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1. Wissensmanagement : Allgemeines

Rohleder NE (2004). **Die Bausteine des Wissensmanagements in der Praxis.** *Wissensmanagement online Magazine* 2004; (August).
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Lucko S, Traumer B (2002). **Wissensmanagement : 7 Bausteine für die Umsetzung in der Praxis.** München: Hansen, 2002

Lüthy W, Voit E, Wehner ThH (2002). **Wissensmanagement-Praxis - Einführung, Handlungsfelder und Fallbeispiele.** Zürich: Hochschulverlag, 2002

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Graf M, Müller P (1998). **Wissen in Organisationen : wie Sie es finden, entwickeln und steuern.** Luzern : Akademie für Erwachsenenbildung, 1998

Schneider U (1996). **Wissensmanagement : die Aktivierung des intellektuellen Kapitals.** Frankfurt: FAZ Verlag, 1996

2. Gestion des savoirs : généralités

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Soulier E, Lefebvre P, Roos P, et al. (2004). **Communautés de pratique : théorie des communautés, KM et CP, organisation hautement fiable, communauté en ligne, réseaux sociaux**. Paris : Ed. Eska, 2004

Beyou C (2003). **Manager les connaissances : [du knowledge management au développement des compétences dans l'organisation]**. RUEIL-MALMAISON : Liaisons, 2003

Bück JY (2003). **Le management des connaissances et des compétences en pratique**. 2e éd. Paris : Ed. d'Organisation, 2003

Mallié B (2003). **Transformer le savoir en profit : enjeux et bénéfices du knowledge management**. Paris : Village Mondial, 2003

Prax JY (2003). **Le manuel du knowledge management : une approche de 2e génération**. Paris : Dunod, 2003

Veybel L, Prieur P (2003). **Le knowledge management dans tous ses états : la gestion des connaissances au service de la performance**. Paris : Ed. d'Organisation, 2003

Ballay JF (2002). **Tous managers du savoir ! : la seule ressource qui prend de la valeur en la partageant**. Paris : Ed. d'Organisation, 2002

Balmisse G (2002). **Gestion des connaissances : outils et applications du knowledge management**. Paris : Vuibert, 2002

Pomian J, Roche C (2002). **Connaissance capitale : management des connaissances et organisation du travail**. Paris : Ed. Sapiientia : L'Harmattan, 2002

Storhaye P, Bouvard P (2002). **Le knowledge management : vade mecum**. Colombelles : Editions management et société, 2002

Tarondeau JC (2002). **Le management des savoirs**. 2e éd. Paris : Presses universitaires de France, 2002

Knowledge Management : la nouvelle richesse des entreprises : savoir tirer profit des actifs immatériels de sa société. (2000). Paris: Maxima-Laurent du Mesnil, 2000

Tisseyre RC (1999). **Knowledge management : théorie et pratique de la gestion des connaissances**. Paris : Hermès science Publications, 1999

Barbier JM [Dir.] (1998). **Savoirs théoriques et savoirs d'action**. Paris : PUF, 1998

Zutter Pd (1994). **Des histoires des savoirs et des hommes : l'expérience est un capital : réflexions sur la capitalisation d'expériences**. Paris: FHP (Fondation pour le progrès de l'homme), 1994

De Leener P (1993). **Lancer une dynamique de capitalisation des expériences au sein des organisations : synthèse d'un processus de réflexion inter services**. Yaoundé (Cameroun): SAILD (Service d'Appui aux Initiatives Locales de Développement), 1993

3. Knowledge management : general references

Holsapple CW [ed.] (2004). **Handbook on knowledge management**. Berlin [etc.] : Springer, 2004

Maier R (2004). **Knowledge management systems : information and communication technologies for knowledge management**. 2nd ed. Berlin [etc.] : Springer, 2004

Starkey K, Tempest S, McKinlay A (2004). **How organizations learn : managing the search for knowledge**. [2nd ed.]. London [etc.] : Thomson, 2004

Figallo C, Rhine N (2002). **Building the knowledge management network : best practices, tools, and techniques for putting conversation to work**. New York : Wiley Technology Publ., 2002

Reinhardt R (2000). **Knowledge Management: linking theory with practice**. *Knowledge management: Classic and contemporary works* 2000; 187-221.

Edwards J, Kidd J (2000). **Knowledge management "sans frontières"**. *Journal of the operational research society* 2000; 54(2): 130-139.

Rowley J (1999). **What is knowledge management?**. *Library Management* 1999; 20: 416-419

Nonaka I, Takeuchi H (1995). **The Knowledge creating company: how Japanese companies create the dynamics of innovation**. New York: Oxford University Press, 1995

4. Wissensmanagement und Gesundheitsförderung

Cloetta, Bernhard; Spörri-Fahrni, Adrian; Spencer, Brenda; Broesskamp, Ursel; Ruckstuhl, Brigitte; Ackermann, Günter; and Gesundheitsförderung Schweiz (2004). **Anleitung zum Ergebnismodell von Gesundheitsförderung Schweiz : Modell zur Typisierung von Ergebnissen der Gesundheitsförderung und Prävention [Document électronique]**. Bern: Gesundheitsförderung Schweiz, 2004:

http://www.gesundheitsfoerderung.ch/common/files/knowhow/tools/ergebnismodell_d.pdf (accessed : 2004)

Abstract : Um die Ergebnisse von Gesundheitsprojekten systematisch erfassen zu können, wurde ein Kategoriensystem ausgearbeitet, das als 'Modell zur Typisierung von Ergebnissen der Gesundheitsförderung und Prävention' (kurz Ergebnismodell) bezeichnet wird. Es ist eine Weiterentwicklung des bekannten Outcome-Modells für Gesundheitsförderung von Don Nutbeam [Siehe Nutbeam, Don (2000): Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International* 15, 259-267]. Die Grundannahme dieses Modells ist, dass Gesundheit als Endziel von Prävention und Gesundheitsförderung nicht direkt, sondern über Zwischenstufen erreicht wird.

5. Gestion des savoirs et promotion de la santé

Health, Canada (1998). **Vision et stratégie pour la gestion du savoir et la GI/TI à Santé Canada [Document électronique]** :

http://www.hc-sc.gc.ca/iacb-dgiac/km-gs/francais/vision_fr/sc_gsvs.pdf (accessed : 2004)

Abstract : Définition opérationnelle de la gestion du savoir à Santé Canada [p. 11]:

"Stratégie ministérielle qui vise à veiller à l'identification, la saisie, à la création, au partage, à l'analyse, à l'utilisation et à la diffusion du savoir en matière de santé, de façon à maintenir et à améliorer la santé des Canadiens et des Canadiennes." [Table des matières]

1. Vision. 2. L'environnement du savoir à Santé Canada. 3. Principes 4. Stratégies et initiatives stratégiques. 5. Priorités stratégiques. 6. Plan de mise en œuvre.

Cloetta, Bernhard; Spörri-Fahrni, Adrian; Spencer, Brenda; Broesskamp, Ursel; Ruckstuhl, Brigitte; Ackermann, Günter; and Gesundheitsförderung Schweiz (2004). **Promotion Santé Suisse - Guide pour la catégorisation des résultats : outil de catégorisation des résultats de projets de promotion de la santé et de prévention [Document électronique]**. Berne: Promotion Santé Suisse, 2004 :

http://www.promotionsante.ch/common/files/knowhow/tools/ergebnismodell_f.pdf

(accessed : 2004)

Abstract : Pour pouvoir procéder à une systématisation des résultats de recherche, un système de catégories a été élaboré sous le titre „Outil de catégorisation des résultats de projets de promotion de la santé et de prévention“. Il a été développé à partir d'un modèle de Don Nutbeam [Cf Nutbeam, Don (2000): Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promotion International* 15, 259-267]. Cette catégorisation est basée sur le principe selon lequel, la santé, en tant que but de la prévention et de la promotion, ne peut être atteinte qu'en passant par des stades intermédiaires.

6. Knowledge Management and Health Promotion

Nutbeam D (1996). **Achieving 'best practice' in health promotion: improving the fit between research and practice.** *Health Education Research* 11(3): 317-26, 1996.

Abstract : This paper is based on the proposition that transfer of knowledge between researchers and practitioners concerning effective health promotion interventions is less than optimal. It considers how evidence concerning effectiveness in health promotion is established through research, and how such evidence is applied by practitioners and policy makers in deciding what to do and what to fund when addressing public health problems. From this examination it is concluded that there are too few rewards for researchers which encourage research with potential for widespread application and systematic development of promising interventions to a stage of field dissemination. Alternatively, practitioners often find themselves in the position of tackling a public health problem where evidence of efficacy is either lacking, or has to be considered alongside a desire to respond to expressed community needs, or the need to respond to political imperative. Several different approaches to improving the fit between research and practice are proposed, and they include improved education and training for practitioners, outcomes focussed program planning, and a more structured approach to rewarding research development and dissemination.

Orlandi MA (1996). **Health promotion technology transfer: organizational perspectives.** *Canadian Journal of Public Health= Revue Canadienne de Sante Publique* 87 (Suppl 2):S28-33,1996

Abstract : This paper explores the relationship between organizational dynamics and program dissemination. Specifically, it is an analysis of factors affecting the directed diffusion of health promotion innovations which target schools and worksites as delivery channels. Technology transfer is the construct which is used to capture this notion of directed diffusion. The term is defined for the purposes of the paper as all strategically planned efforts to promote, influence, or accelerate the natural diffusion or dissemination processes. The paper has three main objectives: first to identify the theoretical perspectives which have influenced my thinking in the area of health promotion technology transfer; second, to describe an organizing framework for the study of health promotion technology transfer; and third, to recommend directions for health promotion planning efforts in the future and the role that research might play in that process

Gillies A (2000). **Assessing and improving the quality of information for health evaluation and promotion.** *Methods of Information in Medicine* 39(3): 208-12,2000.

Abstract : Studies by the author based upon a sample of over 1.1 million patients in the North West of England have shown that the introduction of computers cannot be demonstrated to produce significant improvements in health promotion activity. Other studies have revealed error rates in healthcare information systems in excess of 50%. This paper considers the reasons for these findings and demonstrate that there is a level of maturity of information management required before information systems can make a significant contribution to health promotion and evaluation. With the advent of locality commissioning and a re-affirmation of the emphasis upon health promotion activity set out in Health of the Nation and Our Healthier Nation [8], the role of information management has become even more significant. The paper presents a maturity model developed by the author, known as General Practice Information Maturity Model (GPIMM) that provides a strategic framework to improve the use of information by practices and to improve practice to enable viable sharing of accurate information. The paper will show the model can be used as a basis for the development of training and information strategies. The model identifies computerised practices as being in one of five stages of maturity: (1) Computerised, (2) Computerised PHC Team, (3) Coded, (4) Bespoke, (5) Paperless. The model specifically leads practices to a point in their development where they are able to carry out health evaluation, promotion and audit activities as a routine activity. Once these activities form part of practice activity they are then extended to encompass a group of practices such as a Primary Care Group. Finally, a case study is presented to show how the model was used to enable two very different but geographically neighbouring practices to work together towards the establishment of a common dataset. This dataset will be used to enable health promotion and evaluation activity to be provided for a total population of over 20,000 patients.

Caburnay CA, Kreuter MW, Donlin MJ (2001). **Disseminating effective health promotion programs from prevention research to community organizations.** *Journal of Public Health Management & Practice* 7(2):81-9,2001

Abstract : Promising programs developed through health promotion and disease prevention research are not always disseminated to the agencies, organizations, and individuals that can benefit from them most. Systematic and practical approaches to dissemination are needed to ensure that effective programs more often reach end users in communities. This article describes six steps used in translation and dissemination of the ABC Immunization Calendar program to public health centers in St. Louis, Missouri. The authors discuss how one health center successfully adopted this program and provide recommendations for other researchers seeking to disseminate innovative, effective health promotion programs

Lavis JN, Robertson D, Woodside JM, McLeod CB, Abelson J, Knowledge Transfer Study Group (2003). **How can research organizations more effectively transfer research knowledge to decision makers?** *Milbank Quarterly* 81(2):221-48, 171-2, 2003

Abstract : Five questions--What should be transferred to decision makers? To whom should it be transferred? By whom? How? With what effect?--provide an organizing framework for a knowledge transfer strategy. Opportunities for improving how research organizations transfer research knowledge can be found in the differences between the answers suggested by our understanding of the research literature and those provided by research-organization directors asked to describe what they do. In Canada, these opportunities include developing actionable messages for decision makers (only 30 percent of research organizations frequently or always do this), developing knowledge-uptake skills in target audiences and knowledge-transfer skills in research organizations (only 20 to 22 percent frequently or always do this), and evaluating the impact of knowledge-transfer activities (only 8 to 12 percent frequently or always conduct an evaluation). Research funders can help research organizations take advantage of these opportunities

Best A, Moor G, Holmes B, Clark PI, Bruce T, Leischow S et al. (2003). **Health promotion dissemination and systems thinking: towards an integrative model.** *American Journal of Health Behavior* 27 (Suppl 3):S206-16,2003

Abstract : OBJECTIVE: To help close the gap between health promotion research and practice by using systems thinking. METHODS: We reviewed 3 national US tobacco control initiatives and a project (ISIS) that had introduced systems thinking to tobacco control, speculating on ways in which systems thinking may add value to health promotion dissemination and implementation in general. RESULTS: The diversity of disciplines involved in tobacco control have created disconnection in the field; systems thinking is necessary to increase the impact of strategies. CONCLUSION: Systems thinking has potential to improve synthesis, translation, and dissemination of research findings in other health promotion initiatives.

Cette liste bibliographique a été élaborée par les **InfoDoc promotion de la santé**.

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