https://doi.org/10.23925/2176-2724.2026v38i4e76141

Communication competence of Brazilian speech-language pathology and audiology students: Skills and barriers

Competência na comunicação de estudantes brasileiros de fonoaudiologia: Competências e barreiras

Competencia comunicativa de estudiantes brasileños de logopedia: habilidades y barreras

Hebert Closs do Rosário[1]
Gabriel Trevizani[1]
Carla Salles Chamouton[2]
Aline Neves Pessoa Almeida[1]

Abstract

Introduction: Communication is an essential competency in the training of health professionals, especially in Speech-Language Pathology, as it involves interpersonal, technical, and contextual skills necessary for care, teamwork, and professional development. **Objective:** To describe communication competencies and barriers among Brazilian students of Speech-Language Pathology based on the identification of strengths, weaknesses, opportunities, and threats. **Method:** Cross-sectional study conducted with 78 students regularly enrolled in on-site undergraduate programs in Speech-Language Pathology. Data were collected through a digital questionnaire containing sociodemographic characterization, the Communication Competence Self-Assessment Test (TACCom), and SWOT analysis. Quantitative data were analyzed using descriptive statistics, and qualitative responses underwent semantic normalization and frequency analysis. **Results:** Mean age was 24.4 years (SD±7.45), with predominance of cisgender

1 Universidade Federal do Espírito Santo, Vitória, ES, Brazil.
2 Universidade Estadual Paulista "Júlio de Mesquita Filho", Marília, SP, Brazil.

Authors' contributions:
HCR: methodology; investigation and data collection; formal analysis and data interpretation; writing – original draft preparation.
GT: conceptualization and study design; methodology; investigation and data collection; formal analysis and data interpretation; writing – review and editing; final approval of the manuscript.
CSC, ANPA: methodology; writing – review and editing; final approval of the manuscript.

Email for correspondence: gabrieltrevizanidepolli@gmail.com
Received: 04/28/2026
Approved: 09/17/2026

women (80.8%) and students from public institutions (75.6%). In TACCom, the mean score was 78.7 points (SD±14.6), median 77.8, minimum 36.8, and maximum 100, indicating an overall positive perception of communication competencies. Mean satisfaction with one's own communication was 7.49 (SD±1.74), although 41% reported communication complaints. In the SWOT analysis, the main strengths were expressiveness, objectivity, diction, clarity, and listening. Weaknesses included poor diction, nervousness, shyness, disarticulation, and haste. Opportunities included subject mastery, topics of interest, listener interest, work, and conversations. Threats included competitive noise, interruptions, insecurity, large audiences, and unfamiliar topics. **Conclusion:** Students showed a predominantly positive perception of their communication competencies, although accompanied by individual and contextual vulnerabilities, reinforcing the need for educational strategies aimed at improving communication during undergraduate training.

Keywords: Communication; Communication Barriers; Health Communication.

Resumo

Introdução: A comunicação é uma competência fundamental na formação em saúde, pois o profissional necessita utilizar técnicas e habilidades expressivas para exercer o cuidado, trabalho em equipe e o desenvolvimento em sua carreira. **Objetivo:** Descrever competências e barreiras da comunicação de estudantes brasileiros de Fonoaudiologia a partir da identificação de pontos fortes, pontos fracos, oportunidades e ameaças. **Método:** Estudo transversal, realizado com 78 estudantes regularmente matriculados em cursos presenciais de Fonoaudiologia. A coleta ocorreu por questionário digital contendo caracterização sociodemográfica, Teste de Autoavaliação da Competência na Comunicação (TACCom) e pela análise de Forças, Oportunidades, Fraquezas e Ameaças (FOFA). **Resultados:** A média etária foi de 24,4 anos (DP±7,45), com predominância de mulheres cisgênero e estudantes de instituições públicas. No TACCom, observou-se média de 78,7 pontos (DP±14,6), indicando percepção global positiva das competências comunicativas. A satisfação média com a própria comunicação foi de 7,49 (DP±1,74), embora 41% relatassem queixas comunicativas. Na análise FOFA, destacaram-se como forças: expressividade, objetividade, dicção, clareza e escuta. Como fraquezas: má dicção, nervosismo, timidez, desarticulação e pressa. Entre as oportunidades, sobressaíram: domínio do assunto, temas de interesse, interesse do interlocutor, trabalho e conversas. Nas ameaças: ruído competitivo, interrupções, insegurança, grande público e assunto desconhecido. **Conclusão:** Os estudantes apresentaram percepção predominantemente positiva de suas competências comunicativas, coexistentes com vulnerabilidades individuais e contextuais. Esse fato reforça a necessidade de estratégias formativas voltadas ao aprimoramento da comunicação na graduação e seus impactos na formação em Saúde.

Palavras-chave: Comunicação; Barreiras de Comunicação; Comunicação em Saúde.

Resumen

Introducción: La comunicación es una competencia fundamental en la formación en salud, ya que el profesional necesita utilizar técnicas y habilidades expresivas para ejercer el cuidado, trabajo en equipo y desarrollarse en su carrera. **Objetivo:** Describir las competencias y barreras de comunicación de estudiantes brasileños de Fonoaudiología a partir de la identificación de fortalezas, debilidades, oportunidades y amenazas. **Método:** Estudio transversal realizado con 78 estudiantes regularmente matriculados en cursos presenciales de Fonoaudiología. La recolección de datos se realizó mediante un cuestionario digital que incluía caracterización sociodemográfica, el Test de Autoevaluación de la Competencia en Comunicación (TACCom) y el análisis de Fortalezas, Oportunidades, Debilidades y Amenazas (FODA). **Resultados:** La edad media fue de 24,4 años, con predominio de mujeres cisgénero y estudiantes de instituciones públicas. En el TACCom, se observó una puntuación media de 78,7 puntos (DE±14,6). La satisfacción media con la propia comunicación fue de 7,49 (DE±1,74), aunque el 41% reportó quejas relacionadas con la comunicación. En el análisis FODA, se destacaron como fortalezas: expresividad, objetividad, dicción y claridad. Como debilidades: mala dicción, nerviosismo y timidez. Entre las oportunidades, sobresalieron: dominio del tema, temas de interés, interés del interlocutor, trabajo y conversaciones. Entre las amenazas se destacaron: ruido competitivo, interrupciones, inseguridad, público numeroso y

tema desconocido. **Conclusión:** Los estudiantes presentaron una percepción predominantemente positiva de sus competencias comunicativas, coexistente con vulnerabilidades individuales y contextuales. Este hallazgo refuerza la necesidad de estrategias formativas dirigidas al perfeccionamiento de la comunicación durante la formación universitaria y sus impactos en la formación en salud.

Palabras clave: Comunicación; Barreras de Comunicación; Comunicación en Salud.

Introduction

Healthcare professional communication encompasses fundamental, specific, collaborative, and social competence, whose foundation must be built during undergraduate studies. In this context, student training highlights the integration of learning experiences that enable them to mobilize resources to address complex situations[1,2]. From undergraduate studies onwards, communication underpins and equips healthcare professionals, particularly speech-language-hearing (SLH) pathologists, by developing the transversal and specific skills necessary for building their professional identity and career.

Communication stands out among the skills involved in health education due to its intrinsic and transversal nature, encompassing both specific and collaborative competence. Professionals increasingly understand the impact of interaction resources and tools within the workplace. Thus, beyond supporting daily routines and career development in health, communication consolidates professional identity[3-6]. It is well known that health education, particularly in Brazil, is guided by principles of the Unified Health System (SUS).

The Brazilian National Curriculum Guidelines (DCNs) for undergraduate SLH programs mandate the development of communicative competence (knowledge, skills, and attitudes) grounded in discursive and dialogic practices[7]. The aim is to foster a generalist, humanistic, critical, and reflective education, guided by ethics and bioethics and based on social skills applied to diverse professional practice settings. In this vein, the new SLH DCNs[8], which replace the 2002 version and have already received a favorable opinion from the National Health Council, provides guiding elements for the curriculum and profile of undergraduate students. Notable among these is the mastery of information technology within Exact Sciences, highlighting the evolution of SLH practice and the growing use of technological resources to facilitate communication and access to information.

A student-centered curricular approach guides health education toward competency development through active learning methodologies, where content serves as a means to an end. Aligned with DCNs, the programs' pedagogical frameworks have increasingly incorporated educational units that empower students to mobilize resources to address complex situations. Furthermore, the resources to be developed encompass cognitive, psychomotor, and affective dimensions, translating into knowledge (knowing), skills (knowing how to do), and attitudes (knowing how to be and coexist)[9]. In line with this pedagogical perspective, we arrive at the biopsychosocial model, marking progress toward comprehensive care, networked operations, and health work processes[10].

It is evident that communication in healthcare takes on multiple forms, influenced by the interlocutor's profile, professional relationships, and the practice setting. Whether in direct patient care, management, or interprofessional practice, communication practices are dynamic, adapting to the social demands and complexities of daily work. Students may hold varying perceptions depending on their position within an interaction, such as when engaging with patients, professors, or the healthcare team. Consequently, the skills requiring the most attention shift as students experience different educational settings[11]. It is important to highlight indicators of this trajectory, starting from undergraduate studies, in order to foster active students who are attentive listeners and capable of addressing demands and making decisions with originality and autonomy.

Understanding the development of communication competence in healthcare has emerged as a topic of growing relevance and impact[12], particularly as it is a key factor in patient/client satisfaction[13]. Among the instruments used for the self-assessment of communication competence, this study adopted the Self-Assessment of Com-

munication Competence (SACCom), validated for Brazilian Portuguese in 2022[14], and the SWOT analysis (strengths, weaknesses, opportunities, and threats), adapted for Brazilian Portuguese as the FOFA analysis ("*forças, oportunidades, fraquezas e ameaças*"). The latter is widely used by corporate human resources departments for strategic mapping by examining an organization's strengths, weaknesses, opportunities, and threats[15]. SWOT analysis has increasingly been applied beyond the corporate environment, such as in educational settings and health management[16].

Mapping evidence regarding the communication skills and barriers of students enables the development of strategies for health education that, in turn, impact the continuous development of professional practice and identity. Furthermore, this approach contributes to strengthening the scientific basis and methodological rigor of the field, fostering cultural and social advancements by promoting the humanization of care, the building of interpersonal relationships, and the consolidation of best practices grounded in assertive and accessible communication.

There is a clear, ongoing demand for teaching-learning strategies addressing this competency, which is considered essential for career development. Moreover, this topic entails a paradigm shift regarding best practices, quality of care, and information systems focused on effectiveness. These transformations impact professional practice across the health-disease-care continuum, spanning various levels of care and health networks (promotion, prevention, recovery, and rehabilitation), as well as in forensic or administrative spheres, where scientific knowledge is applied to address legal matters. Rooted in collective responsibility, this practice is closely linked to advisory roles, health management, intersectoral collaboration, leadership, and decision-making.

Thus, this study aimed to describe self-assessed communication skills and barriers of Brazilian SLH students, analyzing them in terms of strengths, weaknesses, opportunities, and threats.

Materials and Methods

This observational, cross-sectional study aimed to collect, through a semi-open online questionnaire, information about self-perceived development of skills (knowledge, skills, and attitudes) regarding communication among SLH students from Brazilian higher education institutions (HEIs).

It followed ethical guidelines as approved by the Research Ethics Committee under approval no. 5,982,097.

The investigation used a semi-open questionnaire made available for 10 months, applied via Google Forms, containing (a) questions about the characterization of the student and the SLH program they attended; and (b) self-assessment responses collected through two instruments: the SACCom and the SWOT analysis (strengths, opportunities, weaknesses, and threats). The invitation message was disseminated to student groups such as SLH Academic Leagues and to coordinators of Brazilian SLH programs, through instant messaging applications and social networks.

As inclusion criteria, participants had to declare that they were regularly attending an in-person Brazilian SLH undergraduate program. Responses from participants who declared having changes and/or diagnosed hearing and/or speech, language, voice, or orofacial motor disorders were excluded.

SACCom is a test made up of 19 questions that give the participant the opportunity to self-reflect in relation to their communicative competence. The self-assessed answers are calculated, with each question having a different weight for the person's final score[14].

In turn, the SWOT analysis asks the participant to rate up to five strengths, weaknesses, opportunities, and threats of an organization in each category – in this case, their own communication[15].

The responses to the characterization questionnaire and SACCom were analyzed quantitatively, and responses to the SWOT were analyzed qualitatively. The data were organized in a Microsoft Excel 2016® spreadsheet and analyzed descriptively, with calculation of absolute and relative frequencies, using the Jamovi software, version 2.5.4, in which boxplot charts were also created.

The SWOT analysis required a semantic normalization of the responses to standardize different variants of terms that result in the same meaning, ensuring that semantically similar responses are treated consistently. The terms obtained were included in the WordArt platform to create word clouds and are presented in a size proportional to the number of times the term is repeated in comparison to the total and the others.

Results

A total of 96 responses to the digital form were recorded. However, the following were excluded: four due to incompleteness (students who accessed the system but did not proceed); three for failing to click the digital icon accepting the informed consent form; and 11 for self-reporting communication disorders, in accordance with pre-established exclusion criteria.

Hence, the characterization of the SLH student sample (n = 78), shown in Table 1, obtained data on age range, with a predominance of single cisgender females, not engaged in paid work, had no personal monthly income, and lived with their families, with a household income ranging from three to five minimum wages.

Table 1. Sample characterization (n = 78).

Variable	n (%)
Age	
Mean (SD)	24.4 (7.45)
Median	22
Minimum – Maximum	18 – 48
Gender identity	
Cisgender woman	63 (80.8%)
Cisgender man	11 (14.1%)
Non-binary person	3 (3.8%)
Transsexual woman	1 (1.3%)
Marital status	
Married	14 (17.9%)
Separated	1 (1.3%)
Single	62 (79.5%)
Domestic partnership	1 (1.3%)
Paid work	
No	48 (61.5%)
Yes	30 (38.5%)
Current place of residence	
An apartment rented with a friend	1 (1.3%)
A friend's house	1 (1.3%)
The home of other relatives	4 (5.1%)
The family's house or apartment	58 (74.4%)
Alone in a home or apartment	8 (10.3%)
A house or apartment rented by the family for the student's residence	4 (5.1%)
Collective housing: hotel, inn, barracks, boarding houses, shared student housing, etc.	2 (2.6%)
Personal monthly income	
Up to two minimum wages	29 (37.2%)
None	43 (55.1%)
Above eight minimum wages	1 (1.3%)
Three to five minimum wages	4 (5.1%)
Five to eight minimum wages	1 (1.3%)
Family monthly income	
Up to two minimum wages	30 (38.5%)
None	1 (1.3%)
Above eight minimum wages	6 (7.7%)
Three to five minimum wages	31 (39.7%)
Five to eight minimum wages	10 (12.8%)

Moreover, the characterization of the HEIs and SLH programs the participants attended (Table 2) shows that 75.6% were students at public HEIs, while 24.4% were students at private HEIs.

Table 2. Characterization of the sample's Higher Education Institutions and Speech-Language-Hearing Programs (n = 78)

Region of the HEI	**n (%)**
Central-West	4 (5.1%)
Northeast	13 (16.7%)
North	9 (11.5%)
Southeast	42 (53.8%)
South	10 (12.8%)
Modality of the HEI	
Private	19 (24.4%)
Public	59 (75.6%)
Number of terms required, under the standard estimated schedule, to complete the Speech-Language-Hearing undergraduate program at their HEI	
8	39 (50.0%)
9	32 (41.0%)
10	7 (9.0%)
Academic semester the student was attending at the time of the survey	
1	12 (15.4%)
2	5 (6.4%)
3	10 (12.8%)
4	11 (14.1%)
5	5 (6.4%)
6	4 (5.1%)
7	16 (20.5%)
8	12 (15.4%)
9	3 (3.8%)
The period when curricular units designated as mandatory supervised internships for the Speech-Language-Hearing program at their HEI began	
1	1 (1.3%)
2	0
3	4 (5.1%)
4	5 (6.4%)
5	11 (14.1%)
6	15 (19.2%)
7	13 (16.7%)
8	28 (35.9%)
9	1 (1.3%)
10	0

Table 3 details the communication-related complaints and the students' level of satisfaction with their communication. The mean satisfaction score among students was 7.49 (SD ±1.74) on a scale of 0 to 10, with 41% of the sample reporting communication-related complaints.

Table 3. Levels of student complaints and satisfaction regarding their communication

Communication complaints	
No	46 (59.0%)
Yes	32 (41.0%)
Satisfaction with communication (0–10 scale)	
Mean (SD)	7.49 (DP±1.74)
Median	8.00
Minimum – maximum	3 – 10

Caption: n = number; % = percentage; SD = standard deviation; HEI = Higher Education Institution

Chart 1 presents the results regarding the dispersion and symmetry of responses to the SAC-Com, highlighting the wide variation in answers.

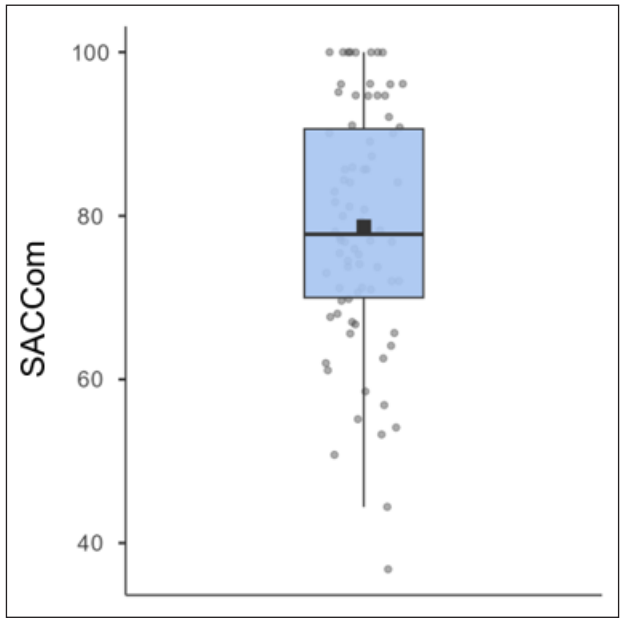


Chart 1. Boxplot of the total score on the Self-Assessment of Communication Competence (SACCom) test.

In the SWOT analysis, the five most cited terms for communication strengths (Figure 1) were "expressiveness," with 18 responses (23.07%); "objectivity," with 12 responses (15.38%); "diction," with 12 responses (15.38%); "clarity," with 12 responses (15.38%); and "listening," with 10 responses (12.82%).



Figure 1. Word cloud - Strengths

Regarding communication weaknesses (Figure 2), five main terms emerged: "poor diction," with 15 responses (19.23%); "nervousness," with 14 responses (17.95%); "shyness," with 11 responses (14.10%); "lack of articulation," with seven responses (8.97%); and "haste," with seven responses (8.97%).

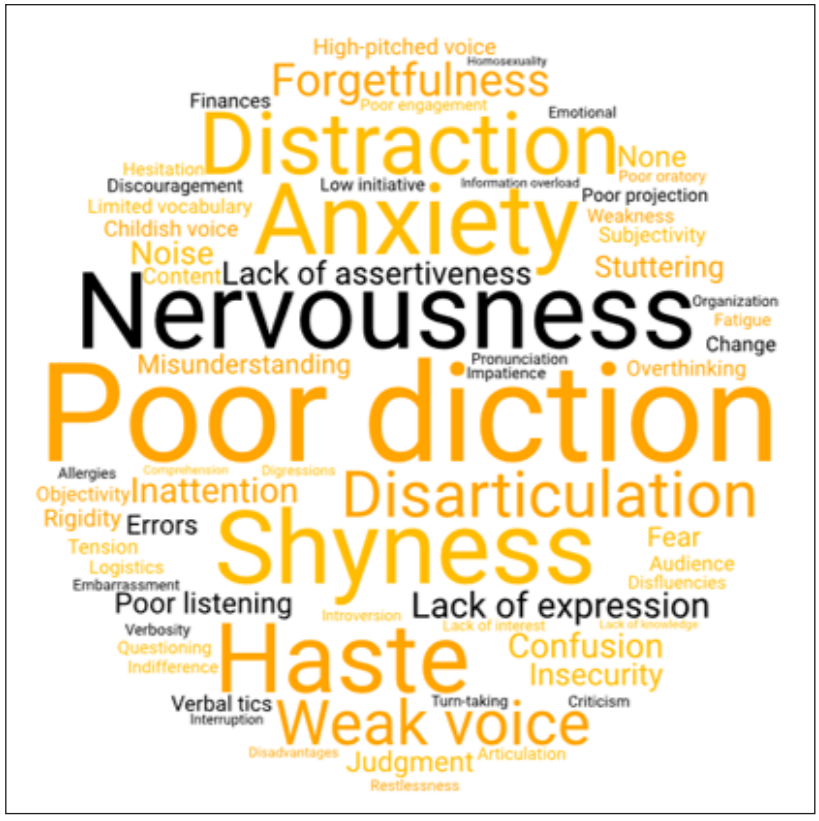


Figure 2. Word cloud - Weaknesses

Five responses appeared most frequently as communication opportunities (Figure 3): "mastery," with eight responses (10.25%); "topic of interest," with six responses (7.69%); "others' interests," with six responses (7.69%); "work," with five responses (6.41%); and "conversations," with five responses (6.41%).



Figure 3. Word cloud - Opportunities

Participants also indicated five responses defined as their communication threats (Figure 4): "competing noise," with 15 responses (19.23%); "interruptions," with six responses (7.69%); "insecurity," with five responses (6.41%); "large audience," with five responses (6.41%); and "unknown subject," with five responses (6.41%).

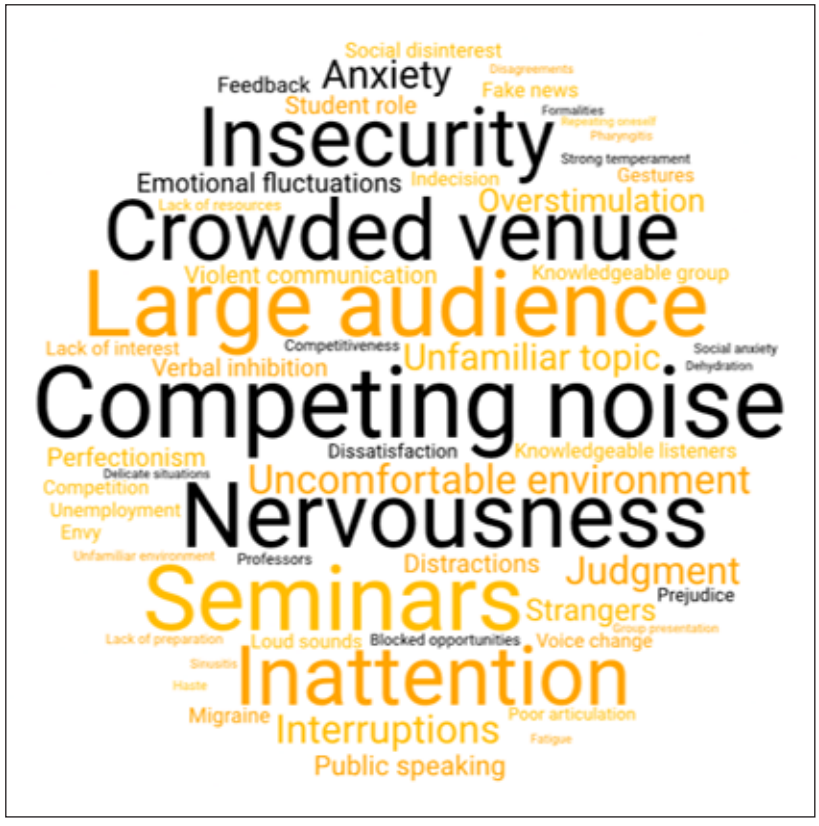


Figure 4. Word cloud - Threats

Discussion

Most study participants were young adults, with a predominance of cisgender female students. This aligns with the most recent social indicators regarding women in Brazil, derived from data by the Brazilian Institute of Geography and Statistics (IBGE)[17]. This trend is also evident in the field of SLH Pathology. These indicators show that women constitute the majority in both healthcare roles and healthcare training programs, such as Medicine[18], where the term "feminization of medicine" is used to describe this demographic profile[19].

It is worth noting the participation of non-binary and transgender individuals in this study; although they represented 5.1% of the sample, their presence demonstrates the inclusion and representation of these identities, as well as an effort to ensure that healthcare training addresses the diverse communicative profiles of future health professionals. Despite this observed trend, few studies have analyzed this gender-related communicative profile among SLH students in Brazil. Furthermore, within the realm of teaching and learning, undergraduate programs must be committed to equity, universality, and comprehensiveness in their pedagogical frameworks. Compliance with legal guidelines requires consideration of gender, race, ethnicity, and social class diversity (among other factors), thereby allowing the academic environment to reflect plural realities.

Most students were enrolled in public HEIs, which differs from the norm in Brazil, where most undergraduate SLH programs belong to the private sector. Regional distribution showed that participants were predominantly from the Southeast, reflecting the concentration of HEIs and academic opportunities in that region[20]. In line with this observation, and recognizing the role of HEIs within a region where teaching, research, and extension are inextricably linked, it is essential that the program's entire structure and dynamic operation align with socio-regional demands. Given that most Brazilian SLH programs are in Southeastern Brazil[21], it

is worth reflecting on impacts such as those revealed by the georeferencing of the existing health network. Such data indicate that the pedagogical project was developed through a partnership and mutual commitment between HEIs and local SUS administrators. This consideration extends to communication and accessibility, particularly regarding the lower participation of students from other regions (mainly the North and Northeast) in conferences, events, and academic-cultural activities. These help students develop and acquire experience but are commonly concentrated around HEIs in the Southeast. Furthermore, it is important to highlight that health education should encourage the decentralization of the workforce and the retention of undergraduates in municipalities and health regions.

Furthermore, it is relevant to address potential constraints regarding temporal flexibility, considering that the estimated time to complete an SLH program varied within this population, with half of the students expecting to finish in eight semesters (a variation attributable to multiple factors beyond the scope of this analysis), and considering the full-time schedule. Such limitations make it difficult to balance the academic path with activities outside the university experience, such as enhancing communication skills through Information and Communication Technologies (ICTs). Given the advancement and growing use of these tools in the modern era, the program's curriculum should include them to foster a more personalized educational experience, aligned with professional demands.

An analysis of the participants' monthly income highlights that a significant proportion of students have no income (55.1%) or earn up to two minimum wages (37.2%). These figures suggest financial dependence on their families, a finding corroborated by the fact that the majority lived with their families (74.4%). Family income follows a similar pattern, with 38.5% of families earning up to two minimum wages. This financial situation can impact the ability to devote oneself exclusively to studies and may necessitate seeking paid employment, a reality for 38.5% of the participants.

Starting an internship can be a pivotal moment, as it expands the scope of knowledge, skills, and attitudes, consolidating them into competence where communication plays an integrated and unifying cross-cutting and specific role within healthcare practice. Supervised internships generally began in the sixth semester among the study population. It is worth noting that communication concerns, which may have motivated participation in this study, often arise during the final stages of the undergraduate program. These are moments when students begin to view communication as a social practice that enables the application of comprehensive care principles within their professional training. Furthermore, Brazilian National Health Council Resolution no. 610 encourages practical activities from the very beginning of the program, fostering engagement between future professionals and the realities of the territories where they may eventually work, while also developing skills that cut across the healthcare field.

Moreover, 59% of participants reported no communication-related complaints. On a scale of 0 to 10, the mean satisfaction score regarding communication was 7.49 (SD ±1.74), indicating a high level of satisfaction. However, the presence of complaints among a significant portion of students (41%) warrants attention.

Beyond gathering information on the factors involved in communicative competence, the instruments used in this research raise awareness of the fact that such competence is not an innate ability; rather, it is developed and requires learning[1]. Effective communicative competence is essential for any healthcare professional to provide safe, high-quality care and prevent communication failures that could harm patients or staff. Moreover, it encompasses cross-cutting aspects such as identity, assertiveness, and workplace relationships[22].

However, there is a scarcity of studies on this topic, alongside the recent validation of the protocol used, a development likely to lead to broader applicability across various fields, not just healthcare.

Regarding SACCom scores, most participants obtained approximately 70 to 90 points, with a mean of 78.7 (SD±14.6). This indicates that, despite some low self-assessment scores, SLH students generally considered themselves well-prepared in terms of communication skills, given the proportional relationship between the SACCom means and those of the communication satisfaction scale. Another study, citing published data on labor market expectations, found that employers (and students) identified communication as the primary "non-technical" skill (meaning one not tied to specific technical expertise) required during job interviews[22,23]; it was found to predict

a recent graduate's likelihood of being hired with 79.1% accuracy[24].

It is widely agreed that communication is a skill developed continuously and that it acts as a cross-cutting predictor of labor market entry, while also influencing interpersonal relationships, decision-making, and intersubjective positioning. Similar research conducted at American universities revealed a discrepancy between graduates' self-assessments and the labor market's perception. Although 80% of recently graduated students considered themselves competent in communication, only 44% of employers rated these skills as satisfactory. Feedback is a key component of formative assessment and management team strategies, and it is closely linked to communicative competence in corporate environments. Therefore, sharing and self-perception tools are relevant for fostering interpersonal development and alignment among team members.

The SWOT analysis made it possible to investigate the weaknesses and threats regarding these students' communication. Beyond merely identifying these elements, applying this tool to the learning process, whether individually or in teams, creates opportunities for self-assessment and formative assessment. The aim of the indicators and benchmarks provided by this tool is to facilitate the development of measures to address these issues, while also reinforcing aspects identified as strengths and opportunities. This application is pioneering in the study of this specific population and in relation to the stated objective. Furthermore, the tool has already been used in other higher education contexts across various countries[16].

Conducting such investigations with students is highly relevant for guiding pedagogical planning and the curricular pedagogical framework in Brazilian higher education. Moreover, the findings help identify essential skills for student development, guiding faculty members in selecting more effective teaching approaches within the health sciences.

A Brazilian study involving 1,135 undergraduate students revealed that 63.9% reported a fear of public speaking; the majority were women who, for instance, refrained from participating in group debates and perceived their voices as high-pitched or weak. The study's SWOT analysis also highlighted elements viewed as threats to communication (specifically, a "large audience"), alongside nervousness, shyness, anxiety, and the fear of judgment (factors that may be interrelated). Additionally, 89.3% of students expressed a desire for specific courses or opportunities during their academic journey to improve their public speaking skills[25]. This finding supports the current analysis, particularly when comparing the frequency with which "public speaking" is cited; it appears more often as an opportunity than as a threat.

A predominance of elements related to expressiveness was noted among the top five strengths listed by SLH students. This finding reflects the participants' perception that skills related to expressive speech are more effective in their communication than those linked to listening, such as empathy and comprehension, which are also fundamental elements of effective communication. This pattern extends to weaknesses as well, given that the most cited term ("poor diction") is also tied to expressive speech.

Among the main opportunities described, the concept of "mastery" may be intrinsically linked to the level of "familiarity" with a specific topic. This, in turn, may be connected to the opportunity to discuss a subject of interest in the workplace or during conversations (especially when capturing the interest of others).

Moreover, the analysis identified threat factors beyond individual control. However, aspects that could be overcome through appropriate training, directly addressing personal weaknesses, were also observed. Continuous development of communication skills, driven by opportunities, is essential to mitigate such limitations and prevent them from becoming obstacles to professional practice.

Conclusion

In conclusion, participating students hold a predominantly positive perception of their communication competence. However, this perception is linked to vulnerabilities stemming from both individual factors and contextual aspects.

The use of these instruments enabled the characterization of the students' communication skills and barriers, while also raising their awareness regarding these issues. Mapping these findings provides relevant indicators for health education and opens promising avenues for teaching methodologies, such as formative assessment, while also fostering the creation of strategies to continuously

develop communication, identity, and professional practice within the biopsychosocial framework.

Further research into this phenomenon within this population is encouraged to support the development of communication competence, particularly in undergraduate health programs, given the inclusion of essential elements such as interprofessional collaboration, quality, ethics, and safety. This study strongly recommends that HEIs be environments where health education treats communication as a regular subject of study, incorporating both cross-cutting and specific practical applications. This approach should engage all stakeholders within the care environment and highlight both strengths and weaknesses, thereby promoting self-reflection, motivation, and the ongoing integration of knowledge, skills, and attitudes within the biopsychosocial dimension.

References

1. Coriolano-Marinus MWL, de Queiroga BAM, Ruiz–Moreno L, de Lima LS. Communication in health practices: integrative literature review. Saude Soc. 2014; 23(4): 1356-69. doi:10.1590/S0104-12902014000400019.

2. Perrenoud P. Formação contínua e obrigatoriedade de competências na profissão de professor. Ideias. 1997; (30): 205-48.

3. Tolentino Limeira RR, de Castro RD, de Figueiredo SC, Silva SM, de Alencar SAL, Figueirêdo LC, et al. Internship in collective health: training in speech therapy. Rev. Ciênc. Plural. 2018; 3(3): 93-110. doi.org/10.21680/2446-7286.2017v3n3ID13337

4. Queiroz MAS, Teixeira CLV, Braga CM, de Almeida KA, Pessoa RX, Almeida RCA, et al. Curricular supervised traineeship: perceptions of student-therapist in Speech, Language and Hearing Sciences in a hospital. Rev CEFAC. 2013;15(1):112-20. doi:10.1590/S1516-18462012005000082.

5. Nascimento CL, Nakamura HY. Speech, Language and Hearing Sciences in the SUS in São Paulo state. Disturb Comun. 2018; 30(1): 179-85. doi:10.23925/2176-2724.2018v30i1p179-185.

6. Almeida ANP, Maia AA, Attianezi M, Paiva SF. A CIF na matriz curricular dos cursos de graduação em Fonoaudiologia e sua articulação com competências, conhecimentos, habilidades e atitudes. In: Paiva SF, Pinto FCA, organizadores. Classificação Internacional de Funcionalidade: da teoria à prática em Fonoaudiologia. São Paulo: Booktoy; 2022.

7. Brasil. Conselho Nacional de Educação. Resolução CNE/CES nº 5, de 19 de fevereiro de 2002. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Fonoaudiologia. Diário Oficial da União. 2002 Feb 20.

8. Brasil. Ministério da Saúde. Conselho Nacional de Saúde. Resolução nº 610, de 13 de dezembro de 2018. Aprova parecer DCN da graduação em Fonoaudiologia. Diário Oficial da União. 2018.

9. Parry SB. The quest for competences. Training. 1996; 33(7): 48-56.

10. Biz MCP, Santos MC, Reis F, Nicolau SM, Furtado JP. Specialized rehabilitation centers: assessing the challenges in implementing the biopsychosocial model in caring for people with disabilities. Interface (Botucatu). 2024; 28: e230178. doi:10.1590/interface.230178.

11. Papaioannou G, Volakaki MG, Kokolakis S, Vouyioukas D. Learning spaces in higher education: a state-of-the-art review. Trends High Educ. 2023; 2(3): 526-45. doi:10.3390/higheredu2030032.

12. Loureiro E, Ferreira MA, Fresta M, Ismail M, Rehman SU, Broome M. Teaching and assessment of clinical communication skills: Lessons learned from a SWOT analysis of Portuguese Angolan and Mozambican Medical Education. Porto Biomed J. 2017; 2(2): 47-58. doi: 10.1016/j.pbj.2016.12.005.

13. Touati R, Sailer I, Marchand L, Ducret M, Strasding M. Communication tools and patient satisfaction: A scoping review. J Esthet Restor Dent. 2022; 34(1): 104-16. doi:10.1111/jerd.12854.

14. Ribeiro VV, Santos MADC, de Almeida AAF, Behlau M. Validation of the Self-assessment of Communication Competence (SACCom) in Brazilian Portuguese Through Item Response Theory. J Voice. 2025; 39(1): 279.e7-279.e20. doi: 10.1016/j.jvoice.2022.07.013.

15. Puyt RW, Lie FB, Wilderom CPM. The origins of SWOT analysis. Long Range Plan. 2023; 56(3): 102304. doi: 10.1016/j.lrp.2023.102304.

16. Benzaghta MA, Elwalda A, Mousa MM, Erkan I, Rahman M. SWOT analysis applications: An integrative literature review. J Glob Bus Insights. 2021; 6(1): 55-73. doi.org/10.5038/2640-6489.6.1.1148

17. Instituto Brasileiro de Geografia e Estatística. Estatísticas de gênero: indicadores sociais das mulheres no Brasil. 3rd ed. Rio de Janeiro: IBGE; 2024.

18. Santos DO, Lima JEM, Sousa LHCC, Paulo MMSF, Bezerra AL, Toledo MA, et al. Professional profile and trajectory of medical graduates in Brazil: integrative review. Concilium. 2023; 23(6): 1-15. doi:10.53660/CLM-1098-23D03A.

19. Magalhães RE, Melo IP, Magalhães MHM, Vasconcelos LSMC, da Silva ABR, Peixoto RAC, et al. Medical graduate in Brazil: integrative review. Res Soc Dev. 2022;11(11): e33589. doi:10.33448/rsd-v11i11.33589.

20. SEMESP. Mapa do ensino superior no Brasil. 13th ed. São Paulo: SEMESP; 2023.

21. Conselho Federal de Fonoaudiologia. Ensino superior conforme regiões do conselho [Internet]. Brasília: CFFa; [cited 2026 Apr 27]. Available from: https://fonoaudiologia.org.br/fonoaudiologos/ensino-superior/

22. Leonard M, Graham S, Bonacum D. The human factor: the critical importance of effective teamwork and communication in providing safe care. BMJ Qual Saf. 2004;13(Suppl 1): i85-i90. doi:10.1136/qshc.2004.010033.

23. Arora CS. Analyzing skill gap between higher education and employability. Res J Humanit Soc Sci. 2019;10(3): 919-24. doi:10.5958/2321-5828.2019.00154.2.

24. Chegg. Bridge that gap: analyzing the student skill index [Internet]. [cited 2026 Apr 27]. Available from: https://www.insidehighered.com/sites/default/files/files/Bridge%20That%20Gap-v8.pdf

25. Marinho ACF, de Medeiros AM, Gama ACC, Teixeira LC. Fear of public speaking: perception of college students and correlates. J Voice. 2017; 31(1): 127.e7-127.e11. doi: 10.1016/j.jvoice.2015.12.012.

This work is licensed under a Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.