

Ruth McDonald

List of Publications by Citations

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The third column is the impact factor (IF) of the journal, and the fourth column is the number of citations of the article.

93
papers

2,594
citations

29
h-index

48
g-index

98
ext. papers

2,878
ext. citations

4.5
avg, IF

5.17
L-index

| # | Paper | IF | Citations |
|----|--|------|-----------|
| 93 | What patients want from primary care consultations: a discrete choice experiment to identify patients' priorities. <i>Annals of Family Medicine</i> , 2008 , 6, 107-15 | 2.9 | 177 |
| 92 | Reduced mortality with hospital pay for performance in England. <i>New England Journal of Medicine</i> , 2012 , 367, 1821-8 | 59.2 | 154 |
| 91 | Pay for performance in primary care in England and California: comparison of unintended consequences. <i>Annals of Family Medicine</i> , 2009 , 7, 121-7 | 2.9 | 130 |
| 90 | Impact of financial incentives on clinical autonomy and internal motivation in primary care: ethnographic study. <i>BMJ, The</i> , 2007 , 334, 1357 | 5.9 | 113 |
| 89 | The experience of pay for performance in English family practice: a qualitative study. <i>Annals of Family Medicine</i> , 2008 , 6, 228-34 | 2.9 | 108 |
| 88 | What benefits will choice bring to patients? Literature review and assessment of implications. <i>Journal of Health Services Research and Policy</i> , 2008 , 13, 178-84 | 2.4 | 102 |
| 87 | Biomedicine, holism and general medical practice: responses to the 2004 General Practitioner contract. <i>Sociology of Health and Illness</i> , 2008 , 30, 788-803 | 3 | 80 |
| 86 | Rules, safety and the narrativisation of identity: a hospital operating theatre case study. <i>Sociology of Health and Illness</i> , 2006 , 28, 178-202 | 3 | 71 |
| 85 | Long-term effect of hospital pay for performance on mortality in England. <i>New England Journal of Medicine</i> , 2014 , 371, 540-8 | 59.2 | 67 |
| 84 | Innovation sustainability in challenging health-care contexts: embedding clinically led change in routine practice. <i>Health Services Management Research</i> , 2012 , 25, 190-9 | 1 | 62 |
| 83 | Professional status in a changing world: The case of medicines use reviews in English community pharmacy. <i>Social Science and Medicine</i> , 2010 , 71, 451-458 | 5.1 | 61 |
| 82 | Institutional Complexity and Individual Responses: Delineating the Boundaries of Partial Autonomy. <i>Organization Studies</i> , 2017 , 38, 103-127 | 3.6 | 58 |
| 81 | Shifting care from hospitals to the community: a review of the evidence on quality and efficiency. <i>Journal of Health Services Research and Policy</i> , 2007 , 12, 110-7 | 2.4 | 58 |
| 80 | Challenges, solutions and future directions in the evaluation of service innovations in health care and public health. <i>Health Services and Delivery Research</i> , 2016 , 4, 1-136 | 1.5 | 57 |
| 79 | Paying for the wrong kind of performance? Financial incentives and behaviour changes in National Health Service dentistry 1992-2009. <i>Community Dentistry and Oral Epidemiology</i> , 2011 , 39, 465-73 | 2.8 | 55 |
| 78 | What are the key attributes of primary care for patients? Building a conceptual 'map' of patient preferences. <i>Health Expectations</i> , 2006 , 9, 275-84 | 3.7 | 55 |
| 77 | Why are patients in clinical trials of heart failure not like those we see in everyday practice?. <i>Journal of Clinical Epidemiology</i> , 2003 , 56, 1157-62 | 5.7 | 51 |

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| 76 | Ticking Boxes and Changing the Social World: Data Collection and the New UK General Practice Contract. <i>Social Policy and Administration</i> , 2007 , 41, 693-710 | 1.7 | 47 |
| 75 | Governing the ethical consumer: identity, choice and the primary care medical encounter. <i>Sociology of Health and Illness</i> , 2007 , 29, 430-56 | 3 | 45 |
| 74 | Issues arising from the use of qualitative methods in health economics. <i>Journal of Health Services Research and Policy</i> , 2004 , 9, 171-6 | 2.4 | 40 |
| 73 | Practice nurses and the effects of the new general practitioner contract in the English National Health Service: the extension of a professional project?. <i>Social Science and Medicine</i> , 2009 , 68, 1206-12 | 5.1 | 38 |
| 72 | The impact of pay-for-performance on professional boundaries in UK general practice: an ethnographic study. <i>Sociology of Health and Illness</i> , 2009 , 31, 229-45 | 3 | 36 |
| 71 | Competing and coexisting logics in the changing field of English general medical practice. <i>Social Science and Medicine</i> , 2013 , 93, 47-54 | 5.1 | 35 |
| 70 | Towards a service-dominant approach to social marketing. <i>Marketing Theory</i> , 2016 , 16, 194-218 | 2.5 | 32 |
| 69 | Paying for performance in primary medical care: learning about and learning from "success" and "failure" in England and California. <i>Journal of Health Politics, Policy and Law</i> , 2009 , 34, 747-76 | 2.6 | 32 |
| 68 | Persistent frequent attenders in primary care: costs, reasons for attendance, organisation of care and potential for cognitive behavioural therapeutic intervention. <i>BMC Family Practice</i> , 2012 , 13, 39 | 2.6 | 31 |
| 67 | Safety and complexity: inter-departmental relationships as a threat to patient safety in the operating department. <i>Journal of Health Organization and Management</i> , 2006 , 20, 227-42 | 1.9 | 31 |
| 66 | Should pay-for-performance schemes be locally designed? Evidence from the Commissioning for Quality and Innovation (CQUIN) Framework. <i>Journal of Health Services Research and Policy</i> , 2013 , 18, 38-49 | 2.4 | 29 |
| 65 | Market reforms in English primary medical care: medicine, habitus and the public sphere. <i>Sociology of Health and Illness</i> , 2009 , 31, 659-72 | 3 | 29 |
| 64 | Midstream value creation in social marketing. <i>Journal of Marketing Management</i> , 2016 , 32, 1145-1173 | 3.2 | 27 |
| 63 | Sensemaking and the co-production of safety: a qualitative study of primary medical care patients. <i>Sociology of Health and Illness</i> , 2016 , 38, 270-85 | 3 | 27 |
| 62 | At the Cutting Edge? Modernization and Nostalgia in a Hospital Operating Theatre Department. <i>Sociology</i> , 2006 , 40, 1097-1115 | 2.6 | 26 |
| 61 | Making sense of patient priorities: applying discrete choice methods in primary care using 'think aloud' technique. <i>Family Practice</i> , 2007 , 24, 276-82 | 1.9 | 25 |
| 60 | Characteristics and Pathways of Long-Stay Patients in High and Medium Secure Settings in England; A Secondary Publication From a Large Mixed-Methods Study. <i>Frontiers in Psychiatry</i> , 2018 , 9, 140 | 5 | 24 |
| 59 | Rethinking collegiality: restratification in English general medical practice 2004-2008. <i>Social Science and Medicine</i> , 2009 , 68, 1199-205 | 5.1 | 24 |

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| 58 | A culture of safety or coping? Ritualistic behaviours in the operating theatre. <i>Journal of Health Services Research and Policy</i> , 2007 , 12 Suppl 1, S1-3-9 | 2.4 | 24 |
| 57 | New Game, Old Rules? Mechanisms and Consequences of Legitimation in Boundary Spanning Activities. <i>Organization Studies</i> , 2017 , 38, 1421-1444 | 3.6 | 23 |
| 56 | Balancing risk, that is my life—The politics of risk in a hospital operating theatre department. <i>Health, Risk and Society</i> , 2005 , 7, 397-411 | 2 | 23 |
| 55 | Changes to financial incentives in English dentistry 2006-2009: a qualitative study. <i>Community Dentistry and Oral Epidemiology</i> , 2012 , 40, 468-73 | 2.8 | 22 |
| 54 | A mixed-methods study exploring the characteristics and needs of long-stay patients in high and medium secure settings in England: implications for service organisation. <i>Health Services and Delivery Research</i> , 2017 , 5, 1-234 | 1.5 | 22 |
| 53 | Ethical issues of long-term forensic psychiatric care. <i>Ethics, Medicine and Public Health</i> , 2016 , 2, 36-44 | 0.7 | 22 |
| 52 | The Politics of Healthcare in Britain 2008 , | | 21 |
| 51 | Incentives and control in primary health care: findings from English pay-for-performance case studies. <i>Journal of Health Organization and Management</i> , 2008 , 22, 48-62 | 1.9 | 20 |
| 50 | Leadership and leadership development in healthcare settings - a simplistic solution to complex problems?. <i>International Journal of Health Policy and Management</i> , 2014 , 3, 227-9 | 2.5 | 19 |
| 49 | The medium-term sustainability of organisational innovations in the national health service. <i>Implementation Science</i> , 2011 , 6, 19 | 8.4 | 18 |
| 48 | Dependence and identity: nurses and chronic conditions in a primary care setting. <i>Journal of Health Organization and Management</i> , 2008 , 22, 294-308 | 1.9 | 18 |
| 47 | Individual identity and organisational control: empowerment and modernisation in a primary care trust. <i>Sociology of Health and Illness</i> , 2004 , 26, 925-50 | 3 | 18 |
| 46 | Health and social care devolution: the Greater Manchester experiment. <i>BMJ, The</i> , 2016 , 352, i1495 | 5.9 | 18 |
| 45 | The present state and future direction of primary care: a qualitative study of GPs' views. <i>British Journal of General Practice</i> , 2009 , 59, 908-15 | 1.6 | 17 |
| 44 | Diagnostic scanning for suspected scaphoid fractures: an economic evaluation based on cost-minimisation models. <i>Injury</i> , 2003 , 34, 503-11 | 2.5 | 17 |
| 43 | 'Bourdieu', medical elites and 'social class': a qualitative study of 'desert island' doctors. <i>Sociology of Health and Illness</i> , 2014 , 36, 902-16 | 3 | 16 |
| 42 | The micropolitics of clinical guidelines: an empirical study. <i>Policy and Politics</i> , 2004 , 32, 223-239 | 2.1 | 14 |
| 41 | Randomised controlled trial of the clinical and cost effectiveness of a specialist team for managing refractory unipolar depressive disorder. <i>BMC Psychiatry</i> , 2010 , 10, 100 | 4.2 | 13 |

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| 40 | Street-level bureaucrats? heart disease, health economics and policy in a primary care group. <i>Health and Social Care in the Community</i> , 2002 , 10, 129-35 | 2.6 | 13 |
| 39 | Restratification revisited: The changing landscape of primary medical care in England and California. <i>Current Sociology</i> , 2012 , 60, 441-455 | 1.7 | 11 |
| 38 | Shifting the balance of power? Culture change and identity in an English health-care setting. <i>Journal of Health Organization and Management</i> , 2005 , 19, 189-203 | 1.9 | 10 |
| 37 | Science, consumerism and bureaucracy. <i>International Journal of Public Sector Management</i> , 2003 , 16, 110-121 | 1.9 | 10 |
| 36 | Paying for performance in healthcare organisations. <i>International Journal of Health Policy and Management</i> , 2014 , 2, 59-60 | 2.5 | 10 |
| 35 | A qualitative and quantitative evaluation of the Advancing Quality pay-for-performance programme in the NHS North West. <i>Health Services and Delivery Research</i> , 2015 , 3, 1-104 | 1.5 | 10 |
| 34 | Regional assemblage and the spatial reorganisation of health and care: the case of devolution in Greater Manchester, England. <i>Sociology of Health and Illness</i> , 2019 , 41, 1236-1250 | 3 | 9 |
| 33 | Determining the optimal model for role-substitution in NHS dental services in the United Kingdom. <i>BMC Oral Health</i> , 2013 , 13, 46 | 3.7 | 9 |
| 32 | Acute coronary syndrome nurses: perceptions of other members of the health care team. <i>International Emergency Nursing</i> , 2006 , 14, 204-9 | | 8 |
| 31 | Determining the optimal model for role substitution in NHS dental services in the UK: a mixed-methods study. <i>Health Services and Delivery Research</i> , 2016 , 4, 1-118 | 1.5 | 8 |
| 30 | Understanding behaviour change in context: examining the role of midstream social marketing programmes. <i>Sociology of Health and Illness</i> , 2019 , 41, 1373-1395 | 3 | 7 |
| 29 | The new GP contract in English primary health care: an ethnographic study. <i>International Journal of Public Sector Management</i> , 2009 , 22, 21-34 | 1.9 | 7 |
| 28 | Does capitation affect the delivery of oral healthcare and access to services? Evidence from a pilot contact in Northern Ireland. <i>BMC Health Services Research</i> , 2017 , 17, 175 | 2.9 | 6 |
| 27 | Experience of contractual change in UK general practice: a qualitative study of salaried GPs. <i>British Journal of General Practice</i> , 2012 , 62, e282-7 | 1.6 | 5 |
| 26 | Whither British general practice after the 2004 GMS contract? Stories and realities of change in four UK general practices. <i>Journal of Health Organization and Management</i> , 2008 , 22, 63-78 | 1.9 | 5 |
| 25 | The impact of a combinatorial digital and organisational intervention on the management of long-term conditions in UK primary care: a non-randomised evaluation. <i>BMC Health Services Research</i> , 2019 , 19, 159 | 2.9 | 4 |
| 24 | Everything you wanted to know about anxiety but were afraid to ask. <i>Journal of Health Services Research and Policy</i> , 2008 , 13, 249-50 | 2.4 | 4 |
| 23 | Acute coronary syndromes and hospital care: Patients' experiences. <i>British Journal of Cardiac Nursing</i> , 2007 , 2, 285-291 | 0.2 | 4 |

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| 22 | Autonomy and modernisation: the management of change in an English primary care trust. <i>Health and Social Care in the Community</i> , 2004 , 12, 194-201 | 2.6 | 4 |
| 21 | Measuring quality in community nursing: a mixed-methods study. <i>Health Services and Delivery Research</i> , 2018 , 6, 1-132 | 1.5 | 4 |
| 20 | How, and why, does capitation affect general dental practitioners' behaviour? A rapid realist review. <i>British Journal of Health Care Management</i> , 2018 , 24, 505-513 | 0.4 | 4 |
| 19 | The technical efficiency of oral healthcare provision: Evaluating role substitution in National Health Service dental practices in England. <i>Community Dentistry and Oral Epidemiology</i> , 2017 , 45, 310-316 | 2.8 | 3 |
| 18 | Rationality and reality: Attitudes of health economists working at local level in the UK National Health Service. <i>Critical Public Health</i> , 2001 , 11, 319-330 | 2.6 | 3 |
| 17 | Health economics has lost its way--or why David Kernick is (partly) right. <i>Health Economics (United Kingdom)</i> , 1999 , 8, 175-6 | 2.4 | 3 |
| 16 | Impact of changing provider remuneration on NHS general dental practitioner services in Northern Ireland: a mixed-methods study. <i>Health Services and Delivery Research</i> , 2020 , 8, 1-138 | 1.5 | 3 |
| 15 | Beyond Binaries: Reflections and a Suggestion on the Subject of Medical Professional Satisfaction. <i>Professions and Professionalism</i> , 2015 , 5, | 1.6 | 2 |
| 14 | The processes and costs of local guideline development: experiences from the Path.Finder NHS consortium. <i>British Journal of Clinical Governance</i> , 2001 , 6, 159-165 | | 2 |
| 13 | Managing the entry of new medicines in the National Health Service: health authority experiences and prospects for primary care groups and trusts. <i>Health and Social Care in the Community</i> , 2001 , 9, 341-7 | 2.6 | 2 |
| 12 | Creating a patient-led NHS: empowering consumers or shrinking the state? 2006 , 32-46 | | 2 |
| 11 | Financial Incentives and the Governance of Performance 2015 , 393-408 | | 2 |
| 10 | Managing madness, murderers and paedophiles: Understanding change in the field of English forensic psychiatry. <i>Social Science and Medicine</i> , 2016 , 164, 12-18 | 5.1 | 2 |
| 9 | Medicine, madness and murderers: the context of English forensic psychiatric hospitals. <i>Journal of Health Organization and Management</i> , 2017 , 31, 598-611 | 1.9 | 1 |
| 8 | Hospital pay for performance in England. <i>New England Journal of Medicine</i> , 2013 , 368, 969 | 59.2 | 1 |
| 7 | Just say no? Drugs, politics and the UK National Health Service. <i>Policy and Politics</i> , 2000 , 28, 563-576 | 2.1 | 1 |
| 6 | Assembling the Healthopolis: Competitive city-regionalism and policy boosterism pushing Greater Manchester further, faster. <i>Transactions of the Institute of British Geographers</i> , 2021 , 46, 314-329 | 2.5 | 1 |
| 5 | The impacts of GP federations in England on practices and on health and social care interfaces: four case studies. <i>Health Services and Delivery Research</i> , 2020 , 8, 1-118 | 1.5 | 0 |

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| 4 | Does health and social care provision for the community dwelling older population help to reduce unplanned secondary care, support timely discharge and improve patient well-being? A mixed method meta-review of systematic reviews. <i>F1000Research</i> , 2020 , 9, 857 | 3.6 | o |
| 3 | How do they measure up? Differences in stakeholder perceptions of quality measures used in English community nursing. <i>Journal of Health Services Research and Policy</i> , 2020 , 25, 142-150 | 2.4 | o |
| 2 | Using contractual incentives in district nursing in the English NHS: results from a qualitative study. <i>Public Money and Management</i> , 2018 , 38, 223-232 | 1.5 | |
| 1 | Sensemaking and the co-production of safety: a qualitative study of primary medical care patients 2016 , 87-101 | | |