Guidelines for Developing the Learning Process of Empathy Card for Patients and Caregivers in the Context of Thai Society

Patiphat Anuraktham[1,*] and Supre Kanjanaphitsarn[2]

[1]*Contemplative Education Center, Mahidol University,*
Nakhon Pathom 73170, Thailand
[2]*Compassionate Communities Research and Development Institution Foundation,*
Khon Kaen 40000, Thailand

[*]*Corresponding author's e-mail: patiphat.ant@mahidol.ac.th*

Abstract   The Empathy card for Patients and Caregivers, known as the Rainy Card, was meticulously crafted by Peaceful Death, and it holds a significant place in the context of Thai Society. This tool is used for listening and caring for patients and caregivers, and its detailed steps were designed for organizing one-on-one learning. This study was qualitative research based on phenomenological methodology, aimed to investigate the attitudes of facilitators, patients, and caregivers based on direct Rainy Card learning experiences and investigate the guidelines for improving the Rainy Card learning process for mental health care of patients and caregivers in the Thai context. The primary data collection was an in-depth interview. There were 47 participants, including 21 facilitators, 10 patients, and 16 caregivers, all with experience in the Rainy Card learning process. The results of the study have been summarized to illustrate the benefits of the card, including: 1) Being listened to gives a pleasant sensation, 2) Accepting the truth, 3) Self-understanding, 4) Understanding others, 5) Daily life and relationships with others. Furthermore, the findings in developing guidelines for organizing the learning process revealed important skills for the Rainy Card learning process, as follows: 1) Listening skills, 2) Interaction with service recipients, 3) Procedures to organize the process, 4) Deep self-observation, 5) Utilizing different tools to organize the learning process, 6) Group learning process. In addition, the research team presented basic concepts for implementing the Rainy Card learning process in the organization of a learning process, including obstacles, precautions, and recommendations for its improvement.

Introduction

In today's society, healthcare mainly focuses on treating physical problems, posing challenges in medical and psychological care. Furthermore, in today's culture, people's lifestyles emphasize external matters such as having a good job and chasing monetary stability; consequently, the interpersonal dimension with others and caring for family and community is increasingly overlooked. Consequently, concerns such as patient and family health, disease, psychological care, and death management developed.

Problems with today's health system and healthcare do not meet the needs of many people who require emotional and spiritual care and physical treatment. As a result, there is currently development in procedures, knowledge, or various tools related to healthcare that pay more attention to patient mental health and quality of life. For instance, psychological processes, psychotherapy, palliative care, and conveying health needs toward the end of life. However, the research team discovered that these procedures established in the context of Thai society necessitate the use of specialists or people with specialized knowledge. The research team also discovered that there were still quite a few tools or strategies for communicating feelings and needs in a simple form. At the same time, these tools and interventions are essential for the mental health of patients and caregivers. They need further development to improve the suitability of healthcare treatment (Boer et al., 2019).

In addition, taking care of the mental health of patients and caregivers is paramount. Caregivers, including both family members and healthcare personnel, often face mental health challenges. The study revealed that depression occurs in one in three caregivers (Schoenmakers et al., 2010), which is consistent with other research showing high rates of depression among caregivers. The problems, worries, and emotional strain that arise from caring for family members highlight that it is not only the patients but also the caregivers who are significantly affected by mental health issues (Rhee et al., 2008). Therefore, tools designed to support the mental health of both patients and caregivers are considered necessary.

At the same time, the process of caring the mental health of patients and caregivers is not widespread in Thai society. Therefore, medical personnel, psychologists, and other healthcare professionals are directly involved in the mental health of patients and caregivers. On the other hand, the general population cannot take care of each other because they lack the knowledge or methods to address mental health issues. In contrast, some countries have widespread tools for mental health care, such as picture cards, word cards, and other resources. The concept of caring for mental health among the general population is relatively new in Thai society. There is a lack of easily understandable tools. and widespread knowledge are needed in the public sector.

Peaceful Death, a group of people who work in the movement of societal life and death, has developed several earning processes, including developing a listening space to convey death communication between patients and relatives and collaborating with communities in health and death management. The group's foundation is based on the concept of Compassionate Communities, which encourages community participation in disease prevention and health promotion, particularly in dealing with Death and bereavement (Sittiwantana, 2019). As a result, the Peaceful Death has launched a learning process, Rainy Card: Empathy card for Patients and Caregivers, a procedural activity for listening to and caring for terminally ill patients, family caregivers, and healthcare professional caregivers. This Empathy card aims to allow these people to express their irritating concerns, feelings or needs for a specific situation, particularly a health condition. Furthermore, the Rainy Card learning process is intended for organizing one-on-one learning sessions utilizing tools of multiple kinds of cards: 1) Cloud cards are used to explore feelings. 2) Two rain cards are used to investigate general patient needs; 3) Three rain cards are for investigating terminally ill patients' needs. 4) The umbrella card is used to reflect the demands of the caregiver, and 5) the rainbow card is used to bless or offer willpower in life (Sittiwantana, 2019).

Based on the above information, the research team anticipated that "The Rainy Card learning process" is uncomplicated. It is simple to understand and does not require much technical knowledge. By utilizing various types of cards as the primary tool, patients and caregivers can explore their true feelings and needs while dealing with illnesses or other life challenges. As a result, the research team conducted a study to investigate the attitudes of facilitators, patients, and caregivers based on direct Rainy Card learning experiences and to investigate the guidelines for improving the Rainy Card learning process for mental health care of patients and caregivers in the Thai context. In this research, 'patient context' refers to patients or terminally ill patients in need of mental care. Meanwhile, 'caregiver context' encompasses medical personnel and family caregivers directly interact with patients and require emotional support. Participants were recruited from various backgrounds, and data was gathered through in-depth interviews. The study also employed the phenomenological research framework to analyze data and summarize findings. The results would lead to the attitudes of facilitators, patients, and caregivers. It may result in guidelines for improving the Rainy Card learning process. Tools for listening to the feelings and needs of medical workers, caregivers, patients and caregivers, and terminally ill patients could also be developed. Finally, improving a learning process for the general public in exchanging life stories would also be established.

Context and review of literature

Peaceful Death, the group's foundation, is built on the empathetic concept of Compassionate Communities This approach is dedicated to fostering community involvement in end-of-life care, comprehending the distress experienced by caregivers, and offering emotional support guidelines. The aim is to ensure a dignified end of life for patients, families, caregivers, and all community members, thereby enhancing the quality of life (Sittiwantana, 2019). Many caregivers face emotional distress while providing care, often with limited avenues to express their suffering. Even when they do share their suffering, it may not always be met with sympathetic listeners. In response, Peaceful Death has innovated several tools to support patients and caregivers in navigating the challenges of living and dying, such as the Life Unlocking Card Game (Phenwan et al., 2019), Care Club Card, and Rainy Card.

Rainy cards, a unique tool developed by Peaceful Death, are designed based on the idea that human suffering is a normal part of life, occurring in cycles. If we know it, we can learn to appreciate it, live with it, and take care of it. This understanding can lead to maturity, growth, and confidence, much like the appearance of a beautiful rainbow after the rain (Peaceful Death, 2020). The main care guidelines include practicing 'Deep Listening,' which involves creating a non-judgmental space for others and exploring one's own feelings and needs. There are many steps to use this card to facilitate interactions between patients and caregivers.

Steps and how to use the Rainy card

The Rainy Card manual gives patterns, methods, and procedures for Rainy Cards users (Peaceful Death, n.d.). The research team summarizes the methods for using the cards as follows:

1. Introduction. The first step starts with introducing the Rainy Cards and the objectives and forming a mutual agreement on how to use time and safe space.

2. Contemplation and storytelling. The facilitator, a key figure in the Rainy Card process, then encourages the service recipients to engage in self-contemplation and explore the stories they wish to share. Contemplation is an essential element of the process, helping service recipients think about their stories.

3. "Cloud card" feeling expression. The facilitator then advises the service recipients to select the cloud cards that best represent their feelings, allowing them a moment for reflection. Afterward, the service recipients are asked to choose their three most significant feelings and convey the story's details and associated emotions.

4. "Rain and Umbrella cards" expression of needs. The facilitator assesses the type of cards the service recipients should use to explore their needs (2 rain cards for generally ill patients, 3 rain cards for terminally ill patients, and umbrella cards for caregivers). The service recipients can then choose 3-5 cards corresponding to their story. A group discussion about the connection between particular needs and feelings follows this.

5. Rainbow card of blessing. Finally, the service recipients select one rainbow card as a blessing in their lives and describe what they learned by participating in the Rainy Card learning process.

Figure 1 The rainy card and manual
Source: Peaceful Death (n.d.)

Phenomenological research

The conceptual framework for this study is grounded in phenomenological research. The investigation focuses on understanding the phenomenon through individuals' attitudes toward the Rainy Card learning process. The research team employed Moustakas' theoretical framework of phenomenological research methodology (Podhisita, 2007), in which seven steps were provided as guidelines for designing research procedures. The details are as follows:

1. Determination of topics and research questions appropriate for the phenomenological research approach. In this research, the research team has established the research questions: "What are the attitudes of facilitators, patients, and caregivers with direct experiences from the Rainy Card learning process? How can the Rainy Card learning process for the mental care of patients and caregivers be improved in Thai society?"

2. Review of knowledge regarding the subject studied. At this stage, the research team meticulously reviewed the knowledge concerning the conceptual framework of the Rainy Card learning process (Compassionate Communities, n.d.) and phenomenological research methodology. The research team also diligently explored, gathered, and sorted data from academic papers, books,

research reports, and electronic searches in Thailand and overseas. The author's credibility and the publication's academic acceptance were factors in the selection.

3. The establishment of criteria to select individuals and phenomena for study. The research team determined the attitudes of Rainy Card facilitators, patients, and caregivers who had direct experience with the Rainy Card learning process.

4. Research ethical issues management. The research team placed a high priority on addressing the objectives and benefits of participation in this study to all 47 participants and the consent letter to get written consent to participate in the research from all 47 subjects. The research team followed the ethical criteria for human research established by Mahidol University, ensuring the utmost integrity of the study.

5. Establishment of questioning guidelines for in-depth interviews. The research team established questioning guidelines for Rainy Card facilitators leading the learning process in the following issues: 1) feelings gained from the learning process, 2) concepts and procedures for designing the process, 3) learning process details, 4) participant learning through observation and evaluation from a facilitator's perspective, 5) problems and obstacles encountered in the learning process's implementation, 6) guidelines for improving the learning process, and 7) comments on the Rainy Card tool. The research team established the following questioning guidelines for participants in the Rainy Card learning process as patients and caregivers: 1) feelings and benefits acquired from participating in the Rainy Card learning process, 2) knowledge learned to apply in caring for one's mind and people around them, and 3) daily living and comments on the Rainy Card learning process.

6. In-depth interviews and notes. The research team performed one-hour interviews with each participant, using an MP3 audio recording and discarding all MP3 files upon research conclusion.

7. Gathering and analyzing data. The research team transcribed each participant's interview recording and analyzed the data using phenomenological research methodology.

Research methodology

The primary was phenomenological research methodology that relies on intimate discussions based on pre-prepared questions to investigate the underlying meaning of human experiences behind the phenomenon (LoBiondo-Wood & Haber, 2002).

Research period and area

The total research period was 9 months. The research team conducted research and collected data through in-depth, in-person interviews, primarily at the Contemplative Education Center, Mahidol University.

Target group

This project had 47 participants, including 21 facilitators who led the Rainy Card learning process and 26 patients and caregivers who participated in the Rainy Card learning process. The latter was separated into 10 patient participants and 16 caregiver participants participating in the Rainy Card learning process.

Criteria of participants

Participant selection and allocation were based on qualitative research methods. Purposeful sampling, precisely criterion sampling, was employed in this research (Patton, 2002). The criteria for selecting participants were explicitly defined as follows:

1) Facilitators with experience leading the Rainy Card learning process must be aged 20 years and over. They continuously work as volunteers in the Peaceful Death Group for at least 6 months. They have skills in designing the learning process and reflecting on themselves.

2) Patients and caregivers with experience participating in the Rainy Card learning process must be 20 years and must have participated in it at least once within the past 6 months.

3) The Peaceful Death group recommended all participants. The availability of participants for interviews and the certification that research participants meet the specified criteria will be considered.

Data collection tools

The primary data collection tool in this study was an in-depth interview. To understand the content and nature of the Rainy Card learning process, the research team reviewed the documentary contents of the Peaceful Death group. The research team also explored, gathered, and sorted data from academic papers, books, research reports, and electronic searches in Thailand and overseas. The author's credibility and the publication's academic acceptance were factors in the selection. All documents were chosen to be varied. The content was comprehensive and relevant to mental health approaches for patients and caregivers. The contents also covered designing a learning process regarding life and death. These data were gathered as preliminary information for constructing questions for in-person interviews. Furthermore, the obtained data would improve the Rainy Card learning process. The learning process aimed to provide psychological care for patients and caregivers in a Thai societal context by utilizing the facilitators' and participants' attitudes and perspectives as patients and caregivers toward the Rainy Card learning process.

Participant recruitment and data collection processes

The research team specifically selected the target group according to the selection criteria based on recommendations from the Peaceful Death group. Special attention was given to research participants, particularly patients and caregivers, considering their readiness in both physical and mental conditions, which could facilitate a lengthy interview.

Afterward, the researcher respectfully reached out to the research participants, themselves affirming their autonomy in deciding whether to allow the research team to conduct in-depth interviews. The research team gathered information by interviewing 47 participants. Among them, 21 participants were interviewed about the attitudes of the facilitators who guided the Rainy Card learning process. An additional 26 participants were interviewed about their attitudes toward the Rainy Card learning process, with 10 serving as patients and 16 serving as caregivers. An in-depth interview lasted one hour per interview. The research team requested permission to record the audio and environment of the interview to analyze what was discovered from the interview. The recording will be used as a foundation for analyzing and processing findings.

The research team ensured transparency and ethical considerations by providing a comprehensive document explaining the research, and a letter of intent requesting consent to participate. Participants were free to withdraw from the research without prior notice, and without any impact on their everyday lives. The team also prepared for unexpected participant withdrawals by calculating the number of research participants.

Data analysis and summarization

The research team meticulously conducted a phenomenological data analysis (Moustakas, 1994), focusing on distilling the meaning of the phenomenon from the data of each research participant through data reduction. The irrelevant data was carefully subjected for reduction. The following data display was then described, and interpreted the findings in the context of the research study. The concepts and theories obtained from the literature review were employed to explain and summarize the results of the study concerning the attitudes of the facilitators, patients, and caregivers with direct experiences from the Rainy Card learning process. The findings would, finally, provide guidelines for

improving the Rainy Card learning process for mental health care of patients and caregivers in the Thai societal context.

Ethical approval
This research was meticulously approved by The Mahidol University Central Institutional Review Board meticulously approved this research, ensuring all ethical standards were met. The ethical approval number is MU-CIRB 2020/094.2407.

Research results
The research team summarized the study on the attitudes of the facilitators, patients, and caregivers with direct experiences from the Rainy Card learning process. A conclusion has been made regarding the guidelines for improving the Rainy Card learning process for mental health care of patients and caregivers in the Thai societal context. The following illustrates the findings from this research.

According to the findings of the study, majority of the processes were established and implemented in accordance with the steps outlined in the Rainy Card manual. The facilitators' skills were then flexibly utilized to organize other learning processes that would be used alongside the Rainy Cards. It relied on evaluation and observation to be adapted to satisfy the needs of service recipients. While some of the facilitators used additional approaches or tools, they were skilled at as part of the Rainy Card learning process design. As a result, it aided in establishing a sense of relaxation and resolving some difficulties that remained in the thoughts of the service recipients.

> *"I tried to follow the guidelines that I have learned. Sometimes, I have to apply some learning processes that I have learned, such as art therapy or some processes that helped them relax."*
>
> *"Time use must be appropriate with the context. He sat with tension when we me met, and then I talked to him... Looking at his body language and how he looks at you has to build a connection and make him feel like he can trust us. It is a skill to observe him. When he thinks a lot, we will stop him... The time to do it depends on that present moment."*

As leaders of the Rainy Card learning process, the facilitators provided commented on the steps and how to use Rainy Cards in the same direction. The Rainy Card manual's guidelines were the basic conceptual framework for designing the learning process. The facilitators then considered picking and modifying some processes appropriate to and consistent with each service recipient's background and readiness.

The learnings of the Rainy card service recipients
According to the findings of the study, the learnings of the Rainy Card service recipients played a significant role in determining the direction of the learning process. It was also helpful in improving guidelines for the use of the Rainy Card. The research team questioned service recipients' attitudes towards the Rainy Card learning process. The Rainy Card service recipients were discovered to have the following critical learnings:

1. The Rainy Card learning process helped service recipients **perceive their feelings and needs**, leading to solutions to their challenges. For instance, their perception of their feelings and needs enabled them to identify their expectations and accept what had occurred. It also led to mental healing and was the starting point for figuring out how to solve the problem and being encouraged to face what had happened.

"The Rainy Cards helped me understand my thoughts and learn more about myself. There are some feelings I cannot explain, but there is a way out that lets me talk to myself. Some thoughts are hard to describe, but the cards help me understand how I feel and what I want. Understand my own needs better."

2. The Rainy Card learning process not only **provided service recipients with an opportunity to vent and let go of their internal struggles**, but also **offered a sense of relief and comfort.** The recipients found solace in having someone listen to their difficulties or sufferings, which, in turn, made them feel better understood and supported.

"I feel relieved, and it is like my mind has been opened. It is like I have released and told it; I feel like someone understands. Someone heard what I said."

3. As a result of their participation in the Rainy Card learning process, the service recipients **recognized what they desired and how to move on with their lives**. By recognizing their needs more clearly, the service recipients could do things according to their desires. They had arranged ideas on how they intended to live in the future.

4. After participating in the Rainy Card learning process, the service recipients **developed self-awareness and relaxation**. They experienced a profound and positive transformation in their lifestyle. They reported a decrease in tension and expectation, and an increase in relaxation, mindfulness, tranquility, and happiness. This transformation instilled a sense of hope and optimism about their future.

5. The service recipients **applied what they had learned to those around them**. The applications were both in terms of self-awareness, which led to improved interactions with people around them. They also aided others by perceiving their thoughts and needs and seeing the need to help others. They also introduced others to the Rainy Card learning process.

6. The Rainy Card learning process allowed **terminally ill patients to convey their thoughts and engage more effectively with family members in their last phases of life**.

"The patient was grateful that the process gave him a way to talk to his wife.... about the case with limitations. However, it made it easier for him to talk with his family. Allow the patient and his or her family to interact more."

The learnings of the Rainy Card facilitators.
The learning process as a Rainy Card provider was also essential in identifying strategies for designing the Rainy Card learning process. The facilitators or the Rainy Card learning process service providers shared crucial learnings as follows:

1. The facilitators **felt good about themselves** because they had helped others, listened to others, and helped others overcome problems. It also included comfort, which allowed service recipients to express their sadness.

2. The facilitators **felt satisfied and at ease** using cards for conversation and listening.

"Cards are tools that allow us to talk more freely. I feel at ease with it."
"I am a big fan of cards. The facilitators with cards remind me of the spiritual communication process. It seemed as if something was speaking to us."

3. The facilitators **cultivated and refined themselves through the practice of listening skills**.

4. The facilitators **observed their feelings, thoughts, and needs** during and after the learning process. As a result, they participated in the learning process alongside the service recipients. Throughout the process, they raised awareness of one's feelings and needs, which resulted in a review of one's perspectives and encouragement.

> "*After the process, I learned I must also consider my feelings and needs. It helps us relax... When I describe how I feel, it helps us understand them better. There are many ways to deal with things. I have also learned my feelings and needs at that time.*"

5. The facilitators **had empathy for the story of the service recipients**. The practice of trusting and distancing oneself from that emotional state may benefit the facilitators' minds.

Obstacles in organizing the Rainy Card learning process
The study discovered problems and obstacles in organizing the Rainy Card learning process, grouped into six major issues.

1. Many service recipients were unfamiliar with expressing their feelings and emotional states. As a result, the learning process took longer to conduct.

2. Service recipients' illiteracy, particularly in rural communities, made reading and interpreting the language on the Rainy Cards difficult.

3. Because of the health issues of terminally ill patients, the learning process could not progress as planned.

4. Understanding the phrases on the rainbow cards for interacting with sick and elderly individuals relied on describing the relationships between the phrases on the cards to service recipients to create understanding.

5. The facilitators' issues, such as anxiety about managing the learning process or dealing with new service recipients, and capture skills with biases in their thinking.

6. Providing service through online channels during COVID-19 limited the ability to assess the mental state of service recipients. Appropriate communication between facilitators and patients is considered essential and increases the efficiency of care. Designing improvements in this area will enhance the efficiency of interactions (Jarusomboon, 2013)

The guideline for improvement is based on service recipients' feedback in the Rainy Card learning process.
The research team has compiled and categorized the opinions of Rainy Card learning process service recipients to be used as a guideline for improvement of the Rainy Card learning process; five main issues were categorized as follows:

1. Rainy Card can be used for self-learning. They are help listen by allowing people to express themselves and recognize their feelings and needs. The cards assist in communicating feelings, which differs from a conventional conversation without cards. Conversations without cards frequently result in no clue how to communicate.

2. The Rainy Card learning process is simple to understand and facilitates effective communication. It also creates a safe environment and brings both the provider and the recipient peace of mind.

3. The Rainy Card can be implemented with numerous self-learning processes. Rainy Card is believed to help or improve those processes even more.

4. Rainy Card's words, patterns, and decorations of Rainy Card create a comfortable atmosphere for conversing. They can lead to conversations that can help relieve mental irritation.

Simultaneously, other people suggested that graphics should that express the meaning of the additional words to assist patients with limited verbal communication.

5. The facilitators are regarded as essential persons in the learning process. They must receive training to understand how to ask questions about the patient's suffering.

The guidelines for improvement are based on the facilitators' perspectives on the Rainy Card learning process.

The research team compiled and categorized opinions from various Rainy Card facilitator responses. They can be categorized into six major points to serve as guidelines for the Rainy Card learning process's improvement, including

1. The Rainy Card is an essential tool for service recipients' self-learning because it aids in creating a listening and safe environment where they may rediscover and communicate their feelings and needs.

2. The Rainy Card is a communication tool for patients and their relatives. It allows patients and their family members members' caregivers to communicate better and comprehend the patients' feelings and needs, making patient care more accessible.

3. The wordings, patterns, and decorations on the Rainy Cards are appropriate. Some facilitators have proposed that more positive and negative feelings should be included. Some facilitators commented that the font is too small for the elderly and some phrases need more explanation.

4. Listening is essential for organizing the Rainy Card learning process when delivering Rainy Cards to service recipients.

5. The facilitator, as the leader of the Rainy Card learning process, should emphasize and pay attention to basic comprehension of the Rainy Card learning process and respect for human companionship.

6. The Rainy Card utilization, in general, is based on the idea that everyone can practice listening skills and understand the Rainy Card learning process. The Rainy Card will help individuals explore their thoughts and needs, as well as their feelings and needs.

Discussion

The research team will discuss how the Rainy Card learning process can assist patients and caregivers with their mental health. Its advantages lead to the skills required for arranging the learning process and concepts for organizing it. However, there are other precautions to take when organizing the learning process and recommendations for development, as listed below.

The benefits of the Rainy Card learning process.

The research team summarized the benefits of the Rainy Card learning process to understand its overall picture, which would lead to improving the learning process in the following topic. The following statements highlight the benefits of the learning process.

1. Being listened to gives a pleasant sensation. Service recipients reported feelings of pleasant, relaxed, and at ease as patients and caregivers after participating in the Rainy Card learning process. The conversation provided an opportunity for individuals to share their most intimate stories. They were also allowed to express any repressed feelings or difficulties. Phra Paisal Visalo has interestingly mentioned listening to the patient's heart. "*Aside from love and trust, doctors, nurses, and relatives must be patient and ready to listen to patients' hearts. The patient's refusal to accept death may be due to something remaining or concerns about certain matters as well as various fears. These must be vented and expressed to alleviate and heal*" (Langarizadeh et al., 2017, p. 115).

2. Accepting the truth. The research team discovered two main groups of service recipients who provided comments on this topic: patients and family caregivers. Individuals in these two groups were defined as those directly affected by an illness that occurred to them or their family members. Patients who had previously rejected or disapproved of their illnesses began to accept them and acknowledge their feelings after participating in the learning process. As a result, it was critical in assisting in the healing of their bodily and emotional illnesses. That is, the patients would not feel rebellious or caused more mental pain than they already had due to the sickness. Accepting the reality of being a caregiver was critical in allowing caregivers to discover the value and significance of what they do as caregivers. Acceptance also provided caregivers with an opportunity to heal their minds and feelings. In this regard, world-renowned psychiatrist Elisabeth Kubler-Ross (1969) noted that embracing illness or loss depends on dealing with your own emotions and encouragement from others.

3. Self-understanding. The Rainy Card learning process allowed the service recipients to acknowledge their feelings and needs which were necessary to fulfill the Rainy Card learning process. Aside from that, several service recipients in the learning process recognized themselves more deeply through self-reflection facilitated by card reflection. For example, they observed one's thought patterns in daily life that resulted in suffering. They were able to figure out an answer to the problem at hand, which led to the resolution of the issue. As a result, life took on new meaning and a broader perspective than previously. Self-reflection is a vital component of self-understanding. It involves comprehensively analyzing one's beliefs, thoughts, and actions. This procedure empowers the learner to better understand their identity within their present or future pursuits (Tay & Jane, 2019).

4. Understanding others. Both facilitators and service recipients acknowledged their feelings and needs in the learning process. Doing so also brings learning experiences to understand other people's thoughts, feelings, and needs. Reflection and reflective practice are important for the learning process to understand oneself and others (Goh, 2017). Additionally, the Rainy card's reflection encouraged facilitators and recipients to become less critical of themselves and others and to expect less from others.

5. Daily life and relationships with others. After participating in the learning process, service recipients implemented the knowledge obtained into their daily lives. They began to observe their thoughts, feelings, and needs frequently. As a result, they became less worried, had fewer expectations, and were more comfortable, happier, and encouraged. They also applied to working and connecting with others, such as family and coworkers. There were also self-transformations in how they approached those around them.

In summary, the Rainy card learning process supports participants in learning more about themselves, understanding themselves and others, and refining their inner dimensions. This aligns with the findings from the previous study on the Life Unlocking Card Game, which aimed to raise awareness of death. The discussion showed the need to contemplate one's life, learn through others' experiences, and spend more time with loved ones. (Phenwan et al., 2019)

Essential skills for organizing the Rainy Card learning process
The advantages highlight the significance of the Rainy Card learning process in the care and mental healing of patients, caregivers, and the general public. The research team then discussed the critical qualities of the facilitators leading the Rainy Card learning process. As previously mentioned, some skills were essential in organizing the learning process that assist the participants or service recipients in the learning process. According to the findings of the process attitude study, the Rainy Card learning process leader valued the following learning process management skills:

1. Listening skill. It was an essential fundamental skill that every facilitator valued. Listening contributed to creating a safe space; deep listening thus occurred, and listeners did not drift away from the topic under discussion. As a result, it led to a better understanding of the service recipients.

According to a study conducted by LeFervre (1992), the most significant aspect of communication between palliative care volunteers and patients was the skill of listening, while volunteers served as a communication bridge between patients, families, and staff caring for terminally ill patients. Furthermore, listening was a form of healing for the service recipient's mind and helped in the self-learning process. In this regard, Kunisue (2011) claimed, after completing a study on deep listening of palliative care listening volunteers, that listening was a powerful expression of love. Deep listening healed the speakers and fostered the listeners' inner growth. Furthermore, the new study on Spiritual Care Experiences among Palliative Care Teams (Weerawatsopon & Tiyoa, 2023) demonstrated the importance of attentive, non-judgmental, and compassionate listening. Reflecting meaning to patients and families conveys that we genuinely care and provide a safe space for them. The research team determined that listening was the essential skill to be established in the Rainy Card learning process. It was also essential for every Rainy Card learning process session, and facilitators must practice daily.

2. Interaction with service recipients. It was discovered that the facilitators experienced some difficulties in forming relationships during the service initiation. As identified in the study on Facilitation for development, good facilitation skills include empathy, deep listening, curiosity, positive feedback, and a focus on the collective good (Harvey, 2015). In addition, a qualitative study on implementation facilitation skills conducted by Mona, Louise, and JoAnn (2020) addresses key areas such as building relationships, transforming the care system, knowledge transfer, planning, leading change efforts, and assessing people, processes, and outcomes. However, the Rainy Card proved valuable for establishing interactions with service recipients and developing the skills to make these interactions easier.

3. Procedures to organize the process. Most facilitators employed the same procedures; that is, they followed the instructions in the Rainy Card manual (Peaceful Death, n.d.). At the same time, experienced facilitators would adjust the Rainy Card learning procedures to cater to particular recipients. As a result, there may be an alternating sequence of steps, selecting some decks of cards or words that were appropriate for the patient's story. Other skills may also assist facilitators in mental caring and healing the recipients.

4. Deep self-observation. Many experienced facilitators have received training in observing thoughts, sense of self, and deep self-awareness. They have even been practicing mindfulness meditation for a while. As a result, they acquired the ability to understand themselves and others. They were also more conscious of their thoughts and able to recognize their feelings while organizing the learning process than inexperienced facilitators. In the study on physical care for the elderly (Tiaotrakul et al., 2019), it was found that deep self-observation through the contemplation approach could be a means to develop leaders for the care of the elderly. Self-observation or self-awareness could help individuals make better judgments, increase their self-confidence (Sutton et al., 2015), and understand others better (Silvia & O'Brien, 2004).

5. Utilizing different tools to organize the learning process. Some experienced facilitators have combined the Rainy Card learning process with additional resources such as card games or pictures. As a result, service recipients obtained better mental care and rehabilitation. These skills, by the way, only apply to experienced facilitators.

6. Group learning process. Some experienced facilitators have used the Rainy Card learning process in groups. They provided group services through activities for the general public, students, healthcare personnel, patients, and caregivers. It was discovered that the Rainy Card contributed to the seamless execution of various learning processes or activities. The cards also assisted service recipients in discovering more about themselves and others.

In conclusion, the research team discovered that the following essential skills were required for organizing the Rainy Card learning process.

1) Basic skills are the general skills that every facilitator should have, such as

-   **Listening skills** included listening deeply to service recipients and not rushing to ask questions, make suggestions, or offer advice. At the same time, it was attentively listening, hanging on judgments, and genuinely staying with the service recipient.

-   **Skill to build relationships with service recipients.** It was not limited to the ability to talk or a means of approaching the recipients. In this regard, however, it also implies preparing one's mind to listen, approaching recipients with confidence, and establishing a safe space for recipients.

-   **The basic skills are organizing the learning process** understanding the steps, and using the Rainy Card.

The facilitators could utilize the Rainy Card learning process with these basic skills to deliver the services to the recipients. However, certain limitations had to be considered. For example, if a person had had too much psychological impact, that could be handled. The learning process should then be organized with the help of an experienced person or a physician with expertise.

2) Additional skills were those that supplement the learning. They were skills that helped facilitators organize the learning process better. They were skills that may be learned and improved.

-   **Self-observation skills** are cultivating self-understanding and practicing self-awareness regarding thoughts and feelings.

-   **Facilitation skills** refer to the ability to direct the learning process. They incorporate other learning process management abilities, such as capturing the point, questioning skills, or using additional tools in the Rainy Card learning process.

-   **Skills to organize group processes**, including applying Rainy Card to group activities.

Based on an analysis of the Rainy Card manual and the interviews' output, the research team concluded that the learning process was designed with deep listening as an essential skill. Using cards as a tool to help service recipients understand more about their internal dimensions in terms of recognizing feelings and needs. They felt good as a result of their participation in the learning process. Considering this from the start, this was a strong point when designing the process. According to the additional suggestions, improving skills in organizing the Rainy Card learning process would enhance the facilitator's confidence and increase the efficiency of the learning process.

Basic concepts for implementing the Rainy Card learning process in the organization of a learning process.

The research team has concluded the facilitators' attitudes and overall recommendations as service providers of the Rainy Card learning process. Their attitudes and recommendations can be summarized into the following concepts for implementing the Rainy Card learning process in arranging a learning process.

1. The Rainy Card learning process was simple to comprehend. Those who had completed the training on the Rainy Card learning process and had basic skills could serve the general public or general patients.

2. The Rainy Card learning process was a tool that allowed the learning process to go smoothly. Both groups initially built a relationship with the recipients by through choosing cards and using cards as options instead of asking questions.

3. The Rainy Card learning process could be applied to various learning tools or processes individually and in groups.

4. As Rainy Card learning process service providers, facilitators should exercise caution when applying for the cards with patients and caregivers, considering the service recipients or participants' time, place, and physical and mental readiness.

Precautions for using Rainy Card in the learning process

1. Service recipient's readiness. As Rainy Card providers, facilitators should evaluate the service recipient's readiness, particularly when applying the learning process to patients and caregivers. The availability of time and place and service recipients' physical and emotional readiness were of utmost importance. The physical and mental conditions of service recipients in particular, were regarded as critical. As a result, the service provider should constantly assess readiness and prepare the service recipients.

2. Applying the Rainy Card learning process to the terminally ill patients. There were precautions and limitations in applying the Rainy Card learning process to terminally ill patients. Providing care for patients in the final stages of life presents unique challenges for the healthcare team and all participants, particularly in communicating responses to procedural inquiries. Terminally ill patients frequently experience significant physical suffering (Tyrrell, et al., 2023). As a result, while using Rainy Cards with terminally ill patients, care should be taken to evaluate both physical and mental readiness. Additionally, experience in arranging the learning process or sending additional expert consultations is required. However, the card can also be used to provide mental health care for terminally ill patients. Just as one study found, mental health professionals often believe that people with severe mental illness are vulnerable when it comes to discussing impending decisions about death and end-of-life. However, people with severe mental illness often possess a unique ability to discuss their medical preferences. Shared decision-making between patients and caregivers also influences the effectiveness of care (Rhee et al., 2008).

3. Rejection and reasoning for Dharma practice. These were considered the most important attitudes revealed during the Rainy Card learning process. Rejection is a type of denial of spontaneous inner feelings. According to Ross (1969), rejection or denial is the first of the five stages of grief. This denial attitude can be the result of disease rejection, which leads to problem acknowledgment and embrace of genuine feelings and needs. The research team observed that some patients denied being afraid of illness. They acted in a way that avoided their feelings and needs. On the other hand, the reason for practicing Dharma was to avoid speaking their feelings. As a result, what they articulated was a rationalization to avoid confronting their true feelings and needs. Consequently, the Rainy Card provider should be aware of such an attitude and not assume that the service recipient can manage their feelings. Alternatively, the facilitator should seek an alternate option, such as asking questions or finding various ways to assist recipients in better understanding their feelings and needs. At the same time, refrain from placing too much pressure on the recipients if they are not ready to identify their feelings and needs. This is due to the efforts made to force the patient through various stages, which may carry the risk of causing harm. Individuals need to cope with their grief in their unique ways, and it may not align with the prescribed steps for dealing with grief and loss as outlined in the theory (Tyrrell, et al., 2023).

Recommendations for the improvement of the Rainy Card learning process

The research team provided valuable suggestions to enhance the Rainy Card learning process. The recommendations, covering both the learning process and policy, are as follows:

1. The Rainy Card learning process enabled people to listen in a simple format that facilitators and recipients may access. It should be expanded and developed into a continuous mental care and healing process for patients and their caregivers. A previous study of the card game wellbeing demonstrates that the game has already garnered a positive response in mental health care. It can be utilized to promote the mental health of the general public, and it is recommended that such card games be further studied in the future (Gunawan, 2021).

2. The Rainy Card learning process could be utilized as a primary care tool for those suffering from mental illnesses in various situations. However, a referral or consultation with an expert should be implemented because it could not deal with some disorders or irregularities.

3. The Rainy Card learning process should be improved to be more relevant to a broader audience than only terminally ill patients and caregivers.

4. Facilitators or card providers in educational institutions, medical facilities, communities, and the public should be trained on the procedures. A community that supports one another should also be established. Furthermore, there should be a policy on using the Rainy Card in agencies and organizations at all levels for societal advantages. As a result, society has become increasingly aware of simple mental and treatment practices.

In summary, the findings from all the studies mentioned above revealed the benefits of the card, including: 1) Being listened to gives a pleasant sensation, 2) Accepting the truth, 3) Self-understanding, 4) Understanding others, and 5) Daily life and relationships with others. Furthermore, the findings in developing guidelines for organizing the learning process revealed important skills for the Rainy Card learning process, as follows: 1) Listening skills, 2) Interaction with service recipients, 3) Procedures to organize the process, 4) Deep self-observation, 5) Utilizing different tools to organize the learning process, and 6) Group learning process.

Ultimately, the study's recommendations demonstrate that the Rainy Card learning process enables individuals to engage in deep listening for others. The cards serve as a primary care tool for individuals facing mental illnesses in diverse situations. The approach should be extended to a broader audience, and training on the procedures should be implemented in various organizations. This study should undergo further investigation to enhance the learning process and contribute to future research.

Conclusion

Based on phenomenological research into the attitudes of facilitators, patients, and caregivers who had direct Rainy Card learning experiences, the conclusions illustrated that the learning process helped them create positive emotions. They had awareness, relaxation, and contemplation of their inner dimensions. The process encouraged them to accept the truth, understand themselves and others, and develop themselves. In addition, for patients in the terminal stage of life, the Rainy Card learning process helped communicate their needs in the end-of-life process. Furthermore, the perspectives of service recipients and facilitators were analyzed to develop guidelines for the learning process. Specifically, the organization of the learning process revealed important skills for the Rainy Card learning process, as follows: 1) Listening skills, 2) Interaction with service recipients, 3) Procedures to organize the process, 4) Deep self-observation, 5) Utilizing different tools to organize the learning process, and 6) Group learning process. These are important findings in developing the process of caring for patients and caregivers. The findings gathered should inform the development of the Empathy card and future research studies and policy recommendations.

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