

# Jan Abel Olsen

## List of Publications by Year in descending order

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Version: 2024-02-01

52  
papers

2,283  
citations

279798

23  
h-index

223800

46  
g-index

54  
all docs

54  
docs citations

54  
times ranked

2445  
citing authors

#	ARTICLE	IF	CITATIONS
1	How is your life? understanding the relative importance of life domains amongst older adults, and their associations with self-perceived COVID-19 impacts. <i>Quality of Life Research</i> , 2022, 31, 2281-2293.	3.1	7
2	Expanding the Scope of Value for Economic Evaluation: The EQ-HWB. <i>Value in Health</i> , 2022, 25, 480-481.	0.3	4
3	How Do EQ-5D-5L Value Sets Differ?. , 2022, , 235-258.		3
4	Combining education and income into a socioeconomic position score for use in studies of health inequalities. <i>BMC Public Health</i> , 2022, 22, 969.	2.9	22
5	Explaining subjective social status in two countries: The relative importance of education, occupation, income and childhood circumstances. <i>SSM - Population Health</i> , 2021, 15, 100864.	2.7	9
6	Who keeps on working? The importance of resilience for labour market participation. <i>PLoS ONE</i> , 2021, 16, e0258444.	2.5	2
7	A conceptual map of health-related quality of life dimensions: key lessons for a new instrument. <i>Quality of Life Research</i> , 2020, 29, 733-743.	3.1	27
8	Filling the psycho-social gap in the EQ-5D: the empirical support for four bolt-on dimensions. <i>Quality of Life Research</i> , 2020, 29, 3119-3129.	3.1	24
9	Competing Views on the English EQ-5D-5L Valuation Set. <i>Value in Health</i> , 2020, 23, 574-575.	0.3	5
10	Health and wellbeing in Norway: Population norms and the social gradient. <i>Social Science and Medicine</i> , 2020, 259, 113155.	3.8	10
11	Associations between utilization rates and patientsâ€™ health: a study of spine surgery and patient-reported outcomes (EQ-5D and ODI). <i>BMC Health Services Research</i> , 2020, 20, 135.	2.2	5
12	Cost-Effectiveness of Telemedicine in Remote Orthopedic Consultations: Randomized Controlled Trial. <i>Journal of Medical Internet Research</i> , 2019, 21, e11330.	4.3	223
13	Do country-specific preference weights matter in the choice of mapping algorithms? The case of mapping the Diabetes-39 onto eight country-specific EQ-5D-5L value sets. <i>Quality of Life Research</i> , 2018, 27, 1801-1814.	3.1	19
14	Yes, health is important, but as much for its importance via social life: The direct and indirect effects of health on subjective well-being in chronically ill individuals. <i>Health Economics (United Kingdom)</i> , 2018, 27, 209-222.	1.7	12
15	In search of a common currency: A comparison of seven EQ-5D-5L value sets. <i>Health Economics (United Kingdom)</i> 10.784314.rgBT /Ov	1.7	49
16	Testing alternative regression models to predict utilities: mapping the QLQ-C30 onto the EQ-5D-5L and the SF-6D. <i>Quality of Life Research</i> , 2018, 27, 2823-2839.	3.1	25
17	Exploring the causal and effect nature of EQ-5D dimensions: an application of confirmatory tetrad analysis and confirmatory factor analysis. <i>Health and Quality of Life Outcomes</i> , 2018, 16, 153.	2.4	13
18	Assessment of outcome measures for costâ€™ utility analysis in depression: mapping depression scales onto the EQ-5D-5L. <i>BJPsych Open</i> , 2018, 4, 160-166.	0.7	12

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19	Preference Weighting of Health State Values: What Difference Does It Make, and Why?. Value in Health, 2017, 20, 451-457.	0.3	19
20	Education and health and well-being: direct and indirect effects with multiple mediators and interactions with multiple imputed data in Stata. Journal of Epidemiology and Community Health, 2017, 71, jech-2016-208671.	3.7	21
21	Differential Recall Bias, Intermediate Confounding, and Mediation Analysis in Life Course Epidemiology: An Analytic Framework with Empirical Example. Frontiers in Psychology, 2016, 7, 1828.	2.1	37
22	Modelling Nonlinearities and Reference Dependence in General Practitioners' Income Preferences. Health Economics (United Kingdom), 2016, 25, 1020-1038.	1.7	12
23	Health state utility instruments compared: inquiring into nonlinearity across EQ-5D-5L, SF-6D, HUI-3 and 15D. Quality of Life Research, 2016, 25, 1667-1678.	3.1	22
24	The relative importance of health, income and social relations for subjective well-being: An integrative analysis. Social Science and Medicine, 2016, 152, 176-185.	3.8	61
25	Young doctors' preferences for payment systems: the influence of gender and personality traits. Human Resources for Health, 2015, 13, 69.	3.1	8
26	The impact of pecuniary and non-pecuniary incentives for attracting young doctors to rural general practice. Social Science and Medicine, 2015, 128, 1-9.	3.8	48
27	General practitioners' altered preferences for private practice vs. salaried positions: a consequence of proposed policy regulations?. BMC Health Services Research, 2015, 15, 119.	2.2	11
28	Violence Affects Physical and Mental Health Differently: The General Population Based TromsÅ, Study. PLoS ONE, 2015, 10, e0136588.	2.5	21
29	Estimating QALY Gains in Applied Studies: A Review of Cost-Utility Analyses Published in 2010. Pharmacoeconomics, 2014, 32, 367-375.	3.3	134
30	PREFERENCES FOR THE NORMATIVE BASIS OF HEALTH CARE PRIORITY SETTING: SOME EVIDENCE FROM TWO COUNTRIES. Health Economics (United Kingdom), 2013, 22, 480-485.	1.7	6
31	Priority Preferences: 'End of Life' Does Not Matter, But Total Life Does. Value in Health, 2013, 16, 1063-1066.	0.3	43
32	Eliciting Preferences for Prioritizing Treatment of Rare Diseases: the Role of Opportunity Costs and Framing Effects. Pharmacoeconomics, 2013, 31, 1051-1061.	3.3	19
33	Does an activity based remuneration system attract young doctors to general practice?. BMC Health Services Research, 2012, 12, 68.	2.2	13
34	What Explains Willingness to Pay for Smoking-Cessation Treatments 'Addiction Level, Quit-Rate Effectiveness or the Opening Bid?. Applied Health Economics and Health Policy, 2012, 10, 407-415.	2.1	10
35	Risk of malnutrition and health-related quality of life in community-living elderly men and women: The TromsÅ, study. Quality of Life Research, 2011, 20, 575-582.	3.1	81
36	Increasing marginal utility of small increases in life-expectancy?. Journal of Health Economics, 2010, 29, 541-548.	2.7	16

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37	Properties of the Cigarette Dependence Scale and the Fagerstr�m Test of Nicotine Dependence in a representative sample of smokers in Norway. <i>Addiction</i> , 2008, 103, 1441-1449.	3.3	25
38	Implicit versus explicit ranking: On inferring ordinal preferences for health care programmes based on differences in willingness-to-pay. <i>Journal of Health Economics</i> , 2005, 24, 990-996.	2.7	20
39	The insensitivity of 'willingness-to-pay' to the size of the good: New evidence for health care. <i>Journal of Economic Psychology</i> , 2004, 25, 445-460.	2.2	72
40	Willingness to pay for public health care: a comparison of two approaches. <i>Health Policy</i> , 2004, 70, 217-228.	3.0	34
41	The moral relevance of personal characteristics in setting health care priorities. <i>Social Science and Medicine</i> , 2003, 57, 1163-1172.	3.8	55
42	An inquiry into the different perspectives that can be used when eliciting preferences in health. <i>Health Economics (United Kingdom)</i> , 2003, 12, 545-551.	1.7	110
43	Equity in health: the importance of different health streams. <i>Journal of Health Economics</i> , 2001, 20, 823-834.	2.7	52
44	Theory versus practice: a review of 'willingness-to-pay' in health and health care. <i>Health Economics (United Kingdom)</i> , 2001, 10, 39-52.	1.7	340
45	A note on eliciting distributive preferences for health. <i>Journal of Health Economics</i> , 2000, 19, 541-550.	2.7	31
46	Production gains from health care: what should be included in cost-effectiveness analyses?. <i>Social Science and Medicine</i> , 1999, 49, 17-26.	3.8	81
47	Theories of justice and their implications for priority setting in health care. <i>Journal of Health Economics</i> , 1997, 16, 625-639.	2.7	120
48	Lumpectomy or mastectomy? Is breast conserving surgery too expensive?. <i>Breast Cancer Research and Treatment</i> , 1997, 45, 07-14.	2.5	40
49	Aiding priority setting in health care: is there a role for the contingent valuation method?. , 1997, 6, 603-612.		45
50	Persons vs years: Two ways of eliciting implicit weights. <i>Health Economics (United Kingdom)</i> , 1994, 3, 39-46.	1.7	58
51	Time preferences for health gains: An empirical investigation. <i>Health Economics (United Kingdom)</i> , 1993, 2, 257-265.	1.7	65
52	On what basis should health be discounted?. <i>Journal of Health Economics</i> , 1993, 12, 39-53.	2.7	77