

Ruth McDonald

List of Publications by Year in descending order

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Version: 2024-02-01

93
papers

3,211
citations

168829

31
h-index

190340

53
g-index

98
all docs

98
docs citations

98
times ranked

3827
citing authors

#	ARTICLE	IF	CITATIONS
1	Assembling the Healthopolis: Competitive cityâ€regionalism and policy boosterism pushing Greater Manchester further, faster. <i>Transactions of the Institute of British Geographers</i> , 2021, 46, 314-329.	1.8	6
2	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.	0.8	2
3	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.	1.4	8
4	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.	1.4	2
5	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.	0.8	4
6	Understanding behaviour change in context: examining the role of midstream social marketing programmes. <i>Sociology of Health and Illness</i> , 2019, 41, 1373-1395.	1.1	10
7	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.	0.9	6
8	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.	1.1	17
9	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.	1.2	0
10	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.	0.1	5
11	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.	1.3	40
12	Measuring quality in community nursing: a mixed-methods study. <i>Health Services and Delivery Research</i> , 2018, 6, 1-132.	1.4	8
13	New Game, Old Rules? Mechanisms and Consequences of Legitimation in Boundary Spanning Activities. <i>Organization Studies</i> , 2017, 38, 1421-1444.	3.8	37
14	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.	0.9	3
15	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.	0.9	8
16	Medicine, madness and murderers: the context of English forensic psychiatric hospitals. <i>Journal of Health Organization and Management</i> , 2017, 31, 598-611.	0.6	1
17	Institutional Complexity and Individual Responses: Delineating the Boundaries of Partial Autonomy. <i>Organization Studies</i> , 2017, 38, 103-127.	3.8	71
18	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.	1.4	29

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19	Health and social care devolution: the Greater Manchester experiment. BMJ, The, 2016, 352, i1495.	3.0	23
20	Ethical issues of long-term forensic psychiatric care. Ethics, Medicine and Public Health, 2016, 2, 36-44.	0.5	26
21	Managing madness, murderers and paedophiles: Understanding change in the field of English forensic psychiatry. Social Science and Medicine, 2016, 164, 12-18.	1.8	2
22	Sensemaking and the co-production of safety: a qualitative study of primary medical care patients. Sociology of Health and Illness, 2016, 38, 270-285.	1.1	35
23	Midstream value creation in social marketing. Journal of Marketing Management, 2016, 32, 1145-1173.	1.2	28
24	Towards a service-dominant approach to social marketing. Marketing Theory, 2016, 16, 194-218.	1.7	38
25	Challenges, solutions and future directions in the evaluation of service innovations in health care and public health. Health Services and Delivery Research, 2016, 4, 1-136.	1.4	83
26	Determining the optimal model for role substitution in NHS dental services in the UK: a mixed-methods study. Health Services and Delivery Research, 2016, 4, 1-118.	1.4	12
27	Beyond Binaries: Reflections and a Suggestion on the Subject of Medical Professional Satisfaction. Professions and Professionalism, 2015, 5, .	0.3	5
28	Financial Incentives and the Governance of Performance. , 2015, , 393-408.		2
29	A qualitative and quantitative evaluation of the Advancing Quality pay-for-performance programme in the NHS North West. Health Services and Delivery Research, 2015, 3, 1-104.	1.4	13
30	â€˜Bourdieuâ€™, medical elites and â€˜social classâ€™: a qualitative study of â€˜desert islandâ€™ doctors. Sociology of Health and Illness, 2014, 36, 902-916.	1.1	21
31	Long-Term Effect of Hospital Pay for Performance on Mortality in England. New England Journal of Medicine, 2014, 371, 540-548.	13.9	90
32	Leadership and leadership development in healthcare settings â€“ a simplistic solution to complex problems?. International Journal of Health Policy and Management, 2014, 3, 227-229.	0.5	24
33	Paying for performance in healthcare organisations. International Journal of Health Policy and Management, 2014, 2, 59-60.	0.5	13
34	Determining the optimal model for role-substitution in NHS dental services in the United Kingdom. BMC Oral Health, 2013, 13, 46.	0.8	9
35	Competing and coexisting logics in the changing field of English general medical practice. Social Science and Medicine, 2013, 93, 47-54.	1.8	42
36	Hospital Pay for Performance in England. New England Journal of Medicine, 2013, 368, 968-969.	13.9	1

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37	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.	0.8	33
38	Reduced Mortality With Hospital Pay for Performance in England. <i>Obstetrical and Gynecological Survey</i> , 2013, 68, 187-189.	0.2	7
39	Reduced Mortality with Hospital Pay for Performance in England. <i>New England Journal of Medicine</i> , 2012, 367, 1821-1828.	13.9	183
40	Restratification revisited: The changing landscape of primary medical care in England and California. <i>Current Sociology</i> , 2012, 60, 441-455.	0.8	11
41	Innovation sustainability in challenging health-care contexts: Embedding clinically led change in routine practice. <i>Health Services Management Research</i> , 2012, 25, 190-199.	1.0	80
42	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.	2.9	36
43	Changes to financial incentives in English dentistry 2006-2009: a qualitative study. <i>Community Dentistry and Oral Epidemiology</i> , 2012, 40, 468-473.	0.9	26
44	Experience of contractual change in UK general practice: a qualitative study of salaried GPs. <i>British Journal of General Practice</i> , 2012, 62, e282-e287.	0.7	7
45	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, 465-473.	0.9	63
46	The medium-term sustainability of organisational innovations in the national health service. <i>Implementation Science</i> , 2011, 6, 19.	2.5	22
47	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.	1.8	73
48	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.	1.1	15
49	The present state and future direction of primary care: a qualitative study of GPs' views. <i>British Journal of General Practice</i> , 2009, 59, 908-915.	0.7	19
50	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, 747-776.	0.9	34
51	Pay for Performance in Primary Care in England and California: Comparison of Unintended Consequences. <i>Annals of Family Medicine</i> , 2009, 7, 121-127.	0.9	154
52	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, 1206-1212.	1.8	42
53	Rethinking collegiality: Restratification in English general medical practice 2004-2008. <i>Social Science and Medicine</i> , 2009, 68, 1199-1205.	1.8	30
54	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, 229-245.	1.1	38

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55	Market reforms in English primary medical care: medicine, habitus and the public sphere. <i>Sociology of Health and Illness</i> , 2009, 31, 659-672.	1.1	29
56	The new GP contract in English primary health care: an ethnographic study. <i>International Journal of Public Sector Management</i> , 2009, 22, 21-34.	1.2	8
57	Biomedicine, holism and general medical practice: responses to the 2004 General Practitioner contract. <i>Sociology of Health and Illness</i> , 2008, 30, 788-803.	1.1	94
58	The Experience of Pay for Performance in English Family Practice: A Qualitative Study. <i>Annals of Family Medicine</i> , 2008, 6, 228-234.	0.9	132
59	What Patients Want From Primary Care Consultations: A Discrete Choice Experiment to Identify Patients' Priorities. <i>Annals of Family Medicine</i> , 2008, 6, 107-115.	0.9	213
60	Everything you wanted to know about anxiety but were afraid to ask. <i>Journal of Health Services Research and Policy</i> , 2008, 13, 249-250.	0.8	4
61	What benefits will choice bring to patients? Literature review and assessment of implications. <i>Journal of Health Services Research and Policy</i> , 2008, 13, 178-184.	0.8	125
62	Whither British general practice after the 2004 GMS contract?. <i>Journal of Health Organization and Management</i> , 2008, 22, 63-78.	0.6	7
63	Dependence and identity: nurses and chronic conditions in a primary care setting. <i>Journal of Health Organization and Management</i> , 2008, 22, 294-308.	0.6	22
64	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.	0.6	28
65	Impact of financial incentives on clinical autonomy and internal motivation in primary care: ethnographic study. <i>BMJ: British Medical Journal</i> , 2007, 334, 1357.	2.4	134
66	Making sense of patient priorities: applying discrete choice methods in primary care using 'think aloud' technique. <i>Family Practice</i> , 2007, 24, 276-282.	0.8	31
67	A culture of safety or coping? Ritualistic behaviours in the operating theatre. <i>Journal of Health Services Research and Policy</i> , 2007, 12, 3-9.	0.8	31
68	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, 110-117.	0.8	82
69	Acute coronary syndromes and hospital care: Patients'™ experiences. <i>British Journal of Cardiac Nursing</i> , 2007, 2, 285-291.	0.0	4
70	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.	2.1	55
71	Governing the ethical consumer: identity, choice and the primary care medical encounter. <i>Sociology of Health and Illness</i> , 2007, 29, 430-456.	1.1	51
72	Acute coronary syndrome nurses: Perceptions of other members of the health care team. <i>International Emergency Nursing</i> , 2006, 14, 204-209.	0.7	8

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73	At the Cutting Edge? Modernization and Nostalgia in a Hospital Operating Theatre Department. <i>Sociology</i> , 2006, 40, 1097-1115.	1.7	32
74	What are the key attributes of primary care for patients? Building a conceptual 'map' of patient preferences. <i>Health Expectations</i> , 2006, 9, 275-284.	1.1	64
75	Rules, safety and the narrativisation of identity: a hospital operating theatre case study. <i>Sociology of Health and Illness</i> , 2006, 28, 178-202.	1.1	83
76	Safety and complexity. <i>Journal of Health Organization and Management</i> , 2006, 20, 227-242.	0.6	39
77	Creating a patient-led NHS: empowering "consumers" or shrinking the state?. , 2006, , 32-46.		2
78	"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.	0.9	30
79	Shifting the balance of power?. <i>Journal of Health Organization and Management</i> , 2005, 19, 189-203.	0.6	14
80	Issues arising from the use of qualitative methods in health economics. <i>Journal of Health Services Research and Policy</i> , 2004, 9, 171-176.	0.8	47
81	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.	0.7	6
82	Individual identity and organisational control: Empowerment and Modernisation in a Primary Care Trust. <i>Sociology of Health and Illness</i> , 2004, 26, 925-950.	1.1	23
83	The micropolitics of clinical guidelines: an empirical study. <i>Policy and Politics</i> , 2004, 32, 223-239.	1.4	24
84	Diagnostic scanning for suspected scaphoid fractures: an economic evaluation based on cost-minimisation models. <i>Injury</i> , 2003, 34, 503-511.	0.7	21
85	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, 1157-1162.	2.4	57
86	Science, consumerism and bureaucracy. <i>International Journal of Public Sector Management</i> , 2003, 16, 110-121.	1.2	11
87	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, 129-135.	0.7	16
88	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.	0.3	2
89	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, 341-347.	0.7	2
90	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.	1.4	3

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91	Just say no? Drugs, politics and the UK National Health Service. <i>Policy and Politics</i> , 2000, 28, 563-576.	1.4	1
92	Health economics has lost its way“or why David Kernick is (partly) right. , 1999, 8, 175-176.		4
93	Financial Incentives and the Governance of Performance. , 0, , .		0