



Perception of health professionals about the insertion of speech-language pathologist in Primary Care

Percepção dos profissionais de saúde sobre a inserção do fonoaudiólogo na Atenção Primária

Percepción de los profesionales de la salud sobre la inserción del fonoaudiólogo en la Atención Primaria

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Abstract

Introduction: The performance of Speech-language pathology in public health has evolved, however, there are still few professionals working in Primary Care, so it is necessary to know better about its potentialities and challenges, since it assumes relevance for the integral health of subjects. **Objective:** To verify the knowledge that employees of two Primary Health Care Units (PHCU); one that has a resident speech therapist and another that does not, have on speech therapy and how they deal with the area's demands. **Method:** The study is quantitative-qualitative, cross-sectional. For data collection, an online semi-structured questionnaire was used regarding the knowledge about the performance of the speech therapist, applied to professionals from two PHCU in a metropolis of São Paulo. The data were analyzed based on Content Analysis. **Results:** There is a lack of knowledge of the employees of both units about speech therapy and its importance in Primary Care. From the PHCU that has a speech therapist, only one participant said to have some experience working with the professional. All of participants affirm that the insertion of the speech therapist in the health teams is relevant and that there are advantages for the care of the patients and for adding to the knowledge of the professionals in the team. **Conclusion:** The lack of knowledge about the performance of the speech therapist may be one of the factors that difficult

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Authors' contributions:

EM: study conceptualization; data collection, analysis and interpretation; article writing and revising the final version.

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the insertion of the professional in health teams. The ignorance of the users' speech therapy needs and of the healthcare network flows directly impact the user's access to the healthcare system.

Keywords: Public Health; Primary Health Care; Speech, Language and Hearing Sciences.

Resumo

Introdução: A atuação dos fonoaudiólogos na saúde coletiva tem evoluído, entretanto, ainda há poucos profissionais inseridos na Atenção Primária, sendo então necessário conhecer melhor sobre suas potencialidades e desafios, já que assume relevância para a saúde integral dos indivíduos. **Objetivo:** Verificar o conhecimento que funcionários de duas Unidades Básicas de Saúde (UBS), uma que conta com o fonoaudiólogo residente e outra que não, têm sobre a fonoaudiologia e como lidam com as demandas da área. **Método:** O estudo é quantitativo-qualitativo, de corte transversal. Para a coleta de dados, utilizou-se um questionário online semiestruturado a respeito dos conhecimentos sobre a atuação do fonoaudiólogo, aplicado a profissionais de duas UBS numa metrópole paulistana. Os dados foram analisados a partir da Análise de Conteúdo. **Resultados:** Há falta de conhecimento dos funcionários das duas unidades sobre a fonoaudiologia e sua importância na Atenção Primária. Da UBS que conta com o fonoaudiólogo, apenas um participante afirmou ter alguma experiência de trabalho com o profissional. Todos afirmam que a inserção do fonoaudiólogo nas equipes de saúde é relevante e que existem vantagens para o atendimento dos pacientes e para agregar aos conhecimentos dos profissionais da equipe. **Conclusão:** A falta de conhecimento da atuação do fonoaudiólogo pode ser um dos fatores que dificultam a inserção do profissional nas equipes de saúde. O desconhecimento das necessidades fonoaudiológicas dos usuários e dos fluxos da rede de saúde impactam diretamente no acesso do usuário ao sistema de saúde.

Palavras-chave: Saúde Pública; Atenção Primária à Saúde; Fonoaudiologia.

Resumen

Introducción: El trabajo de los fonoaudiólogos en salud pública ha evolucionado, sin embargo, aún son pocos los profesionales que laboran en Atención Primaria, por lo que es necesario conocer mejor sus potencialidades y desafíos, ya que asume relevancia para la salud integral de los individuos. **Objetivo:** Verificar los conocimientos que tienen los funcionarios de dos Unidades Básicas de Salud (UBS); uno que tiene fonoaudiólogo residente y otro que no, tienen sobre logopedia y cómo atienden las demandas del área. **Método:** El estudio es cuantitativo-cualitativo, transversal. Para la recolección de datos, se utilizó un cuestionario semiestructurado en línea sobre el conocimiento acerca de la actuación del fonoaudiólogo, aplicado a profesionales de dos UBS de una metrópolis de São Paulo. Los datos se analizaron mediante el análisis de contenido. **Resultados:** Existe un desconocimiento de los funcionarios de las dos unidades sobre la fonoaudiología y su importancia en la Atención Primaria. De la UBS que tiene fonoaudiólogo, sólo un participante afirmó tener alguna experiencia de trabajo con el profesional. Todos afirman que la inserción del fonoaudiólogo en los equipos de salud es relevante y que hay ventajas para el cuidado de los pacientes y para sumar al conocimiento de los profesionales del equipo. **Conclusión:** El desconocimiento del trabajo del fonoaudiólogo puede ser uno de los factores que dificultan la inserción del profesional en los equipos de salud. El desconocimiento de las necesidades fonoaudiológicas de los usuarios y de los flujos de la red de salud impactan directamente en el acceso del usuario al sistema de salud.

Palabras clave: Salud Pública; Atención Primaria de Salud; Fonoaudiología.

Introduction

Before the consolidation of the Unified Healthcare System (UHS), speech therapy practices focused primarily on individual care of a therapeutic character. At that time, special attention was given to medium complexity cases. After the creation of the Unified Healthcare System in 1988 by the Federal Constitution, healthcare practices were rethought and understood to incorporate a broad view of healthcare focused not only on clinical and biological aspects, but also on social, psychic, preventive and collective aspects. Thus, speech therapy was integrated into the principles proposed by UHS, so that its role in public health became increasingly significant. Speech therapy services in the Unified Healthcare System have increased and gained importance over the years^{1,2,3}.

Based on the principles of *universality, integrity and equity* advocated by UHS, several healthcare professionals were included in the public assistance network at the end of the 1990's, providing professionals with the chance to work at the three levels of complexity of healthcare: primary, secondary and tertiary. Therefore, at the level of primary healthcare, speech therapists can now be included in Primary Healthcare (PH) teams. With the creation of the Family Health Strategy and the Family Health Support Centers (FHSC), speech therapists could expand their performance by participating in the diagnosis, guidance to families and meetings to discuss clinical cases with multi-professional teams⁴.

Family Health Support Centers (FHSC) are an innovative strategy designed to support, expand and improve healthcare and health management in Family Basic Healthcare. Therefore, the purpose of these centers is to provide comprehensive healthcare coverage to the population, including activities of health promotion and disease prevention. Besides including a team of healthcare professionals to assist UHS users, FHSC centers also offer several cultural and educational activities in order to structure and expand primary healthcare services and activities, to expand services offered in the healthcare network, to support integration of the Family Healthcare Strategy, thus contributing to the processes of territorialization and regionalization of public healthcare. The team proposed to compose FHSC is as follows: social assistants; physical education instructors; pharmacists; physical therapists;

speech therapists; art and education professionals (art educators); nutritionists; psychologists; occupational therapists; gynecologists/obstetricians; homeopathic physicians; pediatricians; veterinarians; psychiatrists; geriatricians; internists (medical clinics); occupational physicians; acupuncturists; and public health professionals. However, the composition of the team is the responsibility of the municipal manager. Its organization is split into two types (FHSC 1 and 2), which differ in weekly workload and number of primary healthcare teams that they consider⁵.

However, the introduction of speech therapists in PH teams did not take place evenly across towns. In a large city in the countryside of the state of São Paulo, the operation of the Basic Health Units (BHU) (named "Health Centers") started in 2004 to carry out the matrix support to healthcare teams.

Since then, the participation of speech therapists in family healthcare teams has been considered essential⁶. However, the literature shows that there are few speech therapists in FHSC centers². In the aforementioned town, there was only one speech therapist working until 2018. Today the number of FHSCs has increased in the town, but few have speech therapists: there are two speech therapists in the East district, three speech therapists in the North district and in the South district, two speech therapists in the Southwest district and three speech therapists in the Northeast district.

The role of speech therapists in primary healthcare is to provide support and care, carrying out prevention and offering healthcare to all age ranges, as generalist professionals, i.e., in all areas covered by speech therapy such as: swallowing, voice, hearing, vestibular function, speech and orofacial motricity, which are fundamental to favor quality of life, contributing to comprehensive health of people^{1,7,8}.

The role of speech therapists is not limited to rehabilitating speech disorders. They must also understand the work with the community together with multidisciplinary teams, besides welcoming the families, stimulating self-care and getting involved with the environmental and social issues of the territory, so as to identify risk factors that may lead to speech and hearing disorders and propose interventions. The activities include strategies to eliminate factors that may be harmful to the subject's development and health, such as early care and treatments, disease prevention

strategies, instruction to the population on issues relevant to health maintenance and full well-being of people^{8,9,10}.

Until not long ago, most speech therapists working at BHUs were trainees from undergraduate courses in Speech Therapy from the universities of the city and speech therapists from Residency Programs. The long waiting lists for speech therapy services both at the BHUs and in the secondary level of healthcare demonstrate, in a certain way, that the introduction of speech therapy in primary healthcare is still insufficient. This shows the need for greater participation of speech therapists to prevent problems, to promote health and provide low-complexity therapeutic care^{10,11,12}, which might prevent increased severity of health problems.

To better understand the introduction of speech therapists in healthcare teams, it is necessary to understand which speech therapy actions and practices the health professionals know and what they know about speech therapy. This helps detect their difficulties with primary healthcare more accurately. Such knowledge is required to make it possible to minimize problems and enhance the performance of speech therapists, since they are relevant for overall health of individuals.

Therefore, the purpose of this research was to check how aware healthcare professionals are of speech therapy and how they deal with the demand for speech therapy at two BHUs of the town: one BHU that has a resident speech therapist and another BHU that does not, surveying possible differences.

Method

This was a quantitative-qualitative, descriptive and cross-sectional study. Thus, as proposed in Godoy's article¹³:

“Qualitative researchers base their studies on the interpretation of the real world, worrying about the hermeneutic character in the task of researching the living experience of human beings.”

Thus, we understand that qualitative research is a means by which it becomes possible to obtain data about events, in which the focus of interest is delimited by the phenomena that are analyzed with some context in real life and current phenomena. In addition, qualitative research enables interpretation of the situation studied from the perspective

of the subjects themselves, in which subjectivity is emphasized^{13,14}.

On the other hand, quantitative research allows opinions, reactions, sensations, habits and attitudes of a target audience to be measured in a sample. Data can be obtained through questionnaires and interviews. Also, qualitative research may include indicators and qualitative characteristics if the study is designed to do so¹⁵.

The current research was approved by the Ethics in Research Committee (ERC) of the university under number 39018520.2.0000.5404 in January 2021, per resolution 466/2012 CNS/MS. To this end, the research project was previously forwarded to the Center for Education of Healthcare Workers (CEHW) and approved by the municipal health secretary, so that data collection could start in the healthcare network of the city in question.

The data was collected between February and June 2021 in two BHUs of the North healthcare district of the town. Due to social distancing restrictions imposed by the new SARS-CoV-2 pandemic, the survey was conducted entirely online. For this reason, the researcher contacted the coordinators of the two BHUs, herein named BHU 1, which has a resident speech therapist, and BHU 2, which does not. A request for authorization to conduct the research was emailed. At the time the data was collected, BHU 1 included the following professionals: a nurse, a nursing technician, a dental technician, a pharmacist, a general practitioner, a pediatrician, a dentist, a psychiatrist, a psychologist, an occupational therapist, a gynecologist, a physiotherapist, healthcare agents and a speech therapy resident. The BHU 2 team comprised a nurse, a general practitioner, a pediatrician, a dentist, a gynecologist, a pharmacist, a nursing technician, a dental technician and healthcare agents.

This first e-mail included the research project, the Term of Free Informed Consent (TFIC), the questionnaire to be answered by the BHU employees and the documents of authorization from CEHW and from ERC to conduct the research. After that, the coordinators sent the e-mail addresses of the BHUs employees.

Then, a first e-mail was sent to the employees with the invitation to join the research along with the TFIC and a description of the project. The employees who agreed to join the research answered the e-mail to show they agreed to the TFIC.



After accepting the invitation, the healthcare professionals received a second e-mail with the semi-structured questionnaire to be answered fully online. The purpose of the questionnaire was to check how much they knew about speech therapy.

The questionnaire comprised closed and open questions, most of them dissertations about the role of speech therapists in PH. The questionnaire tried to understand what the professionals knew about the introduction of speech therapy in PH and how the BHU dealt with the demand for speech therapy, seeking to survey what the employees knew about the role of speech therapy to prevent problems and promote health, which care could be provided in primary healthcare by speech therapists, what the professionals knew about the introduction of speech therapists in family health teams and about flows and demands of the area. The participants answered the questionnaire and sent the answers directly to the researcher's e-mail within 30 days after the date they agreed to join the study.

Research conducted via online questionnaires is increasingly common, providing opportunities to collect data with no need for face-to-face interviews. It is a tool that allows communication with individuals over long distances. The questionnaires can be answered without the presence of the interviewer, so that participants can answer the questions at the time that is most convenient for them. Thus, online research becomes a fast and low-cost process to get accurate answers, to collect data and perform statistical analysis and description of situations for conclusions about the study proposed^{16,17}.

The inclusion criteria adopted for research participants were: to be an employee of one of the two BHUs selected, regardless of the level of education and to be over 18 years old. The exclusion criteria

were: healthcare workers who worked in the BHU, older than 18 years, who did not answer the first e-mail giving their participation consent in the TFIC and resident speech therapists who did not answer the questionnaire, since the purpose of the research was to check how much health professionals who worked in the BHU knew about the introduction of speech therapy in primary healthcare.

The data analysis followed the methodology of Content Analysis, using the following criteria: 1) repetition, with the recurrence of the content of the participants' answers and 2) relevance, that is, the importance and prominence offered in the participants' answers to the questions. The choice of this type of methodology is adequate to understand the view that other primary healthcare professionals have regarding the inclusion of speech therapists in the healthcare team, how much these professionals know about the speech therapy practice and how they deal with the demands of the area.

The data obtained from the participants' responses were interpreted, selected and organized based on these criteria and were later categorized¹⁸. Thus, four thematic axes were built: a) knowledge about the work with speech therapists, b) work experience with speech therapists, c) knowledge of the speech therapy demands and flow and d) inclusion of speech therapists in healthcare teams.

Results

E-mails were sent to twenty-five employees from both BHUs, according to the information provided by the coordinators. According to Figure 1, all nine participants answered the first e-mail giving their consent to the term of free informed consent.

After that, they answered the questionnaire attached to the second email.

Research participants	BHU 1		BHU 2	Total
Number of Participants	6		3	9
Mean Age	33		39.6	35.2
Mean Time of Operation	7.3		12	8.41
Gender	5 F	1 M	3 F	1 M and 8 F

Figure 1. Characterization of the population

As to age range, 7 (77%) participants were in the 30-40 age range, 1 (11%) participant was in the 20-30 age range and one participant was in the 40-50 age range. The individual characterization of the employees and their professions were not presented due to the small size of the sample, which would

not protect their identities and secrecy relating to their participation in the research.

Results of the thematic axes:

a) Knowledge about speech therapy work

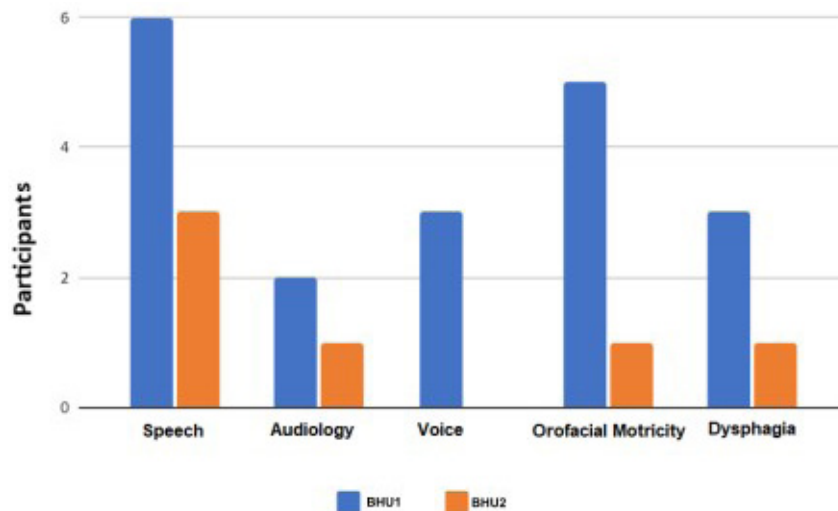


Figure 2. Knowledge about speech therapy practices

According to Figure 2, in the first thematic axis, which concerns the participants' awareness about speech therapy practices at the BHUs, all

answered that they knew the therapy work with speech.

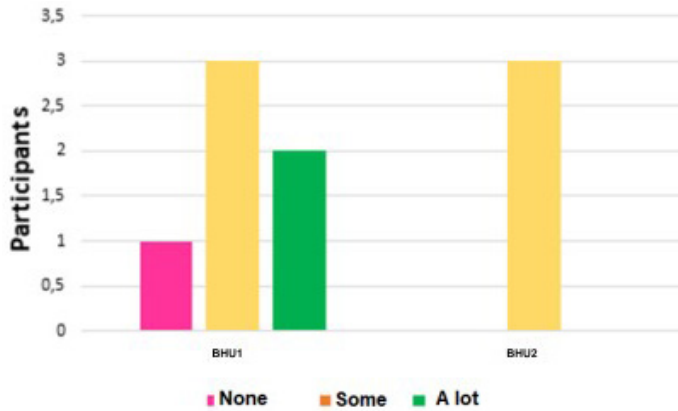


Figure 3. Self-assessment of healthcare professionals about how much they know about speech therapy practices.

Figure 3 refers to how the participants assess their knowledge about speech therapy practices. One participant (16%) stated that she knew nothing about speech therapy, even though the speech area was mentioned by all participants. The work with speech was mentioned particularly in association to therapy for children with difficulties with speech acquisition.

At BHU 2, 100% claim to have some knowledge about the speech therapy work, as shown in Figure 2, in which all participants mentioned at least the area of speech. Three participants mentioned speech therapy in cases of speech impairment in adults who suffered a stroke and two participants mentioned breastfeeding, relating it to work in orofacial motricity.

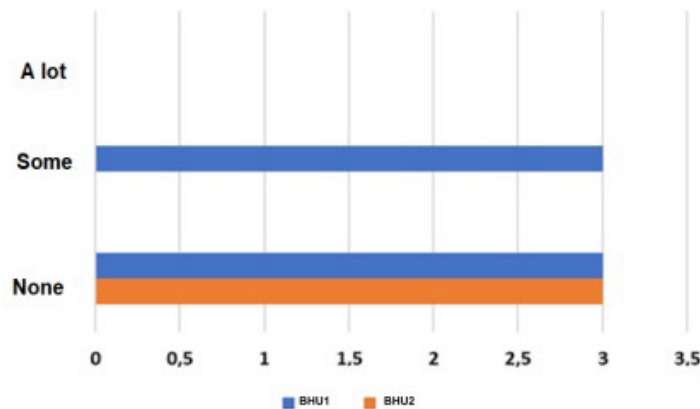


Figure 4. Awareness of actions of Health Promotion and Prevention that speech therapists can perform.

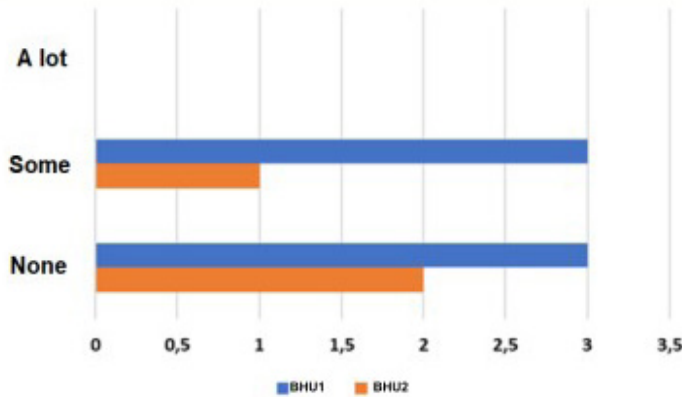


Figure 5. Knowledge about guidance to families that can be given by speech therapists.

Relating to awareness about health promotion, disease prevention and guidance to families provided by speech therapists shown in Figures 4 and 5, four (50%) participants from BHU 1 claimed to have some knowledge about those topics. Three others said they had none. Out of those who claimed to have some knowledge, two (33%) participants mentioned actions associated to breastfeeding and hearing health; one participant mentioned vocal health and active aging. Another participant mentioned the use of headphones, incentive to reading and speech as topics of promotion and prevention

that can be provided to families. One participant stated that she did not know which practices would be appropriate for such issues at the BHU.

All participants from BHU 2 stated they knew nothing about the topic of promotion of health and prevention of health problems. About guidance to families, one participant (33%) stated she had some knowledge and two (66%) said they had none. The participant who stated she had some knowledge, mentioned that “abolishing” the use of pacifiers is one of the recommendations that can be made to families.

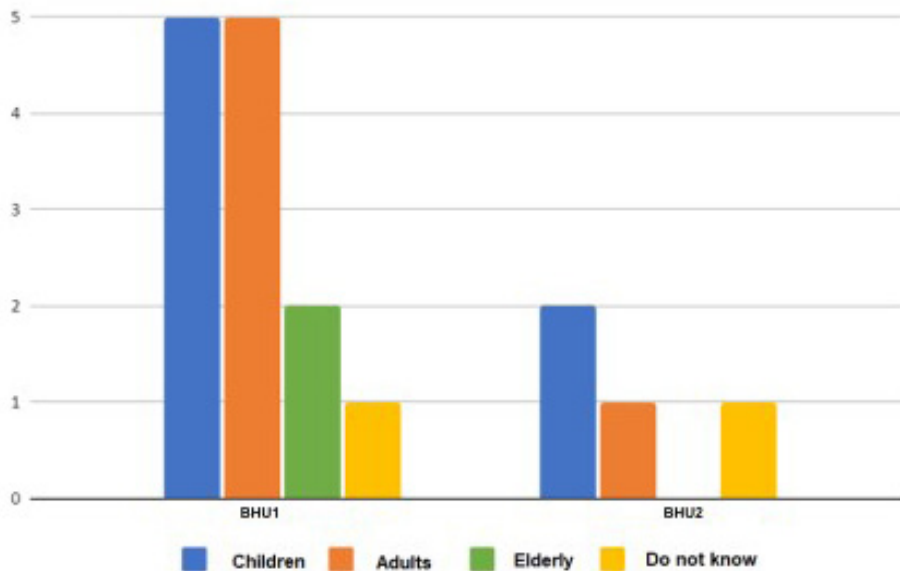


Figure 6. Knowledge about the work that speech therapists can provide to each age group

As to what professionals knew about the work that speech therapists can do towards populations of each age range, according to Figure 6, the pediatric and adult age groups were the most frequently mentioned, showing that the elderly age group was the least known by health professionals in

both BHU. One participant said she did not know about speech therapy for different age groups, even though she mentioned she knew a little about the areas of performance of speech therapy.

b) Work Experience with Speech Therapy

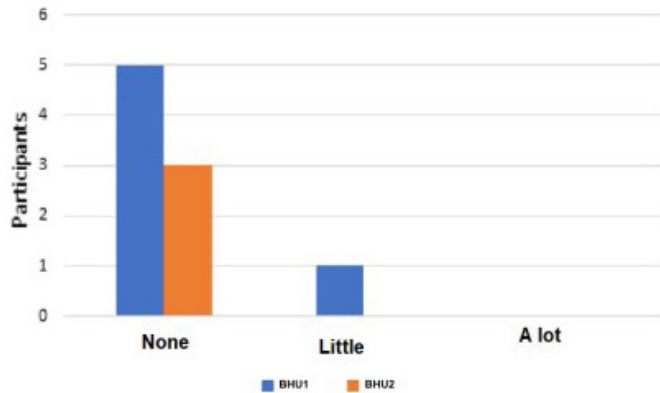


Figure 7. Work experience with a speech therapist

As Figure 7 shows, five participants (88%) from BHU 1 stated that they had never had any experience working with speech therapists. One participant (11%) stated that she had had little experience, even though the BHU had a resident speech therapist. 100% of the participants from BHU 2 never had any experience working with a speech therapist. This corresponds to what was expected from the answers, since the unit does not have a speech therapist.

The participant that stated she had little experience with the speech therapist at the unit said: *“I have had little experience because my period as a trainee (residence period) was short, there was no time to develop projects.”* This shows one of the difficulties found to articulate speech therapists with the other professionals of the team.

c) Awareness of the Flow and the Demands for Speech Therapy

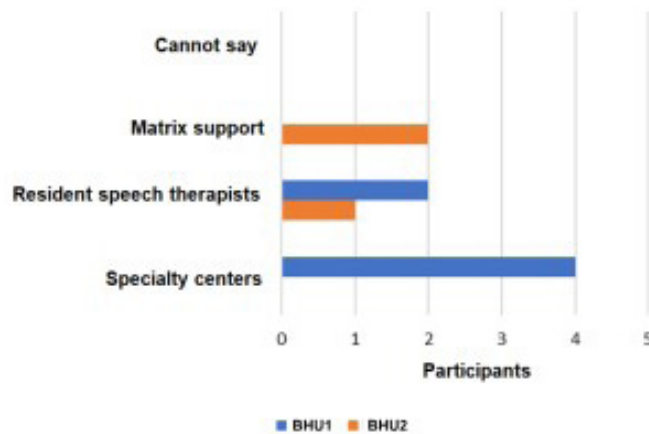


Figure 8. Knowledge of participants about speech therapy flow and demands.

At BHU 1, 100% of the participants said they did not know about the flow of the network as to speech and hearing demands and complaints. Four participants (66%) stated that patients with complaints are referred to specialty centers at the secondary level of healthcare and two participants (33%) mentioned that patients were referred to the resident speech therapists. Two participants (66%) from BHU 2 said they did not know, but they stated that patients were referred to the referenced

unit of the secondary level (a polyclinic) that has speech therapists. One participant (33%) said that the patient would be referred to the team physician and that there was a reference speech therapist that made the matrix support at the unit, as shown in Figure 8.

d) Inclusion of Speech Therapy into Healthcare Teams

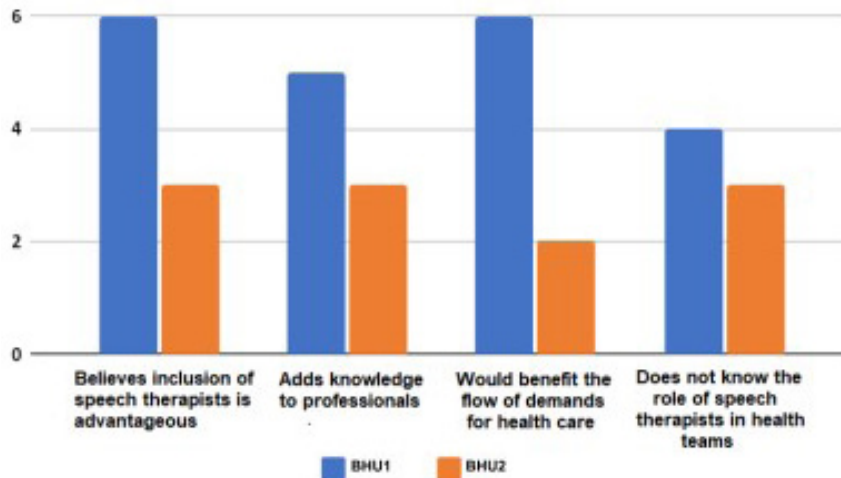


Figure 9. Relevance to include speech therapists in BHU healthcare teams.

Figure 9 shows that 100% of the participants believed that there were advantages in the inclusion of speech therapists in the team, considering that this would add to the knowledge of other professionals of the team. It would also benefit the flow of demands for healthcare and speech therapy at the BHU, since the access of users to the service would be facilitated and the treatment would be faster, with shorter waiting lines. In addition, the presence of speech therapists would enhance qualification of

the service provided by family healthcare teams. As one participant mentioned, “*It would be very important to speed up diagnoses and treatments, to expand access to diagnosis and treatment of diseases related to the area*” and “*The difference is that we would have a specialized and prepared professional to solve some demands that arise on a daily basis, working together with the team to promote the health of users.*”

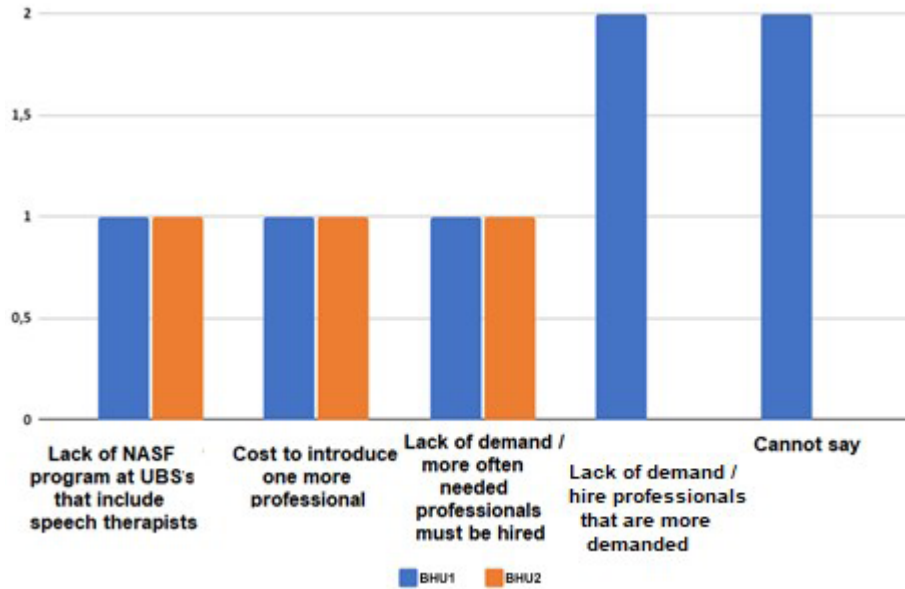


Figure 10. Reasons for non-inclusion of speech therapists in healthcare teams

Four participants (66%) at BHU 1 and 3 participants (100%) at BHU 2 claimed they were not aware of the role of speech therapists in the teams. This could be due to lack of multidisciplinary interaction at BHU 1 and lack of inclusion of speech therapists at BHU 2.

Regarding a possible explanation for the lack of speech therapists in all health BHU teams, as shown in Figure 10, the participants mentioned the lack of the Family Healthcare Support Center (FHSC) program to include the professional in the team and the cost of hiring one more professional. One participant from each BHU mentioned a possible lack of demand for speech therapy, which means that only areas that had a higher demand for care would have hired professionals to work at the BHUs.

The lack of knowledge about the work of speech therapists was also mentioned, which made it difficult to detect the need for speech therapists, both in relation to the coordination and to the municipal health department. Two participants from BHU 1 said they could not say why the teams did not include speech therapists.

Discussion

Few participants adhered to the research, and this was a limitation to the study. There are some possible explanations for this. Most employees do not use e-mails at work, which may have been an obstacle for them to answer the questionnaire, since they possibly answered it at home after getting back from work. The fact that the collection was carried out in the form of a questionnaire may also have made it difficult, since answering it may have required approximately 15 minutes since the respondent had to elaborate several answers and information.

Moreover, the context of the Covid-19 pandemic, with the imposition of social distancing and reduced face-to-face activities, made it difficult for the researcher to contact and talk to the participants. The face-to-face contact could have made a lot of difference for data collection and for the participants' adherence.

To try to overcome these difficulties, a second e-mail was sent reinforcing the invitation to join the research. The student/researcher offered to solve any questions and guide the participants, particularly those from BHU 2, who did not have a speech therapist. This BHU had lower adherence than BHU 1.

Regarding answers related to knowledge about speech therapy, the area most familiar to the partici-

pants was speech, followed by orofacial motricity. Same as in the present study, Guckert, Souza and Arakawa-Belaunde¹⁹ also conducted a study on the perception of the professionals who make up the Family Healthcare Support Centers (FHSC) and the performance of speech therapists in primary care via application of a questionnaire to the professionals from the FHSC team. It was observed that patients were referred to speech therapy mostly in matters related to children's speech disorders, revealing that the professionals had little knowledge about the contribution of speech therapy in interdisciplinary actions and in areas other than child's speech difficulties^{19,20}.

The fact is that speech therapy has become specialized and expanded its areas of expertise, many of which are not yet known by health professionals. According to Guckert, Souza, Arakawa-Belaunde¹⁹, speech therapy has historically been included in the Unified Healthcare System mainly to meet pediatric demands.

The lack of awareness about the other areas of speech therapy is a constraint in speech therapy practices in primary healthcare. In general, the greatest demand for speech therapy over the years related to children's speech problems, which may be a factor that affects assistance to the demands and needs of the adult and elderly population¹⁹. It is necessary to make sure that healthcare professionals know how to detect speech problems in other areas of speech therapy, in addition to the pediatric population to perform their activities and referrals more effectively. Therefore, it is necessary to understand what the professionals from healthcare teams know in order to be able to guide their work and demands, and to stress the importance and contributions of speech therapy.

According to the study of Chiodetto and Maldonade¹², there is a deficit in how much healthcare professionals know about the various possibilities and areas of activity of speech therapy, which negatively impacts healthcare. This result is in line with the findings of this research, both regarding the areas of speech therapy and the self-assessment of the participants about their knowledge, since most of them report having little knowledge or no knowledge at all. One of the reasons for this deficit, according to what the authors claim, is the difficulty to provide healthcare in conjunction with other professionals and articulation of these professionals in the healthcare network¹².

Studies such as those of Fedosse, Schiavo & Miolo²¹ and Fernandes, Nascimento & Souza² point out that interdisciplinary activities are proposed to be developed at the BHUs among speech therapists and other professionals. On the other hand, as mentioned by Chiodetto and Maldonade¹², the work overload due to the high demand of patients for speech therapy care by too few speech therapists at the primary care level and the short time available for this articulation leads to little interaction (experience) of the other professionals with the speech therapist, as pointed out by four participants from BHU 1 and 2 participants from BHU 2. See example: *"Little experience, the students go through the trainee time too fast, there is no time to develop projects."* See also Picture 7, in which most professionals said that they had no experience with speech therapists. In other words, there is little contact with the speech therapist, integration into the team is difficult and the speech therapist is overworked.

When Noronha & Rodrigues²⁰ describe the insights that Community Healthcare Agents (ACS) have about speech therapy practices in primary healthcare, they concluded that, considering the lack of awareness, it is necessary to train these agents so that they can correctly detect and guide the users about speech therapy demands. From the observations in this study, it becomes clear that it is necessary to expand the contact of BHU healthcare professionals with speech therapists so that they can understand their various forms of action, "qualifying" them daily to improve the multidisciplinary work and improve healthcare to users, to provide the best referral of flows and demands, thus offering better assistance to the population.

As to knowledge about the flow and demands, the participants mentioned referrals made to secondary care reference centers, considering that that is where 80% of the speech therapists of the town were working until the end of 2021, whereas only 10% worked in primary care, which shows the difficulty to include speech therapy into primary care. Moreover, lack of knowledge by the healthcare teams makes it difficult to detect demands for speech therapy, as shown in figure 4, in which 66% cannot say how these referrals operate¹².

Studies such as those of Viegas et al.¹¹ and Oliveira²² show how scarce the coverage of speech therapy services are in primary healthcare, which causes negative impacts in the integrality of pri-



mary healthcare. The current demand for speech therapy has increased in public services, which also points to the need to include speech therapists in BHU teams. As we know, activities in conjunction with multidisciplinary teams expand the knowledge of healthcare professionals and of the population about speech therapy. Such actions may lead users to seek treatment when they need it, and the team can detect speech problems sooner and make the required referrals to other professionals and provide more assertive guidance²¹.

Authors such as Cardoso et al.¹⁰ and Viégas et al.¹¹ point out that public policies oriented to the area of speech therapy need to be updated to ensure more speech therapists are included in health teams, considering the large demand for them in the public health network. Moreover, it is necessary to re-plan public healthcare management to meet health needs of the population, also to improve qualification of healthcare professionals, to understand healthcare work in the public network, to connect services and improve intersectoriality and to effectively drive the flow of the area^{10,11,12}.

Regarding the lack of inclusion of speech therapists in primary healthcare teams, all factors mentioned by the participants, such as the lack of a FHSC program in the BHU that includes speech therapists, the cost of hiring another professional, lack of knowledge about the demands, the need for speech therapists in the team and lack of knowledge about the speech therapy work coincide with the results of the study by Chiodetto and Maldonado¹², in which speech therapists from the same city answered a questionnaire about the challenges and their practices in the public network. Thus, factors such as the lack of resources and of organization of government management to pay for hiring more speech therapists, in addition to the lack of understanding about the potential of speech therapy activities end up generating scarcity of speech therapists in the teams, negatively impacting the integrality of healthcare^{11,12}.

It is in FHSC that the inclusion and contributions of speech therapists in primary healthcare are expected with integrated interdisciplinary practices of promotion of health and prevention of health issues with a wide, humanized view of healthcare together with healthcare teams²³. Such practices involve participation in projects and contributions that also permeate the speech therapy knowledge, covering the complexity of healthcare in a compre-

hensive way and offering a support network to the population, in addition to enhancing the activity of the teams in primary healthcare¹.

The expectation is that speech therapists perform in a comprehensive manner together with the professionals from family healthcare teams, sharing and supporting healthcare practices in the territories in a multidisciplinary work that shares knowledge with healthcare teams. This healthcare offered by primary healthcare is essential since it is expected that most cases are either prevented or solved at this level of care, so that secondary and tertiary levels of healthcare are less required, contributing to smooth operation of the network and preventing overload of these other levels that assist more severe healthcare demands²⁴.

The speech therapy work in primary healthcare involves not only meeting the demands of the population, but mainly planning activities of health promotion and disease prevention, health education, guidance, and training of family healthcare teams regarding speech therapy work, providing matrix support, discussing cases in team meetings, qualifying referrals, getting to know the territory, planning the Singular Therapeutic Project, and providing shared and group healthcare. This teamwork is extremely important because it helps other professionals also learn about speech therapy issues, besides providing specialized healthcare for these complaints¹⁹.

For this reason, it is necessary to introduce speech therapists in FHSC teams, as this is a primary healthcare support program, to ensure comprehensive and specialized healthcare, thus meeting the demands of the area. This need is also demonstrated through the responses of the participants in axes c and d, considering that professionals can become familiar with the work of speech therapists and identify speech therapy complaints and demands more efficiently, they can get to know the places where speech therapists work in the public health network, and be aware of the flow of referrals²⁴. However, in 2021, with the discontinuation of the Sabiá project (which operated at Polyclinic III) and of the speech therapy outpatient clinic at Polyclinic II, the few speech therapists who worked at these units were relocated to Health Centers and began to work in the Extended Family Healthcare Support Units, the FHSC s, in five healthcare districts of the city, according to the distribution mentioned in the introduction of this article. In

other words, the municipal healthcare network no longer has these two reference services located at the secondary level of healthcare. Certainly, this affects the city's healthcare service network, it interferes with the flowchart of the area and restricts the possibilities of access for users with speech therapy needs.

During the research period, few primary healthcare units had resident speech therapists linked to the University and not hired by the healthcare department. These residents became indispensable to narrow the gap in speech therapist training related to primary healthcare²³.

Currently, the city's healthcare network is undergoing a period of reorganization. Given this, it is important to note that the work at FHSC requires an integrated healthcare network, articulating and strengthening all services. Thus, it is important to include speech therapy at all levels of healthcare, so that cases that require more complex care can be addressed at the secondary or tertiary level and so that healthcare services can be offered continuously to users, respecting the principles of UHS.

The study by Andrade et al.²⁵ reveals the need to expand the role of speech therapists in primary healthcare, given their contribution to the team with the activities performed. Speech therapists need to be included in the Basic Healthcare Units and improve the development of activities within the structural context of FHSC, aiming to appropriate professionals in the implementation of comprehensive healthcare strategies. Therefore, it is necessary to expand the introduction of Speech Therapy in UHS⁶.

It is also necessary to better identify the difficulties and challenges faced by speech therapists in primary healthcare, as well as their limitations and potentialities to make it possible to improve teaching the work of speech therapists to healthcare teams, considering that the lack of knowledge about the role of speech therapy was pointed out as one of the difficulties faced by healthcare professionals. Speech therapists contribute to the work of FHSC teams, collaborating with comprehensive healthcare of people. Therefore, it is necessary to expand and include their knowledge and potential for action in the BHUs²⁶.

It is noteworthy that there is a lack of speech therapists working in the public health network of the city, both in primary and in secondary healthcare. Several causes can be pointed out,

such as: lack of knowledge about the speech therapy work and its scope in healthcare both by primary healthcare professionals and by the population; and the lack of governmental investment and administration of the public health system to get funding to hire speech therapists.

These factors create a vicious circle in which the fewer speech therapists hired to work in the network, the less knowledge professionals have about the speech therapy work, and thus, the demand to hire more speech therapists is reduced. Consequently, there is a long waiting list of users with speech therapy problems who, quite often, may have their complaints worsened for lack of access to treatment, making it impossible to direct the flow, to perform healthcare activities and assertively manage the healthcare network.

Thus, although the inclusion of speech therapy in primary healthcare has already been widely addressed in previous studies^{1,3,4,7}, we notice that the need to discuss the topic has not been exhausted. It remains alive and still current, showing that many challenges still need to be overcome, as the data analysis of this research has shown. One of them regards the little knowledge that healthcare professionals have about speech therapy practices, which directly impacts the assistance to users of the healthcare system. The less the speech therapists are included in the primary healthcare team, the less knowledge about their work is produced and spread, which in turn hinders the inclusion itself. We observe that the inclusion of speech therapists in healthcare services involves permanent work with the healthcare team.

Conclusion

Although participants from BHU 1 claimed they knew more about the speech therapy work, most of them revealed that they had never worked with speech therapists, even though this was the unit that had one. Thus, the lack of knowledge about speech therapy may be one of the factors that hinders the introduction of speech therapists in health teams.

The lack of knowledge about the demands and flows of the network can be factors that prevent referrals of patients to be made satisfactorily. At BHU 1, the demands are either met by the resident speech therapist or else patients are referred to specialty centers (at the secondary level). At BHU

2, the participants say that they have the matrix support of a speech therapist. All participants claim that the adding speech therapists into health teams is important and that there are advantages for the care of patients and to increase the knowledge of the team professionals. However, there are still few speech therapists working in primary healthcare.

Starting from this, it is relevant to point out the need for further studies with a larger number of participants to produce better understanding of the work of speech therapists in primary healthcare and their challenges.

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