

Profile and work satisfaction among professionals of hearing care health network

Perfil e satisfação com o trabalho de profissionais da rede de atenção à saúde auditiva

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ABSTRACT

Purpose: Verify the profile and satisfaction regarding the service structure, human resources policy and professional routine work of the hearing health's professionals of the Hearing Health Care Network. **Methods:** Study conducted with 34 professionals related to the Hearing Health Care Network in two micro regions of Minas Gerais. The research was done through the application of a structured questionnaire consisting in six axes (Professional characterization, Data of the service, Professional knowledge about the profile of the served population, characterization of the Teamwork, Professional satisfaction and Communication and work). It was performed the descriptive analysis of the frequency distribution of all categorical variables and analysis of measures of central tendency and dispersion for continuous variables. **Results:** The majority belongs to the speech language pathologists category, are employed and wages are between R\$ 1,091.00 and R\$ 2,180.00. Half of employees reported having discussion of clinical cases by teams and action planning. Most reported no occurrence of administrative demand and discussion about the achieved results. All teams had speech language pathologists and were, in most aspects, satisfied with the service in which it was inserted. The items about Dissatisfaction cited were the following ones: "Human Resources Policy", "Diagnosis equipment" and "wage policy." **Conclusion:** This utilized instrument helped to achieve a professional profile delimitation among all the Health Hearing Care Network professionals, as well as verifying its satisfaction with most of the analyzed aspects.

Keywords: Health personnel; Hearing; Unified health system; Health services evaluation; Hearing loss; Speech, Language and hearing sciences; Delivery of health care

RESUMO

Objetivo: Verificar o perfil e a satisfação com a estrutura do serviço, política de recursos humanos e rotina de trabalho de profissionais que integram equipes de uma Rede de Atenção à Saúde Auditiva. **Métodos:** Trata-se de um estudo realizado com 34 profissionais pertencentes à Rede de Atenção à Saúde Auditiva de duas microrregiões de Minas Gerais. A pesquisa se deu por meio da aplicação de um questionário estruturado, composto por seis eixos (caracterização do profissional, dados do atendimento/perfil do serviço, conhecimento do profissional quanto ao perfil da população atendida, caracterização do trabalho em equipe, satisfação do profissional e comunicação e trabalho). Foi realizada análise descritiva da distribuição de frequência de todas as variáveis categóricas e análise das medidas de tendência central e de dispersão das variáveis contínuas. **Resultados:** A maioria dos profissionais pertencia à categoria fonoaudiólogo, eram contratados e recebiam entre R\$ 1.091,00 e R\$ 2.180,00. Metade deles relatou haver discussão dos casos clínicos e planejamento de ações, pelas equipes. A maioria referiu não haver demanda administrativa e discussão dos resultados alcançados. Todas as equipes possuíam fonoaudiólogos que se manifestaram satisfeitos com a maior parte dos aspectos do serviço no qual estavam inseridos. Como itens de insatisfação foram citados: "política de recursos humanos", "equipamentos para diagnóstico" e "política salarial". **Conclusão:** O instrumento utilizado permitiu realizar o delineamento do perfil dos profissionais pertencentes à Rede de Atenção à Saúde Auditiva e verificar que estes estão satisfeitos com a maioria dos aspectos analisados.

Descritores: Pessoal de saúde; Audição; Sistema Único de Saúde; Avaliação de serviços de saúde; Perda auditiva; Fonoaudiologia; Assistência à saúde

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INTRODUCTION

Under the scope of the *Sistema Único de Saúde* (SUS) - Brazilian Unified Health System - aiming to promote hearing health, Hearing Health Care Networks were created and established by the Ministerial Decree No. 587 of October 7, 2004, which determines the organization of hierarchical and regionalized networks, integrated in the primary care in medium and high complexity⁽¹⁾. Thus, the treatment of people with hearing impairment became guaranteed in its entirety, i. e., in addition to the diagnosis and adaptation of the hearing aid (HA) it started to carry out the rehabilitation of children and adults allowing this way a full care process^(1,2).

Inserted in this new panorama, the State of Minas Gerais currently has 15 accredited Hearing Health Care Units (HHCU), of which nine consists of high complexity and six are of medium complexity, whose activities began between 2005 and 2010. The network is hierarchical and regionalized, with complete and integral care for citizens with hearing loss. This network also includes the Neonatal Hearing Screening (NHS) and Decentralized Speech Therapy services⁽³⁾. The role of the Decentralized Speech Therapy service is to receive users referred by the primary care, who make complaint, are suspected to have or already have a diagnosis of hearing loss and to refer them to the basic hearing evaluation and after that to the Micro-Regional Hearing Health Board (HHB) and afterwards to the rehabilitation of the post-adapted user in the Hearing Health Care Units SUS-MG⁽³⁾. In addition to these functions, it is also the responsibility of this service to develop actions in the primary care related to health promotion and disease prevention as well as to follow the users in their care process⁽³⁾.

After the establishment of the networks, it is important to make the description and critical analysis of its implementation, while respecting the different perceptions of managers, professionals and users, in order to show which practices and behaviors are actually being effective and appropriate. This evaluation process regarding policies and programs is essential in public health as it contributes to the pursuit of efforts to create a healthier society, preventing the waste of resources through the implementation of ineffective programs⁽⁴⁾.

The term “evaluate” corresponds to perform a value judgment about an intervention and its aspects to support the decision-making process⁽⁵⁾. In the scope of health care, an intervention is understood as a set of organized means to produce goods and services to modify a given situation⁽⁵⁾ in which the effectiveness of the treatment of the individual is always targeted, in this case, with hearing loss⁽⁶⁾. It is noteworthy that a good evaluation should be independent of mortality indicators and quality of life⁽⁷⁾.

Studies have been conducted to evaluate the benefit and satisfaction of users of hearing aids, however, little is known about the quality of service under the perspective of the professionals, who can also contribute with relevant information about

the quality of the service as the needs and requirements of this group differ from those of users and/or managers of services. In addition, it is also important to verify the satisfaction of these professionals with the service in which they are inserted, covering from the activities performed, infrastructure, human resources policy to communication with their co-workers. This will allow to draft alternatives to improve the service as well as to the teamwork, since that a motivated team and a favorable environment and perspectives are essential to minimize the impacts caused by the work routine and that directly affect the quality of the service provided. In addition, the analysis of dissatisfactions can provide support for the realization of organizational changes in order to improve the provided assistance⁽⁸⁾.

Thus, the purpose of this study was to verify the profile and the satisfaction with the service structure, human resources policy and work routine of professionals that integrate the hearing health teams of the Hearing Health Care Network of two micro-regions of Minas Gerais.

METHODS

This is an observational descriptive cross-sectional study with non-probability sample of exploratory nature. It was conducted in the period between April 2011 and February 2012 with 34 professionals (otorhinolaryngologist, speech language pathologist, social worker, psychologist, hearing health unit coordinator) of the hearing health care unit of the Hearing Health Care Network of two micro-regions in Minas Gerais.

For the realization of the research, the professionals received information about the voluntary nature of the study, its purposes and repercussions. All participants of the study have read and signed the Free and Cleared Term of Consent .

The following criteria for inclusion were used in the study: to have an employment relationship with the hearing health unit, to be linked to the hearing health program of the municipality for at least three months and to be present at the hearing health unit on the day of the visit of the researchers. The exclusion criteria were: to have already responded to the questionnaire in another Hearing Health Care Unit since sometimes the professionals have performed activities in more than one Network Service, or give up the participation in the research at any time.

For the recruitment of professionals, initially a contact by telephone or e-mail was made with the health managers of 34 municipalities of the micro-regions of Curvelo and Sete Lagoas (Minas Gerais), requesting approval for inclusion of the municipalities in the survey. After the approval the contact with all professionals was made and they were communicated about the research and the date on which the researchers would be in the city for the collection. The collection took place in the hearing health care units and was conducted by trained interviewers. The average duration of the interviews was 15 minutes and they were recorded. As instrument of data collection, a structured questionnaire was used, which was developed

by the researchers, applied in the form of individual interviews with the professionals of the hearing health care teams.

The instrument consisted of six axes, namely (Annex 1):

1. Characterization of the professional: data related to the profile of the interviewees, or their profession, training, experience in public service, time in the current management, employment relationship and salary range;
2. Data of the health care/service profile: data related to care routine and activities developed by the professional, service actions and scheduling forms;
3. Profile of the assisted population: age group and place of residence of the users;
4. Teamwork and activities carried out by the professionals: profile of the team of the professional including its composition, activities (meetings, discussion of clinical cases), as well as their periodicity, work routine and activities undertaken by the professionals in service and their scientific productions (participation in congresses/seminars and production of scientific papers);
5. Professional satisfaction: satisfaction with the service in which they were inserted, with the human resources policy and their work routine;
6. Communication and work: verify the opinion of the professionals with regard to communication in their workplace and how it assists in the service.

It must be highlighted that initially a pilot study was conducted in order to verify the applicability of the questions. For this purpose, a municipality of the micro-regions of interest was chosen and the questionnaire was applied to all professionals. It was possible to verify the clarity of the questions of the instrument and make the necessary adjustments.

The interviews, transcribed and categorized in a database, were conferred and then statistically analyzed. A descriptive analysis of the frequency distribution of all categorical variables and also the analysis of the measures of central tendency and of dispersion of the continuous variables were made. For better analysis, some items were transformed and standardized:

- a) The items related to Axis 2 of the instrument distributed as 1. never; 2. rarely; 3. sometimes and 4. always, were transformed into index ranging from 0 to 1, where values close to 0 mean that the professionals have never carried out that activity and values close to 1 that have always carried it out.
- b) The items related to the professional satisfaction - Axis 5 - elaborated in Likert Scale of 5 points: 1. very unsatisfactory; 2. unsatisfactory; 3. indifferent; 4. satisfactory and 5. very satisfactory were transformed on a scale with values ranging from -1 to 1. Therefore, the negative values closest to -1 indicated dissatisfaction or that the item was poor. Values close to 0 indicated neutrality and the positive values, close to 1, indicated satisfaction or that the item was good.

The software R version 2.15.0 was used for the entry, processing and analysis of the quantitative data.

This study was approved by the Research Ethics Committee of the *Universidade Federal de Minas Gerais* (UFMG), under the opinion ETIC 186-10.

RESULTS

The analysis of the first axis of the instrument, “characterization of the professional” has showed that the average age of the 34 professionals interviewed was 31 years and 5 months, of which at least 75% was younger than 35 years. The average length of service was 38.38 months. Furthermore, it was found that 79.4% were speech language pathologists; 41.2% had post-graduation; 52.9% have already worked in the public sector; 72.5% were employed and 61.8% had an average salary between R\$ 1.091,00 and R\$ 2.180,00 (Table 1).

Table 1. Demographic and socioeconomic characteristics of the professionals interviewed

Variable	Categories	%
Gender	Female	97.1
	Male	2.9
Position	Speech language pathologist	79.4
	Otorhinolaryngologist	2.9
	Social worker	11.8
	Coordinator	2.9
	Others	2.9
Background	Complete higher education	38.2
	Post-graduation	41.2
	Specialization in public health	14.7
	Specialization in other areas	5.9
Has previously worked in the public service	No	47.1
	Yes	52.9
Employment relationship	Submitted to a public contest	23.5
	Contract	73.5
	Others	2.9
Salary range	<R\$ 545,00	2.9
	From R\$ 546,00 to R\$ 1.090,00	26.5
	From R\$ 1.091,00 to R\$ 2.180,00	61.8
	From R\$ 2.181,00 to R\$ 4.360,00	8.8

In the Axis 2 of the instrument, “data of the health care/service profile”, it was observed that the most frequently procedures performed by the professionals were “reception of patients,” “referral of patients” and “individual therapy” that were marked as held sometimes or always by all professionals. The less performed procedures were “adaptation and selection of hearing aid”, “audiological diagnosis” and “group therapy” (Table 2).

Table 2. Activities carried out by the professionals

Factors	N-valid*	Average	SD	LI	UL
Reception of patients	34	0.863	0.340	0.745	0.971
Referral of patients	34	0.853	0.274	0.755	0.931
Individual therapy	33	0.818	0.334	0.697	0.929
Referral to medium complexity services	23	0.768	0.395	0.609	0.913
Screening/simplified consultation	34	0.706	0.425	0.569	0.843
Full audiological evaluation	29	0.701	0.382	0.575	0.828
Patient scheduling	34	0.676	0.438	0.520	0.804
Health promotion actions	34	0.637	0.332	0.530	0.745
Interlocution with SCFH/FHT	34	0.520	0.436	0.363	0.667
Referral to high complexity services	33	0.495	0.418	0.354	0.626
Interlocution with the school for guidance	34	0.451	0.426	0.304	0.598
Group therapy	34	0.402	0.425	0.265	0.540
Audiological diagnosis	30	0.378	0.444	0.244	0.522
Adaptation and selection of personal hearing amplifier	30	0.156	0.358	0.033	0.289

Note: N-valid = number of subjects, varying according to the function of the professional; SD = standard deviation; LI = lower limit; UL = upper limit; SCFH = support centers for family health; FHT = family health team

The Axis 3 “profile of the assisted population” showed that 88.2% of the population consisted of elderly people and that 73.5% lived in the municipality where the professional worked.

The Axis 4, “teamwork and activities carried out by the professionals” in which the profile of the team of the professional was verified, showed that half of the professionals (50.0%) reported that their teams discussed clinical cases and performed action planning; 58.8% reported that there was no administrative demand and 57.7% that there was no discussion about the results.

Regarding the axis “teamwork and activities carried out by the professionals” it was observed that 100% of the teams had speech language pathologists in its composition, 58.8% had a social worker and/or psychologist, 17.6%, administrative assistant and 2.9%, otorhinolaryngologist (Figure 1). Regarding to the procedures performed by the professionals it was found that the most accomplished were “reception of patients,” “completion of forms” and “scientific production in regional seminars/symposia”. Among the less mentioned were “scientific research”, “realization of exams” and “production of scientific work/articles” (Figure 2).

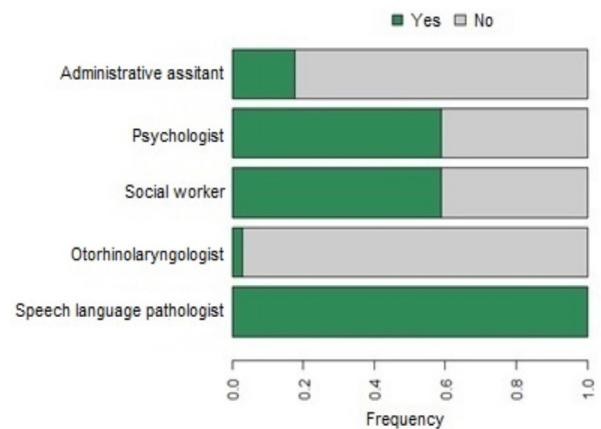


Figure 1. Team composition

The Axis 5 of the instrument, “professional satisfaction”, showed that, in most aspects, the professionals were satisfied with the service in which they were inserted. The items “profile of the assisted population”, “communication at work,” “developed activities,” “work routine”, “accessibility”, “team profile in

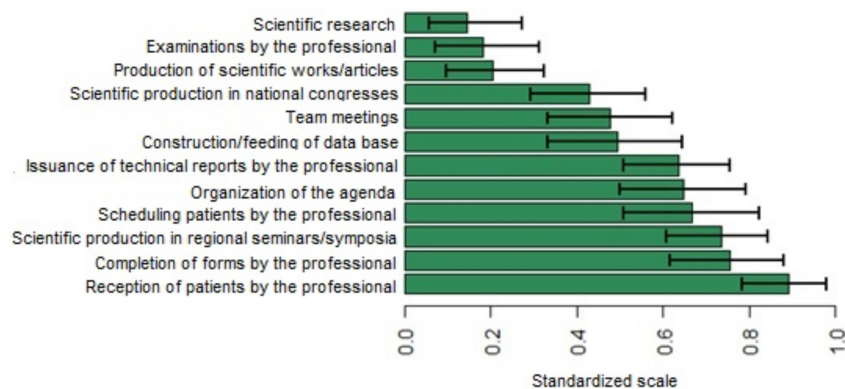


Figure 2. Description of the variables related to the work routine and scientific production

which they operate”, “actuation perspective”, “schedule” and “physical space” were positively evaluated. The items “human resources policy”, “diagnostic equipment” and “wage policy”, were negatively evaluated. The remaining items of this axis were evaluated by professionals as being indifferent (Figure 3).

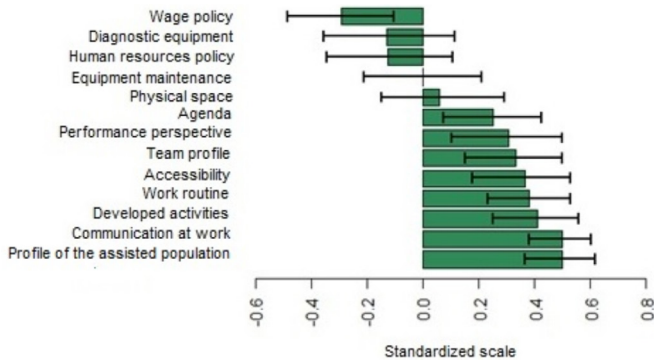


Figure 3. Description of variables “satisfaction of the professionals” and “service structure”

The last axis of the instrument, Axis 6, “communication and work,” showed that the majority (91.2%) of the professionals referred to as satisfactory the way the team communicates and believes that the communicative relationships help/help a lot in the work environment.

DISCUSSION

A good evaluation in the field of health should necessarily follow three categories: structure, process and result^(5,6,9), based on financial resources, infrastructure and qualification of the professionals, use of the resources available for the production of results and effects of the intervention in relation to the proposed objective^(6,9). In addition, the systematic practice of evaluation of the health services provides useful and practical information that can be used for the definition of priorities, reorientation of practices and monitoring of programs⁽⁶⁾.

In this study, the average age of the professionals was 31.54 years, most were females with post-graduation belonging to the speech language pathologist professional category and working under contract regime. In a previous study⁽¹⁰⁾ conducted with professionals of the Family Health Program, the average age was 28 years, most were females with different types of employment, and most of them have not been submitted to a public contest. In another work⁽¹¹⁾, performed with mental health professionals of an institution in Rio de Janeiro, the average age was 43.8 years, most were female and have completed high school. Although these studies also bring data for the design of the profile of health professionals, their comparison is difficult to be carried out since they belong to different services, with peculiarities that must be respected. Thus, a discussion of such data would not present an accurate comparison. It is noteworthy that the full care of the hearing impaired person is new in the SUS⁽¹²⁾, which strengthens the importance of new studies addressing this issue. The importance

of the speech language pathologist in the Network, as the only professional who is active in all care levels is also highlighted. With regard to gender, it is also inferred that the fact that most of the professionals are female is due to the characteristic of the profession itself, as they were speech language pathologist. This fact is also cited in a study conducted with speech language pathologists and not speech language pathologists⁽¹³⁾.

The data related to the service profile, characterized by the Axis 2 of the instrument, showed that the most frequently performed activities are the reception of patients, referral of patients and individual therapy and the less performed are the adaptation and selection of hearing aid, hearing diagnostic and group therapy. To have the reception among the most frequently performed activities shows that the professionals are committed to the patients, which promotes and enhances the creation of the professional/client relationship. To receive means to welcome, listen the demand, seeking the understanding and socialization⁽¹⁴⁾. The reception requires the elaboration of new ways to receive the population, without imposing limits and respecting the existential moment of each one⁽¹⁵⁾, especially when it deals with something so impressive in the life of the individual as hearing loss. It is noteworthy that, among the less performed procedures, are the “adaptation and selection of hearing aid” and “audiological diagnosis”, since these procedures are the responsibility of the speech language pathologist. However, most of the speech language pathologists interviewed are called decentralized speech language pathologists⁽³⁾, professionals who, as already mentioned, have the responsibility to receive the users referenced by the primary care, who make complaint, are suspected to have or already have a diagnosis of hearing loss and refer them to the basic hearing evaluation. Thus, it is clarified that the procedures for adaptation and rehabilitation of the post-adapted user are not part of their duties, so the result is justified. It is noteworthy that, from the municipalities visited, only one service was highly complex, being the other of primary care, which relied on the decentralized speech therapy service.

The analysis of the work team and its dynamics, evaluated on Axis 4, showed that only half of the professionals reported to discuss clinical cases and action planning in the team. In addition, just over half said that the teams did not present administrative demand and/or discussed the results. Such data can be justified by the fact that, in most municipalities, the team was formed only by the decentralized speech language pathologist. This information does not discredit the axis, since this proved to be extremely important when applied in larger teams of three or more professionals.

The professional satisfaction with the actuation service, Axis 5 of the instrument was, in most aspects, positive. Job satisfaction can be defined as an emotional state resulting from the interaction of professionals, its personal characteristics, values and expectations with the environment and the organization of the work⁽¹⁶⁾. The impact of the work on the professionals comprises the repercussions of the work itself and the feeling

of well-being⁽¹⁷⁾. In addition, the feeling of satisfaction provides greater engagement to the individual⁽¹⁸⁾, whose reflection will be felt in the provision of service of better quality⁽¹⁸⁾ and hence, in the improvement of well-being of the user. A previous study⁽¹⁹⁾ conducted a bibliographic survey on job satisfaction and determined as influencing factors: different personalities in the same team, diversities in work and differences of values assigned to the work. To be satisfied with the profile of the team and the assisted population, with work routine and perspective of actuation, items identified as positive in the research, effectively contributes to job satisfaction. The items assessed as dissatisfaction includes human resources policies, equipment for diagnosis and wage policy. Higher level professionals working in the public service generally have lower remuneration than their equivalent in the private sector⁽¹⁷⁾ contributing to dissatisfaction with the salary. Furthermore, the different types of employment, except through public contest, such as contract^(10,20) and work in more than one place⁽¹⁰⁾ are factors that must be considered as they increase the feeling of employment instability and work routine fatigue. It is noteworthy that 79.4% of the sample consisted of speech language pathologists and the result may reflect only the opinion of this class of professionals.

The analysis of the communication and work forms, characterized in the Axis 6 of the instrument showed that most professionals were satisfied with their work team and the way of communication. This factor, as already mentioned, is directly related to the satisfaction of the professionals as to be satisfied with the team in which they work is directly related to service productivity and mitigation of the impacts caused by the work routine. It is noteworthy that a team that communicates well, seeks consensus⁽²¹⁾, listens to the other⁽²¹⁾ and assumes collective responsibility for the results of the work⁽¹⁷⁾, which gain will be reverted to the well-being of the service user. However, it should be noted that, by their own network configuration, in smaller municipalities there are not entire teams, only the actuation of a decentralized speech language pathologist, responsible for the reference of the users to middle and high complexity services. The analysis of communication and work, as occurred in Axis 5, proved to be of utmost importance when performed in larger teams, demonstrating the relevance of such questioning and justifying its presence in the script.

Thus, it is believed that the instrument has fulfilled its purpose. It was verified that all the teams have speech language pathologists and that the professionals are, in most aspects, satisfied with the service in which they are inserted. However, adjustments should be made to improve the profile design of all health professionals, since many questions are related to the activities only performed by speech language pathologists.

CONCLUSION

Most interviewees were speech language pathologists, female, contractors and postgraduates. All teams had speech

language pathologists and the professionals were, in most aspects, satisfied with the service in which they were inserted and with the way the team communicates. However, among the items referred to as unsatisfactory, the human resources and wage policy are highlighted.

The importance of new studies addressing the Hearing Health Care Network is highlighted.

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Annex 1. Questionnaire applied to the professionals

I. Identification

1. Date: _____ Age: _____ Gender: _____ Municipality: _____
2. Position: () Speech language pathologist () Otorhinolaryngologist () Social worker () Manager () Coordinator () Others
3. Background: () Incomplete Primary Education () Complete Primary Education () Incomplete Secondary Education
() Complete Secondary Education () Incomplete Higher Education () Complete Higher Education
() Post-graduation. Please specify: _____
() Specialization in Public Health () Specialization in another area. Please specify: () MSc. () PhD.
4. Have you previously worked in the public service? () Yes () No If yes, mention the latter institution and position/function:
5. Length of service in the current management:
6. Employment relationship (mark only one answer): () Submitted to a public contest (effective) () Contract () Third party
() Others
7. Salary range: () < R\$ 545,00 () From R\$ 546,00 to R\$ 1.090,00 () From R\$ 1.091,00 to R\$ 2.180,00
() From R\$ 2.181,00 to R\$ 4.360,00 () Greater than R\$ 4.361,00

II. Data related to the care / service profile

1. Care/activity routine:

- 1.1 Reception of patients: () Never () Rarely () Sometimes () Always
- 1.2 Patient scheduling () Never () Rarely () Sometimes () Always
- 1.3 Screening/simplified consultation: () Never () Rarely () Sometimes () Always
- 1.4 Full audiological evaluation: () Never () Rarely () Sometimes () Always
- 1.5 Audiological diagnosis: () Never () Rarely () Sometimes () Always
- 1.6 Adaptation and selection of hearing aid: () Never () Rarely () Sometimes () Always
- 1.7 Individual therapy: () Never () Rarely () Sometimes () Always
- 1.8 Group therapy: () Never () Rarely () Sometimes () Always
- 1.9 Referral of patients: () Never () Rarely () Sometimes () Always

2. Actions of the service in which is inserted:

- 2.1 Health promotion actions: () Never () Rarely () Sometimes () Always
- 2.2 Interlocution with the school for guidance: () Never () Rarely () Sometimes () Always
- 2.3 Referral to medium complexity services: () Never () Rarely () Sometimes () Always

- 2.4 Referral to high complexity services: () Never () Rarely () Sometimes () Always
- 2.5 Interlocution with SCFH/FHT: () Never () Rarely () Sometimes () Always
- 3. Scheduling**
- 3.1 Realized by means of: () Spontaneous demand () Scheduling center () Personally () Telephone
() Referral () Others
4. Reference service(s) (to where their patients are referred):
- III. Data of the assisted population**
- 1. Population**
- 1.1 Predominant age group: () infants () pre-school () school () adolescents () adults
() elderly () don't know () does not apply
- 1.2 Place of residence: () in the municipality () other municipalities () countryside () don't know
- IV. Team**
1. Team composition: () Speech language pathologist () Psychologist () Otorhinolaryngologist () Social worker
() Educator () Secretary () Administrative assistant () Others Which?
- 2. Team meetings:**
- 2.1 Discussion of clinical cases: () Yes () No Frequency:
- 2.2 Action planning: () Yes () No Frequency:
- 2.3 Administrative demands: () Yes () No Frequency:
- 2.4 Training/update: () Yes () No Frequency:
- 2.5 Discussion of results achieved (evaluation): () Yes () No Frequency:
- 2.6 Others (mention which): () Yes () Does not apply Frequency:
- V. Your role/profile**
- 1. Are part of your work routine:**
- 1.1 Realization of examinations: () Never () Rarely () Sometimes () Always
- 1.2 Reception of patients: () Never () Rarely () Sometimes () Always
- 1.3 Patient scheduling: () Never () Rarely () Sometimes () Always
- 1.4 Issuance of technical reports: () Never () Rarely () Sometimes () Always
- 1.5 Completion of forms: () Never () Rarely () Sometimes () Always
- 1.6 Scientific research: () Never () Rarely () Sometimes () Always
- 1.7 Construction/feeding of data base: () Never () Rarely () Sometimes () Always
- 1.8 Team meetings: () Never () Rarely () Sometimes () Always
- 1.9 Organization of the agenda: () Never () Rarely () Sometimes () Always
- 2. Scientific production:**
- 2.1 National congresses: () Never () Rarely () Sometimes () Always
- 2.2 Regional seminars/symposia: () Never () Rarely () Sometimes () Always
- 2.3 Production of scientific works/articles: () Never () Rarely () Sometimes () Always
- VI. Your satisfaction with**
- 1. Structure of the service:**
- 1.1 Physical space: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 1.2 Diagnostic equipment: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 1.3 Equipment maintenance: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 1.4 Accessibility: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 2. Human resources:**
- 2.1 Wage policy: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 2.2 Human resources policy: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 2.3 Perspective of actuation: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 2.4 Team profile: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 3. Care/routine:**
- 3.1 Assisted population (profile): () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 3.2 Agenda: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 3.3 Work routine: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 3.4 Developed activities: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- VII. Communication and work**
- 1. Think about the way of communication in your workplace, considering the relationships with other team members:**
- 1.1 Your communication in your work is: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 1.2 In your work, the communicative relations: () little harm () indifferent () help () help a lot
- 1.1 Your communication in your work is: () very unsatisfactory () unsatisfactory () indifferent () satisfactory () very satisfactory
- 1.2 In your work, the communicative relations: () little harm () indifferent () help () help a lot