

Professional Ethics in Speech Therapy within the Algerian Context from the Perspective of the Speech Therapist

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Abstract:

This study aims to reveal the reality of professional ethics in speech therapy within the Algerian context from the perspective of speech therapists—30 practitioners from the public sector, private sector, and associations—through administering a questionnaire to record their responses for analysis using the descriptive method, deemed most appropriate for exploratory studies of this nature across the following five axes: professional responsibility; confidentiality and respect for the examinee's privacy; the professional relationship with the examinee and their family; professional competence and continuous development; collaborative work and adherence to regulations; and the values of justice and integrity of practice. We relied on frequencies and percentages with the assistance of the SPSS 26 statistical package for data analysis. The results revealed some areas of ambiguity in specific issues such as exceptions to the principle of confidentiality and informed consent procedures, highlighting the need for further systematic training and the development of practical guidelines to strengthen the embodiment of these principles in field practice.

Keywords: Ethics; Profession; Speech therapist.

1. Introduction

Professional ethics in health professions constitute a fundamental pillar in regulating professional practice, representing a framework of values that guides the practitioner's behavior and regulates their relationships. A profession does not rest solely on scientific and technical competence; rather, it extends to encompass humanitarian and ethical principles that govern how services are delivered and the rights of examinees are respected. In this context, ethics in professional practice holds particular importance for individuals, as commitment to professional values begins directly upon engaging with human beings and their fundamental needs. From this perspective emerged the need to establish standards to build trust and ensure credibility, as professional ethics codes regulate the work of professionals, define practitioners' responsibilities and the limits of their intervention, and achieve balance between the professional's duty and the rights of examinees.

Among these health professions is speech therapy, where studies have shown significant development in knowledge of ethics in this field alongside increased focus on growing needs and their impact on its evolution, in addition to emphasis on ethics in care and research (Gaylord et al., 2023). Many researchers and associations worldwide have worked to design codes that serve the specialty while respecting the social, cultural, and even linguistic specificities of their countries, in addition to policies and religious beliefs.

Locally, professional ethics in speech therapy in Algeria are considered fundamental for regulating professional practice, despite the absence of an official unified ethical code that reflects the societal specificities of the Algerian individual. These ethics represent an organized set of values and standards aimed at preserving the dignity and rights of examinees, with special attention to Algeria's cultural, linguistic, and social diversity. The principle of professional competence and defining the scope of practice constitutes an essential condition in this context. These ethics therefore encourage specialists to develop their practice within Algerian cultural boundaries and emphasize the necessity of keeping pace with scientific developments for continuous professional development.

The need remains pressing to establish a specific Algerian ethical code for the speech therapy profession that enhances collaboration with other health specialties to provide integrated and comprehensive care suited to the local reality. Given the above, our research emerges as an exploratory study constituting a fundamental starting point for examining and analyzing the reality of practice. We therefore pose the following questions:

- What is the reality of professional ethics in speech therapy in Algeria

from the perspective of the speech therapist practitioner?

- To what extent do speech therapists' opinions align with the basic items and axes upon which an ethical code is built within the Algerian context?

2. Importance of the Study

This research involves dissecting and analyzing professional ethics in speech therapy within the Algerian context from the perspective of speech therapists through a sample of specialist practitioners working in the field. The study constitutes a contribution for researchers and those interested in uncovering and recognizing speech therapists' opinions regarding the basic items and axes upon which an ethical code is built. This research paper contributes to providing an initial vision for those interested and researchers in establishing and designing an ethical code for the speech therapy profession in Algeria.

3. Objectives of the Study

Our research aims to determine the extent of alignment between the speech therapy specialist's opinions and the items and basic axes upon which a professional ethics code is built at the global level and within the Algerian social, cultural, and linguistic context, by constructing a researcher-developed questionnaire that addresses these items and applying them to the local reality.

4. Concepts of the Study

4.1 Ethics:

Ethics derives from the Greek word *ethos*, meaning custom or habit. It is defined as the framework for analyzing and coordinating different ethical viewpoints within a given society. Ethics refers to actual standards and values, whereas morality is the rational study

and evaluation of those standards. Ethical systems aim to distinguish between ethical and unethical behavior, provide objective criteria for judging actions, and guide value education and the maintenance of social order (Chaddha & Agrawal, 2023).

4.2 Professional Ethics:

These are a set of standards adopted by a professional group that guide its members on how to act to ensure quality, trust, and integrity in their work. These ethics encompass values, duties, rights, and responsibilities, documented in laws, consultative documents, and important rules governing professional behavior (Waisapi, J. 2022).

4.3 The Speech Therapist Practitioner:

Speech therapy is an applied science practiced in the field that is primarily concerned with language disorders. Practicing this profession requires a set of conditions, rules, and laws without transgressing into other fields. The speech therapy specialist works on re-educating voice, speech, and language and intervenes in guidance, therapeutic, and preventive domains. They also address children, adolescents, adults, and the elderly.

The speech therapist practitioner performs numerous tasks within the limits of their specialization, which we summarize as follows:

- Detecting and diagnosing language, voice, and speech disorders

- Conducting assessments by applying tests and scales to determine linguistic problems
- Developing individual and group therapeutic protocols for intervention
- Providing guidance for cases requiring intervention from other specialties—for example, a neurologist, ENT specialist, or psychologist
- Conducting parental counseling sessions by guiding parents toward important communication methods to assist the examinee and correcting some erroneous behaviors and concepts in rehabilitation

5. Methodological Procedures of the Study

5.1 Study Boundaries

The questionnaire was distributed to specialist practitioners in the public sector, private sector, and associations across the states of the Algerian Republic.

- *Temporal boundaries:* The applied study was conducted during the period extending from October 2, 2025 to December 31, 2025.

5.2 Study Sample

The study included a sample of practicing speech therapy specialists, numbering 30 specialists distributed according to gender, workplace, and years of experience as shown in the following table:

Table No. (01): Illustrating the distribution of the study sample according to (gender, years of experience, workplace)

Sample Characteristics	Sample Characteristics	Frequencies	Percentage
Gender	Female	21	70%
Gender	Male	9	30%
Years of Experience	Less than 3 years	11	36.7%
Years of Experience	3 to 10 years	13	43.3%
Years of Experience	More than 10 years	6	20%
Workplace	Public sector	13	43.3%
Workplace	Private sector	14	46.7%
Workplace	Associations	3	10%

5.3 Study Methodology

The study is exploratory in nature, examining the phenomenon in its present reality and conceptualizing it. Accordingly, the researcher relied on the descriptive method.

5.4 Study Instrument

The instrument used for data collection was a questionnaire distributed across 06 axes comprising 33 questions (items), in addition to general data questions and sample characteristics. Questions were posed to speech therapy specialists using a scale (Disagree – Neutral – Agree).

Questionnaire Axes:

1. **First axis:** Professional responsibility – consists of 8 items from question 1 to question 8
2. **Second axis:** Confidentiality and respect for the examinee's privacy – consists of 8 items from question 9 to question 16

3. **Third axis:** The professional relationship with the examinee and their family – consists of 6 items from question 17 to question 21

4. **Fourth axis:** Professional competence and continuous development – consists of 5 items from question 22 to question 26

5. **Fifth axis:** Collaborative work and adherence to regulations – consists of 4 items from question 27 to question 30

6. **Sixth axis:** Values of justice and integrity of practice – consists of 3 items from question 31 to question 33

5.5 Statistical Tool:

We relied on frequencies and percentages to determine specialists' opinions on the questionnaire items, with the assistance of the IBM SPSS Statistics 26 data analysis package.

6. Presentation and Analysis of Study Results

The study results emerged as follows:

6.1 First Axis: Professional Responsibility

Table No. (02): Illustrating results of the professional responsibility axis

Items	Alternatives	Frequencies	Percentage
1. I commit to performing my duties seriously and with full responsibility toward the examinee and their family.	Agree	30	100%
1. I commit to performing my duties seriously and with full responsibility toward the examinee and their family.	Neutral	0	00%
1. I commit to performing my duties seriously and with full responsibility toward the examinee and their family.	Disagree	0	00%
2. I accept responsibility for professional errors that may occur from me and seek to correct them.	Agree	30	100%
2. I accept responsibility for professional errors that may occur from me and seek to correct them.	Neutral	0	00%
2. I accept responsibility for professional errors that may occur from me and seek to correct them.	Disagree	0	00%
3. I strive to respect work hours and therapeutic session appointments precisely.	Agree	29	96.7%
3. I strive to respect work hours and therapeutic session appointments precisely.	Neutral	0	00%
3. I strive to respect work hours and therapeutic session appointments precisely.	Disagree	1	3.3%
4. I refuse any exploitation of my position to achieve personal interests at the expense of the examinee.	Agree	29	96.7%
4. I refuse any exploitation of my position to achieve personal interests at the expense of the examinee.	Neutral	1	3.3%
4. I refuse any exploitation of my position to achieve personal interests at the expense of the examinee.	Disagree	0	00%
5. I strive to provide my services within the limits of my training and experience.	Agree	30	100%
5. I strive to provide my services within the limits of my training and experience.	Neutral	0	00%
5. I strive to provide my services within the limits of my training and experience.	Disagree	0	00%
6. I practice tasks that exceed my specialization and licensed qualification field.	Agree	3	10.0%
6. I practice tasks that exceed my specialization and licensed qualification field.	Neutral	5	16.7%
6. I practice tasks that exceed my specialization and licensed qualification field.	Disagree	22	73.3%
7. I commit to using reliable and accurate assessment and care tools.	Agree	20	66.7%

7. I commit to using reliable and accurate assessment and care tools.	Neutral	10	33.3%
7. I commit to using reliable and accurate assessment and care tools.	Disagree	0	00%
8. I maintain and sterilize care tools.	Agree	27	90%
8. I maintain and sterilize care tools.	Neutral	1	3.3%
8. I maintain and sterilize care tools.	Disagree	2	6.7%

The table shows sample members' agreement on items (1–2–3–4–5), with a large percentage of 100% for items (1–2–5) and a slightly lower percentage of 96.7% for items (3–4), while item 8 reached 90%. It is also evident that agreement was lowest for item 7 at 66.7% with 33.3% neutral responses. As for item 6, sample members did not agree with it, with 73.3% disagreeing.

6.2 Second Axis: Confidentiality and Respect for the Examinee's Privacy

Table No. (03): Illustrating results of the confidentiality and respect for the examinee's privacy axis

Items	Alternatives	Frequencies	Percentage
9. I commit to preserving the confidentiality of information related to the examinee and not disclosing it to others.	Agree	30	100%
9. I commit to preserving the confidentiality of information related to the examinee and not disclosing it to others.	Neutral	0	00%
9. I commit to preserving the confidentiality of information related to the examinee and not disclosing it to others.	Disagree	0	00%
10. I may disclose the examinee's information to a judicial authority.	Agree	13	43.3%
10. I may disclose the examinee's information to a judicial authority.	Neutral	16	53.3%
10. I may disclose the examinee's information to a judicial authority.	Disagree	1	3.3%
11. I may disclose the examinee's information to protect them from danger.	Agree	17	56.7%
11. I may disclose the examinee's information to protect them from danger.	Neutral	13	43.3%
11. I may disclose the examinee's information to protect them from danger.	Disagree	0	00%
12. I may exchange information with the care team within the limits of the examinee's interest.	Agree	28	93.3%
12. I may exchange information with the care team within the limits of the examinee's interest.	Neutral	2	6.7%

12. I may exchange information with the care team within the limits of the examinee's interest.	Disagree	0	00%
13. I explain to the patient or their guardians how the information I collect during assessment or sessions will be used.	Agree	22	73.3%
13. I explain to the patient or their guardians how the information I collect during assessment or sessions will be used.	Neutral	5	16.7%
13. I explain to the patient or their guardians how the information I collect during assessment or sessions will be used.	Disagree	3	10.0%
14. I strive to discuss the examinee's case in places that respect their privacy.	Agree	28	93.3%
14. I strive to discuss the examinee's case in places that respect their privacy.	Neutral	2	6.7%
14. I strive to discuss the examinee's case in places that respect their privacy.	Disagree	0	00%
15. I request written consent before using the examinee's information in academic research and seminars.	Agree	19	63.3%
15. I request written consent before using the examinee's information in academic research and seminars.	Neutral	10	33.3%
15. I request written consent before using the examinee's information in academic research and seminars.	Disagree	1	3.3%
16. I store paper and electronic records pertaining to examinations in a secure place.	Agree	30	100%
16. I store paper and electronic records pertaining to examinations in a secure place.	Neutral	0	00%
16. I store paper and electronic records pertaining to examinations in a secure place.	Disagree	0	00%

The table shows sample members' agreement on items (9 and 16) with a large percentage of 100%, and a slightly lower percentage ranging from 73.3% to 93.3% for items (12–13–14). Moderate agreement appeared for items (11 and 15) at percentages of 56.7% to 63.3% with neutral responses at 43.3% and 33.3% respectively. It is also evident that for item 10, sample members did not express agreement, maintaining neutrality at 53.3%.

6.3 Third Axis: The Professional Relationship with the Examinee and Their Family

Table No. (04): Illustrating results of the professional relationship with the examinee and their family axis

Items	Alternatives	Frequencies	Percentage
17. I deal with all examinees respectfully regardless of gender, religion, or socioeconomic status.	Agree	30	100%
17. I deal with all examinees respectfully regardless of gender, religion, or socioeconomic status.	Neutral	0	00%
17. I deal with all examinees respectfully regardless of gender, religion, or socioeconomic status.	Disagree	0	00%
18. I listen empathetically to the concerns of the examinee and their family and try to reassure them during the therapeutic journey.	Agree	29	96.7%
18. I listen empathetically to the concerns of the examinee and their family and try to reassure them during the therapeutic journey.	Neutral	0	00%
18. I listen empathetically to the concerns of the examinee and their family and try to reassure them during the therapeutic journey.	Disagree	1	3.3%
19. I explain therapeutic objectives and the intervention plan in simple, understandable language to the patient and their family.	Agree	29	96.7%
19. I explain therapeutic objectives and the intervention plan in simple, understandable language to the patient and their family.	Neutral	0	00%
19. I explain therapeutic objectives and the intervention plan in simple, understandable language to the patient and their family.	Disagree	1	3.3%
20. I avoid any behavior that might make the examinee or their family feel insulted or diminished.	Agree	29	96.7%
20. I avoid any behavior that might make the examinee or their family feel insulted or diminished.	Neutral	1	3.3%
20. I avoid any behavior that might make the examinee or their family feel insulted or diminished.	Disagree	0	00%
21. I avoid establishing personal or emotional relationships with the examinee or their family during care.	Agree	28	93.3%
21. I avoid establishing personal or emotional relationships with the examinee or their family during care.	Neutral	1	3.3%
21. I avoid establishing personal or emotional relationships with the examinee or their family during care.	Disagree	1	3.3%

The table shows sample members' agreement on item (17) with a large percentage of 100%, and a slightly lower percentage ranging from 93.3% to 96.7% for items (18–19–20–21).

6.4 Fourth Axis: Professional Competence and Continuous Development

Table No. (05): Illustrating results of the professional competence and continuous development axis

Items	Alternatives	Frequencies	Percentage
22. I strive to regularly update my knowledge in speech therapy through courses, reading, or research.	Agree	30	100%
22. I strive to regularly update my knowledge in speech therapy through courses, reading, or research.	Neutral	0	00%
22. I strive to regularly update my knowledge in speech therapy through courses, reading, or research.	Disagree	0	00%
23. I accept treating disorders that exceed the limits of my competence or specialization.	Agree	3	10%
23. I accept treating disorders that exceed the limits of my competence or specialization.	Neutral	7	23.3%
23. I accept treating disorders that exceed the limits of my competence or specialization.	Disagree	20	66.7%
24. I refer cases I have not succeeded in caring for to other specialists.	Agree	27	90%
24. I refer cases I have not succeeded in caring for to other specialists.	Neutral	3	6.7%
24. I refer cases I have not succeeded in caring for to other specialists.	Disagree	0	00%
25. I apply therapeutic methods based on available scientific evidence as much as possible.	Agree	26	86.7%
25. I apply therapeutic methods based on available scientific evidence as much as possible.	Neutral	3	10%
25. I apply therapeutic methods based on available scientific evidence as much as possible.	Disagree	1	3.3%
26. I continuously and periodically follow the latest techniques and care methods.	Agree	25	83.3%
26. I continuously and periodically follow the latest techniques and care methods.	Neutral	5	16.7%
26. I continuously and periodically follow the latest techniques and care methods.	Disagree	0	00%

The table shows sample members' agreement on item 22 with a large percentage of 100%, and a slightly lower percentage ranging from 83.3% to 90% for items (24–25–26). It is also evident that sample members did not agree with item 23, with 66.7% disagreeing, 23.3% neutral, and 10% agreeing.

6.5 Fifth Axis: Collaborative Work and Adherence to Regulations

Table No. (06): Illustrating results of the collaborative work and adherence to regulations axis

Items	Alternatives	Frequencies	Percentage
27. I respect my colleagues in the therapeutic team and cooperate with them in a manner that serves the examinee's interest.	Agree	30	100%
27. I respect my colleagues in the therapeutic team and cooperate with them in a manner that serves the examinee's interest.	Neutral	0	00%
27. I respect my colleagues in the therapeutic team and cooperate with them in a manner that serves the examinee's interest.	Disagree	0	00%
28. I comply with the prevailing laws and regulations governing the practice of the speech therapy profession in Algeria.	Agree	28	93.3%
28. I comply with the prevailing laws and regulations governing the practice of the speech therapy profession in Algeria.	Neutral	2	6.7%
28. I comply with the prevailing laws and regulations governing the practice of the speech therapy profession in Algeria.	Disagree	0	00%
29. I refer cases I have not succeeded in caring for to other specialists.	Agree	27	90%
29. I refer cases I have not succeeded in caring for to other specialists.	Neutral	3	10%
29. I refer cases I have not succeeded in caring for to other specialists.	Disagree	0	00%
30. I share necessary information with other team members within a framework of respect and confidentiality.	Agree	30	100%
30. I share necessary information with other team members within a framework of respect and confidentiality.	Neutral	0	00%
30. I share necessary information with other team members within a framework of respect and confidentiality.	Disagree	0	00%

The table shows sample members' agreement on items (27 and 30) with a large percentage of 100%, and a slightly lower percentage ranging from 90% to 93.3% for items (28–29).

6.6 Sixth Axis: Values of Justice and Integrity of Practice

Table No. (07): Illustrating results of the values of justice and integrity of practice axis

Items	Alternatives	Frequencies	Percentage
31. I ensure equal opportunities in providing speech therapy services to all patients without discrimination.	Agree	28	93.3%
31. I ensure equal opportunities in providing speech therapy services to all patients without discrimination.	Neutral	0	00%
31. I ensure equal opportunities in providing speech therapy services to all patients without discrimination.	Disagree	2	6.7%
32. I refrain from accepting illegal amounts or benefits in exchange for providing the service.	Agree	30	100%
32. I refrain from accepting illegal amounts or benefits in exchange for providing the service.	Neutral	0	00%
32. I refrain from accepting illegal amounts or benefits in exchange for providing the service.	Disagree	0	00%
33. I provide honest and accurate reports about the examinee's condition without distorting information.	Agree	30	100%
33. I provide honest and accurate reports about the examinee's condition without distorting information.	Neutral	0	00%
33. I provide honest and accurate reports about the examinee's condition without distorting information.	Disagree	0	00%

The table shows sample members' agreement on items (32 and 33) with a large percentage of 100%, and a slightly lower percentage of 93.3% for item 31.

7. Discussion of Results

The study results revealed that participating speech therapy specialists adopt a highly effective level of commitment to professional practice ethics, as reflected in the high agreement percentages across the various questionnaire axes. This is particularly evident in the professional responsibility axis, where nearly all sample members expressed commitment to performing their duties seriously, accepting responsibility for professional errors, respecting therapeutic session timings, and refraining from exploiting their position for personal interests. This trend indicates a deeply rooted awareness of the

specialist's role as responsible toward the examinee and their family, with clear concern not to exceed the boundaries of training and competence—a position strongly supported by the widespread rejection of practicing tasks outside the scope of specialization. This aligns with the code of the National Federation of Speech Therapists (Ordre National des Orthophonistes, 2023).

Results from the confidentiality and respect for the examinee's privacy axis revealed a strong presence of the confidentiality principle in daily practice, as participants recorded high levels of agreement on storing information in secure places and avoiding discussing cases in spaces that compromise the examinee's privacy. However, a considerable portion of the sample showed hesitation on items related to disclosing information to judicial authorities

or in cases of danger, in addition to lack of consensus regarding requesting written consent when using data for research or academic purposes. This suggests a relative ambiguity in understanding the practical boundaries of the duty of confidentiality and its exceptions. This can be explained by the need for further systematic training in the legal and procedural aspects related to ethics of confidentiality, consistent with what is stipulated in professional conduct codes in Quebec (Government du Québec, 2022).

Regarding the professional relationship with the examinee and their family, the very high agreement percentages on items concerning respecting all examinees without discrimination, listening openly and empathetically, and explaining care objectives in simplified language reflect a strong presence of humanistic and communicative dimensions in speech therapy practice. The clear inclination to avoid personal or emotional relationships with the examinee and their family also indicates precise awareness of the boundaries of the professional relationship. Despite the appearance of minimal percentages in the neutral or disagreement categories, the overall picture suggests that the therapeutic relationship, in the sample members' conception, is based on mutual respect and psychological support, consistent with the requirements of effective care.

Results from the professional competence and continuous development axis confirm that the majority of participants value continuous training and evidence-based practice, as shown by broad agreement on the necessity of updating knowledge and following the latest techniques, in addition to referring to other specialists when a case exceeds personal competence limits. These results constitute an indicator of the presence of a professional culture that seeks to avoid random or

individual practices not based on scientific foundations, while ensuring the examinee's best interest. However, the concentration of several responses in the neutral category regarding certain items may reflect variation in the actual degree of engagement in continuous training programs among sample members, consistent with what the American Speech-Language-Hearing Association (ASHA, 2023) indicates.

As for the collaborative work and adherence to regulations axis, it shows that participants attach great importance to working within an integrated therapeutic team, while maintaining a framework of mutual respect and exchanging necessary information within the limits permitted by professional confidentiality. The high agreement levels on compliance with legislation regulating practice also indicate notable awareness of the profession's legal framework, even if the depth of knowledge of these laws remains uneven among all specialists. These results support the hypothesis that collaboration among professionals is viewed as an essential condition for improving care quality and coordinating interventions.

In the axis of justice values and practice integrity, results confirm that the sample strongly tends to reject all forms of illicit benefit from the profession, with clear commitment to providing honest and accurate reports about the examinee's condition. The high agreement percentage on the principle of equal opportunity in providing speech therapy services suggests the presence of a sense of non-discrimination, although a limited percentage of disagreement may indicate challenges related to work conditions or the nature of institutional contexts in which specialists practice their profession. Based on this, it can be said that integrity and justice occupy a central position in participants'

ethical representations, with potential for further development of these values through clear regulatory and training mechanisms—consistent with what is stipulated in professional conduct codes in Quebec (Government du Québec, 2022) and with the code of the National Federation of Speech Therapists (Order National des Orthophonistes, 2023).

8. Conclusion

As demonstrated above, our study reveals that speech therapy specialists' opinions on professional ethics are predominantly positive overall, and their practices—as they reported—largely align with the fundamental principles of responsibility, confidentiality, respect, competence, collaboration, and justice. However, certain indicators of neutrality and hesitation on specific issues—particularly those related to exceptions to the confidentiality principle and informed consent procedures—reveal an existing need to strengthen training in practice ethics and to develop more precise practical guidelines to help practitioners translate general principles into practical decisions in the field.

9. Recommendations

1. Establishing a unified reference ethical code for speech therapy specialists in Algeria
2. Encouraging research laboratories to investigate the ethical code while respecting Algerian cultural, social, and linguistic specificities
3. Organizing training courses and workshops on the speech therapy profession ethics code with the participation of the Ministry of Health, Solidarity, and associations

References

1. Ahlström, M., & Skärstrand, E. (2020). Professional ethics in speech-language pathology: Challenges and solutions. *Journal of Communication Disorders*, 73, 105–118.
2. American Speech-Language-Hearing Association (ASHA). (2023). *Code of ethics*. ASHA.
3. Chaddha, R., & Agrawal, G. (2023). Ethics and Morality. *Indian Journal of Orthopedics*, 57, 1707–1713. <https://doi.org/10.1007/s43465-023-01004-3>
4. Government of Quebec. (2022). Code of ethics for speech-language pathologists and audiologists. Order of Speech-Language Pathologists and Audiologists of Quebec.
5. National Order of Speech-Language Pathologists. (2023). Code of professional ethics for speech-language pathologists. National Federation of Speech-Language Pathologists.
6. Gaylord, J., Schaaf, S., Liljequist, L., & Guffey, K. (2023). Structured Ethics Education in Speech-Language Pathology Graduate Students. *Teaching and Learning in Communication Sciences & Disorders*. <https://doi.org/10.30707/tlcsd7.2.1690393489.759136>
7. Waisapi, J. (2022). *Kode Etik dan Etika Profesi. Formosa Journal of Social Sciences (FJSS)*. <https://doi.org/10.55927/fjss.v1i3.1287>