

Review of: "Medical Profession in Nigeria Since 1960"

Sarah K. Nyagabona¹

¹ Muhimbili National Hospital

Potential competing interests: No potential competing interests to declare.

The study on corruption in the Nigerian medical profession presents a commendable effort to investigate a critical issue with broad societal implications. The following review highlights the strengths of the study and suggests areas for improvement:

Strengths:

Comprehensive Scope: The study effectively addresses the issue of corruption within the medical profession in Nigeria, providing a thorough analysis spanning from 1960 to 2018. This extensive timeframe contributes to a comprehensive understanding of the historical context and evolution of corrupt practices.

Credible References: The inclusion of references to prior studies, such as Mabadeje, Taylor, and Ibrahim (1999) and Ayoola (2008), adds credibility to the current study. The integration of findings from these studies enhances the robustness of the argument and places the current research in a broader context.

Governmental Perspective: The incorporation of insights from the Independent Corrupt Practices Commission (ICPC) Report in 2008 provides a valuable governmental perspective, adding depth to the discussion on corruption within the medical sector and emphasizing the broader societal impact.

Media's Role Emphasized: The study appropriately highlights the crucial role of the media in combating corruption within the medical profession. This emphasis on media oversight aligns with best practices in promoting transparency and accountability.

Areas for Improvement:

Participant Characteristics: While the study acknowledges the existence of corruption, enhancing the depth of analysis could involve describing participant characteristics, including their professions and work duration. This information would provide a more nuanced understanding of the individuals contributing to the study.

Inclusion of "n" in Tables: To improve the clarity of the presented data, it is recommended that all tables include the total number of participants (n). This addition ensures that readers can easily interpret the significance and representativeness of the findings.

Longitudinal Analysis of Corruption Trends: The study hints at a shift in corruption trends from 1960 to 2018, as reflected in captured fieldwork from 2012 to 2018. To enhance this aspect, consider a more explicit examination of

changing patterns over time, incorporating qualitative insights from participants about perceived shifts in corrupt practices.

Conclusion:

In conclusion, the study makes a significant contribution to the understanding of corruption in the Nigerian medical profession. By addressing the suggested areas for improvement, such as describing participant characteristics, including "n" in tables, and further exploring the longitudinal trends in corruption, the study has the potential to become an even more valuable resource for researchers, policymakers, and practitioners in the field.