

Bibliometric Analysis of Informal Payments in the Medical Care System

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Abstract. *The paper focuses on the analysis of the interest in publishing articles related to corruption in the medical system. To identify this aspect and outline the link between corruption and the medical field and informal payments, as a form of corruption and self-rated health satisfaction, a bibliometric analysis was used. The analysis is based on articles published between 2000 and 2024 that involved key terms, corruption and informal health payments. Following this analysis, the research hypotheses according to which informal payments modify the level of self-rated health satisfaction were confirmed. Through literature review and bibliometric analysis, it can be concluded that corruption is an ongoing problem in the medical system, and informal payments decrease self-rated health satisfaction. Moreover, a post-pandemic decline in interest in publishing articles involving corruption in the medical system has been observed. Among the most proposed methods of combating corruption in the literature were the integrity of professional accountants combined with a more digitized governance and transparency that would provide people with real and current information about the medical system.*

Keywords: corruption, informal payment, health, healthcare, medical system.

Introduction

The idea of the study started following the event that impacted the population economically and psychologically, the COVID-19 pandemic. The pandemic has created the perfect context for the spread of corruption in the medical system through poor governance in procurement, increased demand for services, rising market prices, shortages of medicines, lack of transparency, and the list can go on (Griffore et al., 2023). As a result of these events, trust in the medical system, in the professionalism offered, and violence against doctors has decreased (Kulkarni et al., 2023). As for the interest in investigating corruption in the medical system, it was a topic of interest at the time of the COVID-19 pandemic, 2019-2022, when articles doubled in publication and citation. This aspect was also manifested at the informal payments level, a form of corruption, in the medical care system, where publications also doubled, and citations increased 3 times. After this period, the number of publications decreased, by 28% in 2023 and 18% in 2024 on corruption and by 16% in 2023 and 11% in 2024 on informal payments. Moreover, diversity was observed in terms of countries, affiliations, publications and fields of publication of the analyzed articles, 1.690 for corruption and 818 for informal payments in health.

Speaking of corruption, it is defined by any action that aims to create advantages through illegal methods, resulting in the abuse of power. Among the most common forms of corruption is the giving or taking of bribes, but this can also take the form of embezzlement, theft, fraud, money laundering, tax evasion. From these aspects, a strong link can be deduced between financial

corruption and other components of economic and financial crime, these being the most widespread in low-income and developing countries (Achim & Borlea, 2019; Achim et al., 2017).

Within companies, financial corruption is a negative aspect that generates unfairness, conflicts of interest and pressure for the people who take part in these acts, the number of people who get a benefit being significantly small. The main people who are involved in these types of actions are professional accountants, who have direct contact with the camouflage of corrupt activity. Professional accountants are associated with upright actors, who can detect or conceal corrupt activity within entities due to access to raw economic information (Manci & Achim, 2025). Also, professional accountants also play an important role in terms of financial corruption in the medical system, being the people who followed the economic part of various medical programs (Maskey & Liang, 2023).

With regard to fraud, as a form of corruption, several theories are presented regarding factors that influence this aspect: a) two influencing factors, structure and behavior (Bologna & Lindquist, 1995); b) three factors, described by stress, opportunity, and self-justification (Rasheed, Said, & Khan, 2023); c) the "GONE" theory, represented by four factors: inner greed, the opportunity to carry out fraud, need and non-exposure (Du, 2021); d) four factors characterized by the motivation of the perpetrator, the opportunity to carry out the action, access to the necessary means and the realization of the plan that reduces the risk of being discovered (Bologna J., Lindquist, Singleton, & Singleton, 2006) and e) the "Crime" theory, described by C – Cook, R – Recipes, I – Incentives, M- Monitoring, E – End Results (Razaee, 2006). Newburn (2007) classifies fraud as a subdivision of criminology, calling it "white-collar crime" or "corporate crime of the powerful". Looking at these theories, the psychological part and the physical part can be deduced as common denominators. The psychological part is represented by the behavior of the perpetrator described by self-justification, the confidence that he cannot be caught, the inner motivation that everything is ethical and the realization of the deed only once. The physical, material part is composed of opportunity, circumstances, encouragement of the entourage, context, access to documents, information, material objects or money.

IFAC (2017) presents the positive aspects of the role of the professional accountant in the fight against corruption, namely: strong governance, encouraging transparency, accountability and the rule of law and the international code of ethics, broad educational criteria and a mechanism for continuous monitoring and surveillance. As a result, the importance of the professional accountant as a means of communicating transparent accounting information, but also the importance of having access to clean and correctly realized sources. Also, professional accountants are an example of ethics, fighting against fraud or other forms of financial corruption.

As for the introduction of corruption in health, it is found in the form of informal payments, bribes, unethical research, theft, fraud, overbilling related to medical services and embezzlement (Onwujekwe & Agwu, 2022). As a result of these corrupt activities, consequences are presented that materialize in the decrease of patient satisfaction and a postponement of the use of the necessary medical services. These effects are strongly felt in post-communist states, where corruption is higher and satisfaction with health care is lower (Habibov, 2016). Moreover, corruption leads to a negative impact on life expectancy and mental health, generating a stressful, tiring context and economic pressure, which generates repercussions on the health of the population (Achim et al., 2020).

The most common and discussed form of corruption in the medical system is represented by informal, informal payments made in the form of money or gifts by patients to medical staff (Lewis, 2000). An important factor in their appearance is the intersection between the expectations

of patients (clients/beneficiaries of medical services) and those of medical professionals (Habibov, 2016). In Habibov N. et al. (2021) a timeline of the normalization of information payments for the period 1970-1990 was presented. In 1970, informal payments were an important factor in accessing health care in the public system. Later, in 1980, they were characterized in post-communist countries by money or various objects considered gifts. Thus, in 1990 they showed an increase due to the economic crises that led to a decrease in the public budget for medical services. These have led to the normalization of informal payments for access to medical services that are free of charge from a legislative point of view. Regarding informal payments, the literature classifies them into three theories, according to which they are carried out: cultural policies, "sand the wheel" and "grease the wheels".

Informal payments made on the basis of cultural norms are described as those payments made as a result of receiving better services, as a reward for the professionalism offered by medical professionals. The cultural norm as a generator for corruption is presented as the most difficult to mitigate, being perceived as a part of the interaction with the medical system and helping to increase the satisfaction of the user of medical services (Habibov, 2016; Habibov et al., 2021, Schaaf & Topp, 2019). A form of diminishing this culture is to increase government spending, so that health is sufficiently funded to meet the needs of employees and patients, and it is no longer necessary to use their own money to access health services (Behera et al., 2024; Onwujekwe & Agwu, 2022). Mavisakalyan, et al. (2021) showed that the payment of these informal expenses to public institutions leads to a decrease in the quality of life, representing money associated with the consumption of essential foods. At the same time, this problem is accentuated for post-communist states where bribery worsens the quality of public health services.

Informal payments based on "sand the wheel" have the character of imposition, obligation, which leads to a decrease in the satisfaction of the beneficiary of medical services (Habibov et al., 2021). This theory has a negative economic impact on development and sustainability in high-income countries. The negative aspects are observed at the level of economic development by hindering investments, reducing the efficiency of fiscal policies and decreasing tax revenues. On the other hand, the effects also extend to the level of public spending, which is increasing (Hoinaru, et al., 2020).

As for "grease the wheels", this is a mechanism that highlights the advantages of corruption, such as supporting medical staff financially and compensating with the low salary they have (Habibov et al., 2021). At the same time, in the case of low-income countries, the theory attests that there are positive effects on economic growth as a result of corruption. The positive effect of corruption is felt for the private economic environment, where corruption helps to avoid regulations and increase profits (Hoinaru, et al., 2020). On the other hand, a contradiction is presented in the article presented by Achim (2017) according to which corruption is presented as an obstacle to business development and economic growth, the effect being felt more strongly at the level of developing countries than at the level of developed ones.

To provide real data, Parvanova (2024) presented that 15.8% of the people analyzed made informal payments, and among the most common reasons were gratitude and long wait for access to medical services. At the same time, the study also highlights social influence as a factor in making informal payments. This implies a spread at the level of the social group of informal payments, if it represents a practice made by several people.

The pattern of self-rated health negatively affected by informal payments is: gender (male), material status (poverty), environment (rural), education (low), and social capital (low) (Habibov & Auchynnikava, 2021). On the other hand, the people more likely to make informal payments

are: older women, with little education, from urban areas (Parvanova, 2024). Also, regarding distrust in the medical system, it is more pronounced in people with high incomes and higher education (Kulkarni et al., 2023). Social inequality is an important factor in self-rated health (Habibov & Auchynnikava, 2021).

Regulation and transparency are mentioned as measures to prevent corruption in the medical system, so that countries that have good governance and effective health policies also have a lower degree of the analyzed phenomenon (Habibov, 2016; Griffore et al., 2023; Onwujekwe & Agwu, 2022). Transparency is also a form of diminishing a potential revolt or violence against the health system, as was the case in India during the COVID-19 pandemic (Kulkarni et al., 2023), but also to factors that favor forms of corruption, such as the structure of the health system and discretion in the decisions of government officials (Griffore et al., 2023). On the other hand, it was also suggested that the existing anti-corruption policies should be adapted to the social norms of each state (Parvanova, 2024). For this need, the ACTA economy, Anti-Corruption, Transparency and Accountability is used (Griffore et al., 2023).

Maskey & Liang (2023) recalled the resolution of the problem at the global level of governance by creating a protocol to combat corruption in health that starts from its recognition. The current measures are considered fragmented and ineffective, so the global ones would lead to uniformity, reduce financial waste and increase the health of the population. Moreover, for the elaboration of global regulations, the nature of the state, fiscal or legal, must also be taken into account, as the approaches are not the same for each state. The fiscal state has inclinations towards revenues and abuses of the physical administration. On the other hand, the rule of law is inclined towards rights, freedom and subordination of power to the law (Puț, 2015). Thus, for the elaboration of global regulations, they must be adapted to both mechanisms of functioning of states, being easier to implement in states of law, compared to fiscal states.

Issues such as transparency and governance of economic information on corruption can be addressed through the digitalisation of the health sector. Digitalization is the solution that can transform governance in the health sector and reduce corruption, improving access and quality of health services. To achieve this initiative, political support and adequate infrastructure are needed to maximise the benefits (Fryatt et al., 2017).

The study presents a bibliometric analysis of the research on corruption in the medical system and the evolution of interest in this field. Thus, the purpose of this study is to highlight the importance of researching informal payments in the medical care through a bibliometric analysis based on a sample with 818 articles in the Web of Science for the period 2000-2024 using the VosViewer bibliometric analysis software tool based on analysis (Bota-Avram, 2022). The study is focused on addressing the following research questions that are analyzed through bibliometric methods:

RQ1: What is the evolution over time of the investigation of informal payments in the medical system?

RQ2: What topics are addressed in the articles that analyze information payments in the medical system?

In summary, the contributions of this study to the research focus on: capturing the interest in the analyzed field over time of publications and citations, a relevant perspective of the keyword groups in the analyzed field and presenting the branches impacted by the key factor.

This article is original in its understanding of the evolution of health insurance and informal payments research from the perspective of bibliometric analysis and challenges researchers to explore the multiple aspects of this field. Although there is some significant review work in this

area (Kulkarni et al., 2023; Griffore et al., 2023; Maskey & Liang, 2023; Onwujekwe & Agwu, 2022; Fryatt et al., 2017), they do not perform bibliometric analyses, only on systematic literature analyses. The results of this bibliometric analysis can provide a solid basis for placing current contributions in the field and identifying emerging trends, as well as for formulating directions for future research.

The way of organizing the work is as follows: Research methodology where the research method is presented in detail; Results and discussion containing the result of the bibliometric analysis and discussions following them and Conclusion where the final conclusions are provided. The first paragraph starts exactly at the left margin – indentation none.

Methodology

The main purpose of this research is to present a bibliometric analysis of the existing literature on informal payments in the medical care system. The Web of Science scientific article database for the period 2000-2024 is used, where articles are filtered based on areas of analysis, resulting in a sample. The sample analyzed consists of 818 scientific articles filtered according to *Table 1* to address informal payments in healthcare.

Table 1. Steps for selecting articles on informal payments

Stepa	Category	Selection	Results
1.	All fields	Informal pay*	3.851
2.	Quick add keywords	Bribe* (OR)	8.286
3.	Quick Filters	Open Access	2.946
4.	Publication Years	2000-2024	2.921
5.	Document Types	Article	2.659
6.	Web of Science Categories	Only those areas related to the medical system were selected	844
7.	Languages	English	818

Source: Created by the author.

The sample presented by the generated articles are used as Web of Science analysis bases with the help of various tools offered by the platform for presenting the evolution over time of publications and citations in the fields of interest. For the analysis of interest groups, factors and links following the database, the VOSviewer program is used.

Results and discussions

This section presents the results of the bibliometric analysis of the 818 articles to address informal payments in healthcare. These databases are analyzed for performance analysis and science mapping analysis.

Performance analysis

The bibliometric analysis of the second sample, described in *Table 1*, includes 818 articles from the period 2000-2024 on informal payments in the medical care system. For this sample of articles, the following bibliometric indicators are analysed: the evolution of publications and citations over time, the most active institutions contributing to publications, the most active countries contributing to publications, the most analysed fields and the number of citations.

To present the evolution over time of citations and publications for informal payments in the medical care system, the "Citation Report" tool from the Web of Science platform was used. By using this tool, the graph *Figure 1* for the analyzed period, 2000-2024, was generated.

For the evolution of publications, it can be seen that it started from a number of 1 publication in 2000 and reached 68 in 2024. The maximum value reached by publications on for informal payments in the medical care system occurred in 2022 with 90 publications, followed by a decrease of 16% in 2023 and 11% in 2024. The interest in publishing articles in this field was influenced by the increase in the pandemic period, 2019-2022, respectively by the decrease in the post-pandemic period, after 2022. However, it can be seen that the number of publications showed variations, increases and decreases throughout the analyzed period. The increase in 2011 of 3.1 times compared to 2010 was also observed.

In the case of citations regarding the sample of articles selected for informal payments in the medical care system, it showed a continuous increase until 2022, followed by a decrease in 2023 and a constant decrease for 2024. The number of citations began to appear in 2001 with 6 citations, followed by a decrease in 2003 when the number was 3 citations. As in the case of publications, citations registered a sharp increase during the pandemic period, starting from 2018 to 2022, going from 763 citations in 2017 to 2.512 citations in 2022, during which the maximum value of citations was also recorded. There was a decrease in citations in 2023 compared to 2022 by 11% and an insignificant increase in 2024 compared to 2023 of 1%.

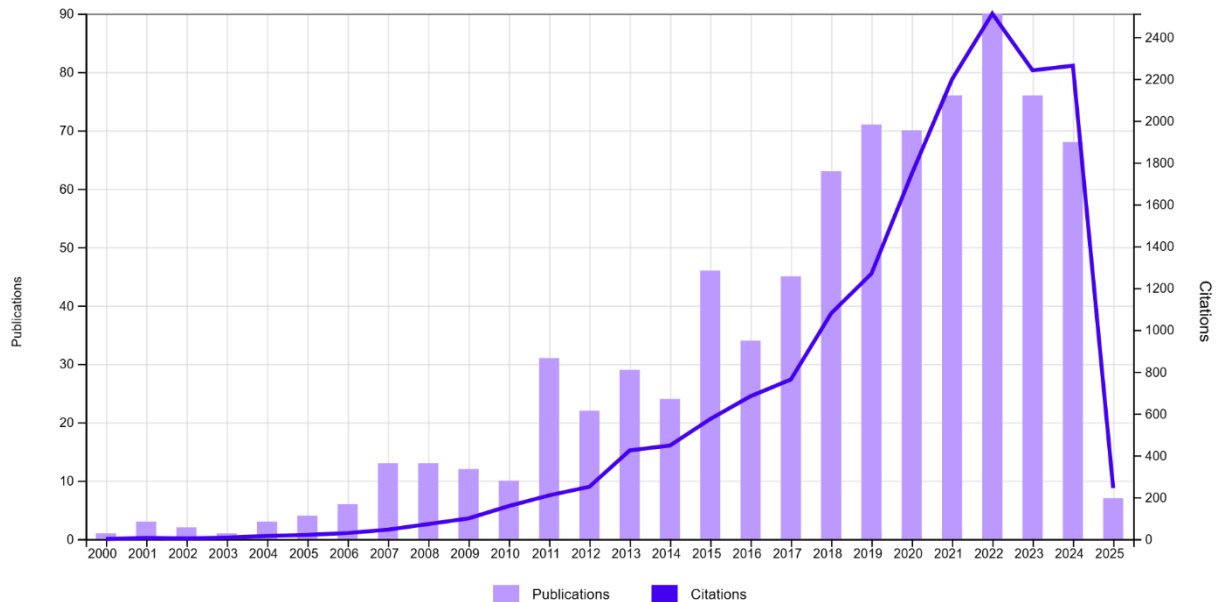


Figure 1. Evolution over time of the number of publications and citations related to informal payments in the medical care system

Source: Web of Science.

In order to identify the institutions, the selection of the 1.555 affiliations offered by Web of Science that contribute to publications of articles on informal payments in the medical system fields was made *Table 2*. The table contains the top 5 institutions in terms of the number of publications in the chosen sample, the number of articles in the sample that are affiliated by the institution and the share in the total sample. From it it can be seen that the University of London, as in the analysis of the other topic, is ranked first as an institution that publishes in the analyzed field with 76 articles and a share of 9,27% of the sample. Moreover, there is a difference of 27 articles, considered significant, between the thousand two institutions. It was also found that these 10 institutions account for 68,7% of the total sample.

Table 2. Top-5 most active institutions contributed to publications related to informal payments in the medical care system

No.	Affiliations	No. of articles	% of 818
1.	University Of London	76	9,27%
2.	London School Of Hygiene Tropical Medicine	49	5,98%
3.	Maastricht University	29	3,54%
4.	Erasmus University Rotterdam	24	2,98%
5.	Erasmus University Rotterdam Excl Erasmus Mc	21	2,56%

Source: Created by the author.

Also through the "Analyze Results" tool of the Web of Science platform was made which the first 10 **Web of Science Categories** out of 85 involved in the informal payments in the medical care system research are presented. From this it can be seen that most of the articles published and indexed in the platform are related to the categories: Public Environmental Occupational Health (29,27%), Health Care Sciences Services (25,49%) and Health Policy Services (19,76%). At the same time, the diversity of fields in the medical system in which informal payment has been an interest can be captured, namely radiology, neurology, optics, psychology, biomedical engineering, general internal medicine and more. Also, in the *Table 3* is the top 3 countries that contributed to the publication of articles in the sample are presented. These countries (England, USA, and Netherlands) represent over 60% of the sample, being important states for the analyzed topic.

Table 3. Top-3 most active countries/ regions contributed to publications related to informal payments in the medical care system

No.	Countries/ Regions	Record Count	% of 818
1.	England	222	26,71%
2.	USA	188	22,62%
3.	Netherlands	100	12, 03%

Source: Created by the author.

Regarding the number of citations, *Appendix* was made where the first 10 most cited articles in the analyzed sample were presented. The most cited article is Evans et al. (2021) with 464 citations. To make the connection with the most common field, Public Environmental Occupational Health, it can be seen that the article on position 2 have this Web of Science Categories. At the same time, the diversity of journals, categories and years can be observed.

After this selection, the "Citation Report" analysis tool of the Web of Science platform was used, which showed that in 2022 there were the most publications (90) and citations (2.509) according to the filters presented above. After selecting these data, the "Analyze Results" option of the Web of Science platform was also used. From this it can be seen that most of the articles involving informal payments or bribes are related to the categories: Public Environmental Occupational Health (29,22%), Health Care Sciences Services (25,55%) and Health Policy Services (19,80%), with a total of 85 areas identified.

Science mapping analysis

To summarize the bibliometric structure and the intellectual structure of the analyzed field, the science mapping analysis was used. For the analysis, the VOSviewer analysis program and the database downloaded from the Web of Scotland platform related to the 818 articles chosen in the sample based on the filters were used. Within the program, co-citations and co-occurrence analysis of keywords were analyzed.

Through the analysis of co-citations, the references cited by scientific publications related to the analyzed sample and the relationship between the cited publications are analyzed. The relationship between the cited publications aims to outline the in-depth themes in a certain topic. The data related to the analyzed sample were exported from the Web of Science platform and analyzed in VOSviewer. For the analyzed sample, 36.449 citations were identified. Following the selection of a minimum threshold of 15 citations, 37 cited references presented in *Figure 2* were analyzed. Thus, the image shows 37 elements, 3 clusters, 354 links and 1.927 total link strength. It was made to show the network of co-citations in the research of informal payment in the medical care system fields. The largest cluster presented is red (24 items), followed by green (8 items) and, with the fewest elements, blue (5 items).

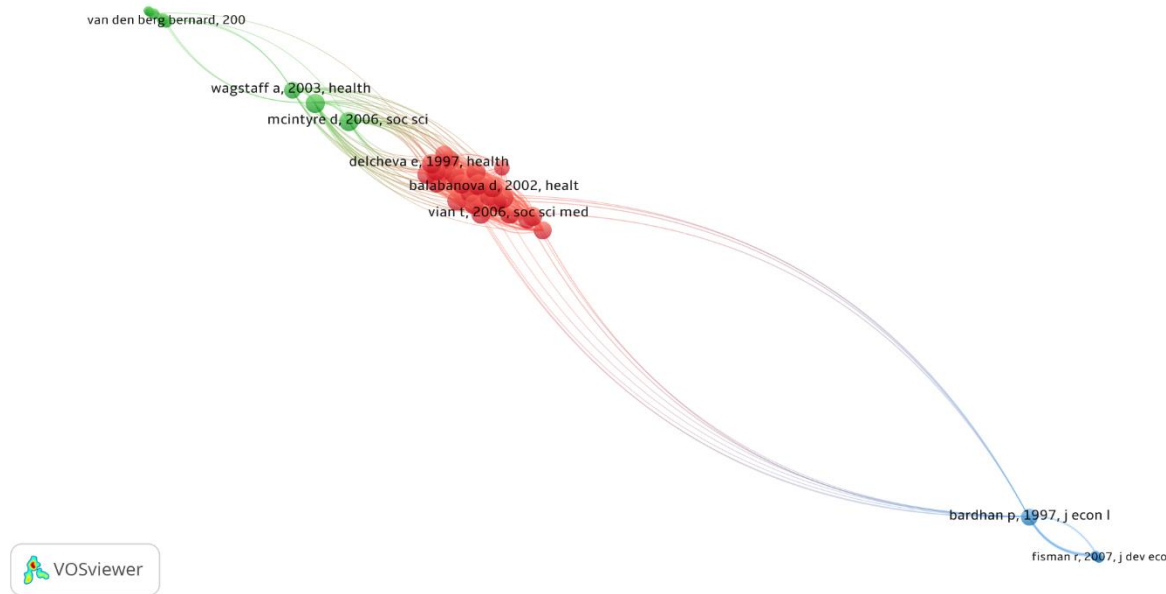


Figure 2. The co-citation network diagram of cited references

Source: Created by the author based on the VOSviewer analysis.

Moreover, *Table 4* was made in which the first 5 cited references of the 1,690 articles analyzed are presented. Following the association of the data in the table with those in *Figure 9*, it was observed that the groupings are mostly divided into the red, blue (5, 8) and green (3) groups.

Table 4. Top-5 cited references in the selected sample

No.	Cited references	Citations	Number of links
1.	Balabanova D, 2002, HEALTH POLICY, v62, p243, doi 10.1016/s0168-8510(02)00035-0	33	223
2.	Braun V, 2021, Qual Res Psychol, v18, p328, doi 10.1080/14780887.2020.1769238	27	20
3.	Xu K, 2003, Lancet, v362, p111, doi 10.1016/s0140-6736(03)13861-5	26	50
4.	Vian T, 2006, Soc Sci Med, v62, p877, doi 10.1016/j.socscimed.2005.07.005	25	186
5.	Shleifer A, 1993, Q J Econ, v108, p599, doi 10.2307/2118402	25	42

Source: Created by the author based on the VOSviewer analysis.

In addition, co-occurrence analysis of keywords was performed. It aims to make connections between the words in the chosen sample related to informal payment in the medical care system with the help of the VOSviewer program. Out of the total of 21,571 words in the sample of 818 articles, 137 words resulted in the setting of the minimum repetition threshold of 35 words. The words in the "Verify selected keywords" window for the analyzed domains were also manually filtered, eliminating the words considered as unrelated to the analyzed topics. These selections resulted in a total of 32 interrelated words, presented in *Figure 3*. In the result, 3 groupings are presented, the red (16 items), the blue (7 items) and the green (9 items). In the red group, terms related to informal payments and health are presented, in the blue group, those related to corruption, forms, consequences, and in the green group, related to the lexical field of health, are presented.

To see the analysis of terms over time, *Figure 4* was made. It shows on a scale from blue (2017) to yellow (2019) the use of these words in the selected articles. The scale used was the one suggested by the VOSviewer program. Thus, it can be seen that among the terms used in older research is "informal payment", suggesting that it is an old and analyzed problem. In addition, the terms "healthcare" and "health system" are used. Due to this analogy and the fact that they are part of the same grouping according to *Figure 3*, the interest in researching these terms together emerges. What I also find interesting is the topicality with which the terms "corruption" and "bribery" are associated.

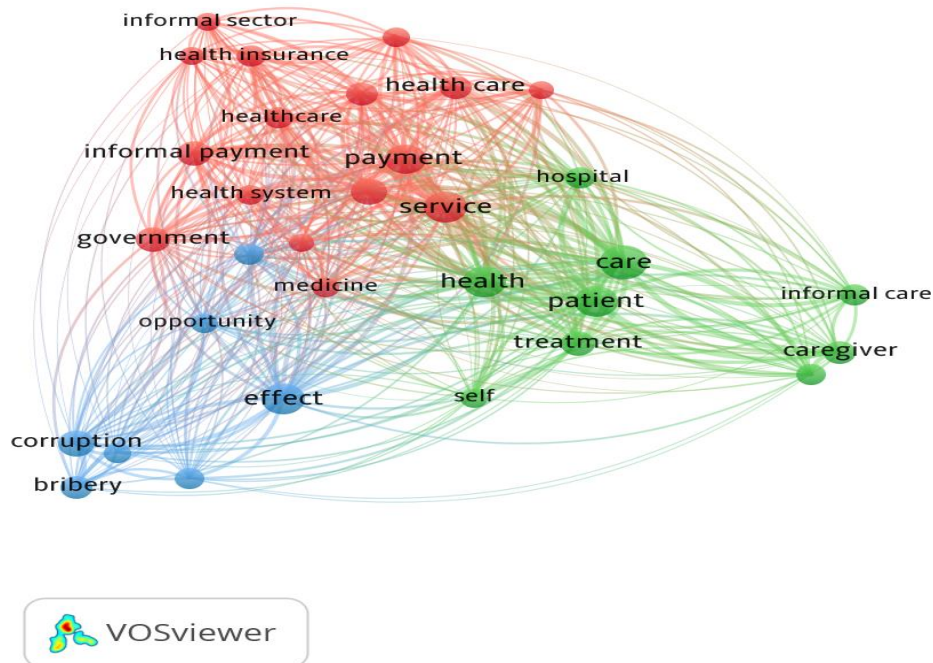


Figure 3. The co-occurrence of keywords overlay diagram

Source: Web of Science and VOSviewer.

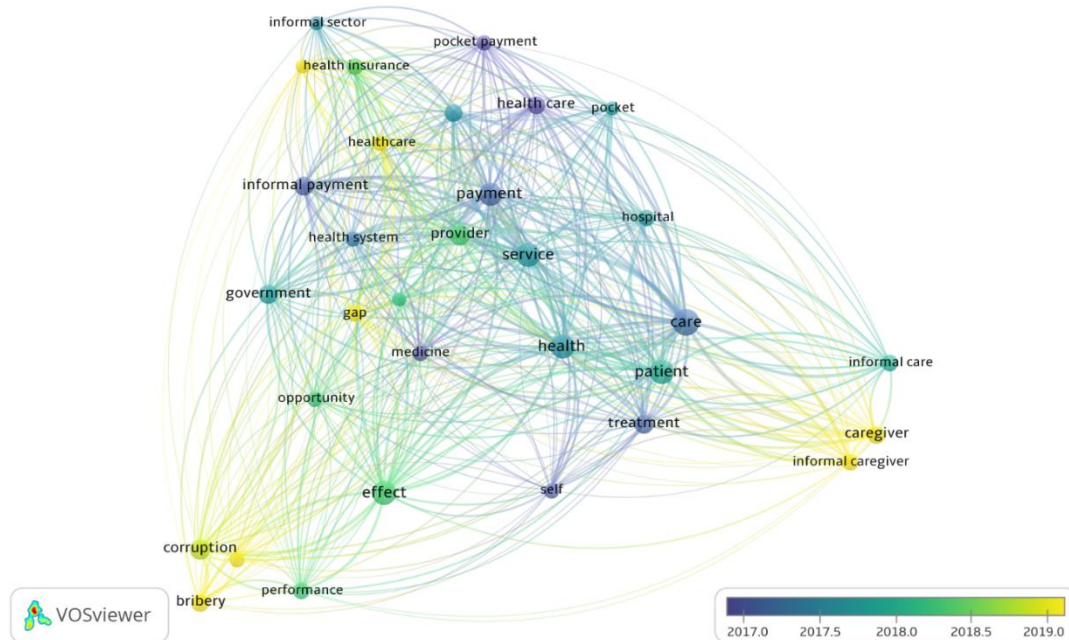


Figure 4. The connecting words between articles in the field of health and informal payments

Source: Web of Science and VOSviewer.

Conclusion

Following this analysis, it can be seen that corruption is present in the medical system and continues to be a topic of interest. Scientific articles offer different perspectives on the impact of informal payments, being positive and negative parts that influence the self-rated health following this action. At the same time, from an economic point of view, it is necessary to take appropriate measures to decrease the use of informal payments, with digitalization being presented as a form of optimizing transparency and governance. In addition, professional accountants and the regulatory framework are the elements that require improvement in addressing corruption in the medical system.

As for corruption in the medical system as well as informal payments in the medical care system, this was a topic of interest at the time of the COVID-19 pandemic, 2019-2022, when articles increased in publication and citation. This was followed by a decrease in interest in this topic in the post-pandemic period, but everything is still relevant. Moreover, through the bibliometric analysis, diversification was observed in the publication of articles on affiliations, countries and categories. Regarding the articles with impact, the citations were considered relevant, thus presenting various journals, authors and orientations over time. The diversified results of the bibliometric analysis draw attention to the interest in these topics and the need for continuous research, being a subject that affects a large number of people, from different social classes.

Despite the use of extensive bibliometric methodologies, this study encountered several limitations. A major limitation is that only publications indexed in the Web of Science database were considered, given that this is considered a reliable source, recognized for the high quality of publications and for indexing prestigious journals.

References

- Achim, M. V., & Borlea, S. N. (2019). *Criminalitatea economico-financiară: corupția, economia subterană și spălarea banilor - Cauze, efecte, soluții - Abordări teoretice și practice*. București: Economică.
- Achim, M., Borlea, S., & Miron, M. (2017). Corruption, shadow economy and economic growth: an empirical survey across the european union countries. *Studia Universitatis Economics Series*, 27(2), 19-32. <https://doi.org/10.1515/sues-2017-0006>
- Achim, M., Văidean, V., & Borlea, S. (2020). Corruption and health outcomes within an economic and cultural framework. *Eur J Health Econ*, 21(2), 195-207. <https://doi.org/10.1007/s10198-019-01120-8>
- Ahim, M. (2017). Corruption, income and business development. *Journal for International Business and Entrepreneurship Development*, 10(1), 85. <https://doi.org/10.1504/JIBED.2017.10003738>
- Behera, D., Rahut, D., Haridas, H., & Tasneem, S. (2024). Public Versus Private Health Financing Transition in Low- and Middle-Income Countries: Exploring the Crowding-Out. *The European Journal of Development Research*, 36, 957-986. <https://doi.org/10.1057/s41287-023-00618-5>
- Bologna, G. J., & Lindquist, R. J. (1995). *Fraud auditing and forensic accounting* (ed. 2). John Wiley & Sons, Inc.
- Bologna, J., Lindquist, R. J., Singleton, A., & Singleton, T. (2006). *Fraud Auditing and Forensic Accounting*. John Wiley & Song Inc(3).
- Bota-Avram, C. (2022). Bibliometric analysis of sustainable business of sustainable business performance: where are we going? A science map of the field. *Economic Research-Ekonomska Istraživanja*, 36(1), 2137-2176. <https://doi.org/10.1080/1331677X.2022.2096094>
- Du, M. (2021). Corporate governance: five-factor theory-based financial fraud identification. *Taylor & Francis Journals*, 6(1), 1-19. <https://doi.org/10.1080/23812346.2020.1803036>
- Fryatt, R., Bennett, S., & Soucat, A. (2017). Health sector governance: should we be investing more? *BMJ Glob Health*, 2(2). <https://doi.org/10.1136/bmjgh-2017-000343>
- Griffore, K., Bowra, A., Guilcher, S., & Kohler, J. (2023). Corruption risks in health procurement during the COVID-19 pandemic and anticorruption, transparency and accountability (ACTA) mechanisms to reduce these risks: a rapid review. *Globalization and Health*, 19(1). <https://doi.org/10.1186/s12992-023-00994-x>
- Habibov, N. (2016). Effect of corruption on healthcare satisfaction in post-soviet nations: A cross-country instrumental variable analysis of twelve countries. *Social Science & Medicine*, 152, 119-124. <https://doi.org/10.1016/j.socscimed.2016.01.044>
- Habibov, N., & Auchynnika, A. (2021). Quantifying the influence of informal payments on self-rated health: evidence from 26 post-communist countries. *Health Policy and Planning*, 37(2), 112-122. <https://doi.org/10.1093/heapol/czab118>
- Habibov, N., Auchynnika, A., Fan, L., & Lyu, Y. (2021). How Different Motivations for Making Informal Out-Of-Pocket Payments Vary in Their Influence on Users' Satisfaction with Healthcare, Local and National Government, and Satisfaction with Life? *BioMed Research International*, 2021(1). <https://doi.org/10.1155/2021/5763003>
- Hoinaru, R., Buda, D., Borlea, S., Văidean, L., & Achim, M. (2020). The Impact of Corruption and Shadow Economy on the Economic and Sustainable Development. Do They "Sand the Wheels" or "Grease the Wheels"? *Sustainabiliy*, 12(2). <https://doi.org/10.3390/su12020481>

- IFAC. (2017). *The Accountancy Profession - Playing A Positive Role In Tackling Corruption*. <https://www.ifac.org/news-events/2017-02/accountants-offer-crucial-help-reducing-global-corruption>.
- Kulkarni, V., Kulkarni, V., & Gaiha, R. (2023). Trust as Key to Health Sector Reforms. *Asian Development Review*, 40(2), 145-176. <https://doi.org/10.1142/S0116110523500130>
- Lewis, M. (2000). Who is Paying for Health Care in Eastern Europe and Central Asia? A *World Free of Poverty series* Washington, D.C.: The World Bank. <http://documents.worldbank.org/curated/en/813281468748784379>
- Manci, T.-M., & Achim, M. V. (2025). THE ROLE OF THE PROFESSIONAL ACCOUNTANT IN REDUCING. *Journal of Financial Studies*, 10, 134-135. <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://revista.isfin.ro/wp-content/uploads/2025/01/9.-Manci-Tomina-et..pdf>
- Maskey, T., & Liang, B. (2012). Combating healthcare corruption and fraud with improved global health governance. *BMC Int Health Hum Rights*, 12(23). <https://doi.org/10.1186/1472-698X-12-23>
- Mavisakalyan, A., Otrachshenko, V., & Popova, O. (2021). Can bribery buy health? Evidence from post-communist countries. *Journal of Comparative Economics*, 49(5), 991-1007. <https://doi.org/10.1016/j.jce.2021.04.006>
- Nazim, H. (2016). Effect of corruption on healthcare satisfaction in post-soviet nations: A cross-country instrumental variable analysis of twelve countries. *Social Science & Medicine*, 152, 119-124. <https://doi.org/10.1016/j.socscimed.2016.01.044>
- Newburn, T. (2007). *Criminology* (ed. 1). Willan Publishing.
- Onwujekwe, O., & Agwu, P. (2022). Can Strategic Health Purchasing Reduce Inefficiency and Corruption in the Health Sector? The Case of Nigeria. *Health Systems & Reform*, 8(2). <https://doi.org/10.1080/23288604.2022.2057836>
- Parvanova, I. (2024). The effect of institutional characteristics and social norms on corruption in healthcare. *Governance*, 38(1). <https://doi.org/10.1111/gove.12868>
- Puț, A. (2015). ROMÂNIA – STAT DE DREPT SAU STAT FISCAL? *Studia Universitatis Babes-Bolyai*, 60(3), 23-39.
- Rasheed, F., Said, J., & Khan, N. I. (2023). Evolution of fraud related theories; a theoretical review. *Journal of Nusantara Studies*, 8(3), 322-350. <https://doi.org/10.24200/jonus.vol8iss3pp322-350>
- Razaee, Z. (2005). Causes, consequences, and deterrence of financial statement fraud. *Critical Perspectives on Accounting*, 16(3), 277-298. [https://doi.org/10.1016/S1045-2354\(03\)00072-8](https://doi.org/10.1016/S1045-2354(03)00072-8)
- Schaaf, M., & Topp, S. (2019). A critical interpretive synthesis of informal payments in maternal health care. *Health Policy and Planning*, 34(3), 216-229. <https://doi.org/10.1093/heapol/czz003>

Appendix

No.	Authors	Title	Journal	Year	Citations	Web of Science Categories
1.	Evans, L et al.	Surviving Sepsis Campaign: International Guidelines for Management of Sepsis and Septic Shock 2021	Critical Care Medicinearrow_Drop_Down	2021	464	Critical Care Medicine
2.	Corburn, J et al.	Slum Health: Arresting COVID-19 and Improving Well-Being in Urban Informal Settlements	Journal Of Urban Health-Bulletin Of The New York Academy Of Medicinearrow_Drop_Down	2020	333	Public, Environmental & Occupational Health; Medicine, General & Internal
3.	Milkman, KL et al	What Happens Before? A Field Experiment Exploring How Pay and Representation Differentially Shape Bias on the Pathway Into Organizations	Journal Of Applied Psychology	2015	289	Psychology, Applied; Management
4.	van Ryn, M et al.	Objective burden, resources, and other stressors among informal cancer caregivers: a hidden quality issue?	Phycho-Oncology	2011	282	Oncology; Psychology; Psychology, Multidisciplinary; Social Sciences, Biomedical
5.	Platt, L et al	Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies	Plos Medicine	2018	275	Medicine, General & Internal
6.	Locatelli, G et al	Corruption in public projects and megaprojects: There is an elephant in the room!	International Journal Of Project Management	2017	200	Management
7.	Birnbaum, H et al	Societal cost of rheumatoid arthritis patients in the US	Current Medical Research And Opinion	2010	183	Medicine, General & Internal; Medicine, Research & Experimental
8.	Scholtens, B and Dam, L	Cultural values and international differences in business ethics	Journal Of Business Ethics	2007	179	Business; Ethics
9.	Hillman, D et al	The economic cost of inadequate sleep	Sleep	2018	170	Clinical Neurology; Neurosciences
10.	Lewis, M	Informal payments and the financing of health care in developing and transition countries	Health Affairs	2007	165	Health Care Sciences & Services; Health Policy & Services