

Response to “Clinical knowledge sharing self-efficacy among healthcare professionals”

Dear Editor,

The article emphasizes the crucial role of knowledge sharing (KS) in the healthcare sector, particularly in the context of clinical KS (CKS). It introduces the concept of “clinical knowledge sharing self-efficacy (CKSSE)” as a key factor influencing the effectiveness of KS among healthcare professionals. The central argument is that by focusing on factors such as health, creative self-efficacy (SE), benevolent leadership, trust between coworkers, and knowledge SE, the CKSSE can be enhanced, leading to improved clinical KS.^[1-5] The article concludes by asserting that paying special attention to SE and its promotion among healthcare professionals can lead to increased clinical KS. The authors suggest that CKSSE could be a subject of further research, particularly in conceptualization, theorizing, modeling, and tool development for health researchers.^[3-5]

The commentary on “Clinical Knowledge Sharing Self-Efficacy among Healthcare Professionals” offers valuable insights into the role of SE in clinical KS. However, a few points may be considered in this article. In my opinion, the commentary is heavily reliant on Albert Bandura’s SE theory, which may oversimplify the complex dynamics of KS in healthcare setting.^[5] A more diverse exploration of theoretical frameworks, such as social exchange theory or motivational theories, could have enriched the discussion and provided a more comprehensive understanding of the factors influencing clinical KS. Furthermore, the commentary might delve into the available empirical evidence to substantiate its claims, leaving the proposed framework somewhat abstract. Including real-world case studies or referencing specific instances where SE has played a pivotal role in clinical KS would have strengthened the commentary’s practical relevance. In addition, the commentary tends to generalize the importance of SE without adequately considering contextual variations in healthcare systems globally. Acknowledging and addressing these variations would have made the proposed framework more adaptable and applicable to diverse healthcare settings. Moreover, the commentary primarily focuses on the positive aspects of SE, neglecting potential challenges or barriers to effective KS. A more balanced discussion, incorporating insights into the obstacles that

healthcare professionals might face in implementing KS practices, would have provided a more realistic perspective. Finally, the commentary might have discussed specific and actionable recommendations for healthcare practitioners or managers seeking to enhance clinical KS in their organizations. Integrating practical strategies based on the CKSSE framework would have added tangible value to the discourse, offering a roadmap for those aiming to improve KS behaviors in the healthcare sector. In summary, addressing these additional points through a more diverse theoretical exploration, empirical grounding, and consideration of contextual variations, acknowledgment of challenges, and the inclusion of practical recommendations would significantly enhance the overall quality and applicability of the commentary.

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Conflicts of interest

There are no conflicts of interest.

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