

The meanings of professional choice for speech therapy

Sentidos da escolha profissional pela fonoaudiologia

Sentidos de la elección profesional por la fonoaudiología

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Abstract

This qualitative study aimed to understand the reasons influencing the choice of Speech-Language Pathology as a profession and the meanings attributed to it by first- and seventh-semester undergraduate students from a public university in the interior of São Paulo, Brazil. Data were collected through a semi-structured questionnaire with open-ended questions, applied to 49 students, the majority (95.9%) of them being women. The responses were analyzed using the Collective Subject Discourse (CSD) method, grounded in the Theory of Social Representations. The results showed that most choices were related to interest in the health field, care-oriented vocations, and working with children, with personal experiences and affective motivations being frequently mentioned. The profession was often associated with personal fulfillment, although challenges were noted, such as the pressure for early specialization and the naturalization of care as a female role. Plans were mostly focused on postgraduate education, especially residency programs and academic careers. The findings highlight the need for critical reflection in professional training, considering social and gender factors and the impact of the neoliberal model on career expectations. This study contributes to the debate on professional identity and the valorization of work in the field of Speech-Language and Hearing Sciences.

Keywords: Speech-Language and Hearing Sciences; Health Human Resource Training; Social Representation; Career Choice.

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Resumo

Estudo qualitativo que objetivou compreender os motivos que influenciam a escolha profissional pela Fonoaudiologia e os sentidos atribuídos à profissão por estudantes do 1º e 7º períodos de um curso de graduação de universidade pública do interior de São Paulo. Utilizou-se um questionário semiestruturado com perguntas abertas, aplicado a 49 estudantes, majoritariamente (95,9%) mulheres, e os dados foram analisados por meio do método do Discurso do Sujeito Coletivo (DSC), fundamentado na Teoria das Representações Sociais. Os resultados revelaram que a maioria das escolhas está relacionada ao interesse pela área da saúde, ao cuidado e ao contato com crianças, sendo recorrente a influência de experiências pessoais e motivações afetivas. A profissão foi frequentemente associada à realização pessoal, embora marcada por desafios como a pressão por especialização precoce e a naturalização do cuidado como atividade feminina. Os planos futuros incluem majoritariamente cursar pós-graduação, com destaque para residência e carreira acadêmica. Os achados apontam para a necessidade de estimular uma reflexão crítica durante a formação, considerando fatores sociais, de gênero e o impacto do modelo neoliberal nas expectativas profissionais. O estudo contribui para o debate sobre identidade profissional e valorização do trabalho na Fonoaudiologia.

Palavras-chave: Fonoaudiologia; Capacitação de Recursos Humanos em Saúde; Representação Social; Escolha da Profissão.

Resumen

Estudio cualitativo que tuvo como objetivo comprender los motivos que influyen en la elección profesional por la Fonoaudiología y los significados atribuidos a la profesión por estudiantes del 1º y 7º semestre de un curso de graduación de una universidad pública del interior de São Paulo. Se utilizó un cuestionario semiestructurado con preguntas abiertas, aplicado a 49 estudiantes, en su mayoría (95,9%) mujeres, y los datos fueron analizados mediante el método del Discurso del Sujeto Colectivo (DSC), fundamentado en la Teoría de las Representaciones Sociales. Los resultados revelaron que la mayoría de las elecciones está relacionada con el interés por el área de la salud, el cuidado y el contacto con niños, siendo recurrente la influencia de experiencias personales y motivaciones afectivas. La profesión fue frecuentemente asociada con la realización personal, aunque marcada por desafíos como la presión por la especialización temprana y la naturalización del cuidado como actividad femenina. Los planes futuros incluyen majoritariamente cursar posgrado, con énfasis en residencia y carrera académica. Los hallazgos señalan la necesidad de estimular una reflexión crítica durante la formación, considerando factores sociales, de género y el impacto del modelo neoliberal en las expectativas profesionales. El estudio contribuye al debate sobre la identidad profesional y la valorización del trabajo en Fonoaudiología.

Palabras clave: Patología del Habla y Lenguaje; Capacitación de Recursos Humanos en Salud; Representación Social; Selección de Profesión.

Introduction

Career choice can be understood as the decision regarding what to pursue in occupational terms and in relation to future personal projects. It is a continuous process comprising decisions made throughout a person's life.¹ Among the personal aspects that may influence this decision are personal characteristics, interests, aptitudes, values, outlook on life and self, as well as information about different professions.²

The process of choosing a career most often takes place during adolescence, a stage in which individuals are forming their identity, positioning themselves within society and envisioning future aspirations. In addition, adolescents are not yet able to anticipate their future career performance or the consequences of their choices. Thus, young people make their career decisions influenced by numerous factors, such as personal traits, political orientation, religion, beliefs, socioeconomic status and family. In other words, they draw on their recent past and their expectations for a short-term future.³

Choosing a profession is therefore an important milestone in the formation of an individual's identity and in their entry into the world of work. Individuals begin to identify both with the idealized images shaped by their expectations and aspirations—forming a personal identity—and with a social identity, i.e., a socially constructed view of that profession. These meanings and identifications may be confirmed or reshaped throughout training and professional experience. Job and life satisfaction, therefore, arises from recognizing the alignment between one's abilities, interests, personal values and personality traits.⁴

Choices are also shaped by dynamics of power, social class, race and gender, and by the influences individuals encounter throughout their social and educational journey. This results in a distinct set of opportunities that are not equitably distributed among individuals.⁵

The ability to make informed choices⁶ is a key factor influencing the strategies developed for anticipating possible futures. However, the conditions required to recognize opportunities and perceive outcomes are unequal,⁶ as illustrated by access to

higher education. According to the 2022 Higher Education Census,⁷ fewer than 25% of students aged 18 to 24 enter higher education in Brazil, and 43.4% of young people do not complete secondary education.

Among the social markers of difference that create hierarchies, gender remains a fundamental category of inequality. Choices for certain undergraduate programs reflect sexist educational practices that perpetuate gender roles in society, making women more likely to pursue professions associated with social reproduction, such as teaching, healthcare and caregiving careers.⁸

Historically, care has been associated with women's roles—often unpaid and motivated by affection—which limits their opportunities in the labor market and reinforces structural barriers to gender equity. Even when care work is contractual, it remains undervalued financially, perpetuating inequalities related to gender, class and race. Women—many of them Black, with limited education, low income and, in some contexts, migrants—are the ones who provide care for older adults, children, sick individuals and people with disabilities, both at home and in institutions.⁹

Regarding career choice, among the 14 health professions, Speech-Language Pathology focuses on the study of human communication. Although the profession was formally regulated in Brazil in 1981, records of relevant initiatives date back to the 1930s, including work related to language standardization, language intervention and services for deaf individuals.¹⁰ Speech-Language Pathology courses are predominantly chosen by women. In the state of São Paulo, where 27.5% of Brazil's speech-language pathologists are registered, women account for 98% of those working in the public sector, according to data from a survey conducted by the Inter-Union Department of Statistics and Socioeconomic Studies (DIEESE).¹¹

Speech-Language Pathology ranks as the fourth most popular profession among women.¹² As in other health-related fields, women's choice of this profession is often motivated by caregiving and supportive roles, whereas men tend to base their career choices predominantly on economic considerations.¹² For a long time, the naturalization

of these roles went unquestioned, seen as inherent and biologically determined. Consequently, when women entered the professional sphere, they often sought what they regarded as an extension of domestic responsibilities and gravitated toward so-called feminine occupations.^{9,12}

Beyond these historically naturalized associations with care, choosing a healthcare career may also be shaped by access to information about academic training and professional expectations. Working in health fields requires specific skills¹³ involving attentive listening and interactions between professionals and patients, among colleagues and within teams—establishing person-centered relationships that must be addressed from the outset of training. Thus, health education goes beyond preparing technically skilled professionals for the labor market.¹⁴

Considering the multiple factors and contextual reasons identified in the literature that influence people's choice to study Speech-Language Pathology, it was deemed appropriate to explore the topic further by directly investigating the perspectives of undergraduate students. Therefore, the aim of this study is to understand the reasons that influenced students in the 1st and 7th semesters of a Speech-Language Pathology undergraduate program at a university in the interior of São Paulo, as well as to explore the meanings and significance they attribute to being a speech-language pathologist at this stage of their professional training.

Material and method

This study is part of the research project “Historical and Identity Construction of Speech-Language Pathology: Social Representations of Education and Practice,” approved by the Research Ethics Committee under opinion numbers 6,331,765 and 3,116,659.

Semi-structured questionnaires were administered in person to students in the 1st and 7th semesters of a Speech-Language Pathology undergraduate program at a university in the interior of the state of São Paulo. The questionnaire included identification items (gender, age, city/state of origin, education level, prior contact with professionals in the field and whether the program was their first choice) and open-ended questions regarding the reasons for choosing the profession, how they imagine themselves in the career, and their future career plans and projects. Data were collected through written responses and analyzed using the Collective Subject Discourse (CSD) method. The CSD method is applied systematically, starting with the identification of key expressions, followed by the formulation of central ideas, categorization, and, lastly, the construction of the CSD narratives. Grounded in Social Representations Theory, it produces synthesized discourses created from individual statements with similar meanings. Using CSD in qualitative health research allows access to the collective thoughts, representations, beliefs and values of a group.

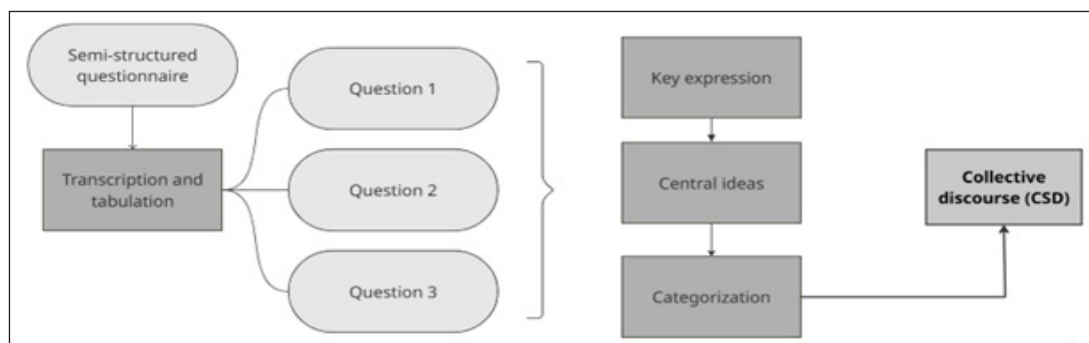


Figure 1. CSD analysis flowchart.

Results

A total of 49 questionnaires were completed by undergraduate students, 95.9% of whom identified as cisgender women, with a mean age of 20.7 years. Of these respondents, 35 (71.5%) were from the interior of the state of São Paulo, eight (16.3%) from the capital, four (8.2%) from other states and two (4%) from other countries.

Between 2000 and 2023, at the university where the study was conducted, women accounted for more than 56% of all enrollments in health-

related programs over the past 23 years.¹⁶ According to data available on the university's website, in 2023, 93% of students enrolled in the Speech-Language Pathology course were women. From the start of the program to the time of data collection, most places were consistently filled by women, with percentages above 80%.

The questionnaire comprised three open-ended questions: (1) **Why did you choose Speech-Language Pathology as your degree program?** (2) **How do you imagine yourself in the profession?** (3) **What are your plans and projects in Speech-Language Pathology?**

Chart 1. Question 1 categories and collective discourse – Choice of Speech-Language Pathology

Description of categories, CSD and number/percentage of shared responses for question 1: Why did you choose Speech-Language Pathology as your degree program?

Category	Collective Subject Discourse (CSD)	Shared Responses
Because it is a health-related program	I've always liked healthcare and knew I wanted to work in the field, especially because part of my family does. I looked into all the available health-related degrees and found that Speech-Language Pathology was the one that best aligned with what I wanted to do, in terms of rehabilitation and working in a long-term therapeutic process that enabled ongoing contact with patients. I realized I didn't want to work in a medication-centered approach, without meaningful connection with people.	17 (34.7%)
Because it is a profession with extensive contact with children	I chose Speech-Language Pathology because I enjoy working with children, and the field has a strong focus on pediatric care. So I started researching more and ended up identifying with it.	11 (22.4%)
Because it is connected to human communication, language or voice	Because I love voice and singing, I felt at home in a program that also deals with communication, which I'm passionate about, the language and writing aspects, and also the biological side. I was captivated, Speech-Language Pathology brings all of that together.	12 (24.5%)
Because I wanted to pursue another health-related program but ended up choosing Speech-Language Pathology	I tried to get into medical school, but after years of taking the entrance exams, I was unable to pass. I had considered Pharmacy and Psychology, but then I started looking into other health-related fields and became very interested in Speech-Language Pathology. I'm happy with the choice I made.	7 (14.3%)
Because of positive previous experiences as a patient or through family members	I needed speech-language therapy myself and ended up falling in love with the professionals and became interested in the work. I saw in the field an opportunity to help my brother develop, especially since we hadn't been able to find a professional to support him. I later had contact with speech-language pathology during my internships and fell in love with the profession in primary health care.	8 (16.3%)
Because it is a person-centered profession focused on caring for and helping others	I feel I have a calling to care for and help people in some way. I found the work of the speech-language pathologist very meaningful, with a broad therapeutic scope. I was struck by the way the field cares for patients, not just focusing on health and illness, but on the person as a whole. I chose this program because of the close relationships built between professionals and patients and because it is a deeply person-centered field, one in which I can fully dedicate myself to supporting people with a comprehensive and sustained approach to care.	11 (22,4%)

When asked how they imagine themselves in the profession, the categories described in Chart 2 were identified:

Chart 2. Question 2 categories and collective discourse – Professional practice

Description of categories, CSD and number/percentage of shared responses for question 2: How do you imagine yourself in the profession?

Category	Collective Subject Discourse (CSD)	Shared Responses
I imagine myself working in a clinic	I imagine myself working in private practice. I want to start out in a clinic because I need to gain financial stability.	6 (12.2%)
I imagine myself working with children	I imagine myself working with children, either broadly or in a more specialized area.	7 (14.3%)
I imagine myself feeling fulfilled and successful, and being a good professional	I feel fulfilled and can't imagine doing anything else. I think I'm going to be a good speech-language pathologist, qualified, and a leader in the field I choose, successful and professionally satisfied, doing what I like. I see myself happy and earning a good salary.	14 (28.6%)
I imagine myself helping and caring for people who need support	I imagine myself caring for people in the best way possible, a professional who gives her all to help her patients, contributing to progress and improved quality of life.	6 (12.2%)
I imagine myself working in a specific area of Speech-Language Pathology	At first, I really wanted to work with children in speech and orofacial motor function. I imagine myself working with language and voice, and in primary care. My greatest interests are in neonatal care, neurology, hospital-based practice, and working with children and older adults.	10 (20.4%)
I don't yet know which area of Speech-Language Pathology I want to pursue	I'm not yet sure which area I want to specialize in. I haven't decided which path I want to follow within Speech-Language Pathology, but I imagine myself working in whichever area I connect with most during the program.	4 (8.1%)

When asked about their plans in the profession, the categories described in Chart 3 were identified:

Chart 3. Question 3 categories and collective discourse

Description of categories, CSD and number/percentage of shared responses for question 3: What are your future plans and projects in Speech-Language Pathology?

Category	Collective Subject Discourse (CSD)	Shared Responses
Pursue graduate studies (a specialization, residency or master's degree)	My plans are to enter a residency program to improve my clinical skills and identify the area I want to pursue. I want to do graduate studies, take courses, attend conferences, and keep studying and specializing so I can work in my area of interest. I intend to follow an academic career and obtain a master's degree and a doctorate.	16 (32.6%)
Open a private practice or start my own clinic	I plan to rent a room to see clients a few days a week and promote my work so I can eventually open my own practice.	11 (22.4%)
Take civil service exams and work in the public sector	I plan to take civil service exams and work in the public sector, in a public hospital.	4 (8.1%)

Discussion

Following the analysis based on the CSD method, the categories identified in response to the question on professional choice were: (1a) because it is a program in the health field; (1b) because it is a profession with extensive contact with children; (1c) because it is related to human communication, language or voice; (1d) because I initially intended to pursue another health-related program but ultimately enrolled in Speech-Language Pathology; (1e) because of positive previous experiences as a patient or through family members; and (1f) because it is seen as a person-centered profession, associated with caring for and helping people.

The category with the highest level of agreement was (1a): 17 of the 49 participants (34.7%) chose Speech-Language Pathology because it is a program in the health field. This suggests that an interest in health is a common point of entry into the program. It should also be noted that in category (1f), seven participants stated that their goal was to enter the health field, and that they chose Speech-Language Pathology because they were not admitted to medical school or another health-related program.

To better understand the development of Speech-Language Pathology and its background within the Brazilian Unified Health System (SUS), Nascimento's dissertation¹³ includes interviews with pioneering speech-language pathologists in the public health system of the state of São Paulo who are leading professionals in the field. The interviewees were trained between 1977 and 1988 in the first Speech-Language Pathology programs in Brazil, created in the 1960s at the University of São Paulo (1961) and the Pontifícia Universidade Católica de São Paulo (1962).

Among the interviewees, one of the reasons cited for choosing Speech-Language Pathology was the novelty of the profession: "Look, now there's a profession called Speech-Language Pathology, a new profession."¹³ Although the profession was not widely known, its novelty sparked curiosity and motivated them to explore this emerging field. Accounts describe first learning about the profession through an article in *Folha de São Paulo* newspaper (1975), a printed career guide and a poster introducing "a profession called Speech-Language Pathology." It is worth noting that the

profession was formally regulated in December 1981 by Law 6.965.¹⁷

For some of the pioneers of the 1980s, the motivation to enter the field came from their desire to work in the health sector, as seen in statements such as "I knew I wanted to be in the health field" and "Through elimination, I crossed out what I didn't want and ended up in Speech-Language Pathology."¹³ These reasons are consistent with the findings of this study. In addition, the responses on professional choice frequently included words such as "fell in love" and "was delighted," signaling an affective dimension. As with teaching professions, within the health field, Speech-Language Pathology became associated with work rooted in affection, dedication and selflessness, attracting women believed to possess such a "vocation."¹⁸ This contributed to the naturalization of linking "women's work" and motherhood with the profession's practice.

The naturalization of care-related work as a woman's occupation remains a reality, as society continues to reinforce roles and domains deemed appropriate for women, such as childcare. This supposed feminine nature¹⁹ and its association with caregiving can influence social representations of the profession, obscuring its actual working conditions and suppressing demands for improved conditions and greater professional recognition,²⁰ thus reinforcing the silencing of speech-language pathologists' collective agendas.

Although speech-language pathologists may work in research, prevention, assessment and speech-language therapy in the areas of oral and written communication, voice and hearing, as well as in the improvement of speech and voice patterns,^{14,17} their training is also intended to enable an understanding of the health-illness process at the individual, family and community levels. Even so, students tend to imagine themselves (2a) working in clinical settings, (2b) working with children and (2d) helping and caring for people in need.

They also recognize the existence of different fields of practice within the profession, expressing the desire (2e) to work in a specific area of Speech-Language Pathology, even if they do not yet know which one, or reporting (2f) not knowing which area they wish to pursue.

Regarding education, the professional profile should be aligned with the health needs of the population, promoting comprehensive care—one

of the guiding principles of the Unified Health System (SUS). Regardless of whether work ultimately occurs in the public or private sector, health education is structured in accordance with public policies. This orientation is grounded in the National Curriculum Standards (DCNs), which express the relationship between education, health and society. Consequently, undergraduate health programs follow legislative recommendations in curriculum design, guided by the defense of SUS, responsiveness to social health needs, integration with Health Care Networks (RAS) and engagement with the community.¹⁴

The training of health professionals requires educational principles that value interaction, horizontal relationships, respect for differences, technical competence, ethical practice and political commitment to socially engaged work within the SUS. It also presupposes that, regardless of whether health care is delivered in public or private settings, the principles and guidelines of the SUS—implemented nationwide—should be upheld.

Participants also expressed the desire (2c) to feel fulfilled and successful, and to become competent professionals, which is essential for sustaining their engagement with the chosen profession. “Professional fulfillment” was frequently mentioned and was the most commonly shared category, reported by 14 participants (28.6%). This finding calls for reflection on the meanings of professional satisfaction and its implications, particularly in relation to care-related work in a society driven by a neoliberal system, influenced by gender inequality issues and characterized by a strong appreciation of technological and hyper-specialized fields.

Understanding the importance of consciously choosing a career involves considering how the person will perform their duties and how their work may affect their social positioning and overall health—biological, psychological, emotional and spiritual. Continuous reflection on the pursuit of professional satisfaction is therefore essential, considering each individual’s personal values.

Four participants expressed concern about not knowing which area of Speech-Language Pathology to pursue, revealing the pressure experienced during the degree program to fit into a specific area. This perception reflects the idea that undergraduate programs should promote specialization at the expense of generalist training.^{20,21}

Hyper-specialization early in training contributes to fragmented thinking and care. Curriculum frameworks often prioritize a focus on pathologies and specialized areas of knowledge, reinforcing certain pathways for students²¹ and potentially compromising comprehensive care.

Traditional teaching–learning settings, such as teaching clinics or university hospitals, privilege the production of specialized knowledge and offer limited opportunities for broad-based undergraduate training.^{21,22} As a result, they fail to offer inter-professional experiences that could counter the fragmentation of instruction into isolated subjects, the organization of universities and services into departments, the extreme technical division of labor and the separation between theory and practice.

The responses to question three also show that students are aware of the need for continuous study to achieve desirable professional development, aligning with findings from a study²³ of Speech-Language Pathology graduates who view ongoing training as essential in health professions in order to learn new theoretical frameworks and practices.

Curricula often shift toward meeting immediate demands arising from changes in the labor market, moving away from SUS ideals and following neoliberal trends that shape not only the training of future professionals but also their aspirations and career plans.

We observed that students’ plans are influenced by capitalism-oriented aspirations. Their responses reveal a desire to open their own clinic, and professional fulfillment is associated with “being happy” and “earning a good salary.” Embedded in a neoliberal, consumer-driven society, such concerns appear in the students’ narratives and resemble the anxieties experienced by workers more generally—to produce in order to consume.

The categories related to students’ future plans included: (3a) pursuing graduate studies (specialization, residency or a master’s degree), (3b) opening a private practice or owning a clinic, and (3c) taking civil service exams to work in the public sector.

Sixteen participants (32.6%) reported plans to pursue some form of graduate education: seven intend to follow an academic path by enrolling in a master’s or doctoral program, six aim to enter a residency program and five plan to pursue a specialization. The most frequently shared category relates to pursuing graduate education, mentioned by 16

of the 49 respondents—six expressing interest in a residency program and seven in an academic career, including obtaining a master's or doctoral degree.

According to DIEESE data, 36% of speech-language pathologists in the state of São Paulo are employed in the public sector.¹¹ However, only four participants (8.1%) reported plans to take public service exams or work within the SUS. This limited interest in pursuing a career in the public sector may be related to the way public health is addressed in undergraduate programs, which still face challenges in integrating this content meaningfully.²² Moreover, professional practice within the SUS requires expanding available positions, improving working conditions and strengthening access to and retention in primary care, since specialized services still concentrate the majority of speech-language pathologists.²²

A study by Ferreira, Cirino and Trenche (2025)²³ notes that in the city of São Paulo, social health organizations (OSS) that manage primary health care have issued calls for speech-language pathology positions that remain unfilled. As possible explanations, the authors suggest low salaries and precarious working conditions. This relates to the fact that the demand for professionals within the SUS often goes unmet and warrants further investigation, including aspects related to training.²³

Among students' plans, opening a clinic or private practice appeared as a shared category for 11 participants (22.4%). Analysis of their responses suggests that private practice is associated with entrepreneurship and perceived as a marker of social prestige, something seen as somewhat distant from their current circumstances but also as a potential route to social mobility and increased professional recognition.

Neoliberal capitalist logic permeates the health field, shifting the meaning of care from a social practice to one shaped by market values and performance metrics. The discourse of entrepreneurship is promoted as synonymous with autonomy, yet it obscures precarious labor relations marked by limited protection.²⁴

In Speech-Language Pathology programs, this logic can be observed in training experiences that encourage early entry into the job market to the detriment of comprehensive education, prioritizing, instead, hyper-specialization, competitiveness and productivity. As a result, neoliberalism not only reshapes the structure of health education but also

influences subjectivity, fostering ways of being based on self-exploitation and self-management rather than on collective and critical understandings of work and life.²⁵

The gap between what we need and what our desires tell us is shaped by social forces and consumer culture,²⁴ mediated by our relationships with objects and aspirations. Understanding health and education as commodities leads to shifts in desires and exchanges: at times the individual is the consumer; at others, they become consumed within an unequal society. This dynamic often appears in dreams of success or entrepreneurship that lack a critical view of labor protections (contracts, paid leave, rest, fair wages etc.) amid increasingly precarious work. Consumption can be seen as a condition for happiness or unhappiness—or even for human dignity or indignity—and as a means of obtaining a socially recognized identity.²⁶ It is through the consumption of goods, or through an object itself, that a given meaning is produced for the individual who consumes it.

Conclusions

Career choice is influenced by individual, social and economic factors. The motivations and expectations of Speech-Language Pathology students offer valuable insights into how these professionals are trained, helping us reflect on work settings, care models and social aspirations.

Good previous experiences with Speech-Language Pathology appear to influence career choice in positive ways. Thus, expanding engagement with the community by promoting speech-language services across different settings may increase interest in the profession. It can also strengthen recognition of the field's contributions across the lifespan and in multiple contexts, reinforcing the understanding of communication as a fundamental right.

Viewing the profession through the eyes of undergraduate students—and considering the social determinants that shape their decisions—helps us better understand professional training, expectations and career possibilities. It also encourages deeper reflection on the identity and importance of an education that is reflective and critical across diverse learning environments, fostering a sense of belonging and professional solidarity.

Therefore, it is essential to continue discussing Speech-Language Pathology education and its im-

plications for professional practice, so that we may deepen our understanding of how speech-language pathologists think and act. Such discussions can ultimately enhance the field's impact on communication in health and society.

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