The practice of speech language pathologists at Family Health Support Centers in municipalities of Paraíba

A prática do fonoaudiólogo nos Núcleos de Apoio à Saúde da Família em municípios paraibanos

Purpose: To analyze the discourse of speech language pathologists regarding the practice developed at Family Health Support Centers (FHSC) based on the concepts of center and field in Collective Health.

Methods: A qualitative investigation was conducted between April 2011 and June 2011 with 12 speech language pathologists working at the FHSCs of different municipalities of Paraíba. The empirical material was obtained by means of semi-directed interviews and analyzed through the French Discourse Analysis.

Results: Regarding the work of speech language pathologists, the curative perspective prevails, exercised through individual rehabilitation initiatives. Health promotion activities are focused on education and aimed at changing the behavior of individuals and specific groups through lectures and group formation. We verified difficulties to develop teamwork and problems of interaction among the professionals at the various FHSCs. These difficulties disregard the guidelines of the Ministry of Health in relation to the organization of work processes. The participants charged the managers with lack of knowledge about their jobs and remained silent about intersectoral actions and the empowerment of the population, which are consistent with the modern concept of health promotion.

Conclusion: The work of speech language pathologists at FHSCs in the municipalities of Paraíba has been revealed from a nuclear perspective. In order for it to be effective from the perspective of Collective Health, the barriers that prevent the intersection between center and field must be analyzed.

RESUMO

Objetivo: Analisar o discurso do fonoaudiólogo sobre a prática desenvolvida nos Núcleos de Apoio à Saúde da Família (NASF), secundada pelos conceitos de núcleo e campo em Saúde Coletiva.

Métodos: A investigação do tipo qualitativa foi realizada entre abril e junho de 2011 com 12 fonoaudiólogos atuantes nos NASF em municípios paraibanos. O material empírico foi produzido por meio de entrevista semidirigida e verificado mediante a análise de discurso de tendência francesa.

Resultados: Na atuação dos fonoaudiólogos prevalece o aspecto curativo, representado por ações individuais de reabilitação. As atividades de promoção da saúde estão centradas na educação voltada a mudanças de comportamentos individuais e de grupos específicos, representadas pela realização de palestras e grupos. Constataram-se dificuldades em desenvolver o trabalho em equipe e a interação entre os profissionais da Estratégia Saúde da Família e dos Núcleos de Apoio, dificuldades estas que contrariam as diretrizes do Ministério da Saúde no que se refere à organização dos processos de trabalho. Os sujeitos referem incompreensão sobre o seu trabalho por parte dos gestores e silenciam-se sobre ações intersetoriais e de empoderamento da população.

Conclusão: O trabalho do fonoaudiólogo no NASF, em municípios paraibanos, se revela numa perspectiva nuclear e, para ser efetivo na perspectiva da Saúde Coletiva, se faz necessária a superação de barreiras para que possa ser caracterizado pela intersecção entre núcleo e campo.
INTRODUCTION

The concept of speech language pathology and audiology centers on aspects related to human communication, such as language, orofacial motricity, hearing, and voice. Inserted in the field of health sciences, it establishes partnerships with several other disciplines, including those related to public health\(^1\). Over the last few decades, speech language pathologists have overcome obstacles in an attempt to have their work recognized in the country’s health system, thus securing their integration in the field of Collective Health.

Collective Health is understood as the historical determination of a shared process of production of health-illness states\(^2\). According to Breilh, while public health is responsible for the establishment of gradual improvements, Collective Health proposes the need for actions that set radical changes in motion\(^3\). Ignited by materialistic and dialectical conceptions, it is available as a resource for the population and it surpasses the phenomenalist and individualized sphere of etiological causes. In other words, working in Collective Health means developing a practice that goes beyond illnesses — or the patient’s needs — and beyond the professional’s specific scope.

With the implementation of Family Health Support Centers (FHSC), speech language pathologists have been requested to integrate teams that support Family Health Strategies (FHS), an initiative similar to the Primary Attention to Health (PAH); hence, FHSCs are now recognized as the main entry point in the health care system in Brazil.

FHSCs were created to support the insertion of FHS in the service network and to amplify their reach, problem-solving capabilities, territorialization, regionalization, and the actions proposed by the PAH initiative\(^4\). As members of FHSCs, speech language pathologists are faced with the possibility of not only working at a center but also going beyond actions that focus on individual practice that are limited to a medical office or to the dwelling of the person who requests their services, and whose greatest expectation is the rehabilitation of functions that were altered as a consequence of morbid or congenital processes. With regard to Collective Health, the insertion of speech language pathologists in the teams leads to a practice developed from the perspective of both center and field.

In light of the concepts devised by Campos\(^5\) about center and field in Collective Health, when a speech language pathologist works from a clinical and individual viewpoint, he/she acts under the perspective of the center. On the other hand, actions based on an interdisciplinary and multi-professional approach portray an extended practice framed by the perspective of the field.

In this sense, while the center determines the identity of an area of knowledge and its practices, the field is a space of imprecise limits where each discipline seeks aid from other areas in order to perform its theoretical and practical tasks\(^6\). However, center and field are not independent units, considering that one influences the other, which prevents the detection of precise limits between them\(^7\). In other words, when a speech language pathologist works for health promotion in a multidisciplinary team, he/she acts from the perspective of both center and field.

It is worth highlighting that the demand for professionals who work in Collective Health requires that speech language pathologists operate beyond their knowledge area so that their practice rests on a generalist foundation, developed according to a network of progressive care\(^8\) that interlink other areas of knowledge, under the perspective of integrality in the health system. In this sense, the academic formation of speech language pathologists must develop their competence to act all the way from primary care up to management\(^9\). Primary care can be understood as a set of individual or collective actions that target health promotion, prevention of the worsening of illnesses, treatment, and rehabilitation\(^10\).

In the field of Collective Health, the practice of speech language pathologists is based on the modern concept of health promotion\(^11\) linked to the important role played by the general determining aspects of a health condition. This concept rests on the fact that a person’s health is the product of a wide spectrum of factors related to quality of life\(^12\), such as adequate nutrition, housing, sanitation, good working conditions, sufficient income, among others; that is, it is a system that portrays an amplified concept of health. Therefore, speech language pathologists are faced with the challenge of working for the cause of collectivity in the context of the Unified Health System (SUS – Sistema Único de Saúde), considering that their work requires knowledge with respect to the population’s health conditions and needs, as per the accepted notion that social factors determine health.

If we consider the discreet historical proximity between speech language pathology and audiology, and the intricate context of the country’s health system and public policies\(^13\), speech language pathologists must also include collective care with regard to human communication into this scenario, in order to surpass the exclusive reproduction of a model founded on appointments taken on spontaneous demand and rehabilitating therapies\(^14\).

Recognizing that Collective Health is a constitutive and essential concept in health practices, it is fundamental to admit that relevant knowledge, policies, and values are produced within it with the aid of other fields that complement assistance, such as clinical and rehabilitating care\(^15\). When exercised in the scope of collective health, these practices must also contemplate initiatives aimed at preventing illnesses and their worsening so that integral care is offered. For Mattos\(^16\), this suggests the horizontalization of care that surpasses fragmented actions within the health units, considering that integrality must be conceived as an integrated set of preventive and curative actions and services, individual and collective, in accordance with the modern concept of health promotion.

Considering the practice of speech language pathologists at FHSCs, we ask: how is their discourse characterized in relation to their practice? According to the concepts of center and field, are these professionals acting under the perspective of Collective Health? With the purpose of answering these questions, the aim of this study was to analyze the discourse of speech language pathologists who are a part of the FHSC teams, based on the concepts of center and field in Collective Health.
METHODS

This article is a result of the research project entitled “The practice of speech language pathologists at Family Health Support Centers in Paraíba: weaving threads between Speech language pathology and audiology and Collective Health”, submitted to the Research Ethics Committee of the Lauro Wanderley University Hospital (HULW), Universidade Federal da Paraíba. The project was approved according to protocol number 084/2011. All participants signed the informed consent.

This is a qualitative study performed with 12 speech language pathologists who work at the core FHSC units in different municipalities of Paraíba. The information used to locate the participants was obtained from the National Registry of Health Establishments (SCNES - Sistema de Cadastro Nacional de Estabelecimentos de Saúde) between the months of April 2011 and June 2011. In order to have participants included in the study and to employ active speech language pathologists at their core units, the municipalities had to be registered in the SCNES with confirmation from the State Health Secretariat.

We verified that speech language pathologists were a part of the FHSC teams in 19 municipalities of Paraíba. Some setbacks, such as individuals who withdrew their participation in the study or were laid off, determined the number of participants to be reduced to 12 municipalities of Paraíba. Therefore, this was also the number of people interviewed. The discursive fragments are identified by the acronym FHSC, followed by a letter and a number.

The participants’ age varied between 25 and 35 years. Out of the total sample, nine were female. Upon joining FHSCs, all individuals had completed a speech language pathology and audiology program at least three years prior to their employment; two of them had a graduate degree in Collective Health; two affirmed that they received training provided by the Municipal Health Secretariat in order to work in FHSC teams; one of them revealed that he/she did not work with rehabilitation but only with prevention, and the remaining participants reported that they made use of individual appointments as their main care resource. All individuals reported difficulties in sharing the practice with other professionals who worked for the FHS initiative, especially doctors and nurses; four reported the lack of knowledge of their supervisors in relation to their job, which compromises the assistance offered.

The empirical material was gathered by means of semi-guided interviews conducted from April 2011 to June 2011. The participants were interviewed by a speech language pathologist and researcher who had autonomy to make necessary interventions or adjustments that could potentially explore the interviewee’s statements further. The accounts were transcribed with the aid of a researcher who was granted a scholarship by the Institutional Program for Scientific Initiation (PIBIC Programa Institucional de Iniciação Científica).

The interviews were examined by three researchers of this project and by the supervisor of the dissertation from which this study was derived. They analyzed the discursive corpus according to the procedures found in the French Discourse Analysis (DA), featured in qualitative studies because of the possibilities of connection with materials that involve values, and preferable and necessary judgments as arguments or ways to reveal worldviews, which in fact portray the individual’s ideological position.

The enunciations, fragments, and discursive sequences were grouped under two themes: Discursive Theme I – health promotion and the practice of speech language pathologists at FHSCs; and Discursive Theme II – the relationships of speech language pathologists with other health professionals in the FHSC teams.

In the fragments, the highlighted parts relate to reference discourse sequences (RDS), whose traces were verified through the contributions of the authors used here, with the purpose of analyzing how the uttered discourse operates in revealing the participants’ positions and ideologies with regard to the discursive themes.

RESULTS

Chart 1 displays Discursive Theme I – health promotion and the practice of speech language pathologists at FHSCs. It is composed of sequences, discursive fragments, and RDSs. Chart 2 presents Discursive Theme II – the relationship of speech language pathologists with other health professionals in the FHSC teams, also composed of sequences, discursive fragments, and RDSs.

DISCUSSION

Discursive Theme I – health promotion and the practice of speech language pathologists at FHSCs

Despite the national policy of primary care that prioritizes initiatives for health promotion and suggests the presence of speech language pathologists among other members of the FHSC teams, as prescribed by the Ministry of Health, we perceived in one of the discursive fragments, according to RDSs, that this professional’s actions are focused on individualized clinical care. We observed that, from the participant’s point of view, the preventive measures taken at FHSCs are few when compared to individual initiatives for rehabilitation. This observation suggests a centered professional practice that distances itself from the amplified perspective of collective and multi-professional efforts, characteristic of the concept of the field. Concerning this matter, the Ministry of Health affirms that direct interventions, with patients and their families, can be performed at FHSCs, but always under the referral of health family teams, and discussions and negotiations among the professionals responsible for each case must occur. Direct and individualized care must happen only when necessary. It is affirmed that the health units still adhere mainly to the medical care model whose focus results in the insertion of these professionals in the services, causing a lack of comprehension of what their job entails.

For Campos, there are no precise or rigid limits among the different modes of health production. All of them utilize...
promotion and prevention practices, and clinical initiatives of rehabilitation and care. Thus, the care offered still relies predominantly on attention to the individual, even when it is necessary to incorporate social and subjective contexts and to work with prevention practices.

We observed that the professionals are faced with structural challenges that impel them to act more frequently in favor of curative measures, highlighted by the offer of individualized care, which favors the hegemony of the biomedical model, therefore restricting isolated practices of health care.

We verified an evident contradiction throughout the discourses: the speech language pathologists who work in FHSC teams, position themselves ideologically in favor of a practice that focuses on prevention, but they generally utilize individualized curative measures as their sole care resource. In one of the discursive fragments, the speech language pathologist in question states that he should act more in the field of health promotion. His discourse reveals, moreover, that the patients’ health would benefit from the inter-discourse perspective, given that the worsening of many illnesses could be prevented in this manner (Chart 1, FHSC3a).

In order to play an important role in the health system, the performance of speech language pathologists must include the clinical and social spheres. Such work necessarily requires interdisciplinary cooperation. In this context, the speech language pathologists work with other professionals from the health field, including nurses and doctors. However, the pathologists often experience difficulties in working with these professionals, as highlighted by the quotes from the interviewees (Chart 2).

Chart 1. The work of speech language pathologists in FHSCs, João Pessoa, 2011

<table>
<thead>
<tr>
<th>Discursive sequences</th>
<th>Discursive fragments</th>
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<tr>
<td>The work here escapes from the actual proposal of the FHSCs. Very few initiatives of promotion and prevention occur […] with regard only to my own work, I offer home care to patients on bed rest once a week, and, with the exception of two other mornings, I practice individual therapy with the patients (FHSC 8).</td>
<td>[…] Therefore, we should work much more for health promotion so that what happens now would not occur anymore. If we worked more for [health] promotion, we certainly would have a much better health scenario because a lot of things would be prevented (FHSC 3a).</td>
</tr>
<tr>
<td>The work here escapes from the actual proposal of the FHSCs. Very few initiatives of promotion and prevention occur […]</td>
<td>So, at FHSCs, according to the Health Ministry, we should work more with prevention so that the population will not need rehabilitation. The population's health situation causes us to work mostly with rehabilitation. I offer individual appointments, when necessary, because there is no other speech language pathologist in town […] At the other four [centers] that we assist — because this is an inter-municipal FHSC — I work mostly with health promotion. In the other four municipalities, I offer individualized care when it is necessary</td>
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<tr>
<td>we offer lectures about health and groups with hypertensive people, pregnant women, women, teenagers, etc. I participate in my colleagues' lectures and work with the FHS groups</td>
<td>We work at childcare centers and schools and we train Health Community Agents, we offer lectures about health and groups with hypertensive people, pregnant women, women, teenagers, etc. (FHSC 5c). I participate in my colleagues' lectures and work with the FHS groups in [health] promotion initiatives according to the needs of each territory (FHSC 11b).</td>
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Chart 2. The relationship of speech language pathologists with other health professionals in FHSC teams, João Pessoa, 2011

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<tr>
<th>Discursive sequences</th>
<th>Discursive fragments</th>
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<td>professionals who think that only their part is already enough. We have to offer shared assistance with other professionals who think that only their part is already enough (FHSC 3b).</td>
<td>We also work with nurses. But, sometimes, they (nurses) prevent us from working, and more so than doctors. We are having a hard time especially to access the patients' medical charts in order to facilitate follow-up appointments (FHSC 3c).</td>
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<tr>
<td>but, sometimes, they (nurses) prevent us from working, and more so than doctors. We are having a hard time especially to access the patients' medical charts in order to facilitate follow-up appointments.</td>
<td>[…] the greatest difficulties lie in our dealings with doctors because they are always changing; we have more contact with nurses (FHSC 5b).</td>
</tr>
<tr>
<td>[…] the greatest difficulties lie in our dealings with doctors because they are always changing. For this reason, we have more contact with nurses (FHSC 5b).</td>
<td>[…] we show them how to do the work, because oftentimes the supervisor is not from the health field, so he/she arrives and is faced with things he/she doesn't know. Thus, he/she can make our work difficult (FHSC 6). For them (politicians), it is easier to give medicines that cure because their names are attached to it, instead of preventing (FHSC 3c).</td>
</tr>
<tr>
<td>Oftentimes the supervisor is not from the health field, so he/she arrives and is faced with things he/she doesn't know. Thus, he/she can make our work difficult. For them (politicians), it is easier to give medicines that cure. All health professionals have to inform the population about caring for their health and life quality.</td>
<td>With regard to health promotion, all health professionals have to inform the population about caring for their health and life quality (FHSC 11a).</td>
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teams and the creation of therapeutic measures that connect individual and collective actions in order to offer an integrated technical and pedagogical support network, giving specific assistance as a complementary practice of care when necessary.

As it is possible to observe, the discourses reveal that the demand for care and clinical interventions of assistance is high. It is necessary to pursue the transformation of the area of speech language pathology and audiology, currently centered on individual and fragmented actions, towards a more encompassing and collective practice of care so as to overcome a nuclear practice of knowledge, consequential of the academic formation received by speech language pathologists. The individuals justify the scarce preventive work with the reduced number of FHSC teams and the fact that the centers are either syndicated or inter-municipal. This, in turn, requires that speech language pathologists commute to different cities constantly to assist other towns as well as the core municipalities.

With regard to the regionalization and organization of health services, the speech language pathologists who are a part of the FHSC teams are often the only professionals of this area to care for a significant contingent with necessities that allude directly to the field of rehabilitation, which interferes with the promotion of preventive practices. In this sense, we observed that their actions are placed much more frequently under the perspective of center rather than field.

With regard to this matter and its relation to an integral care, Mattos affirms that its first dimension concerns the professionals’ ability to respond to a given cause of manifested suffering, which often results in a spontaneous demand associated with the relative offer of preventive actions or procedures. Therefore, the knowledge on diseases allows the professional to intervene before they become a manifested cause of suffering through the consideration of preventive recommendations based on integrality.

Ultimately, we verified that although speech language pathologists agree that their role at FHSCs must be performed in conjunction with Family Health teams and that it must also contemplate initiatives targeted at health education, their discourse reveals that their work remains reduced to the curative aspect. Therefore, their actions adhere to a centered knowledge consequential of their academic formation and reinforced by the passiveness of the changes related to the reorganization of the health care model. This contradiction may be understood through the consideration that the preventive-communitarian sphere is recent in the historical path trailed by speech language pathology and audiology, and it is still in the process of shaping its specificities, constructing its identity, and characterizing the praxis of Collective Health, in accordance with the modern concept of health promotion.

Discursive Theme II – the relationship of speech language pathologists with other health professionals in FHSC teams

The discourses reveal that although the speech language pathologists recognize the importance of developing their work under the perspective of a team, many do not act in this manner. In addition, they report that their work at FHSCs suffers the influence of supervisors and team members, especially nurses. The traces reveal that the work is pervaded by alleged power relations and by the existence of conflicts among members of the FHSC teams and the FHS. The absence of medical doctors, due to their frequent transit from one team to the next, contributes for the recurring contact among speech language pathologists and nurses, who take charge when a doctor is absent and establish asymmetrical power relations with other members of the group, impeding the work of speech language pathologists and the elaboration of an effective plan of care.

It was possible to observe the difficult interaction among health professionals when devising a process of team work, both among FHSC teams as well as between FHSC and Family Health Teams (FHT) groups, which, according to the concept of Collective Health, should evoke actions that rest on interdisciplinary and diversity of professionals.

In this sense, an integrated support network and reference teams constitute organizational measures that function as a methodology for the management of health care with the aim of amplifying the possibilities of an extended practice of care and the dialogical integration between different specialties and professions.

The implementation of the reference teams and specialties within integrated support networks have the purpose of creating possibilities for the extension of clinical work, given that no specialized professional can guarantee an integral approach when operating individually.

With regard to sharing the work to be performed, we verified two main points in the discourses. The first concerns the guidelines of the Ministry of Health, which recommend the prioritization of shared and interdisciplinary care in the organization of work processes at FHSCs. Therefore, the correct understanding of the word ‘support’, central for the proposal of FHSCs, relates to the comprehension of a work process founded on reference teams. In this case, the FHS teams must be supported by FHSCs while developing care projects that focus on the exchange of information and mutual experiences, consistent with the notion of the field in Collective Health.

The second point concerns what was not said in the discourses but leads to the interpretation that the participants believe that FHS professionals act with an emphasis on the specificity of their work. In other words, they operate with full autonomy and independency, thus impairing the work performed in teams. This practice impacts the possibility of integral care, one of the guiding principles of the SUS, given that the practice carried out under the perspective of center and field requires interdisciplinary knowledge that is shared and exercised within health teams.

In some discursive fragments, it is possible to observe that the speech language pathologists feel pressured to offer only clinical and individualized care due to the lack of understanding of their attributed tasks at FHSCs, especially by municipal administration. The participants interpret that the insertion of supervisors who have not been trained in the area of health care contributes for their work to become increasingly detached from preventive actions and limited to a similar care developed in...
specialty ambulatories, where the practice is exercised mainly within the moulds of clinical offices and directed to individuals (Chart 2, FHSC5c; FHSC3c). In this case, we observed that the posture of the supervisors contributes for the speech language pathologists’ emphasis on the perspective of the center.

The participants’ stance emphasizes the importance of their supervisors’ acquisition of knowledge about their work in FHSC teams, as well as their role in integrated support networks. Their work entails functioning as support for the reference teams, Family Health groups, and working in the formulation/reformulation and execution of individual and collective therapeutic projects. Considering the difficulty of operating under these circumstances, the quality of care is compromised. The initiatives of health promotion developed by speech language pathologists at FHSCs correspond to activities focused on health education with the use of lectures as the main resource (Chart 2, FHSC5c; FHSC11b). This type of technique is ideologically connected to the concept of health promotion related to changes in behavior, therefore, it is distant from the current concept that implicates the active participation of individuals and communities in the discussion, elaboration, and follow-up of health projects.

The lectures were commonly described as health promotion initiatives, idealized under the same concept of prevention of diseases (Chart 2, FHSC5c; FHSC11b). In other words, from this point of view, health professionals adopt a persuasive educational practice aimed at modifying behavioral patterns instead of targeting the comprehension of health and illnesses in relation to determining social aspects and quality of life.

The current health policies in Brazil highlight specific measures employed for the formation of health professionals that will benefit the development of the care offered by the SUS. In this sense, two aspects are mentioned. The first is related to the Permanent Health Education policy, created in 2003, which postulates that the learning process occurs in service and as a function of the quadrangle that involves professionals, supervisors, patients, and educational institutions. The other aspect is related to a delay in the quality of health initiatives undertaken as public policies and carried out by care giving states and municipalities. In this case, both the SUS and the process of health reformation are impacted negatively by initiatives that allude poorly to the modern concept of health promotion and of work in Collective Health, in which the notions of field and center overlap.

We perceived that the work of speech language pathologists at FHSCs increasingly generates the need for work technologies that satisfy social vulnerabilities through the development of health promotion initiatives that are consistent with the intersection of the concepts of field and center. The interpretation must guide the unfolding of an extended work process for speech language pathologists in Family Health. Among the initiatives for health promotion, the work developed in groups effectively contributes to the improvement of the population’s life conditions through caring for individuals and social groups that have had no access to a speech language pathologist previously. This demand was not met, even in a minimally satisfactory manner, in Brazil’s health care system.

With regard to group formation, the work of speech language pathologists was initially restricted to therapies, often due to these professionals’ attempt to reduce wait lines. Some authors comment that the work with speech language pathology and audiology groups provides important spaces for the joint construction of knowledge and the exchange of experiences. If used well, this strategy can increase the number of patients seen, depending on the manner and the context in which it is employed (Chart 2, FHSC5). In this study, the formation of groups at FHSCs occurred in conjunction with other team members, even when the patient’s case is specific, which can be considered a positive point for the integration of actions.

Concerning the relationship between knowledge and practice in the field of Collective Health, it is worth discussing the formation of health professionals as individual agents. Given that speech language pathologists have recently entered the field of Collective Health, it is important to consider that since a determined context favors the establishment of new technical and social relations that shape the work of these individual agents, it is necessary to rethink the formation of new individual agents in order to meet society’s needs.

Concerning the formation of these professionals towards the practice in Collective Health, the universities have sought to adequate themselves to this field, reorganizing their curriculum so that the professionals are capable of acting in health promotion and recognizing that until recently, the work of speech language pathologists was restricted to cases of moderate and high complexity. With regard to the concept of health promotion, the participants did not mention the population’s participation in the formulation of health policies and practices, exemplified by the social control exercised through the participation in local health councils. The participants also remained silent about the intersectoral approach, and this principle plays an important role in the implementation of health promotion initiatives.

In order to reach an effective practice of support to the FHS in the current circumstances of health care and guided by the concept of Collective Health, the work process of speech language pathologists must be undertaken according to the joint perspectives of center and field, so that these professionals appropriate the notion of health promotion into their discourses. From this perspective, professionals and patients are active agents of achievements and transformations that focus on health as a right and as the duty of a care giving State.

CONCLUSION

The use of DA as an analysis tool for the characterization of the participants’ discourse evidenced their position in relation to their work in Collective Health as well as the ideological stance behind the actions developed at FHSCs, according to the concepts of field and center.

The discursive excerpts and the RDSs point to the fact that their work is impacted by structural challenges and interpersonal relationships that reverberate in activities that are poorly consistent with the praxis of the modern concept of health
promotion and with the guidelines proposed by the Ministry of Health in relation to the work performed at FHSCs. This disconnection impairs the edification of a joint and shared work process among the teams.

The aforementioned difficulties lead speech language pathologists towards the practice of specific knowledge and, therefore, to the nuclear knowledge inherent to every profession. The fragmentation of health assistance weakens the integral care that the patients should receive, and the development of initiatives is fragile when regarded from the juxtaposition of the concepts of field and center.

In summary, the work of speech language pathologists at FHSCs in municipalities of Paraíba was revealed through a nuclear perspective. This finding points to the necessity of transposing barriers so that their work is characterized by the intersection of center and field in order to be effective within the perspective of Collective Health.

*LSC was responsible for the theoretical foundation of this article, conduction and transcription of interviews, analysis and discussion of results, writing, and methodology; LMA supervised the transcription of interviews and analysis and discussion of the results and writing; RSA examined the interviews, analyzed and discussed the results, and was also responsible for writing; AMC collaborated in the examination of the interviews, analysis and discussion of results, writing, and critical analysis; AOS worked in the analysis and discussion of results, writing, and critical analysis; LDS supervised the work from which this article was derived and the theoretical construction of the article, the analysis and discussion of results, writing, and methodology.

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