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KNOWLEDGE AND COMPETENCIES OF HEALTHCARE PROFESSIONALS IN THE RECOGNITION AND DIAGNOSIS OF FEEDING, SUCKING, AND SWALLOWING DISORDERS

ZNANJA I KOMPETENCIJE ZDRAVSTVENIH RADNIKA U PREPOZNAVANJU I DIJAGNOSTICI POREMEĆAJA HRANJENJA, SISANJA I GUTANJA

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ABSTRACT

The aim of the study was to examine the level of knowledge and awareness of healthcare professionals regarding feeding, sucking, and swallowing disorders, as well as their understanding of the role of speech and language therapists in the diagnosis and treatment of these disorders. The study was conducted on a sample of 51 healthcare professionals from public and private healthcare institutions in the Una-Sana Canton, using a questionnaire specifically designed for the purposes of this research. According to the results, 56.9% of respondents had received formal education on dysphagia, while only 27.5% had undergone training in the field of pediatric feeding disorders. Clinical experience with dysphagia was reported by 64.7% of respondents, whereas experience with pediatric feeding disorders was reported by 25.5%. Although 68.6% of respondents reported being familiar with the distinction between the terms "dysphagia" and "feeding disorders," only 29.4% demonstrated a professionally grounded understanding of these concepts. Participation in diagnostic procedures related to pediatric feeding disorders was reported by 9.8% of respondents, while 7.8% reported participation in therapeutic interventions. In cases of dysphagia, 35.3% of respondents reported involvement in diagnostic procedures, whereas 17.6% participated in therapeutic treatment. Only 7.8% of respondents identified the speech and language therapist as a key member of the multidisciplinary team. Respondents also assessed the strengthening of knowledge on pediatric feeding disorders and dysphagia as being of high professional importance. The results indicate significant gaps in knowledge, education, and clinical

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involvement among healthcare professionals, particularly regarding the recognition of the role of speech and language therapists, while respondents simultaneously express a high level of readiness for further professional development. These findings highlight the need for continuous and systematic education, as well as for strengthening interprofessional collaboration.

Keywords: dysphagia; pediatric feeding disorders; healthcare professionals' knowledge and competencies; speech-language pathology; multidisciplinary team

SAŽETAK

Cilj istraživanja bio je ispitati nivo znanja i informiranosti zdravstvenih radnika o poremećajima hranjenja, sisanja i gutanja, te njihovo razumijevanje uloge logopeda u dijagnostici i terapiji ovih poremećaja. Istraživanje je provedeno na uzorku od 51 zdravstvenog radnika iz javnih i privatnih zdravstvenih ustanova Unsko-sanskog kantona, uz primjenu upitnika posebno kreiranog za potrebe istraživanja. Prema rezultatima istraživanja, 56,9% ispitanika imalo je formalnu edukaciju o disfagiji, dok je svega 27,5% ispitanika prošlo edukaciju iz oblasti pedijatrijskih poremećaja hranjenja. Iskustvo s disfagijom u kliničkoj praksi imalo je 64,7% ispitanika, dok je pedijatrijske poremećaje hranjenja navelo 25,5% ispitanika. Iako je 68,6% ispitanika navelo poznavanje razlike između termina „disfagija" i „poremećaji hranjenja", samo 29,4% ispitanika demonstriralo je stručno utemeljeno razumijevanje navedenih pojmova. U dijagnostičkim postupcima pedijatrijskih poremećaja hranjenja sudjelovalo je 9,8% ispitanika, a u terapijskim 7,8%. Kod disfagije, dijagnostičku uključenost navelo je 35,3% ispitanika, dok je u terapijskom tretmanu sudjelovalo 17,6% ispitanika. Logopeda je kao ključnog člana multidisciplinarnog tima prepoznalo tek 7,8% ispitanika. Ispitanici su ujedno i ocijenili da je osnaživanje znanja o pedijatrijskim poremećajima hranjenja i disfagiji od velike profesionalne važnosti. Rezultati ukazuju na značajne praznine u znanju, edukaciji i kliničkoj uključenosti zdravstvenih radnika, naročito u pogledu prepoznavanja uloge logopeda, pri čemu ispitanici istovremeno izražavaju visok stepen spremnosti za dodatno osnaživanje znanja. Navedeno iskazuje potrebu za kontinuiranim i sistematskim edukacijama, kao i jačanjem interprofesionalne saradnje.

Ključne riječi: disfagija; pedijatrijski poremećaji hranjenja; znanje i kompetencije zdravstvenih radnika; logopedija; multidisciplinarni tim

INTRODUCTION

Feeding is a complex process that goes beyond a basic biological need, encompassing the interaction of physiological, sensorimotor, emotional, and social factors, and it has a significant impact on an individual's quality of life. Feeding, sucking, and swallowing disorders do not only affect nutritional status but may also lead to serious health complications, impaired emotional functioning, and limitations in daily activities (Salem et al., 2025).

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Feeding, sucking, and swallowing are closely interconnected processes that require precise coordination of neuromuscular structures. Swallowing is a complex activity that occurs through the oral preparatory, oral transport, pharyngeal, and esophageal phases, and disturbances in any of these phases can result in aspiration, malnutrition, and dehydration (Sasegbon & Hamdy, 2017; Delaney et al., 2025). These processes involve the coordination of numerous muscles and cranial nerves, further highlighting their complexity (Begić et al., 2018; Matsuo & Palmer, 2008).

Sucking represents the first coordinated motor activity of the neonate and plays a crucial role in early feeding. Nutritive and non-nutritive sucking can be distinguished: nutritive sucking enables food intake, whereas non-nutritive sucking serves regulatory and developmental functions. Effective feeding in the neonatal period requires mature coordination of sucking, swallowing, and breathing, which is typically established between the 32nd and 34th gestational weeks. In preterm infants and children with neurodevelopmental difficulties, this coordination is often impaired (Delaney & Arvedson, 2008; Goday et al., 2019).

Swallowing disorders are common symptoms of various neurological, muscular, and structural conditions and are associated with an increased risk of aspiration, pneumonia, malnutrition, and mortality, particularly in pediatric and older populations (Begić et al., 2018). The clinical presentation can often be subtle, including "silent" aspiration, which further complicates timely recognition of the problem (Dodrill & Gosa, 2015).

Pediatric feeding disorders represent a distinct clinical entity, defined as inadequate oral intake inappropriate for the child's age, associated with medical, nutritional, functional, or psychosocial dysfunction (Goday et al., 2019). Their prevalence is significantly higher among children with developmental and neurological difficulties, with estimates suggesting that up to 80% of this population exhibit some form of feeding disorder, with long-term consequences on growth, development, and quality of life (Katz, 2008; Begić et al., 2018).

The term "feeding, sucking, and swallowing disorders" is used as an umbrella term encompassing various clinical conditions. Dysphagia refers to swallowing disorders observed in both pediatric and adult populations, whereas the term pediatric feeding disorders (PFD) is used according to the established definition for children, where the disorder may involve medical, nutritional, oral-motor, and psychosocial components. In this study, the term dysphagia primarily refers to the adult population, while pediatric feeding disorders are used for the child population.

Diagnosis and treatment of feeding, sucking, and swallowing disorders rely on a multidisciplinary approach, involving physicians of various specialties, nurses, and speech-language pathologists. Speech-language pathologists play a key role in clinical and instrumental assessment, therapy planning, and implementation of rehabilitation procedures aimed at ensuring safe and efficient oral feeding (Strsoglavac & Farago, 2017; Knight et al., 2020). Despite their significant clinical impact, feeding, sucking, and swallowing disorders are not always promptly recognized in practice, often due to insufficient awareness among healthcare professionals regarding early signs, diagnostic possibilities, rehabilitation strategies, and the roles of multidisciplinary team members (Raatz et al., 2025).

This study aims to examine the knowledge and awareness of healthcare professionals regarding feeding, sucking, and swallowing disorders, with a particular focus on

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understanding the role of the speech-language pathologist in assessment, diagnosis, and rehabilitation of these disorders in both pediatric and adult populations. Given that healthcare professionals are often the first specialists consulted by patients, understanding their level of awareness is crucial for speech-language pathology practice. Their knowledge and recognition of difficulties directly affect timely patient referral, appropriateness of diagnostic procedures, and the overall effectiveness of rehabilitation.

METHODS AND MATERIALS

Participants

The study sample consisted of a total of 51 healthcare professionals employed in public and private healthcare institutions. The majority of participants were employed in public healthcare institutions (78.4%; n = 40), while a smaller proportion worked in the private sector (21.6%; n = 11). With regard to the place of employment, participants were employed at the Cantonal Hospital "Irfan Ljubijankić" Bihać (n = 25), the Primary Health Care Center Cazin (n = 5), the Primary Health Care Center Bihać (n = 10), and the private healthcare institution Muminović Bihać (n = 11).

The sample comprised 58.8% women (n = 30) and 41.2% men (n = 21). In terms of professional experience, the largest proportion of participants had less than five years of work experience (47.1%; n = 21), followed by those with five to ten years of experience (43.1%; n = 22). The smallest proportion consisted of participants with more than ten years of professional experience (9.8%; n = 5).

Design and Procedure

The study was conducted as a cross-sectional descriptive study. Data were collected in person using printed research materials. Participants were included based on voluntary participation, without prior random sampling or stratification.

The study was conducted in accordance with ethical principles for research involving human participants, including respect for participant autonomy, anonymity, and data confidentiality. All participants were informed about the aim and purpose of the study at the beginning of the questionnaire and participated voluntarily. No personal or sensitive data were collected, recorded, or processed during the study. Completion of the questionnaire was considered as providing informed consent to participate in the study. The collected data were coded and transferred into a format suitable for statistical analysis.

Measures

A questionnaire specifically designed for the purposes of this study was used as the measurement instrument. The questionnaire was developed in collaboration with a gastroenterology specialist and a pediatrician, given that the instrument assessed participants' objective knowledge in addition to subjective self-report data.

Prior to the main study, a pilot test was conducted on a sample of eight healthcare professionals to assess the clarity of the questions and the time required to complete the

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questionnaire. Based on participant feedback, minor linguistic and content-related adjustments were made, including a reduction in the number of questions and modification of response formats for certain items. The final version of the questionnaire consisted of 36 items divided into four sections. The items were developed based on a review of relevant literature (Delaney, 2008; Goday et al., 2019; Knight et al., 2020; Sánchez-Sánchez et al., 2021; Umay et al., 2022).

The first section included five items related to general demographic information (sex, profession, academic title, level of education, and years of professional experience). The second section consisted of twelve closed-ended questions with "Yes" or "No" response options, assessing subjective awareness of dysphagia and pediatric feeding disorders (PFDs), familiarity with the terminology, education received, and involvement in diagnostic and treatment processes. The third section comprised thirteen open-ended questions aimed at assessing objective knowledge of dysphagia and pediatric feeding disorders. Criteria for evaluating the accuracy of responses were predefined based on a systematic review of relevant literature used in the development of the questionnaire, as well as through consultation with experts in gastroenterology and pediatrics. The fourth section included six questions related to awareness of the assessment, diagnosis, and treatment of dysphagia and pediatric feeding and swallowing disorders (PFDs). Questions in this section included open-ended items, closed-ended items with "Yes" or "No" responses, and Likert-scale items. The internal consistency of the Likert scale was assessed using Cronbach's alpha coefficient, which was 0.82.

Statistical Analysis

Statistical analysis was performed using Microsoft Excel and IBM SPSS Statistics software. Given the descriptive nature of the study, inferential statistical tests were not applied. Participants' objective knowledge was assessed through the third and fourth sections of the questionnaire, which contained questions focused on theoretical and clinical aspects of feeding, sucking, and swallowing disorders.

RESULTS

Subjective Assessment of Awareness of Dysphagia and Pediatric Feeding Disorders

Table 1 presents the results related to the subjective assessment of knowledge, formal education, and clinical experience of participants in the field of dysphagia and pediatric feeding disorders (PFDs). The analysis indicates that slightly more than half of the participants (56.9%; n = 29) had received education related to dysphagia during their formal and continuing professional education. In contrast, only 27.5% of participants (n = 14) reported having formal education related to pediatric feeding disorders. A similar pattern was observed with respect to clinical experience. Specifically, 64.7% of participants (n = 33) reported having encountered cases of dysphagia in their professional practice, whereas only 25.5% (n = 13) reported experience working with pediatric feeding disorders. The majority of participants subjectively assessed that they were familiar with the difference between the terms dysphagia and feeding disorders (68.6%; n = 35). However, further analysis revealed a

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substantially lower level of objective knowledge, as only 29.4% of participants (n = 15) were able to provide a professionally accurate explanation of the difference between these terms, while 70.6% (n = 36) provided inadequate or incorrect responses.

Participation of participants in the diagnosis and treatment of pediatric feeding disorders was markedly limited. Only 9.8% of participants (n = 5) reported involvement in diagnostic procedures. An even smaller proportion was involved in therapeutic interventions, with only 7.8% (n = 4) reporting participation in the treatment of pediatric feeding disorders. With regard to the adult population, 35.3% of participants (n = 18) reported involvement in the diagnosis of dysphagia in adults. In contrast, the majority of participants (82.4%; n = 42) reported never having been involved in the therapeutic management of adults with dysphagia. Overall, the results indicate a pronounced imbalance between education, knowledge, and clinical involvement of healthcare professionals in the management of adult dysphagia compared to pediatric feeding disorders, with knowledge and practical experience related to the pediatric population being considerably less represented.

Table 1. Knowledge, education, and clinical experience of participants in the field of dysphagia and pediatric feeding disorders (N = 51)

Variable	Yes (n, %)	No (n, %)
Have you received education during your formal and continuing professional training for working with adult dysphagia?	29 (56,9)	22 (43,1)
Have you received education during your formal and continuing professional training for working with pediatric feeding disorders?	14 (27,5)	37 (72,5)
Are you familiar with the difference between the terms feeding disorders and dysphagia?	35 (68,6)	16 (31,4)
If yes, please specify the difference.	15 (29,4)	36 (70,6)
Have you encountered cases of adult dysphagia in your professional practice?	33 (64,7)	18 (35,3)
Have you encountered cases of pediatric feeding disorders in your professional practice?	13 (25,5)	38 (74,5)
Have you ever participated in the diagnosis of feeding, sucking, and swallowing disorders in children?	5 (9,8)	46 (90,2)
Have you ever participated in the treatment of feeding, sucking, and swallowing disorders in children?	4 (7,8)	47 (92,2)
Have you ever participated in the diagnosis of dysphagia in adults?	18 (35,3)	33 (64,7)
Have you ever participated in the treatment of dysphagia in adults?	9 (17,6)	42 (82,4)

Objective Assessment of Knowledge of Dysphagia and Pediatric Feeding Disorders

Analysis of participants' responses indicated that healthcare professionals demonstrated a better understanding of dysphagia than of pediatric feeding disorders (PFDs). The majority of participants (n = 41; 80%) correctly defined the term dysphagia, while 92.2% (n = 47)

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identified older age as a significant risk factor. Approximately half of the participants (n = 24; 48%) correctly identified the diseases and pathological conditions most commonly associated with dysphagia. Among respondents who listed the consequences of dysphagia, aspiration and pneumonia were most frequently mentioned, whereas malnutrition, dehydration, and developmental delay were identified less often. Participants expressed heterogeneous views regarding the clinical management of dysphagia, particularly with respect to the use of enteral nutrition and nasogastric feeding tubes. Ten percent of participants (n = 5) believed that all patients with dysphagia should be fed via a feeding tube, while 48% (n = 24) correctly identified long-term enteral nutrition as the recommended method for appropriately selected patients. In the domain of pediatric feeding disorders, participants correctly identified several key risk factors. Cardiopulmonary diseases were identified by 83.3% of participants (n = 25), and the importance of the parent–child relationship was recognized by 78% (n = 23). However, knowledge regarding the consequences of these disorders and appropriate feeding management was limited. The majority of participants (n = 24; 80%) correctly recognized that sucking disorders in newborns fall within the spectrum of feeding disorders, while 70% (n = 21) were aware that prematurity alone does not guarantee readiness for the transition to oral feeding. *Table 2* presents more detailed responses across specific domains of knowledge and practical competencies. A total of 36 participants responded to the question, "*Can you name some of the consequences of dysphagia, either in children or in adults*?"

Table 2. Objective awareness of participants regarding dysphagia and pediatric feeding disorders (N = 51)

Assessment area	Correct answer (n, %)	Incorrect answer (n, %)
What does the term "dysphagia" mean?	40 (80.0)	10 (20.0)
Which diseases and/or pathological conditions most commonly lead to dysphagia	24 (48.0)	26 (52.0)
Can you list some consequences of dysphagia, either in children or adults?	22 (60.8)	14 (39.2)
Is aging a risk factor for the development of dysphagia?	47 (92.2)	4 (7.8)
What does swallowing represent?	32 (62.7)	19 (37.3)
What does the term "enteral nutrition" mean?	30 (76.5)	21 (23.5)
Should all patients with dysphagia (children and adults) be fed via a nasogastric tube?	5 (10.0)	45 (90.0)
Which method of enteral nutrition would you recommend for a patient with long-term inability to safely feed orally?	24 (48.0)	26 (52.0)
Knowledge of pediatric feeding disorders (PFDs)	28 (56.0)	22 (44.0)
Are pediatric patients with cardiopulmonary diseases at risk of feeding–sucking–swallowing difficulties?	40 (83.3)	8 (16.7)
Can the parent–child relationship contribute to the development of a pediatric feeding disorder?	39 (78.0)	11 (22.0)
Can sucking disorders in newborns be classified as a feeding disorder?	40 (80.0)	10 (20.0)
When a preterm infant who was fed via a nasogastric tube reaches full gestational age, does this automatically make them ready to transition to oral feeding and removal of the tube?	35 (70.0)	15 (30.0)

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Awareness of Assessment, Diagnosis, and Treatment of Dysphagia and Pediatric Feeding Disorders

Participants evaluated their own knowledge regarding the profiles of professionals involved in the diagnosis and treatment of dysphagia and pediatric feeding disorders (PFDs), the recognition of the speech-language pathologist's role in the diagnostic–therapeutic process, and the professional importance of strengthening knowledge in these areas. Results related to the recognition of professional roles in the diagnosis and treatment of dysphagia and PFDs are presented in Table 3. The majority of participants identified gastroenterologists, pediatricians, and otolaryngologists as key professionals involved in the diagnostic and therapeutic process. However, a significant number of participants (n = 28 for diagnosis and n = 38 for therapy) were unable to specify the appropriate professional profiles, indicating a limited level of awareness in this domain. Results presented in Table 4 indicate that participants rated the professional importance of enhancing knowledge of pediatric feeding, sucking, and swallowing disorders as high (M = 4.44, SD = 0.80, range 2–5). Likewise, the professional importance of strengthening knowledge of adult dysphagia was rated with a high mean value (M = 4.52, SD = 0.64, range 3–5), with the majority of participants selecting the highest rating on the scale for both questions. One participant did not respond to the Likert scale items; therefore, analyses were conducted on a sample of 50 participants. Reliability analysis demonstrated that the Likert scale had very good internal consistency ($\alpha = 0.82$). Regarding the recognition of the speech-language pathologist's role in the diagnosis and treatment of dysphagia and PFDs, the results indicate a strikingly low level of awareness. Specifically, only 7.8% of participants (n = 4) identified the speech-language pathologist as a relevant professional involved in this process, highlighting the limited visibility and recognition of the speech-language pathologist's role in the field of feeding and swallowing disorders.

Table 3. Recognition of professional roles involved in the diagnosis and treatment of dysphagia and PFDs

Professional Profile	Diagnosis (N)	Therapy (N)
Gastroenterologist	14	11
Pediatrician	12	9
Otolaryngologist (ENT)	10	-
Neurologist	1	-
Psychologist	1	3
Pediatric Neurologist	1	-
Speech-Language Pathologist	-	2
Nutritionist	1	-
Do not know / No answer	28	38

Note. *Participants could indicate more than one professional. The frequencies shown represent the number of responses.*

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Table 4. *Professional importance of strengthening knowledge on PDF and a dysphagia*

Question	N	M	SD
On a scale from 1 to 5, rate how professionally important it is for you to strengthen your knowledge of pediatric feeding, sucking, and swallowing disorders (physiology, pathophysiology, etiology, diagnosis, therapy).	50	4.44	0.80
On a scale from 1 to 5, rate how professionally important it is for you to strengthen your knowledge of adult dysphagia (physiology, pathophysiology, etiology, diagnosis, therapy).	50	4.56	0.61

Note. M = mean; SD = standard deviation. Responses were collected using a Likert scale from 1 (not important at all) to 5 (extremely important).

DISCUSSION

The results of this study indicate a pronounced imbalance between healthcare professionals' knowledge, formal education, and clinical involvement in the field of dysphagia compared to pediatric feeding disorders (PFD). Although more than half of the respondents reported having formal education and clinical experience in managing dysphagia, a substantially smaller proportion had education, experience, or active involvement in the diagnosis and therapy of PFD. A high percentage of participants who subjectively believed they understood the difference between dysphagia and feeding disorders, coupled with a low level of objectively correct responses, confirms the existence of a gap between perceived and actual knowledge. These findings are consistent with previous research showing that healthcare professionals sometimes overestimate their competence in the field of dysphagia, while more detailed knowledge assessments reveal significant deficits, particularly regarding etiology, consequences, and clinical management (Sánchez-Sánchez et al., 2021; Salem et al., 2025; Remón et al., 2025). Similar results have been reported in studies conducted among healthcare professionals in various healthcare systems, where dysphagia is recognized as an important yet insufficiently systematically addressed clinical issue (Hady et al., 2023; Hussain et al., 2021; Knight et al., 2020; Salem et al., 2025).

Regarding objective knowledge, participants demonstrated a relatively good understanding of the basic concept of dysphagia, risk factors such as advanced age, and fundamental anatomical and physiological aspects of swallowing. These results align with the literature, which indicates that dysphagia is often recognized in clinical practice, particularly in the context of neurological and oncological conditions (Sasegbon & Hamdy, 2017). However, knowledge regarding the etiology of PFD was considerably weaker, reflecting the complex and multifactorial nature of these disorders (Goday et al., 2019; Umay et al., 2022). Of particular concern are findings related to insufficient knowledge of enteral nutrition, especially regarding the duration of nasogastric tube feeding and indications for long-term enteral nutrition. Many participants associated long-term feeding exclusively with nasogastric tube use, indicating a limited understanding of the indications for prolonged enteral feeding. These findings are in line with recommendations emphasizing the need for timely and properly guided transitions from tube to oral feeding under speech-language pathology intervention (Strsoglavac & Farago, 2017). Inadequate understanding of these aspects has

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been identified in the literature as a potential risk factor for adverse nutritional and developmental outcomes (Dodrill & Gosa, 2015).

The low involvement of participants in the diagnosis and therapy of PFD further confirms the marginalization of this area in clinical practice. Feeding and swallowing development in early childhood is a complex process requiring an understanding of neurological, motor, and relational factors (Delaney & Arvedson, 2008; Matsuo & Palmer, 2008). The literature clearly highlights that feeding disorders in children are not merely nutritional issues but can have long-term consequences for speech development, motor skills, and parent–child relationships (Katz, 2008).

One of the most significant findings of this study relates to the markedly low recognition of the speech-language pathologist's role in the diagnosis and therapy of dysphagia and PFD. Although current guidelines and consensus statements clearly emphasize the central role of the speech-language pathologist in assessment, diagnosis, and rehabilitation, they are rarely identified as relevant professionals by healthcare providers (Strsoglavac & Farago, 2017). This finding reflects the insufficient visibility of speech-language pathology within multidisciplinary teams and underscores the need for improved interprofessional understanding and education.

Despite these shortcomings, encouraging results show that participants recognize the high professional importance of strengthening knowledge in the areas of dysphagia and PFD. High average ratings indicate a willingness among healthcare professionals to pursue additional education, providing an important foundation for the development of targeted training programs and the enhancement of multidisciplinary collaboration.

The findings of this study underscore the need for systematic improvement of healthcare professionals' education regarding dysphagia and PFD, with particular emphasis on practical aspects of diagnosis, therapy, and the role of the speech-language pathologist within the multidisciplinary team. Timely recognition and appropriate management of these disorders are crucial for maintaining health, nutritional status, and optimal child development, as well as the quality of life of adults with dysphagia.

CONCLUSION

The results of this study indicate significant differences in the level of knowledge, education, and clinical experience of healthcare professionals regarding dysphagia compared to pediatric feeding disorders (PFDs). While most participants possessed basic theoretical knowledge of dysphagia and recognized its key risk factors and consequences, knowledge of PFDs was found to be insufficiently systematized, particularly in terms of etiology, clinical management, and the application of enteral nutrition. A notable discrepancy between subjective self-assessment and objectively determined competence was observed, which may limit timely diagnosis and intervention. Limited involvement of healthcare professionals in the diagnosis and treatment of pediatric feeding disorders further confirms the lack of practical experience. Additionally, insufficient recognition of the speech-language pathologist's role in assessment and therapy highlights the need to strengthen interdisciplinary collaboration.

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The findings emphasize the importance of greater integration of speech-language pathologists into multidisciplinary teams, the enhancement of healthcare professionals' education, and clearer definition of professional roles. Continuous professional development and coordinated teamwork can contribute to earlier recognition of disorders, timely intervention, and improved treatment outcomes, positively impacting the quality of life of patients and their families. Limitations of this study include a regionally restricted sample and a descriptive study design, which do not allow for generalization of the results. Nevertheless, the study provides valuable insight into the educational and clinical needs of healthcare professionals in the field of feeding, sucking, and swallowing disorder

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