Profile and professional trajectory of speech therapists and multiprofessional residence

Perfil e trajetória profissional dos fonoaudiólogos egressos de um programa de residência multiprofissional

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ABSTRACT

Purpose: to analyze the profile and trajectory of professional performance of the speech therapist who graduated from a Multiprofessional Residency Program in Elderly Health. **Methods:** This was a cross-sectional observational study, which sample consisted of 26 speech therapists who completed the residency program between 2012 and 2019 in a public hospital and answered an online questionnaire consisting of 32 questions regarding the graduate's profile and trajectory professional after the Multiprofessional Residency. Sociodemographic data, type of education, professional experience and other obtained data underwent through a descriptive analysis. **Results:** Most of the graduates were women with average age, at the beginning of the program, of 25.6 years, single, without children, they considered that the residency was relevant for insertion in the labor market, the first job was between 0 to 3 months after completion, in the same area of expertise and in the private sector. At the time of this study, most of them were working with the elderly and in the public sector. It was observed an improvement in the remuneration of the egresses after carrying out continuing education. **Conclusion:** The egresses speech language pathologist of the Multiprofessional Residency were mostly women, were working with the elderly and in the public sector, indicating that the program complies with the presupposed formation requisits.

Keywords: Speech-language pathology; Professional training; Job market; Continuing education; Health Human Resource Training

RESUMO:

Objetivo: analisar o perfil e a trajetória de atuação profissional do fonoaudiólogo egresso de um programa de residência multiprofissional em saúde do idoso. **Métodos:** estudo observacional transversal, cuja amostra consistiu em 26 fonoaudiólogos que concluíram o programa de residência entre 2012 e 2019, em um hospital público, e responderam a um questionário *online*, composto por 32 questões referentes ao perfil do egresso e a trajetória profissional após a residência multiprofissional. Os dados sociodemográficos, o tipo de formação, a experiência profissional e os demais dados foram analisados de forma descritiva. **Resultados:** a maioria dos egressos era mulher, com média de idade de 25,6 anos, ao iniciar a residência, solteiras, sem filhos. Os egressos consideraram a residência relevante para a inserção no mercado de trabalho e o primeiro emprego foi entre 0 e 3 meses após a conclusão, na mesma área de especialização e no setor privado. No período da coleta, a maioria trabalhava com idosos e no setor público. Foi observada melhora da remuneração dos egressos após a realização de formações continuadas. **Conclusão:** os fonoaudiólogos egressos da residência multiprofissional que participaram do estudo foram, em sua maioria, mulheres, obtiveram emprego em curto período após a conclusão e, atualmente, trabalham com idosos e no setor público, indicando que o programa cumpre com os quesitos pressupostos de formação.

Palavras-chave: Fonoaudiologia; Capacitação profissional; Mercado de trabalho; Educação continuada; Capacitação de Recursos Humanos em Saúde

INTRODUCTION

Multiprofessional Residency (MR) was established in Brazil through Law 11.129[1,2], and is a *lato sensu* post-graduation modality, having an interdisciplinary nature and being organized in areas of knowledge concentration. This specialization aims to favor the insertion of young professionals in areas with more urgent needs, of the social reality and the context of the Brazilian Unified Health System (SUS) and to promote the development of these professionals to act in the management/organization of the service, based on the problematization of the work process, professional, critical, interdisciplinary, ethical and humanistic practices, besides the quality of health care[1].

This kind of specialization modality is one of the main tools for overcoming the limitations arising from graduation, considering the existence of a generalist vision with minimal experience of teamwork in health. Additionally, allowing the qualification of residents to work in the SUS, MR allows the improvement of the service that receives them, encourages reflection on the practice developed, the possibilities and limits of action, as well as stimulates and promotes the transformation of this scenario in favor of better health care[3].

It is expected that graduates, through their stint in the MR, become critical-reflective professional, able to act in an integral and interdisciplinary way in their area, integrating the perspective of acting in the scope of assistance, teaching, research and management, taking into account the reality of the SUS[4].

Few Brazilian studies have analyzed the professional trajectory of the Multiprofessional Residency Program and, so far, there is no report in the literature about the professional trajectory of the graduate resident in Speech-Language Pathology. Analyzing the professional trajectory of the graduate resident in Speech-Language Pathology allows us to reflect on the training available for professional performance and its importance for the construction of a professional career in line with the labor market. Surveys carried out with graduates allow continuous evaluations of the residency program and the answers obtained work as a fundamental instrument to strengthen the positive points, suggest changes in the structure of the specialization and achieve better results within the program.

Against this background, the objective of this study was to analyze the profile and the trajectory of professional performance of the speech-language pathologists going through the Multiprofessional Residency Program in Health of the Elderly.

METHODS

This is a cross-sectional observational research, carried out with speech-language pathologists graduated from the Health of the Elderly Multiprofessional Residency Program of the Hospital das Clínicas of the Federal University of Minas Gerais - UFMG. This research was cleared by the UFMG's Ethics in Research Committee, under opinion 4.132.270.

The study sample was non-probabilistic and the total number of graduates was obtained using records in the Commission of Multiprofessional Integrated Residency in Health (COREMULT). A total of 26 speech-language pathologists residents in the concentration area Health of the Elderly were included. At the Hospital das Clínicas (UFMG), the Multiprofessional Residency was established in 2010 and currently includes professionals from the areas of Nursing, Pharmacy, Physiotherapy, Speech-language Pathology, Psychology and Occupational Therapy.

This study included speech-language pathologists who completed their residency from 2012 to 2019 and who agreed to participate in the research by signing the Informed Consent Form (ICF). Those whose questionnaires presented absence of response in more than 20% of the items were excluded. Invitations to participate were sent via e-mail, cell phone messaging applications, and social networks.

The information on the profile and trajectory of the graduating speech-language pathologists was collected through a questionnaire based on another[4] available in the literature and applied online, using the Google Forms tool.

The questionnaire encompassed 32 questions, grouped into two modalities: profile of the graduate (19 questions) and professional trajectory after MR (13 questions) (Appendix 1). Most questions were multiple-choice, using a Likert scale, with up to five answer options, except for the identification and academic background questions, which were open-ended. The questionnaire was available on Google Forms for one month, and each participant could answer it only once. It is worth noting that the participant only had access to the questionnaire after reading the ICF and agreeing to participate in the research.

For the analysis of the results, some variables were grouped into categories: 1) age of the resident at the beginning of the multiprofessional residency: young adult (21 to 23 years), middle adult (24 to 26 years), and mature resident (27 to 38 years); 2) time of completion of undergraduate studies and entry into residency: up to one year and over one year; 3) period of completion of residency: recent graduates, for those graduated between 2017 and 2019 and veterans, for those graduated between 2012 and 2016; 4) time of insertion in the labor market: less time (0 to 6 months) and more time (over 6 months); 5) form of obtaining the first job: indication and selection, the latter covering public competition, selection process, curriculum analysis and interview; 6) remuneration: from one to three minimum wages and four or more minimum wages; 7) continuing education: stricto senso and lato senso; 8) areas of continuing education: voice, language, orofacial motricity, dysphagia, audiology, collective health and complementary areas.

The data regarding the socio-demographic variables, type of education and professional experience were analyzed descriptively and presented as observed frequency, percentage, minimum and maximum values, measures of central tendency and variability.

RESULTS

Of the 26 graduate speech-language pathologists invited to participate, 100% agreed and answered the questionnaire in full.

Profile of the graduate speech therapists

Regarding the profile of the graduates, the average age was 31 years old, all Brazilians, and 92.3% were women. Most of the graduates had graduated from high school and college, in a public institution. Most started residency within one year of graduation (76.9%) and 53.8% finished residency between 2012 and 2016, being considered veterans (Table 1).

Table 1. Sociodemographic profile of the speech-language pathologist graduate of the Multiprofessional Residency Program in Health of the Elderly of the Hospital das Clínicas of the Federal University of Minas Gerais

		N		%
Gender	Feminine	24		92,3
	Masculine	2		7,7
Region of provenance	Southeast	24		92,4
	North	1		3,8
	Northeast	1		3,8
Marital status at MR start	Single	23		88,5
	Married	3		11,5
Sons or daughters	Yes	2		7,7
	No	24		92,3
Year of MR completion	2012-2016 (seniors)	12	14	53,8
	2017-2019 (freshmen)		45,2	
Graduated from High Scholl	Public	4	17	65,4
		4		
		1		
	Mostly public		15,4	
	Private		15,4	
	Private with scholarship		3,8	
Graduated from College	Public		23	88,5
	Private with partial scholarship (Prouni)	1		3,8
	Private with full scholarship (Prouni)	2		7,7

	Minimum - Maximum	Median	Average (±SD)
Present age (years)	26,0-43,0	31,5	31,5 (±3,5)
Age at MR start (years)	21	25	25,6 (±3,3)

Subtitle: N = number of graduates; % = percentage; MR = multiprofessional residency; Prouni = National scholarship University for All; SD= Standard Deviation
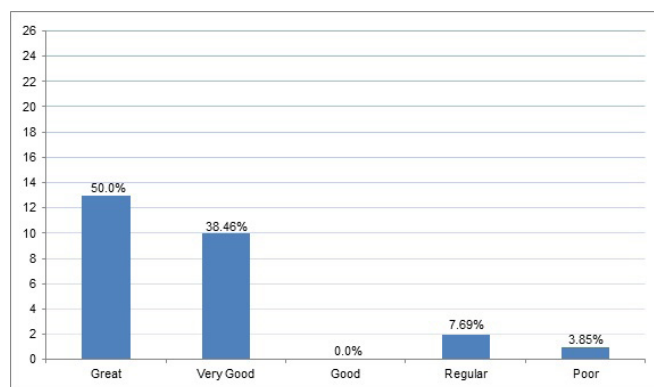
Insertion in the labor market and professional practice area

When asked about the relevance of the residency for insertion in the labor market, 88.5% of the graduates classified it as relevant (Figure 1).

About the job market and remuneration after residency, 57.8% stated not finding difficulties to enter the job market; their first job was obtained between 0 and 3 months after graduation (65.4%), through selection processes (57.8%), in the same area of specialization (61.4%), in primary care (19.2%), secondary (42.2%), and tertiary care (38.6%), and most of them work with the elderly (Table 2).

Currently, 73% work in the public sector receiving remuneration above three minimum wages (69.2%) (Figure 2 and 3).

Regarding continuing education after residency, five graduates (19.2%) participated in another post-graduation course in the *stricto senso* modality; however, only two had health of the elderly as a line of research. Of the 26 graduates, 18 (69.2%) had some *lato senso* training, being that eight participated in training in areas complementary to Speech Therapy, such as rehabilitation, palliative care and therapeutic resources, followed by training in the areas of dysphagia, language, voice, orofacial motricity, audiology, health of the elderly and collective health (Figure 4).

Figure 1. Relevance of the residency for the insertion of the speech language therapist who graduated on multiprofessional residency Program in Health for the Elderly at Clinics Hospital of UFMG in the labor market

## DISCUSSION

The profile of speech-language pathologists graduated from the Multiprofessional Residency Program in Health of the Elderly of the Hospital das Clínicas of UFMG encompassed mostly single women without children, recent graduates from

Table 2. Description of the professional trajectory of the speech-language therapist, graduated from the multiprofessional residency

|		N	%
Worked before MR start	Yes	13	50,0
	No	13	50,0
If yes, in which service did you work?	SUS	3	11,5
	Private	6	23,2
	Other	2	7,7
	SUS and Private	1	3,8
	Private and other	1	3,8
	Not applicable	13	50,0
Time of insertion in the first job after the MR	0 - 3 months	17	65,4
	4 - 6 months	5	19,2
	7 - 9 months	2	7,7
	10 - 12 months	2	7,7
Most difficult insertion in the labor market after the MR	No difficulties encountered	15	57,8
	Location of job openings	3	11,5
	Employers were not aware of the skills of your specialty	4	15,4
	Other	1	3,8
	More than one option	3	11,5
How did you get your first job?			
	Selection process	15	57,8
	Appointment	9	34,5
	Dual modalities	2	7,7
First job after MR in the area of specialization	Yes	16	61,4
	No	10	38,6
Level of health care in the first job	Primary Care	5	19,2
	Secondary Care	11	42,2
	Tertiary Care	10	38,6
Formal employment status today	Active (in your area of training)	23	88,5
	Active (in other area)	2	7,7
	Unemployed	1	3,8
Workload in public health (presently)	20h	3	11,5
	30h	9	34,5
	40h	7	27,0
	Does not work in public health	7	27,0

Subtitle: N = number of graduates; MR = multiprofessional residency; % = percentage; SUS = Unified Health System
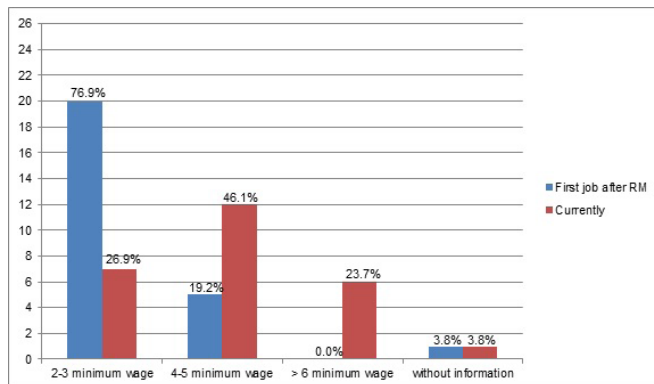
Figure 2. Comparison between first and current job wages
Subtitle: RM = Multiprofessional Residency
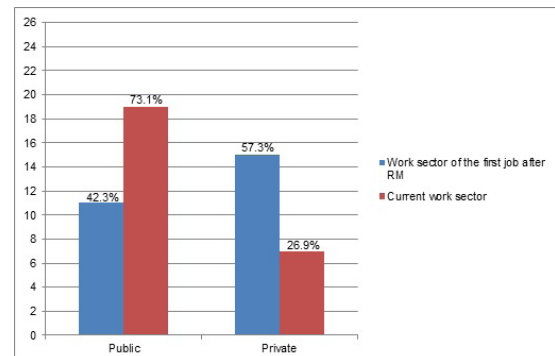
Figure 3. Comparison between the distribution of graduates by work sector in the first job after RM and currently
Subtitle: RM = Multiprofessional Residency
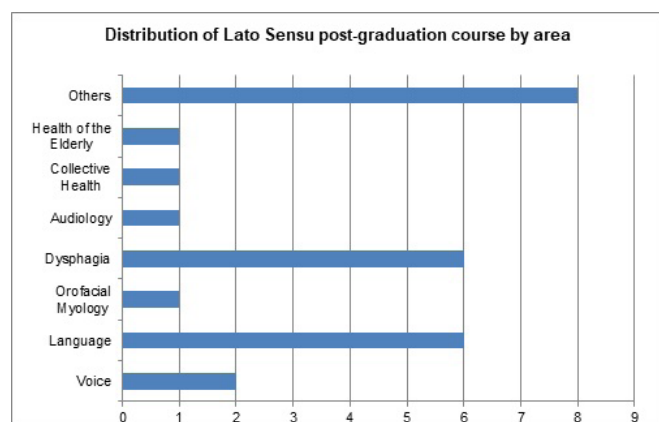
Figure 4. Distribution of the Lato Sensu post-graduation course by speech language therapist who graduated on multiprofessional residency

public higher education institutions. Such results were also found in Brazilian studies that investigated the profile of medical[5,6] and multiprofessional[1,7,8] residents, except in the studies that analyzed the profile of residents in surgery[9], otolaryngology and head and neck surgery[10], in which the predominant male population, with a mean age between 31.2 and 41.6 years. Residency is a type of continued education that allows the improvement of professional practice; therefore, it is expected that recent graduates are interested in doing residency as a way to enter the labor market with better skills and competences.

As for the predominance of females in this study, it may be related to the so-called feminization process that has been highlighted in the health area[1,11-13]. The term "feminization" refers to the growth of the female population in some professions that were previously performed by men, which became expressive as of the 1990s, due to the interest of women for entering the higher level in the health area[14]. In addition, it is important to highlight the increase of women's participation in the labor market, bringing financial independence and making them heads of household[11]. Traditionally, the speech-language pathology course is attended mostly by women and a study states that in the areas of Speech-language Pathology, Social Work, Occupational Therapy and Nutrition, women correspond to more than 90% of the students[15]. The rehabilitation process has always been seen as a more feminine activity, due to the fact that women have a more maternalistic posture and the possibility of transferring this care to professional performance[16], besides being understood as a gift or vocation[14]. The area of expertise and specialization of the residency under study was in elderly health, an area that may be recognized by those interested as being of assistance nature, a factor that may attract more women to the training.

Regarding other sociodemographic findings, there are many factors related to the entrance in the multiprofessional residency, regardless of the professional category. Regarding the age range found in this study, in which it was possible to observe increasingly younger individuals with a high level of education, it is important to highlight the role of governmental stimuli and incentives favoring an increasingly earlier entry in undergraduate courses[17] and, consequently, in specializations and enhancements, besides indicating the rejuvenation of the

work force in the health area, highlighting the higher level workers[11]. The desire for professional achievement and higher education[14] justifies the fact that most of the studied population is childless and single when entering residency. This condition may be closely linked to the youngsters' search for professional and financial career, aiming at a better quality of life, being very common the option for not maintaining conjugal ties during this period, postponing to build their own family[13].

Another aspect worth mentioning is the multiprofessional residency workload of 60 hours a week, which requires time availability of the resident, a very difficult practice for those who have small children, needing intense care. Thus, it is believed that these multiple factors may be important influencers regarding the availability of investment in the professional career of the sample that made up the present study. This study also evidenced the need and the quest of speech-language pathologists for continued education, which is in line with other studies of multiprofessional residency, including other professional categories[8,11], requiring training and competencies beyond graduation. A strong trend towards constant learning is observed in health-related professions[16,18], mainly aiming to articulate theory to professional practice. This fact also confirms the continuing education of the MR graduates in this study, with the highest adherence in the *lato senso* modality, as in other studies[4,16], but different from another, of multiprofessional residency, in which most of the graduates chose the *stricto senso* modality[8].

The discussion about the profile of graduate speech therapists must consider the geographic location of residency programs, considering that the offer of higher education in Brazil is concentrated in large urban centers with predominance of the South-Southeast axis, and the Southeast Region is considered one of the regions with more residency programs[19]. This fact is due to its economic performance and to its configuration as a dynamic center of the healthcare labor market in the country, corresponding to the distribution of the installed capacity and healthcare jobs in this region[19,20]. As an example, in Belo Horizonte there are three undergraduate courses in Speech-language Pathology, contributing to this concentration of demand for graduates. The institution where the study was carried out was a pioneer in multiprofessional residency in the city, attracting the interest of the graduates of the courses for this modality of continued education. Gradually, other institutions were organized and new areas of concentration were created for multiprofessional residency in the municipality.

The funding modality for the graduation of speech-language pathologists was predominantly public, a fact that is also concurrent with the study of the Multiprofessional Residency Program in Primary Care/Family Health of the Universidade do Extremo Sul Catarinense (University of the Far South of Santa Catarina State)[3]. This fact can be attributed to the greater knowledge of students from public universities regarding the possible financial incentives offered for continuing education[3], the level of teaching at public institutions, and the diversity of extracurricular activities that prepared undergraduate students for the search for knowledge and enrichment in professional training.

The multiprofessional residency can be interpreted as the beginning of the professional career for many. It was evident in this study that half of the graduate speech therapists had not worked before the MR. Therefore, the Residency enables a smoother transition between the university and the insertion

in the labor market in the health area courses, allowing the acquisition of greater professional security[11] and of essential knowledge to carry out the professional practice efficiently, since the workload of practical training in service, in the residency, is greater when compared to the undergraduate course.

Regarding the labor market, most of the graduates of speech-language pathologists in this study got their first job within three months after finishing residency, a fact that points to an insertion in the labor market in a short period of time and agrees with other studies with graduates of multidisciplinary residency of dental surgeons in the South Region[7] and other professional categories in the Northeast of Brazil[8]. Such characteristic, which indicates the current need of the labor market for properly capacitated and trained professionals, evidences that the MR favors the insertion of these professionals, due to the practical experience[4], besides conferring important points in the selections of public and private calls for applicants[1], attributed to the title of specialist acquired after the conclusion of the MR. It should be taken into consideration that the more specialized the professionals are, the greater their prominence in the selection processes.

The form of insertion in the labor market after residency was also investigated and many graduates were inserted through a selection process, unlike the study in the state of Santa Catarina, in which most graduates of the multiprofessional residency got their first job through a recommendation[4]. In the present study, most of the graduate speech therapists got their first job in the area of specialization, in secondary care and in the private sectors, which agrees with another study in the state of Minas Gerais[21], which pointed out that most graduate speech therapists work in the secondary sector, that is, in clinics and outpatient clinics. The increase in the number of jobs for speech-language pathologists [22], the better knowledge about the scope of the profession, the aging of the population and the strengthening of public policies have probably provided an increase in the demands and job offers for speech therapists, both in clinics and in home care services.

Currently, most of the participants of the present study work in public services, as identified in another study[13] carried out with graduates of the multiprofessional residency program and of the nursing area in the state of Bahia. Some authors believe that graduates have a preference for working in public health due to the experience acquired in this scenario during residency[8,13]. It is noteworthy that one of the objectives of residency is the insertion of young professionals in areas most in need of social reality and the context of the SUS[1]. Thus, it seems evident the search for entering residents primarily in this sector and in its various levels of health care. It is noteworthy that the speech-language pathologists in this study went through all levels of health care during the multiprofessional residency, becoming prepared to act in any of them.

Finally, it was observed that most of the graduates earned from two to three minimum wages right after finishing residency, and it is possible to see an improvement in the remuneration, currently, for those who participated in post-residency continuing education. No studies were found on the remuneration of residency graduates. However, such result is in agreement with the literature, pointing out that speech therapists graduating from graduation receive from three to four minimum wages[21]. The more academic formation and the higher the technical-scientific improvement, the better the professional qualification and the better the clinical care

of such professional[21]. In a simple way, it may be presumed that the higher the level of education, involving courses, improvements and specializations, the better the professional is paid. Continuing education should be understood as a way to enable the professional to update, add to the professional performance, and enable better remuneration.

After the analysis of the mentioned data, it was noted that the Multiprofessional Residency Program in Health of the Elderly of the Hospital das Clínicas of UFMG brought many improvements for the professional career of the graduates, allowing the acquisition of practical experience and professional training, being a form of continued education that prepares professionals for the job market as well as being in line with the assumptions of the residency. It is worth reinforcing that, presently there are no studies in the literature about the professional trajectory of the graduate resident in Speech-language pathology. Therefore, the present study adds knowledge to this area, since studies that analyze the professional trajectory of graduates in this modality of continued education are important in order to reflect on the relevance of the training for the job market.

As a limitation of the study, we highlight the small sample of graduates, which became an impediment to the performance of inferential statistical analysis. However, the study fulfilled its main objective, which was to analyze the profile and the professional trajectory of the speech-language pathologists that graduated from the Multiprofessional Residency Program in Health of the Elderly of the Hospital das Clínicas of UFMG. The profile found in this study meets what has been demanded in the job market, that is, professionals with experience and professional qualification, aiming at better quality in the assistance given to those who need it.

It is suggested that future studies should be carried out to survey the profile and professional trajectory of speech-language pathologists graduating from other residencies in Brazil and of other professions inserted in the residency program, aiming at evidencing the importance and the influence of this specialization both in the lives of the graduates and in the SUS.

CONCLUSION

The speech-language pathologists that graduated from the Multiprofessional Residency Program in Health of the Elderly of the Hospital das Clínicas of UFMG are, in their majority, women between 24 and 25 years of age, single, without children, from the Southeastern Region of Brazil, recently graduated from public higher education institutions, and with only one college degree.

The great majority of graduates considered that the residency was relevant for their insertion in the job market and, currently, these graduates work in the public sector and caring for the elderly, showing that the residency has been fulfilling its proposed objectives.

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Appendix 1. Research questionnaire: profile and trajectory of graduated speech-language pathologists (adapted from Oliveira, 2017)

PROFILE OF THE GRADUATED
1 - Full name:
2 - Date of birth:
3 - Gender: : ◯ Female ◯ Male
4 - Region of origin:
◯ North: AC, AM, RO, RR, PA, AP, TO
◯ Northeast: AL, BA, CE, MA, MA, PB, PI, PE, RN, SE
◯ Midwest: DF, GO, MT, MS
◯ Southeast: ES, MG, SP, RJ
◯ South: PR, SC, RS
5- Type of school you went to in high school:
◯ 100% Public
◯ 100% Private
◯ Private with scholarship
◯ Predominantly Public
◯ Predominantly private
6- Do you have any other professional background besides Speech Therapy?
Yes ◯ No
7- If "YES" to the previous question, what is your other background?
8- How did you fund your degree?
◯ 100% Public
◯ 100% Private without scholarship
◯ Private with Prouni partial scholarship
◯ Private with full scholarship
12- Semester and year of graduation:
13- Year when the multiprofessional residency started:
14- Year you finished residency:
15- Age at which you started residency:
16- When you started residency: what was your marital status:
◯ Single
◯ Married
◯ Divorced
17- When you started your residency, did you have children?
Yes ◯ No
If yes, how many?
18 - Did you work before MRI?
◯ Yes ◯ No
19- If "YES" to the previous question, what kind of service did you work in?
◯ Private service
SUS
◯ Others
◯ Not applicable
PROFESSIONAL TRAJECTORY AFTER RM
20- What was the relevance of RM for your insertion in the labor market?
a. ◯ Poor
b. ◯ Fair
c. ◯ Good
d. ◯ Very good
e. ◯ Very good
21- After MRI, how long did it take you to start your first job?
a. ◯ 0-3 m
b. ◯ 4-6 m
c. ◯ 7-9 m
d. ◯ 10-12 m
e. ◯ More than 12 m
22- Greatest difficulty in entering the labor market after MRI
a. ◯ Inexperience
b. ◯ Location of job openings
c. ◯ Too many competitors
d. ◯ Employers were not aware of the skills of their specialty
e. ◯ Others

f. ◯ I did not encounter difficulties

23- How did you get your first job?
a. ◯ Public competition
b. ◯ Selection process
c. ◯ By appointment
d. ◯ Resume analysis and interview

24- Was your first job after MR in the same field as your major?
a. ◯ Yes
b. ◯ No

25- Your first job after MR was in which industry?
a. ◯ Public
b. ◯ Private

26- Your first job after MR was in which level of care?
a. ◯ primary
b. ◯ secondary
c. ◯ tertiary

27- Current formal work situation
a. ◯ Active (in the field of training)
b. ◯ Active (in another field)
c. ◯ Unemployed
d. ◯ I am not working by choice.

28- Workload in public health
a. ◯ 20 h
b. ◯ 30 h
c. ◯ 40 h
d. ◯ I do not work in public health

29- When you started your first job after residency, what was the pay:
a. ◯ 1 minimum wage
b. ◯ 2-3 minimum wages
c. ◯ 4-5 minimum wages
d. ◯ More than 6 minimum wages

30- Current salary:
a. ◯ 1 minimum wage
b. ◯ 2-3 minimum wages
c. ◯ 4-5 minimum wages
d. ◯ More than 6 minimum wages

31- After completing residency, did you participate in any other graduate studies?
a. ◯ Yes
b. ◯ No
If yes, what kind and in what field?

32- After finishing residency, did you participate in any further training?
a. ◯ Yes
b. ◯ No
If yes, what kind and in what area?

Subtitle: MR = Multiprofessional Residency; Prouni = University for All Program; m = months; h = hours