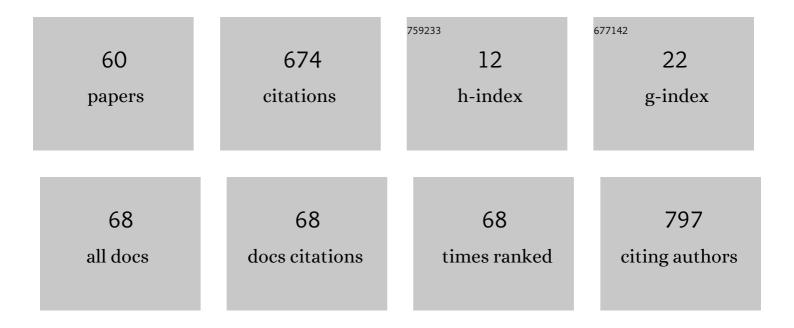
## Klasien Horstman

List of Publications by Year in descending order

Source: https://exaly.com/author-pdf/9119505/publications.pdf Version: 2024-02-01



KLASIEN HODSTMAN

#	Article	IF	CITATIONS
1	Guidelines, professionals and the production of objectivity: standardisation and the professionalism of insurance medicine. Sociology of Health and Illness, 2000, 22, 765-791.	2.1	83
2	Addressing Vaccine Hesitancy in China: A Scoping Review of Chinese Scholarship. Vaccines, 2020, 8, 2.	4.4	61
3	Photovoicing the neighbourhood: Understanding the situated meaning of intangible places for ageing-in-place. Health and Place, 2017, 48, 11-19.	3.3	52
4	Models of care for chronic conditions in low/middle-income countries: a â€`best fit' framework synthesis. BMJ Global Health, 2018, 3, e001077.	4.7	46
5	Understanding the adoption dynamics of medical innovations: Affordances of the da Vinci robot in the Netherlands. Social Science and Medicine, 2014, 117, 125-133.	3.8	41
6	Making genetics not so important: Family work in dealing with familial hypertrophic cardiomyopathy. Social Science and Medicine, 2011, 72, 1752-1759.	3.8	28
7	Anthropocentric framings of One Health: an analysis of international antimicrobial resistance policy documents. Critical Public Health, 2021, 31, 306-315.	2.4	27
8	Evidence-based underwriting in the molecular age: the politics of reinsurance companies towards the genetics issue. New Genetics and Society, 2009, 28, 317-337.	1.2	23
9	Taming the fear of voice: Dilemmas in maintaining a high vaccination rate in the Netherlands. Social Science and Medicine, 2016, 153, 12-19.	3.8	17
10	Vaccine Hesitancy in China: A Qualitative Study of Stakeholders' Perspectives. Vaccines, 2020, 8, 650.	4.4	16
11	Co-production of ICT and children at risk: The introduction of the Child Index in Dutch child welfare. Children and Youth Services Review, 2015, 56, 161-168.	1.9	13
12	â€~Known to be unhealthy': Exploring how social epidemiological research constructs the category of low socioeconomic status. Social Science and Medicine, 2021, 285, 114263.	3.8	13
13	Sensitization: reciprocity and reflection in scientific practice. EMBO Reports, 2009, 10, 205-208.	4.5	12
14	Meanings of â€~lifecycle robust neighbourhoods': constructing <i>versus</i> attaching to places. Ageing and Society, 2018, 38, 1148-1173.	1.7	12
15	Contested evidence: a Dutch reimbursement decision taken to court. Health Economics, Policy and Law, 2017, 12, 325-344.	1.8	11
16	Questions regarding â€~epistemic injustice' in knowledge-intensive policymaking: Two examples from Dutch health insurance policy. Social Science and Medicine, 2020, 245, 112674.	3.8	11
17	Conflicting notions of citizenship in old age: An analysis of an activation practice. Journal of Aging Studies, 2015, 35, 178-189.	1.4	10
18	Creating a market in workplace health promotion: the performative role of public health sciences and technologies. Critical Public Health, 2016, 26, 269-280.	2.4	10

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#	Article	IF	CITATIONS
19	Bianca in the neighborhood: moving beyond the â€~reach paradigm' in public mental health. Critical Public Health, 2016, 26, 434-445.	2.4	10
20	How can we assess the value of complex medical innovations in practice?. Expert Review of Pharmacoeconomics and Outcomes Research, 2015, 15, 369-371.	1.4	9
21	Ethnicity in Dutch health research: situating scientific practice. Ethnicity and Health, 2016, 21, 480-497.	2.5	9
22	"Strangers in the ER― Quality indicators and third party interference in Dutch emergency care. Journal of Evaluation in Clinical Practice, 2019, 25, 390-397.	1.8	9
23	Genetics, health care, family and kinship in a global perspective: Situated processes of co-construction. Social Science and Medicine, 2011, 72, 1739-1742.	3.8	8
24	Ethical review: Standardizing procedures and local shaping of ethical review practices. Social Science and Medicine, 2013, 98, 311-318.	3.8	8
25	Voice beyond choice: hesitant voice in public debates about genetics in health care. Health Care Analysis, 2003, 11, 141-150.	2.2	7
26	Solidarity in practices of provision: distributing access to genetic technologies in health care in Germany, the Netherlands and the United Kingdom. New Genetics and Society, 2010, 29, 369-388.	1.2	7
27	â€~Foreigners', â€~ethnic minorities', and â€~non-Western allochtoons': an analysis of the developme â€~ethnicity' in health policy in the Netherlands from 1970 to 2015. BMC Public Health, 2017, 17, 132.	nt of 2.9	7
28	Complex narratives of health, stigma and control: Antimicrobial resistance screening among non-hospitalized refugees. Social Science and Medicine, 2018, 212, 43-49.	3.8	7
29	†We just been forced to do it': exploring victimization and agency among internally displaced young mothers in Bogotá. Conflict and Health, 2019, 13, 21.	2.7	7
30	When the Evidence Basis Breeds Controversies: Exploring the Value Profile of Robotic Surgery Beyond the Early Introduction Phase. Medical Care Research and Review, 2020, 77, 596-608.	2.1	7
31	Obligatory medical prescription of antibiotics in Russia: Navigating formal and informal healthâ€care infrastructures. Sociology of Health and Illness, 2021, 43, 353-368.	2.1	7
32	Improving primary care for diabetes and hypertension: findings from implementation research in rural South India. BMJ Open, 2020, 10, e040271.	1.9	7
33	How does an ageing policy translate into professional practices? An analysis of kitchen table conversations in the Netherlands. European Journal of Social Work, 2020, 23, 215-226.	0.9	6
34	Beyond the Boundary Between Science and Values: re-evaluating the moral dimension of the nurse's role in cot death prevention. Nursing Ethics, 2002, 9, 137-154.	3.4	5
35	Constructing access in predictive medicine. Comparing classification for hereditary breast cancer risks in England, Germany and the Netherlands. Social Science and Medicine, 2011, 72, 553-559.	3.8	5
36	The making of new care spaces. How micropublic places mediate inclusion and exclusion in a Dutch city. Health and Place, 2019, 57, 27-34.	3.3	5

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37	Invisible work, actors, and knowledge: An analysis of a clinical trial for a vaccine to stop smoking. BioSocieties, 2020, 15, 1-27.	1.3	5
38	Engaging cultural resources to promote mental health in Dutch LSES neighborhoods: study of a community-based participatory media project. Health Promotion International, 2015, 32, dav095.	1.8	4
39	Responsible use of media supports †̃critical public health literacy'. Journal of Public Health, 2017, 39, fdw036.	1.8	4
40	The multiplicity and situationality of enacting â€~ethnicity' in Dutch health research articles. BioSocieties, 2018, 13, 408-433.	1.3	4
41	Collective constructions of â€~waste': epistemic practices for disinvestment in the context of Dutch social health insurance. BMC Health Services Research, 2019, 19, 633.	2.2	4
42	Performing health promotion: an analysis of epistemic and political technologies of accountability. Critical Public Health, 2020, 30, 589-600.	2.4	4
43	Transdisciplinary work against antimicrobial resistance. Lancet Infectious Diseases, The, 2020, 20, 526-527.	9.1	4
44	International clinical trials, cardiovascular disease and treatment options in the Russian Federation: Research and treatment in practice. Social Science and Medicine, 2015, 128, 255-262.	3.8	3
45	Constructing the accountability of food safety as a public problem in China: a document analysis of Chinese scholarship, 2008–2018. Journal of Chinese Governance, 2022, 7, 236-265.	1.7	3
46	Overcoming the tragedy of urban commons. Collective practices for a healthy city ecology in disadvantaged neighborhoods. Health and Place, 2022, 75, 102777.	3.3	3
47	Technology and the management of trust in insurance medicine. , 2000, 21, 39-61.		2
48	(Re)configuring research value: international commercial clinical trials in the Russian Federation. BioSocieties, 2017, 12, 392-414.	1.3	2
49	Experiences of pregnancy in adolescence of internally displaced women in BogotÃ;: an ethnographic approach. Reproductive Health, 2020, 17, 31.	3.1	2
50	Combining stool and stories: exploring antimicrobial resistance among a longitudinal cohort of international health students. BMC Infectious Diseases, 2021, 21, 1008.	2.9	2
51	Innovation and Justification in Public Health: The Introduction of the Child Index in the Netherlands. Public Health Ethics Analysis, 2013, , 153-173.	0.4	2
52	Sturing verhindert leerprocessen. Jeugdbeleid, 2014, 8, 9-16.	0.1	1
53	Shaping the future and living in the present: Living a â€~good' life with a familial heart disease. BioSocieties, 2015, 10, 70-83.	1.3	1
54	Constructing democratic participation in welfare transitions: An analysis of narrative interactions. Health Expectations, 2020, 23, 84-95.	2.6	1

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#	Article	IF	CITATIONS
55	Identity struggles during resettlement: An ethnographic approach of internally displaced adolescent mothers in Bogotá. Journal of Refugee Studies, 0, , .	1.7	1
56	Caring neighbourhoods: maintaining collective care under neoliberal care reforms. European Journal of Social Work, 2022, 25, 867-879.	0.9	1
57	Stakeholder perspectives on infant formula safety governance in China: a decade after the melamine crisis. Food, Culture & Society, 2022, 25, 70-88.	1.1	Ο
58	Implementing a new antibiotic allergy protocol in clinical practice: well-trusted but not used. JAC-Antimicrobial Resistance, 2021, 3, dlab077.	2.1	0
59	Making health public: a philosophy caf $\tilde{A}$ in a disadvantaged neighbourhood. Health Promotion International, 2022, , .	1.8	Ο
60	Van sturen naar leren. , 2018, , 106-124.		0