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Could REF-BY Improve Caring and Emotion Regulation on Nurses at Psychiatric Rehabilitation Center?

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Abstract

Carrying out duties as a nurse for patients with mental illness causes work stress that could affect caring abilities. Good-quality caring is very necessary to support patients' recovery. The phenomenon of nurses with low-quality caring can be caused by a lack of ability to regulate emotions. The purpose of this study is to test the effectiveness of REF-BY training to improve caring by controlling work stress and neuroticism personality variables. The method used in this study is an experiment employing a one group pretest-posttest design and the Mann Whitney U test as data analysis technique. This study involved 6 nurses working in one psychiatric rehabilitation center. The results of the data analysis showed that based on the pretest and posttest and follow-up scores, REF-BY training could help improve caring skills significantly.

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INTRODUCTION

This article discusses the importance of paying attention to human resources who have the main task of caring and supporting the recovery of patients with mental illness. The human resources discussed in this study are psychiatric nurses. Nurses in mental hospitals or psychiatric rehabilitation centers have their own challenges because patients are often difficult to communicate, withdrawn, or tend to be aggressive. Such characteristics of patients make nurses need more patience and concentration in carrying out their duty.

The ideal requirement in carrying out responsibilities as a psychiatric nurse is to be able to manage oneself properly and professionally. Good self-management is not only physically and cognitively but also emotionally in dealing with patients with mental illness. In fact, research data shows that many nurses in mental hospitals experience stress. Research conducted by Setiawan (2015) revealed that the patient's aggressive behavior was a trigger factor for nurses' stress in the Psychiatric Intensive Care Unit. Based on Setiawan's research, it was further explained that at the Surakarta Regional Mental Hospital, out of 30 nurses in the psychiatric intensive care unit of the RSJD Surakarta experienced mild stress as many as 13 people (43.3%), moderate stress as many as 2 people (6.7%), severe stress as many as 9 people (30%) and 6 people (20%) experienced panic. Research conducted by Azalia et al. (2017) at the Aceh Mental Hospital also stated that of the 111 nurse respondents who worked at the Aceh Mental Hospital the majority

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experienced mild stress as many as 56 people (50.5%), while 22 people (19.8%) experienced moderate stress and 33 people (29.7%) did not experience stress.

The stress experienced by psychiatric nurses can lower the quality of caringbecause caring plays an important role for patient recovery. This statement is in line with the opinion conveyed by Sarafis that stress can affect nurses' caring behavior, health and quality of life of nurses (Sarafis et al., 2016). The results of other studies indicate that low-quality caring is influenced by workload, lack of (leisure?) time, problems with coworkers, shift work, and lack of self-awareness and the most important thing is the lack of management support (Enns & Sawatzky, 2016). Workload, problems with co-workers, lack of self-care, management support are factors that cause stress (Widiasturi in Indriasari et al., 2007). Desima (2013) also states that the higher the level of work stress experienced by nurses in carrying out their duties, the lower the quality of nurses' caring behavior, and vice versa. Based on the above findings, work stress becomes one of controlled variables in this study. The findings also provide basic assumption that interventions given to reduce stress can also be used to improve the quality of caring.

Caring, according to Leininger (1988), refers to the behavior of helping or supporting other individuals (or groups) by improving conditions or finding solutions. Caring is a nursing activity and process as well as decisions to help others with empathy, compassion, and support (Leininger, 1991 in Potter et al, 2013: 80). The key aspect of caring is developing and exercising empathy, exploring how relationships are built and used to comfort, motivate, and encourage (Watts et al., 2020). According to Swanson (Potter et al., 2013) caring has five aspects, namely: 1) knowing–an attempt to understand the lives of others by avoiding assumptions, focusing on what is being noticed, judging the whole, looking for cues, and getting involved; 2) being–feeling other people's emotions by approaching, communicating, sharing feelings, and not burdening; 3) doing –doing something for others as doing for yourself. Its sub-dimensions iincludecomfort, anticipating, showing ability, protecting, maintaining dignity; 4) enabling–facilitating other passages through life transitions (such as death, birth) and unusual events. Its subdimensions include inform/explain, support/allow, focus, generate alternatives, validate/give feedback; 5) maintaining belief—the ability of others to get through an event or transition and face the future with meaning. Its sub-dimensions include belief in/holding self-worth, maintaining hope, offering optimism, and being realistic about distance.

The findings of some research revealed that some nurses in the psychiatric hospital did not provide good caring services. The result of our observations for one month in one of the wards at one mental hospital in October 2017 shows that nurses did not give warm greetings or behaved badly to patients when patients were moved from their bedrooms in the morning. Nurses in the ward also rarely communicate with patients, for example: they rarely ask patients about what the patient is thinking or caring about or even rarely listens to patient complaints. They are more preoccupied with administrative processes than communicating with patients or patient's family. The low-quality caring is also seen when psychiatric nurses let patients grieve and daydream for too long.

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The news from *Tribun Jateng* published on Wednesday, November 8, 2017, stated that an employee of the regional mental hospital X took an aggressive (physical) act of hitting a patient with the initials "AR" until he was bruised. This phenomenon describes low-quality caring behavior. Another study was conducted by Khodijah and Marni (2014) at the mental hospital outside Java, the results of the study stated that 29 of 56 nurse respondents (51.8%) had good caring behavior while 27 nurses (48.2%) carried out poor caring behavior. The research uncovers that almost 50% of nurses still have poor caring behaviour.

Low-quality caring behavior is an indicator of low-ability to regulate emotions, because according to Cole et al. (Santrock, 2012) emotional regulation plays an important role in the ability to manage demands and conflicts when interacting with others. If nurses have good emotional regulation skills, nurses can bring up a sense of empathy (compassion), provide support and problem solutions to patients so that nurses care for patients well.

Paomey and Hamel (2016) examine the relationship between emotional intelligence and nurse performance in implementing nursing care at Irina A RSUP Prof. DR. R. D. Kandou Manado. The research shows that the higher the emotional intelligence of nurses, the better the performance of nurses in implementing nursing care, and vice versa. Individuals who have emotional intelligence or the ability to regulate emotions will also be good. Nursing care here is closely related to caring. The phenomena and references mentioned earlier support the hypothesis of this study that emotional regulation training could improve caring ability.

Emotion regulation can be defined as a strategy that is carried out either consciously or unconsciously to maintain, strengthen or reduce one or more aspects of the emotional responses, namely the experience of emotions and behavior (Gross, 2007). Nurses who have good emotional regulation will be able to maintain, increase or reduce the emotions they feel, both positive and negative, leading to a healthy mental state.

Research on nurse caring was conducted by other researchers. To mention some of them, Desima (2013) researches about the level of work stress of nurses with caring nurses; Sarifudin (2015) reveals the relationship between emotional intelligence and caring behavior of nurses in nursing practice in the patients room of RSI PKU Muhammadiyah Pekajangan, Pekalongan Regency. The research found that the higher the emotional intelligence value, the better the caring behavior, and vice versa; Ridwan (2017) also unpacks the relationship between nurses' emotional intelligence and caring behavior of nurses in the room at Senopati Hospital Bantul; and Paomey and Hamel (2016) uncovers the relationship between emotional intelligence and the performance of nurses in implementing nursing care at Irina A RSUP Prof. DR. R.D. Kandou Manado. Based on the previous studies mentioned above, it is safely said that many nurses or facilitators in Indonesia still have low-quality caring behavior.

However, there is no previous research that correlates caring variable with REF-BY training. REF-BY training is a unique value in this study because it formulates the theory of emotion regulation and forgiveness in the form of a training module that we compile to improve caring. The purpose of this study

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is to determine whether the REF-BY training could improve the caring of nurses for mental patients at the Y Rehabilitation Center. The benefits of this study are expected to help nurses or facilitators improve their caring behavior. Nurses who have good emotional regulation and caring will have a healthier mental status so that it has an impact on better service and provides higher hope for recovery for their patients.

METHOD

This study employs experimental quantitative methods and one group pretest-posttest design. Systematically, the description of the experimental design is as follows:

(KE)	R	O_1	_	X	_ O_2

Figure 1. One Pretest-Posttest Group Design

Keterangan:
KE : Experiment Group
X : treatment
O1 : Pre-test
O2 : Post-test

The dependent variable (Y) used in this study is *Caring and Expressed emotion* in one psychiatric rehabilitation center in Semarang, while the independent variable (X) is REF-BY training. The population in this study were nurses/facilitators at the center. The sampling technique was purposive sampling. From the total population of thirteen people, six samples were selected based on the scores of the variables we controlled, namely work stress (medium and high categories) and neurotic personality (medium category). After the selection process, the research was conducted by providing REF-BY training. REF-BY combines the theory of emotion regulation and forgiveness in the form of a training module that we compiled to improve caring which consists of seven sessions-: 1) opening; 2) recognizing and realizing emotions; 3) expressing emotions; 4) task evaluation; 5) evaluating emotions, reaprraisal and forgiveness; 6) assignment and posttest; and 7) closing.

The measuring scale for the caring variable is based on a modified CBI (Caring Behavior Inventory) scale from Wolf et als. (1994), which originally amounted to 46 items. After conducting the tryout test, 31 items which had a high discriminating power score were selected, with a reliability coefficient α= 0.926. The data analysis technique used in this research is the Mann Whitney U Test. Observations and manipulation checks are used to strengthen the data that has been obtained through the scale. Observations are carried out during the course of the treatment process and are carried out by observers. This observation sheet contains data in the form of the subjects' body movements (hands, feet and other parts), as well as the subjects' facial expressions. Manipulation checks are used to determine how successful the REF-BY training is. There are nine items or statements on the manipulation check with multiple choices from 1 to 5: 1 = very inappropriate (STS), 2 = not appropriate (TS), 3 = less appropriate (KS), 4 = appropriate (S), and 5 = very appropriate (SS).

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The meeting with the participants begins with introductions and asking for permission or willingness of the prospective participants to fill out the informed consent form. After stating their willingness to participate in the research process, thirteen nurses were given time to work on the work stress scale and personality scale to be used in determining the research sample. The scale used to measure work stress is a modification of the Psychiatric Nurse Job Stressor Scale (PNJSS) which was developed by Yada et al. (2011) after being tested with twenty selected items with a reliability coefficient = 0.861. The scale used to measure personality is the Big Five Inventory (BFI) which was developed by John & Srivastava (1999) which was later translated and adapted by Sulastri (2014). Participants' emotion regulation is also measured in this study and the scale used to measure emotion regulation in this study is a modification of The Emotion Regulation Index for Children and Adolescents (ERICA) developed by MacDermott et al. (2010), after testing the selected measuring instrument as many as twenty items and the reliability coefficient is 0.856.

Based on several factors related to work stress scores (medium and high categories), neuroticism scores (medium categories), age (23-30 years) and length of work (0-10 years), out of thirteen potential participants were set to six participants who got treatment in our experimental research. The complete data can be seen in the table below:

Table 1.

Subject	Age (Years)	Length of Work (Years)	Work Stress		Neuroticism	
			Score	*Category*	*Score*	*Category*
JA	25	0-5	9	Moderate	19	Moderate
DM	23	0-5	9	Moderate	19	Moderate
EW	28	0-5	15	High	24	Moderate
RD	28	0-5	11	Moderate	23	Moderate
WH	29	6-10	18	High	26	Moderate
ML	30	0-5	19	High	21	Moderate

RESULTS AND DISCUSSION

An overview of caring before treatment is shown in the following table:

Table 2. Distribution of Caring Frequency in the Experimental Group (Pre-test)

Interval Score	Interval	Criteria	Subject	Percentage (%)
$\mu + 1\sigma \leq X$	$93 \leq X$	High	2	33,3%
$\mu - 1\sigma \leq X < \mu + 1\sigma$	$62 \leq X < 93$	Moderate	4	66,7%
$X < \mu - 1\sigma$	$X < 62$	Low	0	0%
	Total		6	100%

The frequency distribution table above shows that before treatment four subjects are in the medium category with a percentage of 66.7% while two subjects are in the high category with a percentage of 33.3%. Meanwhile, the distribution of caring frequency after treatment given is as shown in the following table:

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Table 3. Distribution of Caring Frequency in the Experimental Group (Post-test)

Interval Score	Interval	Criteria	Subject	Percentage (%)
μ + 1σ ≤ X	93 ≤	High	6	100%
μ - 1σ ≤ X < μ + 1σ	62 ≤ X < 93	Moderate	0	0%
X < μ - 1σ	X <	Low	0	0%
	Total		6	100%

The distribution of caring frequency after treatment had a significant difference from pre-treatment condition. Six subjects are in the high category with a percentage of 100%. The distribution of caring frequency in the experimental group during follow-up is presented in the following table:

Table 4. Distribution of Caring Frequency in the Experimental Group (Follow Up)

Interval Score	Interval	Criteria	Subject	Percentage (%)
μ + 1σ ≤ X	93 ≤ X	High	6	100%
μ - 1σ ≤ X < μ + 1σ	62 ≤ X < 93	Moderate	0	0
X < μ - 1σ	X < 62	Low	0	0
	Total		6	100%

The distribution of caring frequency in the experimental group at the time of follow-up had a significant difference with the conditions before treatment, namely no subjects were in the medium category and the low category, six subjects were in the high category with a percentage of 100%.

This research revealed the level of emotion regulation in research subjects using a psychological scale of 20 items. The description of the results of the level of emotion regulation is categorized into three levels, namely low, medium, and high.

The distribution of the frequency of emotion regulation before treatment given from the results of the above calculations are presented in the following table:

Table 5. Frequency Distribution of Emotion Regulation on Research Subjects (Pre-test)

Interval Score	Interval	Criteria	Subject	Percentage (%)
μ + 1σ ≤ X	73 ≤ X	High	3	50%
μ - 1σ ≤ X < μ + 1σ	47 ≤ X < 73	Moderate	3	50%
X < μ - 1σ	X < 47	Low	0	0
	Total		6	100%

The frequency distribution table above shows that the subjects are in the high and medium categories. Subjects are in the high category of three subjects with a percentage of 50% and three subjects in the medium category with a percentage of 50%.

Meanwhile, the frequency distribution of emotion regulation after treatment given is presented in the following table:

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Table 6. Frequency Distribution of Emotion Regulation in the Experimental Group (Post-test)

Interval Score	Interval	Criteria	Subject	Percentage (%)
μ + 1σ ≤ X	73 ≤ X	High	6	100%
μ - 1σ ≤ X < μ + 1σ	47 ≤ X < 73	Moderate	0	0
X < μ - 1σ	X < 47	Low	0	0
	Total		6	100%

The frequency distribution table above shows that the emotion regulation in the experimental group at the time of the post-test has a significant difference with the time of the pre-test, namely six subjects, are in the high category with a percentage of 100%. There are no subjects in the medium and low categories. To make it clearer, the frequency distribution of the experimental group at the time of the post-test can be seen in the diagram below:

The distribution of the frequency of emotion regulation during follow-up is presented in the following table:

Table 7. Frequency Distribution of Emotion Regulation in the Experimental Group (Follow Up)

Interval Score	Interval	Criteria	Subject	Percentage (%)
μ + 1σ ≤ X	73 ≤ X	High	6	100%
μ - 1σ ≤ X < μ + 1σ	47 ≤ X < 73	Moderate	0	0
X < μ - 1σ	X < 47	Low	0	0
	Total		6	100%

The frequency distribution table above shows that the emotion regulation in the experimental group at the time of follow-up had a significant difference with the pre-test, namely none of the subjects were in the medium and low categories. All six subjects were in the high category with a percentage of 100%. To make it clearer, the frequency distribution of the experimental group at the time of the post-test can be seen in the diagram below:

In this study, the hypothesis to be tested is the effect of giving REF-BY on caring. The results of the hypothesis test are as follows:

Table 8. Hypothesis Test Results: Pre-test and Post-test Caring

Man-Whitney
Ranks

	Group	N	Mean Rank	Sum of Ranks
Caring	Pretest	6	3.75	22.50
	Postest	6	9.25	55.50
	Total	12		

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Test Statistics[b]

	Caring
Mann-Whitney U	1.500
Wilcoxon W	22.50
Z	-2.656
Asymp. Sig. (2-tailed)	.008
Exact Sig. [2*(1-tailed Sig.)]	.004[a]

a. Not corrected for ties
b. Grouping Variable: Group

Based on the table, showing a score of Z = -2.656, with p = 0.008 (p <0.05), it can be concluded that there is a significant difference in caring scores between pre-test and post-test so that the research hypothesis is accepted. It is known from the results of the sum of ranks between the pre-test and post-test that there was an increase from 22.50 to 55.50 so that it can be concluded that the provision of emotional regulation training has an effect on increasing the caring score.

Tabel 9. Hypothesis Test Results: Pre-test and Follow-up Caring

Man-Whitney Test
Ranks

	Group	N	Mean Rank	Sum of Ranks
Caring	Pretest	6	3.50	21.00
	Follow up	6	9.50	57.00
	Total	12		

Test Statistics[b]

	Caring
Mann-Whitney U	0.000
Wilcoxon W	21.000
Z	-2.898
Asymp. Sig. (2-tailed)	.004
Exact Sig. [2*(1-tailed Sig.)]	.002[a]

a. Not corrected for ties
b. Grouping Variable: Group

Based on the table, there are differences in caring scores between pre-test and follow-up. It is known from the results of the Sum of Ranks between pre-test and follow-up that there was an increase from 21.00 to 57.00 and the significance level is less than 0.05, namely 0.002.

The results of data analysis showed a Z score of -2.898, with p = 0.004 (p < 0.05), it can be concluded that there is a significant difference between the pretest and follow-up scores. It also means that the provision of emotional regulation training has a significant effect on increasing caring simultaneously.

Table 10. Hypothesis Test Results: Pre-test and Post-test Emotion Regulation

Ranks

	Group RE	N	Mean Rank	Sum of Ranks
Regulate Emotions	Pretest	6	4.00	24.00
	Posttes	6	9.00	54.00
	Total	12		

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Test Statistics[b]

	Emotion Regulation
Mann-Whitney U	3.000
Wilcoxon W	24.000
Z	-2.406
Asymp. Sig. (2-tailed)	.016
Exact Sig. [2*(1-tailed Sig.)]	.015[a]

a. Not corrected for ties
b. Grouping Variable: Group ER

Based on table 4.7, there is a difference between the emotional regulation pre-test scores and the emotional regulation post-test scores. The results of data analysis showed that the value of Z = -2.406, with p = 0.016 (p <0.05), it means that there are differences in emotional regulation between before and after training. The results of the sum of ranks between the pre-test and post-test increased from 24.00 to 54.00, this indicates that the provision of emotional regulation training has a significant effect on increasing emotional regulation.

Table 11. Hypothesis Test Results: Pre-test and Follow-up Emotion Regulation

Mann-Whitney Test

Ranks

	Group ER	N	Mean Rank	Sum of Ranks
Emotion Regulation	Pretest	6	3.50	21.00
	Posttes	6	9.50	57.00
	Total	12		

Test Statistics[b]

	Emotion Regulation
Mann-Whitney U	.000
Wilcoxon W	21.000
Z	-2.887
Asymp. Sig. (2-tailed)	.004
Exact Sig. [2*(1-tailed Sig.)]	.002[a]

a. Not corrected for ties
b. Grouping Variable: Group ER

Based on the table, there is a difference between the emotional regulation pre-test scores and the emotional regulation follow-up scores. It is known from the results of the sum of ranks between pre-test and follow-up that there is an increase of 21.00 to 57.00 and a significance level of less than 0.05, which is 0.002. It can be concluded that the provision of emotional regulation training has a significant effect on increasing emotion regulation. (Z = -2.887, p < 0.05 (p count = 0.002).

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Table 12. Perbedaan *Mean Pre-test, Post-test,* dan *Follow Up*

	Pretest Caring	Posttest Caring	Follow Up Caring	Pretest Emotion Regulation	Posttset Emotion Regulation	Follow Up Emotion Regulation
Valid Missing	6	6	6	6	6	6
	0	0	0	0	0	0
Mean	91.8333	99.6667	107.0000	72.3333	78.8333	83.8333
Median	92.0000	100.0000	108.0000	73.0000	80.0000	83.0000
Mode	92.00	101.00	103.00[a]	68.00[a]	80.00	82.00
Std. Deviation	3.71035	2.94392	3.28634	3.26599	3.31160	2.92689
Variance	13.767	8.667	10.800	10.667	10.967	8.567
Range	11.00	8.00	8.00	8.00	9.00	8.00
Minimum	86.00	96.00	103.00	68.00	73.00	81.00
Maximum	97.00	104.00	111.00	76.00	82.00	89.00

Tabel 13. Comparison of *pre-test, post-test,* and *follow up expressed emotion*

Classification	Experiment Group			
	Min	***Max***	***Mean***	***SD***
Pretest	25.00	46.00	37.3333	7.44759
Posttest	25.00	32.00	29.0000	2.82843
(Follow uo)	23.00	29.00	26.0000	2.28035

Tabel 14. Hypothesis Test Results

Data	Z	P	Ket
Pretest – Posttest	-2.012	0.044	Sig.
Pretest - Follow up	-2.250	0.024	Sig.

Based on the table 4.9, the calculation of the mean difference in the experimental group at the time of post-test, post-test, and follow-up showssignificant differences. On the caring scale, the main pre-test score is 91.83, the post-test mean score is 99.66, and the mean follow-up score is 107.00. Meanwhile, the mean for the emotional regulation scale, the pre-test score is 72.33, the post-test score is 78.83, and the follow-up score is 83.83.

Based on the results of the data analysis as shown in the three tables above--including table Z of pretest and posttest scores; table Z of pretest and follow-up scores, and table of main differences--all show a significant difference between before and after REF-BY trainingso that it can be concluded that REF-BY training is effectively able to increase caring for nurses at Rehabilitation Panti Y. The phenomenon that has been discussed in the background of this research reveals that Indonesia still needs to improve management and pay special attention to the needs of nurses. Nurses who do not experience a high workload and adequate psychological well-being will foster a caring attitude towards patient recovery, so caring deserves to be fought for in order to improve the quality of service in Mental Hospitals or Mental Disorder Rehabilitation Centers in Indonesia.

This study provides a solution for nurses with mental disorders, because it has been proven that REF-BY training can improve caring and emotional regulation. With good emotional regulation skills, nurses

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have a way to be able to recognize emotions, control, evaluate and modify emotions, to minimize stress when interacting with patients so that they are able to carry out their duties well in caring for patients and are more stable in managing stress.

How can this emotion regulation training improve caring? We provide an explanation through the implementation in each session. Before giving an explanation, here is a table that illustrates a summary of the REF-BY training sessions.

Table 15. REF-BY Training Activities in Improving Caring for Nurses at Social Rehabilitation Institutions Y

Session	Time (Minute)	Activity	Instrument	Methods
Session 1	85’	– Greetings and team introduction – Ice breaking and participant introduction – expressed emotion Material – Video views – Caring material	LCD, Laptop, Sound system, Microphone, Stationery, PPT	Lectures & discussions
Session 2	70’	– Icebreaking – Emotion material – Guess the picture of emotional expression – Icebreaker – Discussion	LCD, Laptop, Microphone, Sound System, Stationery, Worksheet, PPT, Stationery,	Lectures & discussions
Session 3	70’	– Icebreaking – Videos – Express emotions Materials – Writing emotional experiences	LCD, Laptop, Sound S LCDs, Laptops, Sound System, PPT, Stationery, Question Sheet & Worksheet PPT,	Lectures and Discussion
Session 4	25’	Evaluation	Microfon, Sound System, Alat Tulis	Lectures and discussion
Session 5	120’	– Review – evaluating emotions Material – modifies emotions Material – Relaxation material – Forgiveness material – Empathy material – Video views – Make pictures – Relaxation	Microphone, Sound System, PPT, video and Stationery	Lectures and discussion
Session 6	15’	– Task – Task evaluation	Microfon, Sound System, LCD, Laptop, stationary	Lectures and discussions
Session 7	15’	Closing	Microfon, Sound System, Sertificate	Lectures

In session 1 as shown in the table, the participants could follow the activities well, as seen from the subject's understanding through the manipulation check scores which showed an increase from the average value before delivering the material, from 0 to 6. The increase in the score illustrates that the material delivered is easy to be understood by the subject and the results of observations also describe the subject following this session with a good attitude and focus. Giving material related to caring

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provides reinforcement on the subject's perception or cognition to lay the foundation in the mental process to change behavior so that nurses' caring expectations can increase. Providing information in the form of definitions, aspects and caring factors packaged in easy-to-understand sentences made participants understand the essence of caring, namely the decision to help others with empathy, compassion and support (Leininger, 1988). It can also be in the form of appreciation, commitment to patients, and personal responsibility (Swanson, 1991). The provision of activities in session 1 refers to the opinion (Green, 2000) which says that one of the factors to change behavior is a predisposing factor, namely knowledge, attitudes, beliefs, perceptions that facilitate or hinder motivation to change. Through this concept and the evidence of the manipulation check score that we have proven, it turns out that it can contribute to nurses' knowledge which is expected to increase nurses' caring behavior.

The next session begins with filling out the pre-test material for session 2, providing material about emotions, and research subjects are given the task of writing down the types of emotions that have been felt, the causes of these emotions, and monitoring emotions through the experience of differentiating types of emotions. After the writing task was completed, the research subjects were asked to discuss the results of the writing guided by the facilitator. The time allocated for writing and discussing assignments is 30 minutes. After 30 minutes, the team again collected the assignment sheets from the research subjects. Three observers were in the treatment room to observe the emotional monitoring behavior shown by the research subjects.

Based on the observations, it appears that all six subjects were able to monitor the emotions they had ever felt. The ability to monitor emotions is characterized by the subject being able to recognize emotions that have been felt and able to distinguish types of emotions such as positive emotions and negative emotions. The next session was to do a pre-test of session 3 material and was shown a video about bad and good nursing behavior. The research subjects were then given material related to expressing emotions. After that, the research subjects were asked to do a task in the form of writing an emotional experience within 10 minutes. This essay assignment was used as an evaluation material to determine the extent to which research subjects can express the emotions they have felt. The evaluation of writing emotional experiences was carried out for 15 minutes. According to Susilowati and Hasanat (2011), writing down emotional experiences can reduce depression levels in the first year students. This happens because writing emotional experiences facilitates the subject to evaluate, analyze, and reassess the stressful events experienced so that the subject gains an understanding, develops a solution, motivates himself, accepts his existing self, learns from what is experienced, focuses his thoughts. on the positive things and assess the positive things of an event.

Qonitatin et al. (2011) stated that there was a very significant cathartic effect in expressive writing on mild depression in students. This shows that in students who experience mild depression, expressive writing therapy as catharsis or emotional release can reduce their level of mild depression.

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Furthermore, research subjects were asked to express and guess the type of emotion carried out in pairs. Three observers observed the behavior shown by the research subjects. Based on the results of observations, it can be seen that six subjects were able to express the emotions they had felt. Subjects were also able to correctly guess the emotional expressions displayed by other people. To end the first meeting in this session, we check a material manipulation for session 3.

At the second meeting, session 4 was filled with activities evaluating the tasks of the previous day's activities and reviewing the material. After that the research subjects were asked to fill out a pre-test for the purpose of checking the manipulation of the material for session 5. After completion, the research subjects were given material about evaluating emotions, modifying emotions, relaxation, forgiveness, and empathy. After the material has been delivered, it is continued by giving assignments to the research subjects. Research subjects were asked to make pictures and brief descriptions of pleasant and unpleasant nursing service that had been experienced in approximately 20 minutes. The picture is then reflected by the facilitator. Three observers were in the treatment room to observe the behavior shown by the research subjects. The facilitator then provides relaxation and forgiveness to the research subjects. Forgiveness can be used as an intervention to improve emotional regulation as supported by McCullough (2001). Forgiveness is made by individuals to someone who has experienced a violation., Individuals who tend to forgive have more stable emotions, and are more likely to be spiritual/religious. Forgiveness can affect individual mental health with a percentage of 21.3% (Aziz et al., 2017), besides that forgiveness can reduce work stress on nurses (Setiyana, 2013). This happens because forgiveness is closely related to a person's ability to control themselves, so that they are able to change negative emotions into positive emotions. Individuals can find themselves released from emotional prisons (hatred and anger) (Aziz et al., 2017; Enright, 2001).

Based on the observations, all subjects were able to evaluate the emotions they had ever felt. This ability is characterized by making pictures of events related to the provision of nursing services that are pleasant and unpleasant. Making pictures is a means of cathartic media. All subjects were also able to tell pictures of events related to the provision of nursing services that were pleasant and unpleasant. This session ends with a post-test of session 5 material.

Session 6 is to give assignments to research subjects in the form of a number of questions that must be answered. The task is given within 5 minutes which is then evaluated by the facilitator. Session 7 is closing. Before closing the second meeting, the research team asked the research subjects to fill out the post-test of the research scale. After completing the post-test, the facilitator explained about the research that was taking place, thanked and apologized for the treatment that had been given. The research subjects were given a certificate as a sign of graduation having participated in a series of agenda. Based on the observations, it can be seen that five of the six subjects made eye contact with the facilitator. This indicates that five subjects feel comfortable with the training provided. Meanwhile, one subject who did not make eye contact with the facilitator indicated that he was not comfortable with the training provided. Five research subjects showed

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enthusiastic facial expressions and smiled when receiving the training, but there was also one subject who did not display facial expressions or just flat.

Based on the results of observations when the subject was doing the tasks given during the training, the subject was able to recognize and distinguish the types of emotions, be able to express the emotions they felt and guess the emotional expressions seen in other people, and were able to evaluate the emotions they felt. Meanwhile, the emotional expressions that appear are enthusiastic, smiling, and embarrassed. Caring for patients with mental disorders is an obligation for every nurses by paying attention to/fulfilling the needs of patients like humans, so that they can carry out their daily functions better.

This study has several limitations, including the measuring instrument for emotion regulation used as supporting data (not the main variable) in this study, using a measuring instrument of regulation for children and adolescents, so that it can be taken into consideration when using a measuring instrument for measuring emotion that is more in line with research subject criteria.

CONCLUSION

Based on the results of the study, it can be concluded that there is a significant difference in caring scores resulted before and after the REF-BY training. These results also mean that REF-BY training is effective in increasing caring for nurses at psychiatic rehabilitation center.

Suggestions for further researchers are to re-test/develop the REF_BY module with subjects at different institutions by using an emotion regulation measuring instrumernt in accordance with the subject's criteria. Suggestions for institutions (such as: Mental Hospital/Foundation/Rehabilitation for mentally ill patients) in Indonesia should provide opportunities for nurses to improve service quality, by increasing emotional regulation skills and forgiveness, one of them is through REF-BY training.

REFERENCES

Azalia, R., Saragih, J., & Idayati, R. (2017). Hubungan Perilku Agresif Pasien dengan Stres Perawat Rumah Sakit Jiwa Aceh. *Jurnal Ilmiah Mahasiswa Kedokteran Medisa*, *2*(1), 55–60.

Aziz, R., Wahyuni, E. N., & Wargadinata, W. (2017). Kontribusi Bersyukur dan Memaafkan d alam Mengembangkan Kesehatan Mental di Tempat Kerja. *INSAN Jurnal Psikologi Dan Kesehatan Mental*, *2*(1), 33–43.

Desima, R. (2013). Tingkat Stres Kerja Perawat dengan Perilaku Caring Perawat. *Jurnal Keperawatan*, *4*(1), 43–55.

Enns, C. L., & Sawatzky, J. A. V. (2016). Emergency Nurses' Perspectives: Factors Affecting Caring. *Journal of Emergency Nursing*, *42*(3), 240–245. https://doi.org/10.1016/j.jen.2015.12.003

e-ISSN: 2548–1800
p-ISSN: 1693–2552

Enright, R. D. (2001). *Forgiveness is a Choice: A Step-by-Step Process for Resolving Anger and Restoring Hope*. American Psychological Association.

Gross, J. J. (2007). *Handbook of Emotion Regulation*. The Guilford Press.

Green L.W & Kreuter M.W. (2000). *Health promotion planning an educational and environmental approach (2nd Ed.)*. United State of Amerika: Mayfield Publishing Company

Indriasari, F. N., Sumarni, & Nurjannah, I. (2007). *Hubungan Persepsi Kekerasan yang Dialami dengan Kecenderungan Perilaku Agresif pada Perawat Jiwa di RSUD Surakarta* (pp. 105–112).

John, O. P., & Srivastava, S. (1999). *The Big-Five Trait Taxonomy: History, Measurement, and Theoretical Perspectives. In L. A. Pervin & O. P. John (Eds.), Handbook of Personality: Theory and Research (Vol. 2, pp. 102–138).* Guilford Press.

Khodijah, S., & Marni, E. (2014). Hubungan Motivasi Kerja terhadap Perilaku Caring Perawat di Ruang Rawat Inap Rumah Sakit Jiwa Tampan Provinsi Riau. *Jurnal Kesehatan Komunitas*, *2*(4), 175–179. https://doi.org/10.25311/keskom.vol2.iss4.69

Leininger, M. M. (1988). Leininger's Theory of Nursing: Cultural Care Diversity and Universality. *Nursing Science Quarterly*, *1*(4), 152–160. https://doi.org/10.1177/089431848800100408

MacDermott, S. T., Gullone, E., Allen, J. S., King, N. J., & Tonge, B. (2010). The Emotion Regulation Index for Children and Adolescents (ERICA): A Psychometric Investigation. *Journal of Psychopathology and Behavioral Assessment*, *32*(3). https://doi.org/10.1007/s10862-009-9154-0

McCullough, M. E. (2001). Forgiveness: Who Does It and How Do They Do It? *Current Directions in Psychological Science*, *10*(6), 194–197. https://doi.org/10.1111/1467-8721.00147

Paomey, C. J., & Hamel, R. (2016). *Hubungan Kecerdasan Emosional dengan Kinerja Perawat dalam Menerapkan Asuhan Keperawatan di Irina A RSUP Prof. DR. R. D. Kandou Manado*. *4*.

Potter, P. A., Perry, A. G., Stockert, P., & Hall, A. (2013). *Fundamentals of Nursing*. ELSEVIER.

Qonitatin, N., Widyawati, S., & Asih, G. Y. (2011). Pengaruh Katarsis dalam Menulis Ekspresif sebagai Intervensi Depresi Ringan pada Mahasiswa. *Jurnal Psikologi Undip*, *9*(1), 21–32.

Ridwan. (2017). *Hubungan Kecerdasan Emosional Perawat dengan Perilaku Caring Perawat di Ruang Inap RSUD Senopati Bantul*. Sekolah Tinggi Ilmu Kesehatan Jenderal Achmad Yani Yogyakarta.

e-ISSN: 2548–1800
p-ISSN: 1693–2552

Santrock, J. W. (2012). *Life-Span Development: Perkembangan Masa-Hidup Edisi 13 Jilid 1 (13)*. Erlangga.

Sarafis, P., Rousaki, E., Tsounis, A., Malliarou, M., Lahana, L., Bamidis, P., Niakas, D., & Papastavrou, E. (2016). The Impact of Occupational Stress on Nurses' Caring Behaviors and Their Health Related Quality of Life. *BMC Nursing*, *15*(1), 1–9. https://doi.org/10.1186/s12912-016-0178-y

Sarifudin, Y. B. (2015). *Hubungan Kecerdasan Emosi dengan Perilaku Caring Perawat pada Praktik Keperawatan di Ruang Rawat Inap RSI PKU Muhammadiyah Pekajangan Kabupaten Pekalongan*. Sekolah Tinggi Ilmu Kesehatan Muhammadiyah Pekajangan Pekalongan.

Setiawan, S. N. (2015). *Hubungan Perilaku Agresif Pasien dengan Stres Perawat di Psikiatri Intensive Care Unit (PICU) RSJD Surakarta*. Stikes Kusuma Husada.

Setiyana, V. Y. (2013). Forgiveness dan Stres Kerja terhadap Perawat. *Jurnal Ilmiah Psikologi Terapan*, *1*(2), 376–396.

Sulastri, A. (2014). *Predicting Success of Indonesian Graduates: Determinants of Academic Performance and Getting A Job Doctoral* [Universitas Katolik Soegijapranata]. https://www.tandfonline.com/doi/full/10.1080/02673.

Susilowati, T. G., & Hasanat, N. U. (2011). Pengaruh Terapi Menulis Pengalaman Emosional terhadap Penurunan Depresi pada Mahasiswa Tahun Pertama. *Jurnal Psikologi*, *38*(1), 92–107. https://doi.org/10.22146/jpsi.7669

Swanson, K. M. (1991). Empirical Development Of a Middle Range Theory of Caring. *Nursing Research*, *40*(3), 161–166.

Watts, S., Eldreth, J., Grant, T., & Renne, J. (2020). Caring and Connectivity: A Framework for Active Caring in the Music Classroom. *Music Educators Journal*, *106*(4), 50–56. https://doi.org/10.1177/0027432120936329

Wolf, Z. R., Giardino, E. R., Osborne, P. A., & Ambrose, M. S. (1994). Dimensions of Nurse Caring. *Journal of Nursing Scholarship*, *26*(2), 107–112. https://doi.org/10.1111/j.1547-5069.1994.tb00927.x

e-ISSN: 2548–1800
p-ISSN: 1693–2552

Yada, H., Abe, H., Funakoshi, Y., Omori, H., Matsuo, H., Ishida, Y., & Katoh, T. (2011). Development of the Psychiatric Nurse Job Stressor Scale (PNJSS). *Psychiatry and Clinical Neurosciences*, *65*(6), 567–575. https://doi.org/10.1111/j.1440-1819.2011.02258.x