

Subjective Well-being and Interprofessional Collaboration

**International Health Forum
Bunkyo Gakuin University**

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Tokyo University of Information Sciences

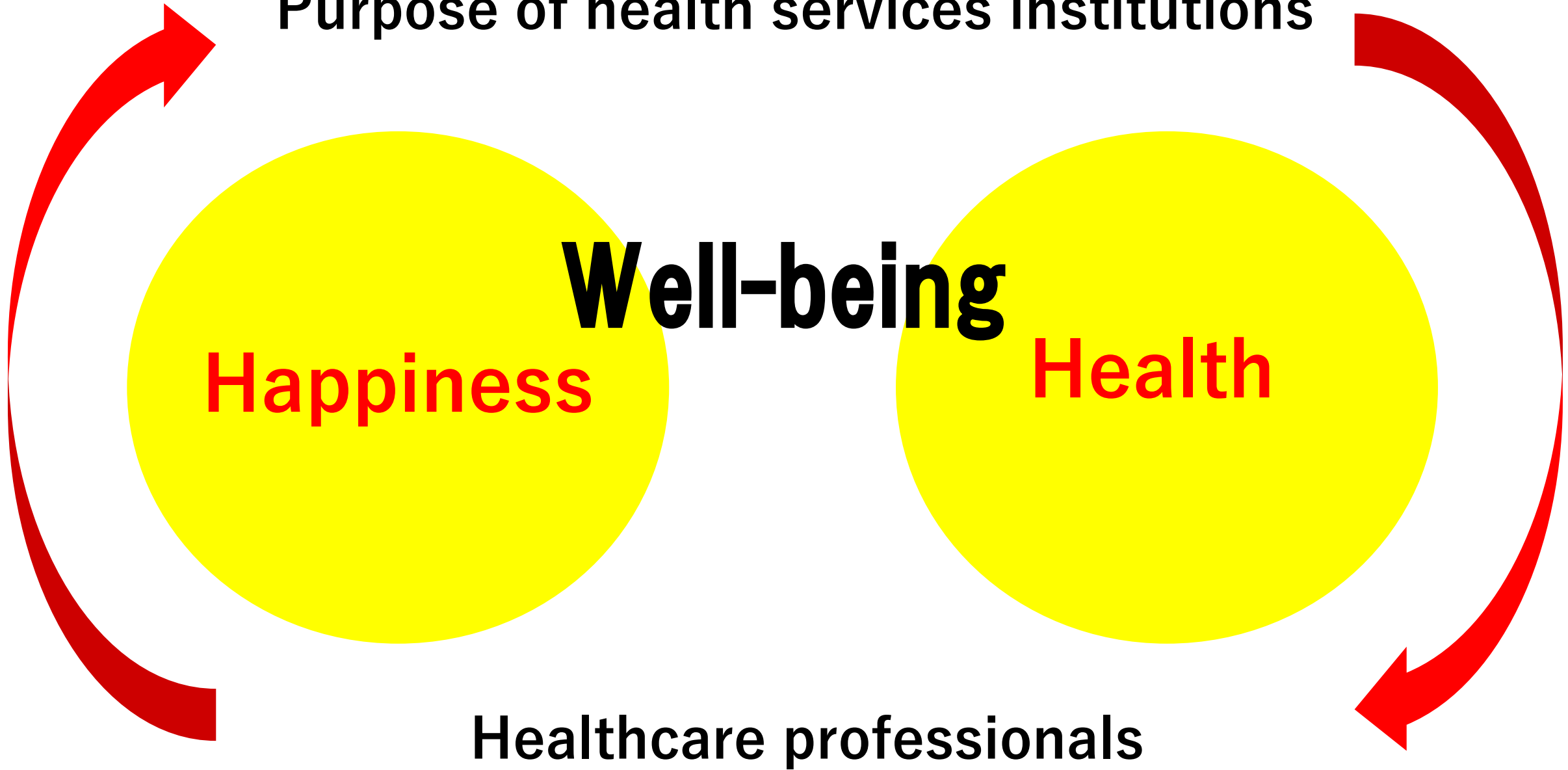
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Hiro Matsushita, Ph.D.

Outline

- **COVID 19 and Stress**
- **Subjective well-being, interprofessional collaboration and efficiency**
- **Positive emotions as managerial resources**
- **Interventions to enhance subjective well-being and interprofessional collaboration**

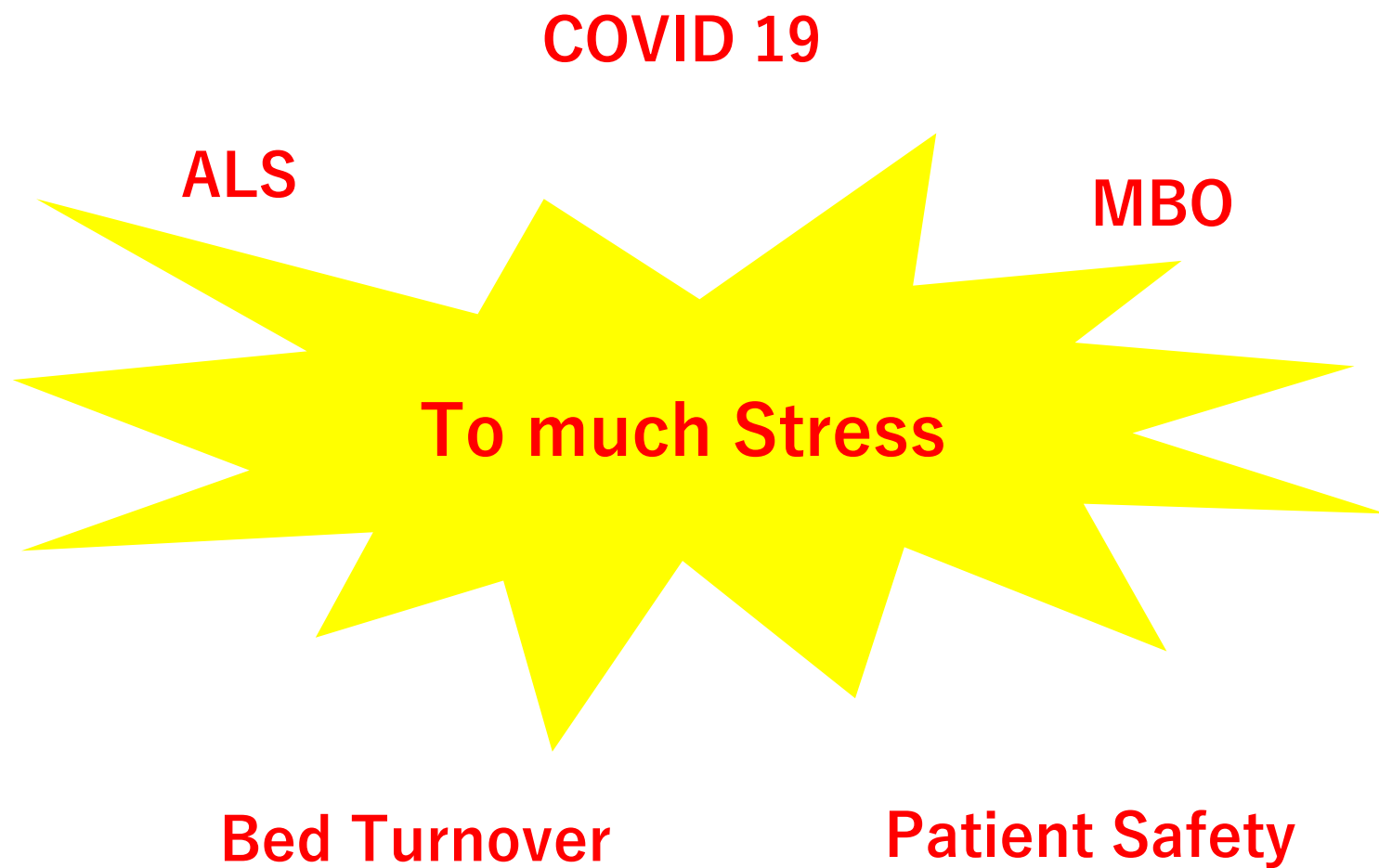
Purpose of health services institutions



Healthcare professionals

Hospitals these days

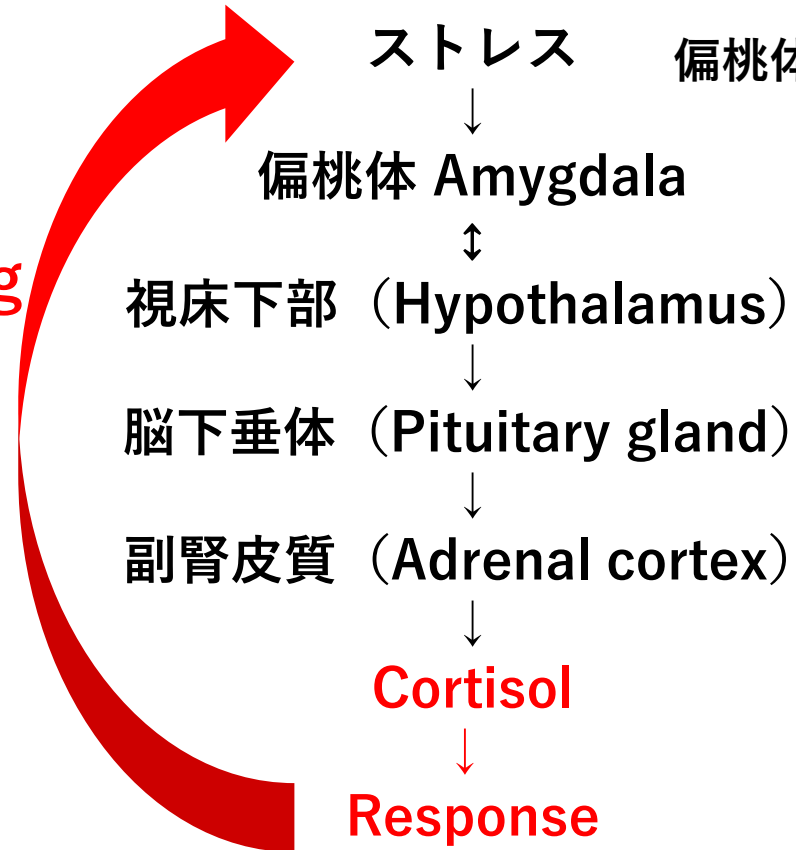
You must do it !
I must do it!
It must be done!



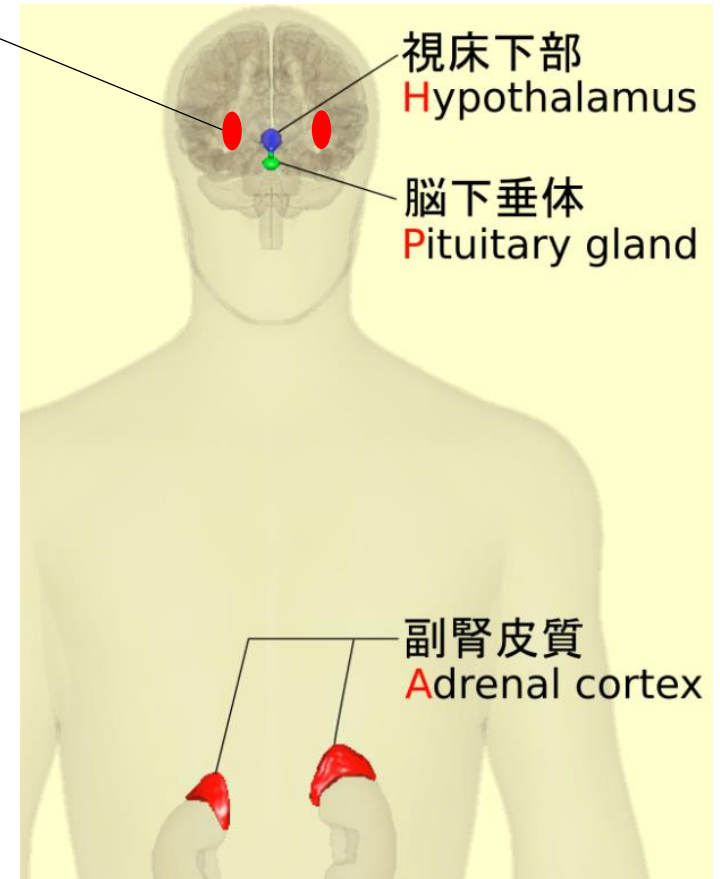
Lessons from the Corona Disaster: Stress begets stress in a negative cycle

Amygdala Hijacking

**3Fs:
Flight
Fight
Freeze**

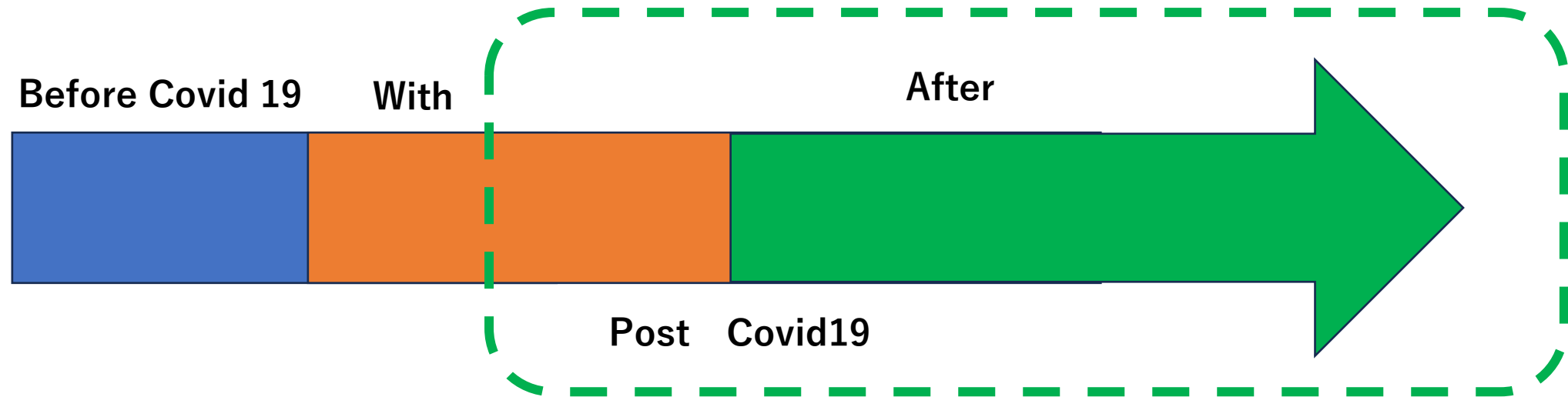


偏桃体



Influence of Covid19

RQ : Designing and Operating a Well-Being Society What does leadership look like?



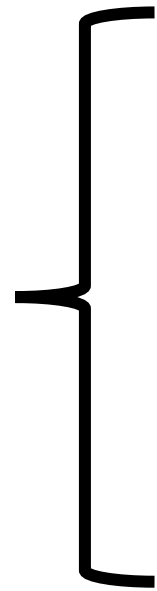
Inexperienced excessive stress for mankind

Health Care System Crisis

Workplace Reform/Work & life balance

Social Systems/Global Environment Well-Being

Subjective Well being



Life satisfaction (mid- to long-term)

(Diener, 2002 ; Pavot & Diener, 2008).

Positive emotions (daily life)

(Fredrickson, 2001)

(Maeno, 2018)


Utility of subjective well-being

- When a person has a happy friend, the likelihood that he/she will be happy increases by about 9%, and when a person has an unhappy friend, the likelihood that he/she will be happy decreases by about 7% (Christakis, 2009).
- Happy people consider the happiness of others, try to form relationships with happy people, and happy people tend to cluster together (Christakis, 2009) .
- Subjective well-being enhances cognitive functioning and creativity (Isen, Daubman, & Nowicki, 1987).
- Subjective well-being extends attention span(Isen, 2003).
- Employees with positive emotions tend to be kind and help their co-workers (Donovan, 2000) .
- Happy employees are about 12 percent more productive than unhappy employees (Oswald et al., 2014) .
- Decreased wellbeing of health care providers can lead to decreased stress and job satisfaction, which can negatively impact patient safety, patient satisfaction, and cost containment. (Benzo et al., 2017) .

Positive Emotions

- ① 喜び Joy..... I'm so happy, I did it! That's great.
- ② 感謝 Gratitude..... Thank you, I'm full of gratitude!
- ③ 安らぎ Serenity..... I feel quiet, calm, peaceful, and feeling one with the world.
- ④ 興味 Interest..... want to know, want to see, want to visit, want to learn, want to be excited!
- ⑤ 希望 Hope..... I want to do it!
- ⑥ 誇り Pride..... I'm proud of you, I can do it.
- ⑦ 愉快 Amusement..... Fun, funny, grinning.
- ⑧ 鼓舞 Inspire..... It gets me laid, it gets me giddy.
- ⑨ 畏敬 Awe..... I admire it, I feel mystified.
- ⑩ 愛情 Love..... I love you, I cherish you !

**RQ: Is there a relationship
between subjective well-
being and interprofessional
collaboration?**

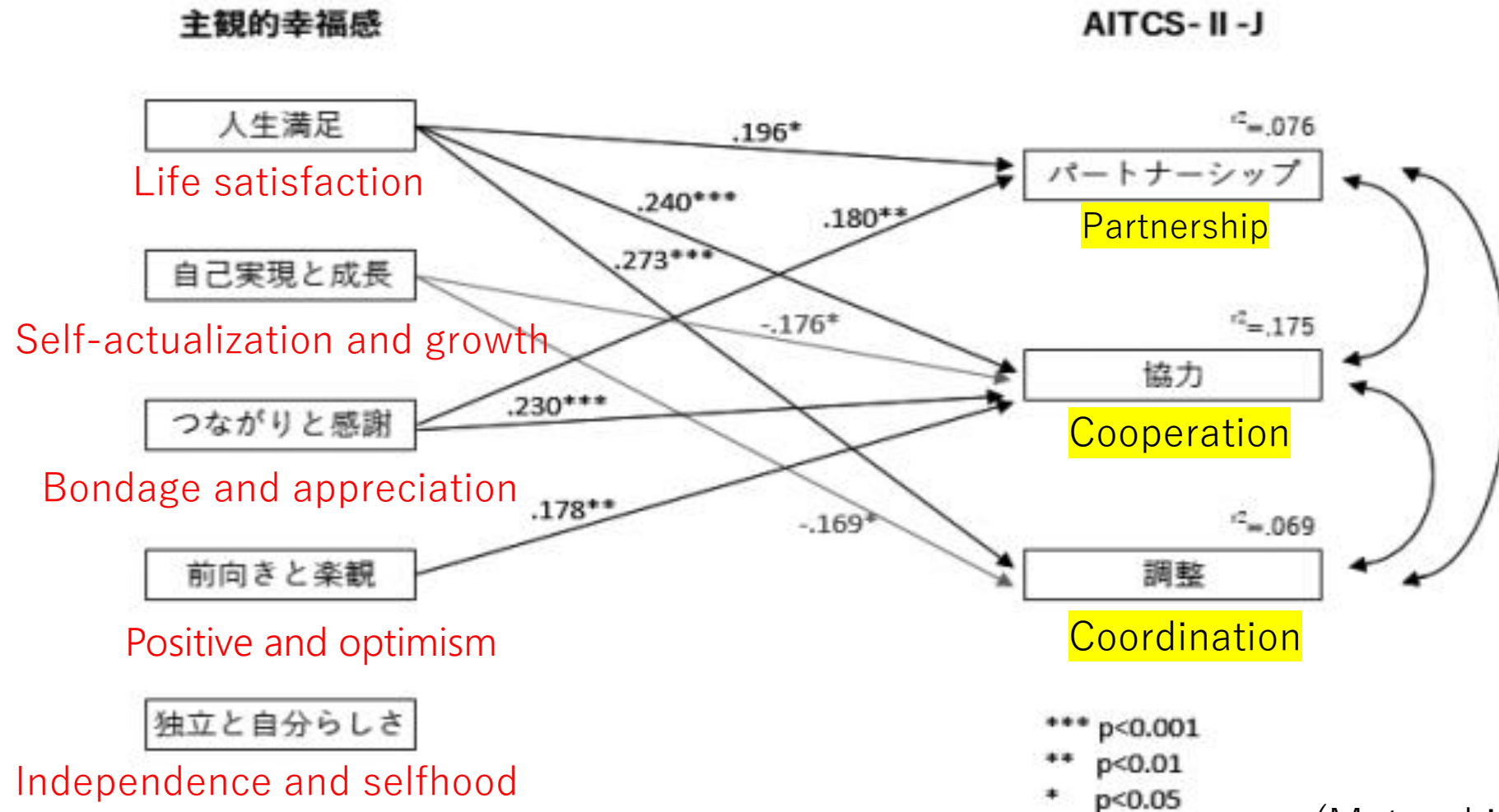
A photograph of three people standing in an office. On the left is an older man with white hair and glasses, wearing a striped shirt and a dark vest. In the center is a younger man with black hair and glasses, wearing a blue shirt and a dark blazer. On the right is a woman with short red hair, wearing a dark sleeveless dress with white polka dots. They are all smiling. The background shows a bookshelf, a desk with a computer monitor, and a framed picture on the wall.

International Empirical Study on the Impact of Interprofessional Collaborative Teams on the Quality of Health Care Services (19K10491) Principal Investigator: Hironobu Matsushita
International Empirical Study on the Elucidation of Leadership Functions in interprofessional Collaborative Teams (21K10309) Principal Investigator: Katsumi Fujitani

Weigh (visualize) using a verified scale

- **AICLS 23 Qs (Orchard, 2020; Matsushita & Fujitani, 2021)**
 - Ability to energize teams in a collaborative manner and create cooperative relationships
- **AITCS 23Qs (Orchard, 2018; Matsushita, 2020)**
 - A interprofessional way of working that brings together the forces of cooperation, coordination, and partnership.
- **Organizational learning 23Qs (Ishii et al., 2020)**
 - Learning to reflect on experiences as a team to draw lessons and apply them to the practices.
- **Workplace social capital 8Qs (Kouvonen, 2008)**
 - Sense of trust and bonding fostered in the workplace、絆
- **Psychological safety 7Qs (Edmondson, 1999; Chiba et al., 2021)**
 - A climate without anxiety to say what needs to be said い風土
- **Subjective emotions 21Qs (Maeno, 2018)**
 - Four factors that make up subjective emotions consisting of bondage and appreciation, self-actualization and growth, positivity and optimism, independence and selfhood.

Hospital A: Path diagram of subjective well-being and interprofessional collaboration



(Maeno, 2018)

(Matsushita et al, 2021)

多職種連携の実態と主観的幸福感の関係 — 幸福な専門職はチーム医療に「協力」する —

松下博宣*・市川香織*

要旨：【目的】本邦においては、多職種連携と主観的幸福感の関係性は究明されておらず未知の領域に留まっている。本研究の目的は、多職種連携の実態と主観的幸福感の関係を計量心理学の手法を用いて明らかにすることである。

【方法】クラウド上に構築したサーベイシステムに対象病院の多様な職種の従業員がアクセスし、有効性と妥当性が確認されている多職種連携の実態と主観的幸福感を計測する質問票を用いて358件の有効回答を得た。

【結果】主観的幸福感のスコアが高いグループの方が多職種連携の3因子それぞれにおいても得点が高いという傾向がみられた。また、主観的幸福感の「人生満足」は多職種連携の「パートナーシップ」（標準偏回帰係数 0.196, $p < 0.05$ ）、「協力」（標準偏回帰係数 0.240, $p < 0.001$ ）、「調整」（標準偏回帰係数 0.273, $p < 0.001$ ）の3因子すべてに影響していた。

【結論】主観的幸福感が高い専門職は、多職種連携・チーム医療に積極的に「協力」するという傾向が示唆された。診療報酬制度による経済的インセンティブのみならず、医療専門職の主観的幸福感向上に資する介入の必要性がある。

キーワード：多職種連携、チーム医療、主観的幸福感、計量心理学

The Relationship between the Actual Interprofessional Collaboration and Subjective Well-being: Happy Professionals Tend to 'Collaborate' Effectively in Interprofessional Teams

Hironobu MATSUSHITA*, Kaori ICHIKAWA*

Abstract: Objective: The relationship between inter-professional collaboration and subjective well-being has not been sufficiently investigated in Japan. Based on psychometric methods, the purpose of this study was to quantitatively investigate the relationship between subjective well-being and interprofessional collaboration within acute care hospital A.

Methods: The survey system, built on the cloud, was accessed by employees from various professions at the hospital. We obtained 358 valid responses to two sets of questionnaires each of which measured the actual condition of interprofessional collaboration and subjective well-being, respectively.

Results: The group that scored higher on subjective well-being also scored higher on each of the three factors of interprofessional collaboration: "partnership," "cooperation," and "coordination." Respondents also tended to score highly in subjective well-being in terms of "life satisfaction." Life satisfaction under subjective well-being tended to be higher in relation with "partnership" (standardized partial regression coefficient (sprc)= 0.196, $p < 0.05$), "cooperation" (sprc= 0.240, $p < 0.001$), and "coordination" (sprc= 0.273, $p < 0.001$).

Conclusions: Our study suggested that professionals with higher subjective well-being were more likely to

<https://hironobu-matsushita.com/wp/wp-content/uploads/073bb28c315b651c5d48d79ab09a836d.pdf>

Matsushita et al. (2020) found a tendency for professionals with higher subjective well-being to actively "cooperate" in interprofessional cooperation.

(1) Because "cooperation" is possible in good relationships, "connection and appreciation" will increase. (2) Because "connection and appreciation" are sufficient, good relationships are established and "cooperation" is possible (Matsushita and Ichikawa, 2020).

Hospital A: Interprofessional collaboration contributes to increased efficiency

医療の 効率性 および質	病床回転率 (%)		平均在院日数 (日)		ADL改善率 (%)	
	β	p	β	p	β	p
AITCS-II-J合計	0.091	0.686	-0.161	0.036	-0.24	0.247
サブスケール合計						
パートナーシップ	0.232	0.007*	-0.306	0.001**	-0.169	0.03
協力	0.041	0.686	0.051	0.611	-0.109	0.247
調整	-0.079	0.029	-0.14	0.774	0.15	0.114
決定係数	0.051		0.083		0.204	
有意確率	0.068		0.006*		0.001**	

注 ボンフェローニ補正を適用。有意水準：* $p < 0.05 / 3 = 0.017$ 。
** $p < 0.01 / 3 = 0.003$

It was found that the higher the partnership score for interprofessional collaboration, the higher the bed turnover rate in the efficiency index and the significantly shorter the average length of hospital stay. ($\beta = 0.232$, $p = 0.007$, $\beta = -0.306$, $p = 0.001$)

藤谷克己・鈴木里砂・谷口優・市川香織・松下博宣 (2023) . チーム医療が医療の効率性に及ぼす影響. 厚生学の指標 70 (3) , 13-18.

Linkage of the three elements



MHLW Approach

Inducing economic incentives through a reimbursement system that gives points to interprofessional collaboration

チーム医療
**Interprofessional
Collaboration**

Penalize long hospital stays with reduced hospitalization charges!

効率
Efficiency

Well-being Approach

Collaborative Leadership

Vibrant and happy
professionals

主観的幸福感

**Subjective
Well-being**

A team that feels
connected,
grateful, and
growing

チーム医療

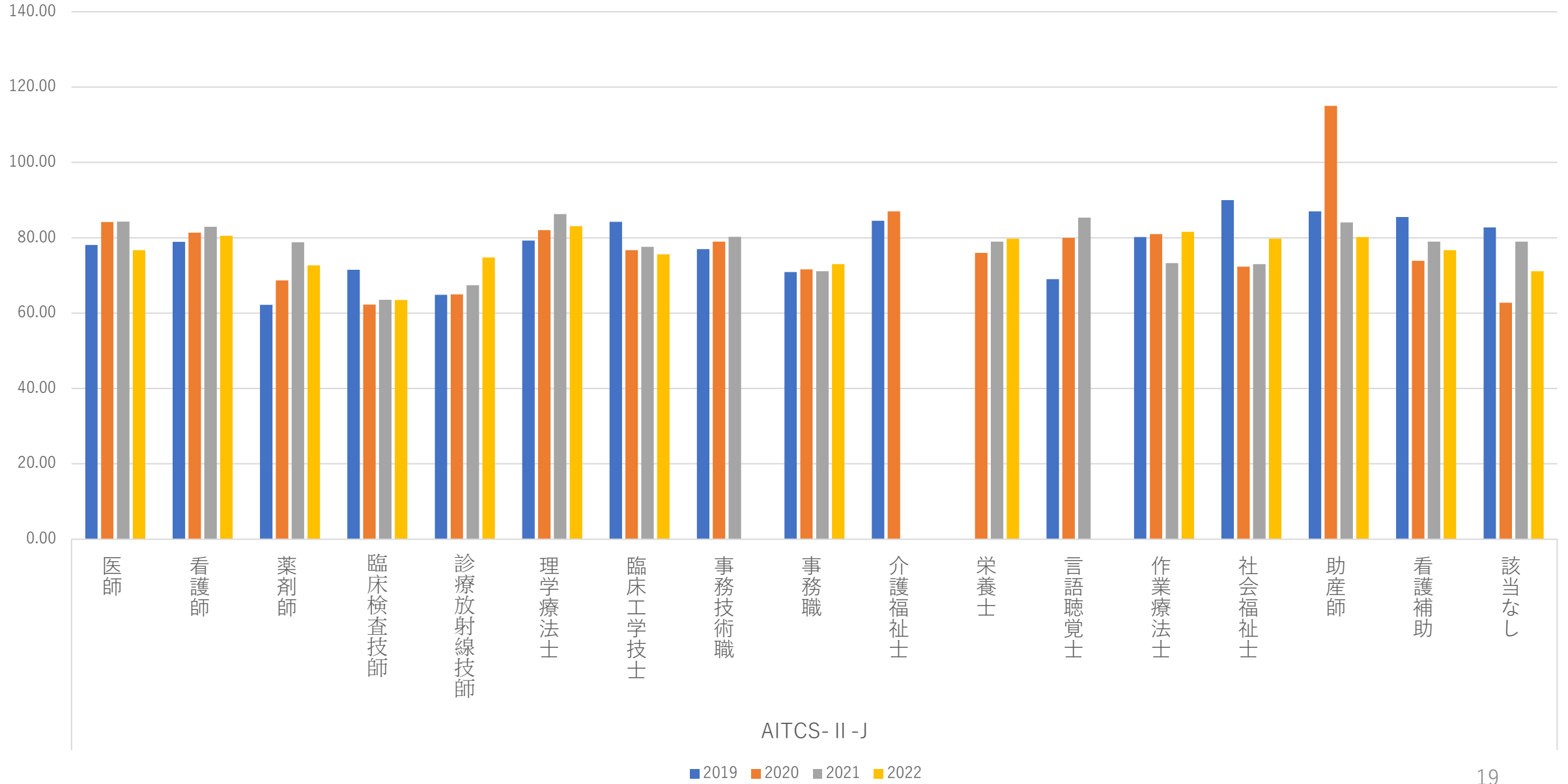
**Interprofessional
Collaboration**

The effects of team
medicine include
Increased bed
turnover, Shorter
hospital stay

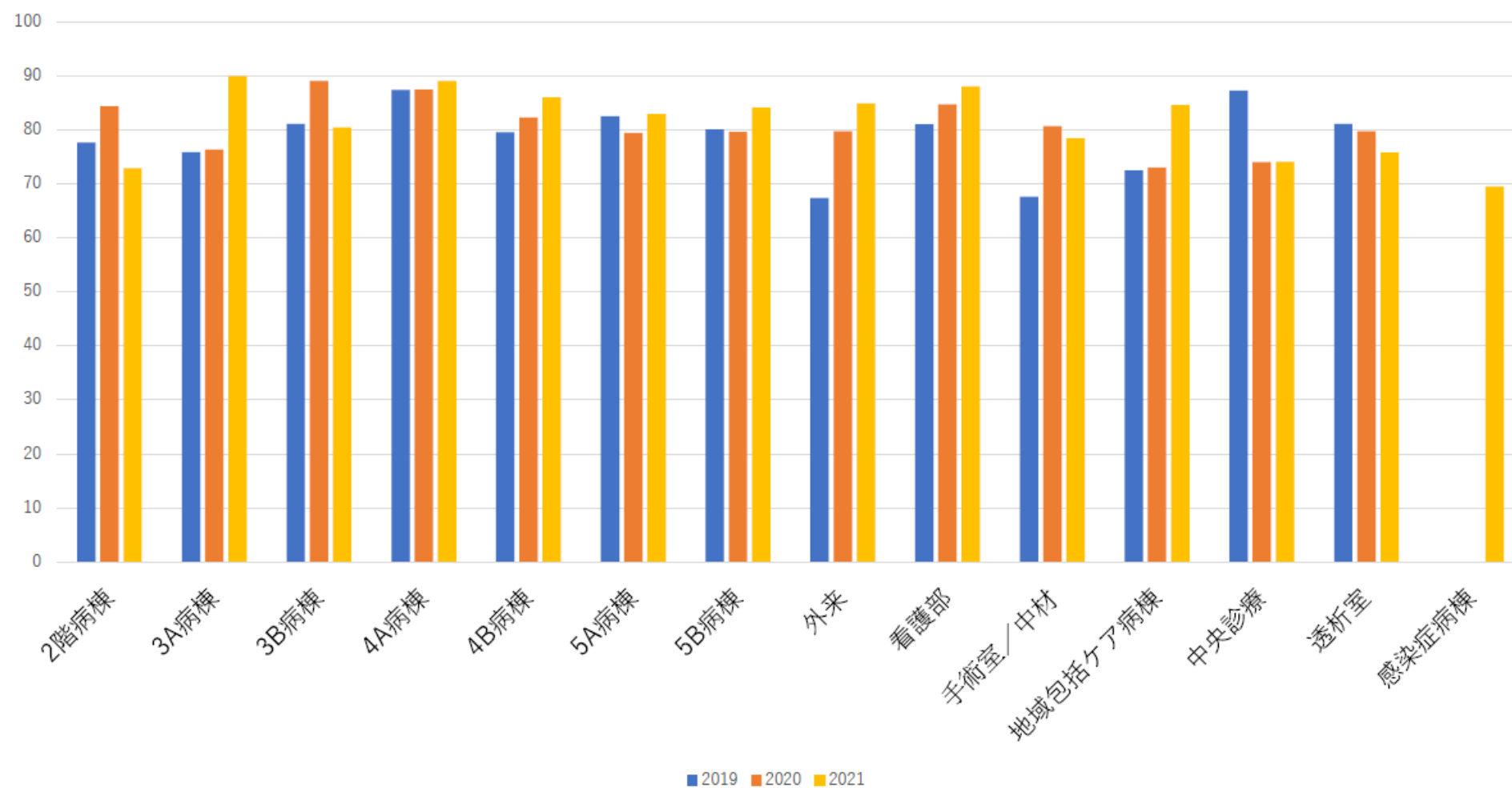
効率

Efficiency

A Hospital: Transitions of AITCS- II -J score by professions



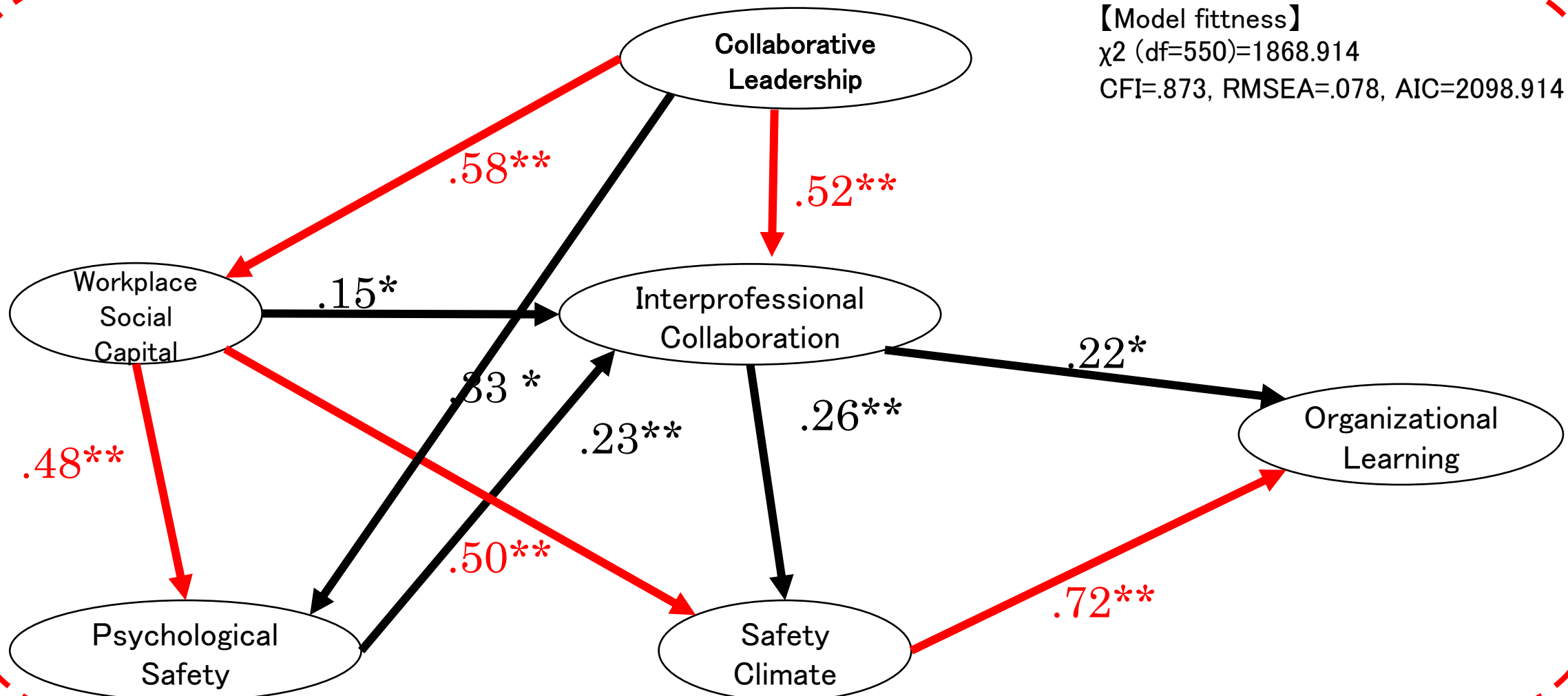
A Hospital: Transitions of AITCS- II -J score by wards (nurse)



コラボレーティブ・リーダーシップとの関連領域

AICLS 10Qs	Organizational Learning	Psychological Safety	Workplace Social Capital	IPC	Safety
① Helps the members to appreciate their contributions to the group's teamwork. リーダーは、メンバーのチームワークへの貢献の価値が分かるようにメンバーを援助している。	✓		✓	✓	
② Encourages team members to harness their complementary capabilities (shared knowledge, skills, & expertise) to address care plans. リーダーは、チームメンバーが互いの専門性を重んじることを奨励している。	✓	✓		✓	✓
③ Encourages team members to harness their complementary capabilities (shared knowledge, skills, & expertise) to address care plans. リーダーは、チームメンバーが、ケアプランに取り組むにあたり、補完的な能力（知識、スキル、及び専門性の共有）を活用することを奨励している。	✓		✓	✓	✓
④ Allows all team members to have a chance to voice their opinions. リーダーは、全てのチームメンバーが自由に意見を言える機会を持てるようにしている。	✓	✓	✓	✓	✓
⑤ Encourages team members questioning things that do not make sense. リーダーは、メンバーに、納得がいかない事を疑問視するよう促している。	✓	✓	✓	✓	✓
⑥ Encourages team members to adapt to varying situations. リーダーは、チームメンバーが新機軸を打ち出すことを支援している。	✓	✓		✓	✓
⑦ Team members are willing to serve in a team leading capacity when asked. チームメンバーは、求められれば率先してチームをリードする能力を発揮している。	✓	✓	✓	✓	
⑧ All team members accept ownership and accountability for their shared team work. 全てのチームメンバーは、チームワークを共有して参加意識と説明責任を受け入れている。				✓	✓
⑨ All team members contribute to common goals shared by the team. チームメンバー全員は、チームが共有する共通の目標達成に向けて貢献している。	✓			✓	✓
⑩ Team members mentor one another to be able to lead the team effectively. チームメンバーは、チームを効果的に導くことができるように、互いに精神的に支え合っている。		✓	✓	✓	✓

B Hospital: Structural Equation Modeling



Social & Emotional Learning (SEL) as intervention



**Subjective
Well-being**



**Inter-subjective
Well-being**

SEL Workshop as Action Research

- **What kind of positive emotions have you got in the past three years?**
- **Looking back over the past three years, what were some of the hardest, most painful, or most frustrating moments?**
- **Did any of the participants share a story with you? Would you like to share more stories with that person? Who would you like to encourage?**



Workshop of collaborative leadership

- Vision & objectives sharing
- Conflict management
- Idea generation for quality improvement
- Empowerment



Monthly action plans

接遇・ハラスメント委員会が
院内全職員へメール配信中

6月の接遇・ハラスメントメール

「あなたは、
ハラスメントしていませんか？」
「自分自身の
行動を振り返りましょう。」

Good job な環境へ
皆さん、声を掛け合ひましょう
『ハラスメント相談票』と『Good job カード』の活用を!!
接遇・ハラスメント委員会

7月の接遇・ハラスメントメール

ありがとう 笑顔
頑張っているね
お疲れさま
あなたへ
あなたへ
そして、自分へ
「Good job」

接遇・ハラスメント委員会

8月の接遇・ハラスメントメール

コロナ禍でマスク着用していると
表情が見えにくいため
勘違いされやすい

「態度」
「言葉遣い」で
「マスクをして
いても大丈夫!!」

誰にでも優しく、
丁寧な対応を心がけましょう
「Good Job」

接遇・ハラスメント委員会

10月の接遇・ハラスメントメール

笑顔パワー全開

接遇・ハラスメント委員会

11月の接遇・ハラスメントメール

私達は
言葉に心をのせて
話します

あなたの言葉遣いや態度に
傷つけられ悩まされる人がいます
でも、傷ついている人も知られませんが
相手を思いやる気持ちを忘れずに

接遇・ハラスメント委員会

12月の接遇・ハラスメントメール

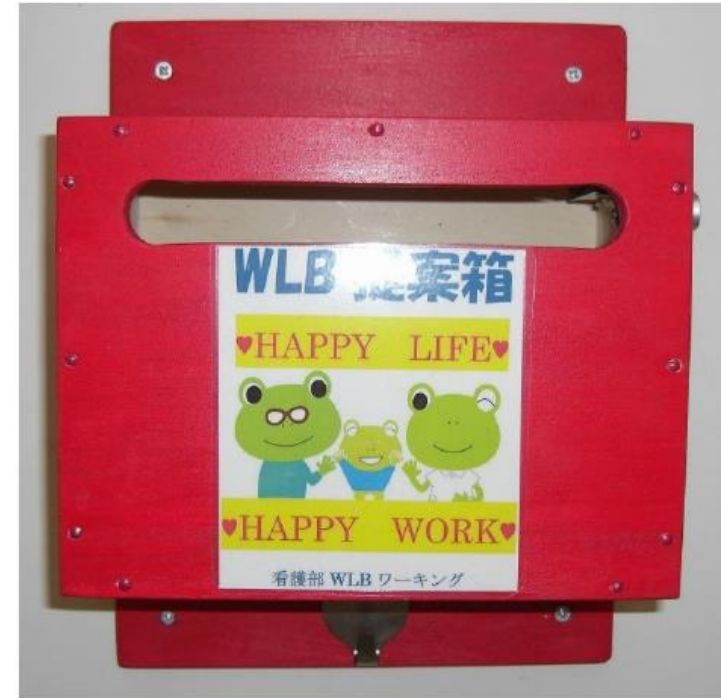
職場の
ハラスメント
撲滅月間

接遇・ハラスメント委員会

Work & Life balance post

WLB提案箱の設置

- ・ 看護職員更衣室近くに設置
毎月提案書を回収
- ・ 提案内容をWLB推進委員会に報告
- ・ 回答をWLB通信に掲載
現在は、師長会議で報告



「ハッピーライフ・ハッピーワークBOX」

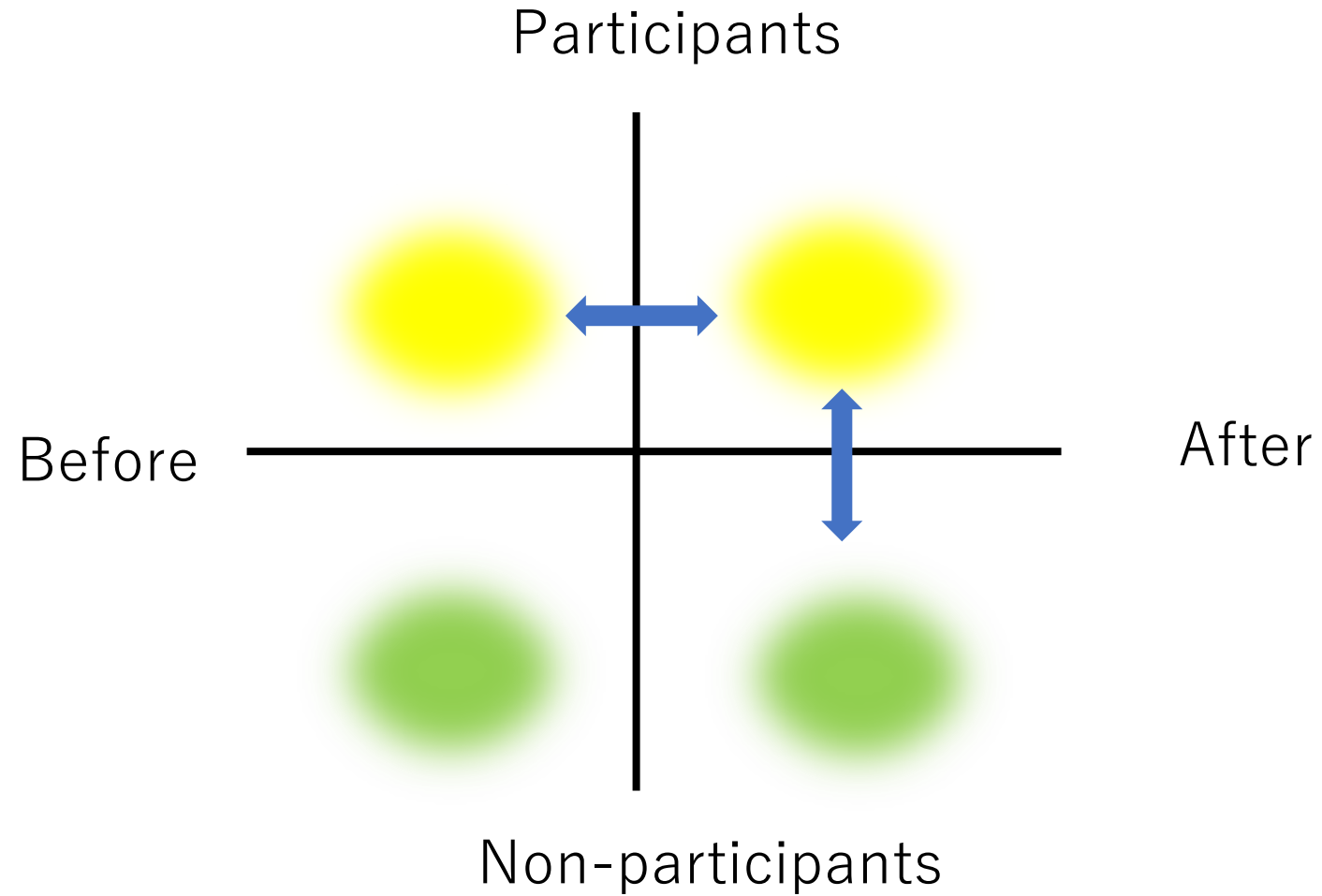
Embedding IPC in various working groups

多職種連携 ◎委員会・部会・ワーキンググループ 20種
活動 ◎カンファレンス 各種 ◎院内ラウンド「安全」「感染」
◎院内研修「KYT研修」「RCA分析」「研修医ワークショップ」
多職種参加でグループワーク

- Safety
- CQI
- Infection prevention
- Human resource development
- Bed utilization



Measurement of effects



Conclusions

- **The "With Corona" situation reveals the broad and strong influence of interprofessional collaboration.**
- **The development and cultivation of collaborative leadership is crucial as an intervention in organizational and human resource development.**
- **Positive emotions are a management resource.**
- **The post In the Covid-19 era, healthcare social systems need to adopt collaborative Leadership.**
- **It is salient to visualize or measure the reality of interprofessional collaboration and collaborative leadership, and further evolve these through action research.**

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Thank you !



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