend to the purpose of the study an internet interview was conducted, and it enabled the analysis of how professional practice affects aspects related to the social and professional insertion of your client/patient, in the opinion of a greater number of Speech-Language Pathologists and Audiologists.



Casuistic: The participants of this study were 60 Speech-Language Pathologists and Audiologists with clinical practice in at least one of the following fields of Speech-Language Pathology and Audiology: hearing, voice, language, orofacial motricity and collective health.

Selection Criteria: The sample occurred through the *snowball technique*⁶, a technique where the initial participants of a study refer new participants, forming a chain of references.

Disclosure took place through e-mail, in contact lists of Speech-Language Pathologists and Audiologists, in research groups at PUCSP, and the professionals in this list were asked to randomly disclose the research to other professionals.

Procedures: In order to attend to the purpose of this study a questionnaire for Speech-Language Pathologists and Audiologists was devised, asking for data in order to characterize the sample, in relation to: gender, date of birth, year of graduation, Graduate level studies, field of action (Audiology, Language Voice, Orofacial Motricity and Collective Health), time and State of professional practice, workplace. Considering that the Speech-Language Pathologist and Audiologist must insert his patients in social and professional contexts, two open questions were presented, with the purpose of surveying how this happens: “do you believe your practice in Speech-Language Pathology and Audiology helps in the social integration of your clients? If so, describe how.”, “Do you believe your practice in Speech-Language Pathology and Audiology helps in the professional integration of your clients? If so, describe how.”

Even though the open-ended questions were devised for affirmative or negative answers, we

TABLE 1- characterization of speech-language pathologists and audiologists according to gender, age, time of graduation and education after graduation

Variable	n	%	
Gender	Female	56	93,3
	Male	04	0,7
Age (in years)	<31	28	46,7
	32 a 41	15	25,0
	42 a 51	10	16,7
	>52	07	11,6
	Time of graduation (years)		
	< 5	16	26,7
	6 a 10	19	31,7
	11 a 20	09	15,0
	21 a 30	11	18,3
	>31	05	8,3

assumed that the answer would be affirmative and ensured, when asking for the reasons, that these would be given by the interviewed subject.

In order to broaden the scope of study conduction for the entire country, the questionnaire was devised and sent in an online format using *Googledocs*[®], and had two screens. The first regarded the free informed consent term and was formatted so that the questionnaire (second screen) could only be accessed after the participant's consent. The second screen, therefore, was the questionnaire itself.

Data analysis: an initial analysis considered the numeric and percent description of the sample characterization variables. Analysis of the data from the two open-ended questions was conducted based on the perspective proposed by Minayo et al.⁷ using posterior categorization, established based on the material obtained in the answers to the questions. Finally, 12 categories were established and to highlight the content referred by the participants, some parts of the answers will be presented, identified at the end with the subject's number (S1 to S60).

Results

The sample of 60 Speech-Language Pathologists and Audiologists was constituted predominantly by women (93.3%), aged under 41 years (71.7%), who had graduated less than 10 years prior (57,3%), and who continued studying after graduation (96.7%), in Specialization, Improvement and professional upgrading courses (95%) (Table 1).

Education after graduation			
	Yes	58	96,7
	No	02	3,3
Courses taken (88 references)			
	Professional Improvement, Upgrading, Specialization	57	
	Masters' Degree		64,7
	Ph.D.	25	28,4
	Doutorado	06	6,9
Total participants		60	100

Among the practice fields, the most frequently mentioned was voice (73.3%), in a clinical and hospital context (56.7%) (36 60% of subjects), belonging mostly (61.7%), in the State of São Paulo (table 2).

TABLE 2 - characterization of speech-language pathologists and audiologists according to field, time, state and type of practice

Variável	n	%
Field of Practice (103 references)		
Voice	36	35,0
Language	22	21,3
Orofacial Motricity	19	18,4
Hearing	17	16,5
Collective Health	09	8,8
Time of practice (in years)		
<5	22	36,7
6 a 10	15	25,0
11 a 20	08	13,3
21 a 30	10	16,7
>31	05	8,3
State where practices		
São Paulo	44	73,3
Sergipe	04	6,6
Minas Gerais	03	5,0
Rio de Janeiro	03	5,0
Pernambuco	02	3,3
Alagoas	01	1,7
Distrito Federal	01	1,7
Maranhão	01	1,7
Paraná	01	1,7
Type of Practice (97 referencias)		
Clinical	38	39,1
Hospital	17	17,6
Teaching	16	16,5
Accessory	14	14,4
Public Service	10	10,3
Others	02	2,1
Total participants	60	100

Among the interviewed Speech-Language Pathologists and Audiologists, two did not answer the question regarding the Speech-Language Pathologist and Audiologist's contribution in the social insertion of their patients or clients. The

others (58 – 96.7%) said that this occurs since the work of Speech-Language Pathologists and Audiologists aids in improving communication (28 – 46,7%) which favors the individual's social insertion (19 – 31,7%) (Table 3).

TABLE 3- aspects mentioned by the participants regarding the contribution of speech-language pathologists and audiologists in the social insertion of their patients or clients

Variable	n	%
Improvement in communication	28	32,2
Provides social reinsertion	19	21,9
Improvement in quality of life	12	13,8
Easens and broadens interaction	12	13,8
Improves self-esteem	8	9,2
Path to rehabilitation	1	1,1
Yes and does not justify	7	8,0
Total references	87	100

Among the interviewed Speech-Language Pathologist and Audiologists, three did not answer the question regarding the Speech-Language Pathologist and Audiologist's contribution in the professional insertion of their patients or clients, and three others reported working with children and therefore justified not answering this question.

The rest (57 – 97%) reported that this happens since the work of Speech-Language Pathologists and Audiologists aids in improving communication (25 – 41.7% of subjects) and for paying attention to the improvement in the work context (13 – 21.7% of subjects). (Table 4)

TABLE 4- aspects mentioned by the participants regarding the contribution of speech-language pathologists and audiologists in the professional insertion of their patients or clients

Variable	n	%
Improvement in communication		33,4
Improvement in work context	13	17,3
Professional reinsertion		10,7
Improvement in quality of life	06	8,0
Improvement in self-esteem	05	6,7
Easens and broadens interaction	04	5,3
Professional aptitude assessment	03	4,0
Provides social reinertion	02	2,7
Awareness toward self-care	01	1,3
Skills for professional future	01	1,3
Yes and does not justify	07	9,3
Total references	75	100

Discussion

Table 1 shows that most of the subjects are women (93.3%), a fact in accordance with the history of Speech-Language Pathology and Audiology that began linked to the educational activity of teachers and that, due to its rehabilitation characteristics demanded an approximation with the medical field^{8,9}. It may be supposed that this history of approximation between Speech-Language Pathology and Audiology and Education, that still currently exists in part, may have contributed for a greater feminine option for this profession. This predominance of women has also been reported in a survey that concerned the Ph.D. education of Brazilian Speech-Language Pathologists and Audiologists^{10,11}.

Table 1 also shows that most of the subjects interviewed are young, where 71.7% of the interviewed subjects are aged between 22 and 41 who, when continuing their education after graduation have opted for professional improvement and upgrading, specialization courses, as well as a Master's and Ph.D. degrees. This finding shows that the young professionals currently have a greater interest in continuing their studies in different ways, since undergraduate school does not seem to be enough when faced with the constant market demands for new techniques, issues and reflections about practices¹².

It may be observed in table 2 that the professionals who participated in the study concentrated mostly in the field of Voice (35%), followed by Language (22%). Considering that the study was conducted relying on lists of professionals taken from different sources, this survey shows that the lists in voice, possibly for being the first ones organized by the Brazilian Society of Speech-Language Pathology and Audiology are, in a way, more organized than those of the other fields in Speech-Language Pathology and Audiology, a fact that favored sending the questionnaire to professionals who work in this field. Another hypothesis is that the Speech-Language Pathologists and Audiologists who work in this field are more concerned about reflecting about the issues presented in this study.

Table 2 also shows that the federative region with the greatest number of interviewed subjects was the southeast region. This data agrees with the findings of the Federal Counsel of Speech-language

Pathology and Audiology that, in a survey conducted in August, 2013 has the southeast region as the region with the greatest number of professionals in Brazil, with 11505 registered professionals¹³.

Another relevant finding in table 2 concerns the type of practice of the interviewed subjects, where clinical practice is the most often reported (38%), followed by hospitals (17%) teaching (16%), public service (10%) and accessory (14%). According to Law 6965 of 09/12/1981, only paragraph of Article 1, the Speech-Language Pathologist and Audiologist is the professional with a degree in Speech-Language Pathology and Audiology, acting in research, prevention, assessment and therapy in Speech-Language Pathology and Audiology in the fields of oral and written communication, voice and hearing, as well as in perfecting speech and vocal patterns^{8,14}.

The Federal Counsel of Speech-Language Pathology and Audiology – CFFa has recently broadened this resolution in publishing an official document where it mentions the Speech-Language Pathologist and Audiologist being a professional of the field of Health, of independent and autonomous practice, who Works in the public and private sectors, responsible for the promotion of health, the assessment and diagnosis, guidance, therapy (habilitation and rehabilitation) and perfection of the Speech-Language Pathology and Audiology aspects of peripheral and central auditory functions, vestibular functions, oral and written language, voice, fluency, speech articulation, miofunctional, orofacial, cervical and deglutition systems, and may also have activities involving teaching, researching and administration in addition to practicing in clinical, company, school (special and regular schools) and hospital environments, among others. These fields (areas and places) are constantly increasing^{8,15}.

The information described above shows that, although in its beginnings, the Speech-Language Pathology actions were linked to clinical practice, currently other fields are being explored by these professionals. In addition to following the previously presented law, this fact evidences the broadening of the work market of Speech-Language Pathologists and Audiologists.

Table 3 shows the analysis of the aspects mentioned by the participants that regard the contribution of Speech-language Pathologists and Audiologists in the social insertion of their patients

or clients. It is observed that most subjects report that their practice contributes to this social insertion and, among the answers provided, most mentioned that Speech-Language Pathology and Audiology treatment, in improving communication and quality of life, favors their clients' social insertion. Examples of the reports of the interviewed subjects aid in understanding this point: *"I believe that it does, since when we receive a client, most times it is due to a communication disorder, the person isolates herself and is ashamed of exposing her feelings. With Speech-Language Pathology and Audiology practice, she has a quality of life again"* (S1), or *"From the moment that the subject seeks Speech Therapy follow-up due to any disorder in his communication, he is saying that the way he communicates is interfering in his social relationships. Thus, the intervention will reflect in his social integration"* (S2).

It is observed in the subject's answers that social insertion is directly related to quality of life, and is presented as one of the aims of the occupation. It should be noted that concerns with quality of life are recent, and are due to the change in paradigms that influence policies and practices in the field of health over the last few years^{16 17}. The improvement in quality of life has currently become an expected outcome, of assistance practices and also of public policies for this sector in the fields of health promotion and prevention of diseases, and Speech-Language Pathology and Audiology follows this current scenario¹⁸.

Table 4 registers the analysis of the aspects mentioned by the participants regarding the contribution of the Speech-Language Pathologist and Audiologist in the professional insertion of their patients or clients. Several issues were referred to in this analysis and, among them, the improvement in communication is once again stressed, mentioned by (20 – 33.4%) of the interviewed subjects. In order to illustrate this aspects, parts of the reports of the subjects will be shown: *"Providing ease in their communication with their several interlocutors, either in the personal or professional environment"* (S 54) *"He who communicates better has more access, more possibilities in the professional context"* (S 26).

The contribution of Speech-Language Pathology and Audiology practices in the improvement of the client in the work context (10 – 17.3%), may be exemplified with the following

excerpts: *"Work with communication involves practicing being assertive, clarity of ideas, a good tone of voice, etc... all these aspects favor a good contact with peers in the work environment"* (S 10) *"Promotes better communication, so required in current days in the professional context"*(S 29).

Professional reinsertion was mentioned by part of the interviewed subjects (6 – 10.7%), in references such as follows: *"If the complaints regard professional performance, the aim of improving vocal functions and orofacial motricity solves insecurities and establishes better interpersonal relationships"* (S 5).

It may be inferred that, according to the subjects, the aspects involved in good communication are directly related to success in work, since *"a healthy patient with quality of life, good communication, will have a better performance in his professional life"* (S31)

According to this analysis, the Speech-Language Pathologist and Audiologist, in re-dimensioning his practice by focusing on aspects that harm the subject's communication, directly contributes to his professional insertion.

Conclusion

The participating Speech-Language Pathologists and Audiologists recognize their practice as important for the social and professional integration of their clients/patients, mainly due to the fact that, in its several fields of concentration, the work of Speech-Language Pathologists and Audiologists contributes to the improvement in communication.

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