

## **Lampiran Peer Review Korespondensi Proses Submit Publikasi Internasional**

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Judul Paper : The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients

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Submission Received + Original Paper I (22 Februari 2021)

## [NMJN] Submission Acknowledgement

Inbox



**Editor-in-Chief of Nurse Media Journal of Nursing**  
<media\_ners@live.undip.ac.id>

Mon, Feb 22, 2021,  
3:19 PM

to me

Meidiana Dwidiyanti:

Thank you for submitting the manuscript, "THE EFFECT OF ISLAMIC SPIRITUAL MINDFULNESS TOWARDS SELF EFFICACY IN ANGER MANAGEMENT ON SCHIZOPHRENIA PATIENTS" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/36871>  
Username: mediana

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Editor-in-Chief of Nurse Media Journal of Nursing  
Nurse Media Journal of Nursing

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### Submission

Authors	Meidiana Dwidiyanti, Ashri Maulida Rahmawati, Dian Ratna Sawitri
Title	THE EFFECT OF ISLAMIC SPIRITUAL MINDFULNESS TOWARDS SELF EFFICACY IN ANGER MANAGEMENT ON SCHIZOPHRENIA PATIENTS
Original file	<a href="#">36871-111000-1-SM.docx</a> 22-02-2021
Supp. files	<a href="#">36871-111002-1-SP.jpeg</a> 22-02-2021 <a href="#">36871-111003-1-SP.pdf</a> 22-02-2021
Submitter	Meidiana Dwidiyanti
Date submitted	February 22, 2021 - 03:18 PM
Section	Articles
Editor	Meira Erawati

Editor Decision (12 Maret 2021)

## [NMJN] Editor Decision

Inbox



**Meira Erawati** <[meiraerawati@fk.undip.ac.id](mailto:meiraerawati@fk.undip.ac.id)> Fri, Mar 12, 2021, 3:24 PM

to me, media\_ners

Dear Dr Meidiana Dwidiyanti:

We have received your manuscript entitled "THE EFFECT OF ISLAMIC SPIRITUAL MINDFULNESS TOWARDS SELF EFFICACY IN ANGER MANAGEMENT ON SCHIZOPHRENIA PATIENTS"

After an initial editorial review, we found that the following actions need to be undertaken by authors:

1. Please re-write the manuscript by following the author's guideline. You can find the guideline at <https://ejournal.undip.ac.id/index.php/medianers/about/submissions#authorGuidelines>
2. In the introduction section, we found some paragraph were contain more than one main theme, for example in paragraph 2 there are 3 themes including schizophrenia, mindfulness, and incidence of schizophrenia. Please elaborate each paragraph with single theme by using relevant previous studies.
3. In the background section, Please develop a paragraph to elaborate mindfulness intervention. Use relevant previous studies as reference.
4. Please state gap of study explicitly at the end of the last paragraph in the background section
5. Please provide appropriate exclusion criteria
6. At the result section, there is no data about pre and post intervention, please add the data
7. The discussion was not systematically written, some of sentences are irrelevant (please check paragraph 4, and revise it)
8. please add more recent relevant references at the discussion.
9. please revise values that were written in Indonesian style (table 2, table 3, p value)

Please submit the revised manuscript through the system no later than 25 March 2021

Regards,

Editor  
Nurse Media Journal of Nursing

Inbox

Mon, Mar 22, 2021,  
2:24 PM

Editor-in-Chief of Nurse Media Journal of Nursing  
<media\_ners@live.undip.ac.id>

to me

Meidiana Dwidiyanti:

Thank you for submitting the manuscript, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/37401>  
Username: mediana

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Editor-in-Chief of Nurse Media Journal of Nursing  
Nurse Media Journal of Nursing

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## Submission

Authors	Meidiana Dwidiyanti, Ashri Maulida Rahmawati, Dian Ratna Sawitri
Title	The Effect of Islamic Spiritual Mindfulness on Self-Efficacy in Anger Management among Schizophrenic Patients
Original file	<a href="#">37401-113213-1-SM.doc</a> 22-03-2021
Supp. files	None
Submitter	Meidiana Dwidiyanti
Date submitted	March 22, 2021 - 02:24 PM
Section	Articles
Editor	Meira Erawati
Author comments	This article has been revised according to the editor's suggestion
Abstract Views	0

Submission Recieved + Original Paper II (22 Maret 2021)

## [NMJN] [ID-36871] Revised Version Acknowledgement

Inbox



**Editor-in-Chief of Nurse Media Journal of Nursing**  
<media\_ners@live.undip.ac.id>

Sat, Mar 27, 2021,  
1:41 PM

to me

Meidiana Dwidiyanti:

Thank you for submitting the revision of manuscript, "THE EFFECT OF ISLAMIC SPIRITUAL MINDFULNESS TOWARDS SELF EFFICACY IN ANGER MANAGEMENT ON SCHIZOPHRENIA PATIENTS" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/36871>

Username: mediana

Editor: Meira Erawati

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Editor-in-Chief of Nurse Media Journal of Nursing  
Nurse Media Journal of Nursing

Editor Decision : Declined Paper I (2 April 2021)

## [NMJN] Editor Decision

Inbox



**Meira Erawati** <[meiraerawati@fk.undip.ac.id](mailto:meiraerawati@fk.undip.ac.id)> Fri, Apr 2, 2021, 11:51 AM

to me, media\_ners

Dear Dr Meidiana Dwidiyanti:

We have reached a decision regarding your submission to Nurse Media Journal of Nursing, "THE EFFECT OF ISLAMIC SPIRITUAL MINDFULNESS TOWARDS SELF EFFICACY IN ANGER MANAGEMENT ON SCHIZOPHRENIA PATIENTS".

Our decision is to decline the manuscript because of double submission with the ID #37401

Thank you

Editor

Nurse Media Journal of Nursing

## Peer Review : Reviewer A

Semarang, 8 June 2021

Dear Reviewers,

It is with pleasure to introduce you the Nurse Media Journal of Nursing (NMJN), an international journal which is focused on providing publication of results from original research, systematic reviews, and case report, particularly in nursing and health. The journal strives to provide the most current and best research in the field of nursing and health sciences.

The NMJN is published by Department of Nursing, Faculty of Medicine, Diponegoro University and serves as a focal point for nurse-practitioners, academicians, professionals, graduates and undergraduate students, fellows, and associates pursuing research throughout the world.

Given your expertise in the field and, particularly, the link between the topics faced in the following submitted manuscripts and your research activities, I am inviting you to be a reviewer for the following article:

### **The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients**

I would very much appreciate it if you could promptly find the time to give a quick look at this article and decide whether you can accept the invitation to review it. If you kindly accept the invitation, please return your report within 1 week after you accepted the invitation.

If you need any further inquiry related to this request, please do not hesitate to contact us at [media\\_ners@live.undip.ac.id](mailto:media_ners@live.undip.ac.id).

Thank you very much for your kind assistance and cooperation.

Sincerely Yours,

Meira Erawati  
Editor in Chief,  
Nurse Media Journal of Nursing  
Department of Nursing, Diponegoro University  
Semarang, Central Java, Indonesia 50275  
Email: [media\\_ners@live.undip.ac.id](mailto:media_ners@live.undip.ac.id)

**ARTICLE REVIEW FORM**

<b>TITLE</b>	<b>The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients</b>
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Please fill in the following information with the result of your review on the article.

Does the article:

1. Meet the aims and scope of Nurse Media Journal of Nursing (NMJN)? Yes\_√\_ No\_\_\_

Comments:

2. Follow appropriate conventions for a journal article of its type? Yes\_√\_ No\_\_\_

Comments:

3. Possess a suitable title and an abstract that accurately and concisely summarizes the content? Yes\_√\_ No\_\_\_

Comments:

It needs improvement

4. Cite, discuss and critically evaluate relevant international literature? Yes\_\_\_ No\_√\_

Comments:

Should cite more international references.

5. Demonstrate original thought or work? Yes\_√\_ No\_\_\_

Comments:

6. Does the article have a sound theoretical or policy base? Yes\_\_\_ No\_√\_

Comments:

7. Are conclusions drawn rigorously? Yes\_√\_ No\_\_\_

Comments:



8. Are the style and English usage appropriate for the journal? Yes\_\_\_ No\_\_

Comments:

### **FOR RESEARCH PAPERS**

Does the article: -

9. Outline and justify the overall research design? Yes\_\_\_ No\_\_

Comments:

10. Adequately discuss ethical issues? Yes\_\_ No\_\_\_

Comments:

Ethical approval is provided; but informed consent from participants is not explained.

11. Clearly indicate and discuss data analysis/findings? Yes\_\_\_ No\_\_

Comments:

12. Accurately display statistical data (if any)? Yes\_\_ No\_\_\_

Comments:

### **OVERALL COMMENTS ON THE ARTICLE**

There are a lot of issues in this paper: the development of the research problem and research gap in the introduction, the method, the discussion. More extensive international references and citations should be included. Please see detailed comments in the text.

## The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients

**Comment [DELL1]:** This paper highly needs proofreading service and major revision.

### ABSTRACT

**Background:** Mental health still became a significant health problem throughout the world. In Indonesia according to The Basic Health Research in 2018 there are escalation number of schizophrenia patients in central java from 2,3% became 8,7%. Schizophrenia patient has higher risk to commit violence behavior as the expression of anger and delusions. Increasing self-efficacy needed by schizophrenia patient to emotions control.

**Purpose:** This study aimed to determine effect of Islamic spiritual mindfulness towards self efficacy in anger management on schizophrenia patient.

**Method:** This study used a pre – post quasi experimental with control group design. Sample chosen from the population by purposive sampling. There were 54 patients divided into two groups. The intervention group given four session of mindfulness therapy in two weeks. Data was analyzed using t – test to analyzed the effect of Islamic spiritual mindfulness toward self efficacy in anger management on schizophrenia patients.

**Result:** This study shows that after the intervention group given the Islamic spiritual mindfulness there are significant difference self efficacy in anger management on both groups ( $p = 0,000$ ). The intervention group has higher mean (46,44) than the control group (34,59).

**Conclusion:** It can be concluded that Islamic spiritual mindfulness has more significant effect toward self efficacy in anger management on schizophrenia patients.

### Keywords:

Mindfulness; Schizophrenia; Self-Efficacy; Anger

**Comment [DELL2]:** The background should show the research gap; why it is necessary to conduct this study?

(Manuscript is written in 12 pts Times New Roman and single spacing.)

## BACKGROUND

(Violent behavior) Prevalence of schizophrenia increased in last period. In Indonesia according to The Basic Health Research in 2018 there are escalation number of schizophrenia patients in central java from 2,3% into 8,7% (Kementrian Kesehatan RI, 2018). Previous research show that male schizophrenia patient have 4,6 times higher risk to commit violence behavior, while female with schizophrenia have 23,3 times higher risk to commit violence behavior as the expression of anger and delusions (Ringer & Lysaker, 2014). In Dr. Amino Gondohutomo Psychiatri Hospital there are 318 cases of relapse an readmission schizophrenia patients in less than one month on 2018. This condition requires an evaluation of nursing interventions in caring for patients with violent behavior, focusing on the awareness that violent behavior is detrimental if it is not controlled.

Mindfulness can stimulate change in brain structure especially cingulated anterior cortex, insula, hippocampus, temporo-parietal intersection, and fronto limbic tissue which related to increasing self efficacy and self regulation needed by schizophrenia patient to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016). Mindfulness is very important to help schizophrenia patient improve their self efficacy in order to change behavior, deliver more adaptive coping mechanism, so they can manage their anger and violence behavior (Leon-Perez, Medina, & Munduate, 2011).

Mindfulness is an exercise to be more patient with the individual's present condition to make an objective assessment and focus more on solving the faced problems. Mindfulness significantly increases self-efficacy among families caring for patients with mental disorders (Rokhyati, Dwidiyanti & Sari, 2019).

Self-efficacy in anger management, which refers to individuals' self-confidence regarding their ability to express negative affect, should be a concern for nurses (Carpara et al., 2009). Considering the role of self-efficacy in anger management and the importance of changing the behavior of schizophrenic patients, as well as the very limited research on self-efficacy in anger management, further research is needed to investigate self-efficacy in anger management among schizophrenic patients.

This study is different from previous research in terms of research subjects and instruments. A previous study by Rokhyati (2019) used a modified self-efficacy instrument by Bandura was used. Meanwhile, the present study used the Regulatory Emotional Self-Efficacy (RESE) instrument developed by Gian Vittorio Caprara. Previous research involved families of patients with mental disorders, while in the present study, the subjects were patients with violent behaviors.

Islamic Spiritual Mindfulness is an intentional conscious therapy, with full of acceptance and without judgement, can deliver unpredictable feeling and sensation to identify an experience and accept it with ease (Dwidiyanti, Wiguna, & Ningsih, 2018). According to the previous research Mindfulness can increase psychological well being and mental health (Ijaz, Khalily, & Ahmad, 2017).

## OBJECTIVE

The aim of this study was to determine effect of Islamic spiritual mindfulness toward self-efficacy in anger management on schizophrenia patient.

## METHODS

This study used a pre – post quasi experimental with control group design. This study conducted in Dr. Amino Gondohutomo Psychiatric Hospital in Semarang. The population of

**Comment [DELL3]:** The background needs a major re-write. It should have been written more systematically and comprehensively to explore the research problem.

Self-efficacy > self-efficacy for schizophrenic patients > self-efficacy in anger management > intervention for increasing self-efficacy > mindfulness.

Please use rich international references to develop the research gap.

**Comment [DELL4]:** Please focus on the problem of the study instead of explaining a case at a hospital.

**Comment [DELL5]:** This section should be elaborated by using the following sub-headings:

1. Research design
2. Setting and samples
3. Intervention
4. Measurement and data collection
5. Data analysis
6. Ethical consideration

Please provide clear and detail information on each sub-section.

No explanation of informed consent is provided in this paper.

# Submission Template for authors

Instructions/Template for Preparing Manuscript for Nurse Media Journal of Nursing

this study was all of the schizophrenia patients which hospitalized in Dr. Amino Gondohutomo Psychiatric Hospital. There were 54 participants chosen from the population by purposive sampling.

**Comment [DELL6]:** The journal requires not mention the name of the hospital in the whole manuscript.

## Participant

Respondents were divided into two groups. 27 respondents in control group and 27 respondents in intervention group. The inclusion criteria used in this study were a schizophrenia patients with risk of abusive behavior, a Muslim, male or female around 19 -45 years old, in a calm and cooperative condition, and not in an ECT therapy program. Non-Muslim patients were excluded from this study.

**Comment [DELL7]:** Why only 54 patients were included? How sampling was conducted? How participants were approached?

## Procedure

Before the intervention began, respondent in both groups did the pretest, after that the intervention group given 4 session of mindfulness therapy. Islamic spiritual mindfulness was consist five steps of mindfulness, there were moment of awareness, muhasabbah, body scan, taubat and pray, and relaxation. In relaxation a person experienced a physical sign such as dizzy, nauseous, cough, fever, and vomit. The intervention given every 3 days in two weeks. After the intervention group completely given the series of intervention, in the last session the respondent of both groups did the post test.

**Comment [DELL8]:** What kind of pretest?

**Comment [DELL9]:** This intervention should explained more detail.

Where did the intervention take place?

Who provided the intervention?

What about the control group? What intervention given?

**Comment [DELL10]:** What do you mean by this?

**Comment [DELL11]:** How was the intervention in each section conducted? It is mentioned that there were five steps of mindfulness. Please provide adequate explanation in each step.

**Table 1. Intervention Procedure**

Session	Aim	Method	Result	Information
1	Patient could understand how to do the Islamic mindfulness Spiritual	Explained and guided patient how to do the Islamic mindfulness spiritual	Patient could successfully done the Islamic mindfulness spiritual and felt the benefits	Researcher wrote the process as in the standard operational procedure and how the patient's reaction
2	Patient could done the Islamic Spiritual mindfulness with guidance from the nurse	Identified barriers and facilitated patient how to overcome it	Patient could overcome the barriers	The nurse facilitated and supported patient with evaluating how patient feel about the benefit of Islamic Spiritual Mindfulness
3	Patient could done the Islamic Spiritual mindfulness independently	Patient made an activity list of Islamic spiritual mindfulness in the morning and afternoon	Patient could done the Islamic Spiritual mindfulness independently without any guidance from the nurse	The Nurse made an report in the documentation system
4.	Patient could increase their self efficacy in anger management	Patient done the Islamic spiritual mindfulness every morning and afternoon	Identified patient's self efficacy in anger management	Wrote the result in the documentation system

## Instrument

# Submission Template for authors



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This study was accepted by the ethic committee of Dr. Amino Gondohutomo Psychiatric Hospital Semarang. Instrument used in this study was Regulatory Emotional Self Efficacy (RESE) which was developed by Gian Vittorio Caprara in 2009. The RESE instrument was translated in Bahasa Indonesia, and back translated in English by Enable Medical Translator. The permission was obtained by the original author Gian Vittorio Caprara the RESE instrument was permitted. The RESE instrument was consist 12 questions with 5 likert scale there were not well at all, not well, neutral, well, and very well. The final score was around 12-60, higher score indicate higher self efficacy in anger management (Carpara et al., 2009). The validity and reliability test of the RESE instrument was conducted toward 20 schizophrenia patient and the result was valid (pearson correlation > 0.700) and reliable ( $\alpha$  0.965).

## Data Analysis

The data was analyzed by comparing result of the pre test and post test in both groups. Before that, the normality test was conducted using Shapiro-Wilk test. The data distribution was significantly normal ( $p > 0,05$ ) so this study used independet t – test to analyzed the effectiveness of Islamic spiritual mindfulness toward self efficacy in anger management on schizophrenia patients.

## RESULTS

54 respondent was participated in this study, The analysis result of respondent characteristic as follows:

**Comment [DELL12]:** Who is this?

It should have mentioned that the forward and backward translation was conducted by different translator; how was the result?

**Comment [DELL13]:** What is the range score of this validity test?

**Comment [DELL14]:** Who are they?

**Comment [DELL15]:** How did you get these data? It was not mentioned in the method that the researchers also collected demographic data from participants.

**Table. 2 Respondent Characteristic**

Variable	Group		Control (Mean±SD)	Intervention (Mean±SD)	p-value (X <sup>2</sup> )
	Control (n(%))	Intervention (n(%))			
<b>Age</b>	-	-	29,56±7,80	32,33±8,89	0,323
<b>Gender</b>					0,582
Male	14 (51,9)	17 (63,0)	-	-	
Female	13 (48,1)	10 (37,0)			
<b>Last Education</b>					1,000
Middle School	11 (40,7)	10 (37,0)	-	-	
High School	16 (59,3)	17 (63,0)			
<b>Profession</b>					0,099
Entrepreneur	8 (29,6)	15 (55,6)	-	-	
Does Not Work	19 (70,4)	12 (44,4)			
<b>Time Being Hospitalized</b>	-	-	1,89±1,40	2,74±1,56	0,161

In table 1 it was concluded that all the variables are significantly homogenous ( $p > 0.05$ ) there are age ( $p = 0,323$ ), gender ( $p = 0,582$ ), last education ( $p = 1.00$ ), profession ( $p = 0,099$ ), and time being hospitalized ( $p = 0.161$ ). There are no differences in respondent characteristic between the intervention and control groups.

Table 3. The level of self-efficacy in the control and intervention groups before and after the intervention

Self-efficacy level	Control group (n=27)		Intervention group (n=27)	
	Pre	Post	Pre	Post
Good	6	11	1	26
Poor	21	16	26	1

**Comment [DELL16]:** How did you categorize self-efficacy? It was not mentioned in the method.

**Comment [DELL17]:**

Table 3 shows that there were 6 patients with good self-efficacy and 21 patients with poor self-efficacy in the control group before the intervention. Meanwhile, after the intervention, there were 11 patients with good self-efficacy and 16 patients with poor self-efficacy.

The data in the intervention group show significant differences before and after the intervention. Before the intervention, there were 26 patients with poor self-efficacy and only 1 patient with good self-efficacy. In contrast, after the intervention, the data showed significant improvement, in which 26 patients had good self-efficacy, and only 1 patient had poor self-efficacy.

**Table 4.**  
**The Differences of Self Efficacy in Anger Management on Schizophrenia Patients Before and After Given Islamic Spiritual Mindfulness on Control and Intervention Groups**

# Submission Template for authors



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		Control		Intervention		p
		Mean±SD	Min-Max	Mean±SD	Min-Max	
Self Efficacy	Pre	30,26±9,15	15-47	28,15±10,09	15-57	0,424
	Post	34,59±7,56	21-49	46,44±4,93	35-59	0,000

Based to table 3 using independent sample t test, before given the Islamic spiritual mindfulness there are no significant difference self efficacy in anger management on both groups ( $p = 0,424$ ). While after the intervention group given the Islamic spiritual mindfulness there are significant difference self efficacy in anger management on both groups ( $p = 0,000$ ). According to the post test result show that the intervention group has higher mean (46,44) than the control group (34,59).

## DISCUSSION

According to the post test result show that the intervention group has higher mean (46,44) than the control group (34,59). It can be concluded that Islamic spiritual mindfulness has more significant effect toward self-efficacy in anger management on schizophrenia patients. Islamic spiritual mindfulness can help patient to control their anger, aware with their problems, accept it with ease without any judgemental feeling and not overreact through the process of considering God (Dwidiyanti et al., 2018).

The result of this study was supported by the previous research. The previous research showed that Mindfulness spiritual can increase the spirituality level patients with schizophrenia so patient can be more calm and sincere to overcome their problems (Triyani, Dwidiyanti, & Suerni, 2020). Result of this study appropriate with the previous study that mindfulness can increase self-efficacy and decrease anger (Borders, Earleywine, & Jajodia, 2010; Turner, J. A, Anderson, M.L., Balderson, B.H., Cook, A.J., Sherman, K.J., Cherkin, 2016). Islamic Spiritual Mindfulness teach patient to believe that prayer, effort, and resignation is a form of healing process. When a person has good relationship with Allah, there will be a positive mind and also a good relationship with others (Dwidiyanti et al., 2018).

This study was conducted toward schizophrenia patients with risk of violence behavior. The previous study mention that mindfulness can stimulate change in brain structure especially cingulated anterior cortex, insula, hippocampus, temporo-parietal intersection, and fronto limbic tissue which related to increasing self-efficacy and self-regulation needed by schizophrenia patient to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016).

Another study mentioned that mindfulness can increase psychological well being and mental health (Ijaz et al., 2017). Islamic spiritual mindfulness is one of therapy which can increase emotional flexibility so a person will not be feeling stressful easily. Mindfulness can decrease a physical pain with body scanning and repair the pulmonary activity (Dwidiyanti et al., 2018). Using mindfulness to increase self efficacy was appropriate with Bandura's Self Efficacy theory that self efficacy is affected by four main resources, there are mastery experience, vicarious experience, verbal persuasion, dan physiological and emotional state

**Comment [DELL18]:** This section needs a major re-write. It should have been focused on the main findings. Please compare and contrast the results of the study with previous findings, why?

Please use extensive international references.

# Submission Template for authors



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(Bandura, 1994). Bandura mentioned that self efficacy can be modified by decreasing the stressful reaction, change the preference of negative emotion, and change an error interpretation of knowing the body condition (Bandura, 1997).

The ability of self efficacy in anger management divided in three aspects, there are efficacy of controlling negative emotion, efficacy of controlling positive emotion, and efficacy of controlling anger (Nocentini, Pastorelli, & Menesini, 2013). Islamic spiritual mindfulness can help patient to living a life happily, grateful to the things they have, and sincerely accept their flaws and problems without any judge mental feeling (Dwidiyanti et al., 2018)

X  
X

## CONCLUSION

Islamic spiritual mindfulness intervention which is carried for four time in two weeks can help patients with schizophrenia to improve self efficacy in anger management. This study result can be a new innovation in nursing care especially to prepare patient independently improve their ability in controlling anger and prevent violence behavior. The future researcher can use randomized controlled trial and bigger sample schizophrenia patients for the next study.

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- Bandura, A. (1994). Self-Efficacy. *International Encyclopedia of the Social & Behavioral Sciences: Second Edition*, 4(1), 504–508. Retrieved from <https://www.sciencedirect.com/referencework/9780080970875/international-encyclopedia-of-the-social-and-behavioral-sciences>
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- Dwidiyanti, M., Wiguna, R. indra, & Ningsih, H. E. W. (2018). Mindfulness untuk Self-Care. In *Mindfulness untuk Self-Care* (p. 120). Semarang: UNDIP Press.
- Ijaz, S., Khalily, M. T., & Ahmad, I. (2017). Mindfulness in Salah Prayer and its Association with Mental Health. *Journal of Religion and Health*, 56(6), 2297–2307. <https://doi.org/10.1007/s10943-017-0413-1>

**Comment [DELL19]:** What are the implications of this study for nursing and practice?

What are the limitations?

**Comment [DELL20]:** The references should be added with more international references from journal articles.



## Submission Template for authors



Instructions/Template for Preparing Manuscript for Nurse Media Journal of Nursing

- Kemertian Kesehatan RI. (2018). Hasil Utama Laporan Riskesdas 2018. In *Jakarta: Badan Penelitian dan Pengembangan Kesehatan Departemen Kesehatan Republik Indonesia*.
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Peer Review : Reviewer B

ARTICLE REVIEW FORM

<b>TITLE</b>	<b>The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients</b>
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Please fill in the following information with the result of your review on the article.

Does the article:

1. Meet the aims and scope of Nurse Media Journal of Nursing (NMJN)? Yes\_V \_\_\_ No\_\_\_

Comments:

2. Follow appropriate conventions for a journal article of its type? Yes\_ V \_\_\_ No\_\_\_

Comments:

3. Possess a suitable title and an abstract that accurately and concisely summarizes the content? Yes\_ V \_ No\_\_\_

Comments:

4. Cite, discuss and critically evaluate relevant international literature? Yes\_ V \_ No\_\_\_

Comments:

5. Demonstrate original thought or work? Yes\_ \_\_\_ No\_\_\_

Comments:

6. Does the article have a sound theoretical or policy base? Yes\_\_\_ No\_\_\_

Comments:

[Empty box]

7. Are conclusions drawn rigorously? Yes\_V \_\_ No\_\_

Comments:

[Empty box]

8. Are the style and English usage appropriate for the journal? Yes\_ \_\_ No\_V\_\_

Comments:

Need proofreading by professional

**FOR RESEARCH PAPERS**

Does the article: -

9. Outline and justify the overall research design? Yes\_ V\_\_ No\_\_

Comments:

[Empty box]

10. Adequately discuss ethical issues? Yes\_\_ No\_V\_\_

Comments:

There is no information about IC for the respondents while the respondents are schizophrenic patients who cannot make legal decisions on their own

11. Clearly indicate and discuss data analysis/findings? Yes\_\_ V \_ No\_\_

Comments:

[Empty box]

12. Accurately display statistical data (if any)? Yes\_V \_\_ No\_\_

Comments:

Need clarification in some result

**OVERALL COMMENTS ON THE ARTICLE**

1. Highly recommended for proofreading
2. Number should be written in English style
3. The table should start from table 1
4. Please synchronize the method, result, and discussion section
5. The discussion section need to be elaborated
6. Add limitation and acknowledgment

## The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients

### ABSTRACT

**Background:** Mental health still became a significant health problem throughout the world. In Indonesia according to The Basic Health Research in 2018 there are escalation number of schizophrenia patients in central java from 2,3% became 8,7%. Schizophrenia patient has higher risk to commit violence behavior as the expression of anger and delusions. Increasing self-efficacy needed by schizophrenia patient to emotions control.

**Purpose:** This study aimed to determine effect of Islamic spiritual mindfulness towards self efficacy in anger management on schizophrenia patient.

**Method:** This study used a pre – post quasi experimental with control group design. Sample chosen from the population by purposive sampling. There were 54 patients divided into two groups. The intervention group given four session of mindfulness therapy in two weeks. Data was analyzed using t – test to analyzed the effect of Islamic spiritual mindfulness toward self efficacy in anger management on schizophrenia patients.

**Result:** This study shows that after the intervention group given the Islamic spiritual mindfulness there are significant difference self efficacy in anger management on both groups ( $p = 0,000$ ). The intervention group has higher mean (46,44) than the control group (34,59).

**Conclusion:** It can be concluded that Islamic spiritual mindfulness has more significant effect toward self efficacy in anger management on schizophrenia patients.

### Keywords:

Mindfulness; Schizophrenia; Self-Efficacy; Anger

**Comment [LN21]:** which group does it mean

**Comment [LN22]:** How about pre and post to result? Please mention

(Manuscript is written in 12 pts Times New Roman and single spacing.)

## BACKGROUND

(Violent behavior) Prevalence of schizophrenia increased in last period. In Indonesia according to The Basic Health Research in 2018 there are escalation number of schizophrenia patients in central java from 2,3% into 8,7% (Kementrian Kesehatan RI, 2018). Previous research show that male schizophrenia patient have 4,6 times higher risk to commit violence behavior, while female with schizophrenia have 23,3 times higher risk to commit violence behavior as the expression of anger and delusions (Ringer & Lysaker, 2014). In Dr. Amino Gondohutomo Psichiatri Hospital there are 318 cases of relapse an readmission schizophrenia patients in less than one month on 2018. This condition requires an evaluation of nursing interventions in caring for patients with violent behavior, focusing on the awareness that violent behavior is detrimental if it is not controlled.

**Comment [LN23]:** parentheses shouldn't sta paragraphs

**Comment [LN24]:** higher than what? Please clarify

Mindfulness can stimulate change in brain structure especially cingulated anterior cortex, insula, hippocampus, temporo-parietal intersection, and fronto limbic tissue which related to increasing self efficacy and self regulation needed by schizophrenia patient to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016). Mindfulness is very important to help schizophrenia patient improve their self efficacy in order to change behavior, deliver more adaptive coping mechanism, so they can manage their anger and violence behavior (Leon-Perez, Medina, & Munduate, 2011).

Mindfulness is an exercise to be more patient with the individual's present condition to make an objective assessment and focus more on solving the faced problems. Mindfulness significantly increases self-efficacy among families caring for patients with mental disorders (Rokhyati, Dwidiyanti & Sari, 2019).

**Comment [LN25]:** This paragraph needs to be elaborated

Self-efficacy in anger management, which refers to individuals' self-confidence regarding their ability to express negative affect, should be a concern for nurses (Carpara et al., 2009). Considering the role of self-efficacy in anger management and the importance of changing the behavior of schizophrenic patients, as well as the very limited research on self-efficacy in anger management, further research is needed to investigate self-efficacy in anger management among schizophrenic patients.

This study is different from previous research in terms of research subjects and instruments. A previous study by Rokhyati (2019) used a modified self-efficacy instrument by Bandura was used. Meanwhile, the present study used the Regulatory Emotional Self-Efficacy (RESE) instrument developed by Gian Vittorio Caprara. Previous research involved families of patients with mental disorders, while in the present study, the subjects were patients with violent behaviors.

Islamic Spiritual Mindfulness is an intentional conscious therapy, with full of acceptance and without judgement, can deliver unpredictable feeling and sensation to identify an experience and accept it with ease (Dwidiyanti, Wiguna, & Ningsih, 2018). According to the previous research Mindfulness can increase psychological well being and mental health (Ijaz, Khalily, & Ahmad, 2017).

XXX

**Comment [LN26]:** Please state gap of this research at the end of this paragraph

## OBJECTIVE

The aim of this study was to determine effect of Islamic spiritual mindfulness toward self-efficacy in anger management on schizophrenia patient.

## METHODS

This study used a pre – post quasi experimental with control group design. This study conducted in Dr. Amino Gondohutomo Psychiatric Hospital in Semarang. The population of this study was all of the schizophrenia patients which hospitalized in Dr. Amino Gondohutomo Psychiatric Hospital. There were 54 participants chosen from the population by purposive sampling.

**Comment [LN27]:**

1. Please do not mention the place of research explicitly
2. Add information of time of study

**Participant**

Respondents were divided into two groups. 27 respondents in control group and 27 respondents in intervention group. The inclusion criteria used in this study were a schizophrenia patients with risk of abusive behavior, a Muslim, male or female around 19 -45 years old, in a calm and cooperative condition, and not in an ECT therapy program. Non-Muslim patients were excluded from this study.

**Comment [LN28]:**

1. Exclusion criteria is not the opponent of inclusion criteria
2. State the sample and sampling method that was used in this study
3. How did author divide respondents into intervention and control groups, please mention. One of the gold standard of experimental study is randomization process. Please explain about it

**Procedure**

Before the intervention began, respondent in both groups did the pretest, after that the intervention group given 4 session of mindfulness therapy. Islamic spiritual mindfulness was consist five steps of mindfulness, there were moment of awareness, muhasabbah, body scan, taubat and pray, and relaxation. In relaxation a person experienced a physical sign such as dizzy, nauseous, cough, fever, and vomit. The intervention given every 3 days in two weeks. After the intervention group completely given the series of intervention, in the last session the respondent of both groups did the post test.

**Comment [LN29]:** What kind of test is it? How did they do this test? Please describe

**Comment [LN30]:** What kind of test is it? How did they do this test? Please describe

**Table 1. Intervention Procedure**

Session	Aim	Method	Result	Information
1	Patient could understand how to do the Islamic mindfulness spiritual	Explained and guided patient how to do the Islamic mindfulness spiritual	Patient could successfully done the Islamic mindfulness spiritual and felt the benefits	Researcher wrote the process as in the standard operational procedure and how the patient's reaction
2	Patient could done the Islamic Spiritual mindfulness with guidance from the nurse	Identified barriers and facilitated patient how to overcome it	Patient could overcome the barriers	The nurse facilitated and supported patient with evaluating how patient feel about the benefit of Islamic Spiritual Mindfulness
3	Patient could done the Islamic Spiritual mindfulness independently	Patient made an activity list of Islamic spiritual mindfulness in the morning and afternoon	Patient could done the Islamic Spiritual mindfulness independently without any guidance from the nurse	The Nurse made an report in the documentation system
4.	Patient could increase their self efficacy in anger management	Patient done the Islamic spiritual mindfulness every morning and afternoon	Identified patient's self efficacy in anger management	Wrote the result in the documentation system

**Comment [LN31]:** Who did the intervention the respondent? Researcher or professional? Please mention.

Please provide islamic mindfulness spiritual standard operating procedure in detail

## Instrument

This study was accepted by the ethic committee of Dr. Amino Gondohutomo Psychiatric Hospital Semarang. Instrument used in this study was Regulatory Emotional Self Efficacy (RESE) which was developed by Gian Vittorio Caprara in 2009. The RESE instrument was translated in Bahasa Indonesia, and back translated in English by Enable Medical Translator. The permission was obtained by the original author Gian Vittorio Caprara the RESE instrument was permitted. The RESE instrument was consist 12 questions with 5 likert scale there were not well at all, not well, neutral, well, and very well. The final score was around 12-60, higher score indicate higher self efficacy in anger management (Carpara et al., 2009). The validity and reliability test of the RESE instrument was conducted toward 20 schizophrenia patient and the result was valid (pearson correlation > 0.700) and reliable ( $\alpha$  0.965).

**Comment [LN32]:** Provide number of certificate. How about the informed consent of the respondents?

**Comment [LN33]:** How to score the scale? Please describe

**Comment [LN34]:** Where did this test conducted? Who is the respondent of this test?

## Data Analysis

The data was analyzed by comparing result of the pre test and post test in both groups. Before that, the normality test was conducted using Shapiro-Wilk test. The data distribution was significantly normal ( $p > 0,05$ ) so this study used independet t – test to analyzed the effectiveness of Islamic spiritual mindfulness toward self efficacy in anger management on schizophrenia patients.

## RESULTS

54 respondent was participated in this study, The analysis result of respondent characteristic as follows:

**Comment [LN35]:** Please refer to the table

**Table. 2 Respondent Characteristic**

Variable	Group				p-value ( $\chi^2$ )
	Control (n(%))	Intervention (n(%))	Control (Mean±SD)	Intervention (Mean±SD)	
<b>Age</b>	-	-	29,56±7,80	32,33±8,89	0,323
<b>Gender</b>					
Male	14 (51,9)	17 (63,0)	-	-	0,582
Female	13 (48,1)	10 (37,0)			
<b>Last Education</b>					
Middle School	11 (40,7)	10 (37,0)	-	-	1,000
High School	16 (59,3)	17 (63,0)			
<b>Profession</b>					
Entrepreneur	8 (29,6)	15 (55,6)	-	-	0,099
Does Not Work	19 (70,4)	12 (44,4)			
<b>Time Being Hospitalized</b>					
	-	-	1,89±1,40	2,74±1,56	0,161

XXX

**Comment [LN36]:** Please state the test that used in table 2



In table 1 it was concluded that all the variables are significantly homogenous ( $p > 0.05$ ) there are age ( $p = 0,323$ ), gender ( $p = 0,582$ ), last education ( $p = 1.00$ ), profession ( $p = 0,099$ ), and time being hospitalized ( $p = 0.161$ ). There are no differences in respondent characteristic between the intervention and control groups.

**Comment [LN37]:** Which one is table 1?

Table 3. The level of self-efficacy in the control and intervention groups before and after the intervention

Self-efficacy level	Control group (n=27)		Intervention group (n=27)	
	Pre	Post	Pre	Post
Good	6	11	1	26
Poor	21	16	26	1

**Comment [LN38]:** There is no information about self efficacy level in the method section? How does it appear in the result? Please synchronize the method and the result section

Table 3 shows that there were 6 patients with good self-efficacy and 21 patients with poor self-efficacy in the control group before the intervention. Meanwhile, after the intervention, there were 11 patients with good self-efficacy and 16 patients with poor self-efficacy.

The data in the intervention group show significant differences before and after the intervention. Before the intervention, there were 26 patients with poor self-efficacy and only 1 patient with good self-efficacy. In contrast, after the intervention, the data showed significant improvement, in which 26 patients had good self-efficacy, and only 1 patient had poor self-efficacy

**Comment [LN39]:** How can be significantly different? There is no information about the p value in table 3. Please clarify

**Table 4.**

The Differences of Self Efficacy in Anger Management on Schizophrenia Patients Before and After Given Islamic Spiritual Mindfulness on Control and Intervention Groups

		Control		Intervention		P
		Mean±SD	Min-Max	Mean±SD	Min-Max	
Self Efficacy	Pre	30,26±9,15	15-47	28,15±10,09	15-57	0,424
	Post	34,59±7,56	21-49	46,44±4,93	35-59	0,000

Based to table 3 using independent sample t test, before given the Islamic spiritual mindfulness there are no significant difference self efficacy in anger management on both groups ( $p = 0,424$ ). While after the intervention group given the Islamic spiritual mindfulness there are significant difference self efficacy in anger management on both groups ( $p = 0,000$ ). According to the post test result show that the intervention group has higher mean (46,44) than the control group (34,59).

**Comment [LN40]:** Table 3 or table 4, please clarify

## DISCUSSION

According to the post test result show that the intervention group has higher mean (46,44) than the control group (34,59). It can be concluded that Islamic spiritual mindfulness has more significant effect toward self-efficacy in anger management on schizophrenia patients. Islamic spiritual mindfulness can help patient to control their anger, aware with their problems, accept it with ease without any judgemental feeling and not overreact through the process of considering God (Dwidiyanti et al., 2018).

The result of this study was supported by the previous research. The previous research showed that Mindfulness spiritual can increase the spirituality level patients with

**Comment [LN41]:**  
 1. The discussion section should be start with the aim of the study  
 2. Then continue with the result of the study  
 3. Compare the results with Pro or contra from the previous study  
 4. Analysis with the theory or previous study

schizophrenia so patient can be more calm and sincere to overcome their problems (Triyani, Dwidiyanti, & Suerni, 2020). Result of this study appropriate with the previous study that mindfulness can increase self-efficacy and decrease anger (Borders, Earleywine, & Jajodia, 2010; Turner, J. A, Anderson, M.L., Balderson, B.H., Cook, A.J., Sherman, K.J., Cherkin, 2016). Islamic Spiritual Mindfulness teach patient to believe that prayer, effort, and resignation is a form of healing process. When a person has good relationship with Allah, there will be a positive mind and also a good relationship with others (Dwidiyanti et al., 2018).

This study was conducted toward schizophrenia patients with risk of violence behavior. The previous study mention that mindfulness can stimulate change in brain structure especially cingulated anterior cortex, insula, hippocampus, temporo-parietal intersection, and fronto limbic tissue which related to increasing self-efficacy and self-regulation needed by schizophrenia patient to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016).

Another study mentioned that mindfulness can increase psychological well being and mental health (Ijaz et al., 2017). Islamic spiritual mindfulness is one of therapy which can increase emotional flexibility so a person will not be feeling stressful easily. Mindfulness can decrease a physical pain with body scanning and repair the pulmonary activity (Dwidiyanti et al., 2018). Using mindfulness to increase self efficacy was appropriate with Bandura's Self Efficacy theory that self efficacy is affected by four main resources, there are mastery experience, vicarious experience, verbal persuasion, dan physiological and emotional state (Bandura, 1994). Bandura mentioned that self efficacy can be modified by decreasing the stressful reaction, change the preference of negative emotion, and change an error interpretation of knowing the body condition (Bandura, 1997).

The ability of self efficacy in anger management divided in three aspects, there are efficacy of controlling negative emotion, efficacy of controlling positive emotion, and efficacy of controlling anger (Nocentini, Pastorelli, & Menesini, 2013). Islamic spiritual mindfulness can help patient to living a life happily, grateful to the things they have, and sincerely accept their flaws and problems without any judge mental feeling (Dwidiyanti et al., 2018)

## CONCLUSION

Islamic spiritual mindfulness intervention which is carried for four time in two weeks can help patients with schizophrenia to improve self efficacy in anger management. This study result can be a new innovation in nursing care especially to prepare patient independently improve their ability in controlling anger and prevent violence behavior. The future researcher can use randomized controlled trial and bigger sample schizophrenia patients for the next study.

XXX

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**Comment [LN42]:** Please provide limitation of the study

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Editor Decision (21 Juni 2021)

## [NMJN] Editor Decision

Inbox

**Meira Erawati** <meiraerawati@fk.undip.ac.id> Mon, Jun 21, 2021, 7:49 AM

to me, media\_ners

Dear Meidiana Dwidiyanti

We have reached a decision regarding your submission to Nurse Media Journal of Nursing (NMJN) entitled "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients".

Our decision is to revise the manuscript based on the reviewers' comments. Please find the attached review document in the journal website. Please submit the revised manuscript no later than 3 July 2021 so that we can take a further decision. Thank you very much.

Best regards,  
Editor  
Nurse Media Journal of Nursing



**MEIDIANA DWIDIYANTI**  
<mdwidiyanti@gmail.com>

Mon, Jun 21, 2021, 1:29  
PM

to Meira, Nurse

Thank you, I will do that.

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### AUTHOR RESPONSES

Date	Part	Reviewer	Author Responses
June 29 <sup>th</sup> , 2021	Abstract	On result, which group does it mean? mention pre and post test result	there were significant differences in self-efficacy in anger management between the intervention and control groups ( $p=0.000$ ). Before the intervention, the mean of self-efficacy in the intervention group (28.15) was lower than that in the control group (30.26). After the intervention, the intervention group showed a higher mean value (46.44) than the control group (34.59). <b>(page 1)</b>
	Background	Clarify about the risk of violence behavior on schizophrenia patients	Previous research shows that male schizophrenic patients have 4.6 times higher risk to commit violence behavior than males without schizophrenia, while females with schizophrenia have a 23.3 times higher risk to commit violent behavior than females without schizophrenia, as the expression of anger and delusions <b>(page 2, paragraph 1)</b>
		Elaborate the definition of mindfulness intervention	Mindfulness is an exercise to teach how to be more resilient with the individual's present condition, make an objective assessment, and focus on solving problems. Mindfulness can significantly increase self-efficacy among families to take care of persons with mental disorders (Rokhyati, Dwidiyanti & Sari, 2019). <b>(page 2, paragraph 3)</b>
		State gap of this research at the end of the paragraph	This study would benefit mental health nurses to maintain violent behavior among schizophrenic patients. A previous study by Cameron (2008) showed that a psychoeducational intervention can increase regulation emotion but is not highly effective in patients with high negative affect such as schizophrenia. Meanwhile, Islamic spiritual mindfulness not only helps patients control their negative affect but also helps patients raise their awareness without any judgment and accept it with ease (Dwidiyanti, Wiguna, & Ningsih, 2018). Islamic spiritual mindfulness can increase the ability to control emotion in adult patients (Sadipun, Dwidiyanti, & Andriany, 2018). <b>(page 2, paragraph 7)</b>
	Method	Elaborate the exclusion criteria, state the sample and sampling method, how did author divided respondents into intervention and control group	This study used purposive sampling. Participants were divided into two groups. Randomized sampling was not applied in this study. In order to control biases, 27 respondents who met the inclusion criteria in ward 'A' were assigned into the control group, and the other 27 respondents who met the inclusion criteria in ward 'B' were assigned into the intervention group. The

		inclusion criteria were schizophrenic patients with risk of abusive behavior, Muslim, male or female aged 19-45 years old, being calm and cooperative, and did not undergo ECT therapy. Patients who did not fully participate in all sessions of the intervention were excluded <b>(page 3, paragraph 3)</b>
	On the procedure, what kind of test is it? how did they do this test? who did the intervention? please describe	Before the intervention, participants in both groups were given a pretest. The researchers assessed patients' self-efficacy in anger management using the RESE instrument in both groups. After that, the intervention group was given four sessions of Islamic spiritual mindfulness. This intervention consisted of five steps of mindfulness: a moment of awareness, self-evaluation, body scan, repentance, prayer, and relaxation. In the relaxation step, a person experienced physical signs such as dizzy, nausea, cough, fever, and vomiting. The intervention was given every three days in two weeks by professional trainers. In the last session, the respondents in both groups were given a posttest to evaluate patients' self-efficacy in anger management using the RESE instrument. <b>(page 3, paragraph 4)</b>
	On the instrument, provide the number of certificate, how about the informed consent? how to score the scale? where did the test conducted? who is the respondent ?	This study was approved by the Health Research Ethics Committee of Dr. Amino Gondohutomo Psychiatric Hospital Semarang with a reference number of 420/6028. Informed consent was directly signed by the participants. The Regulatory Emotional Self-Efficacy (RESE), which was developed by Gian Vittorio Caprara in 2009, was used for data collection. This instrument was translated into Bahasa Indonesia and back-translated into English by Enable Medical Translator. The permission to use the instrument was obtained from the original author. The RESE consisted of 12 questions with 5 Likert scales: not well at all, not well, neutral, well, and very well. The total score was calculated by adding all the answers from question 1 to 12. The total score was around 12-60; a higher score indicated a higher self-efficacy in anger management (Carpara et al., 2009). The validity and reliability test of the RESE instrument was conducted on 20 schizophrenic patients with risks of violent behavior in a psychiatric ward in Semarang; the result was valid (Pearson's correlation >0.700) and reliable ( $\alpha=0.965$ ). <b>(page 4, paragraph 1)</b>
Result	State the test that used	The test that used in table 2 was levene for age

		in table 2	and time being hospitalized, and crosstab chisquare for gender, education, and profession. (page 5)
	Discussion	The discussion section should be start with the aim of the study then continue with the result of the study , compare the result with pro or contra from previous study, analysis with the teory or previous study	<p>Aim: This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients. Result: The result showed that the intervention group had a higher mean value (46.44) than the control group (34.59).</p> <p>Compare from previous study:</p> <ul style="list-style-type: none"> <li>• The result of this study is in line with previous research, which showed that spiritual mindfulness increased the spirituality level of patients with schizophrenia so that patients can be more calm and sincere to overcome their problems (Triyani, Dwidiyanti, &amp; Suerni, 2020).</li> <li>• The result of this study is also congruent with a previous study reporting that mindfulness increased self-efficacy and decreased anger (Borders, Earleywine, &amp; Jajodia, 2010; Turner, Anderson, Balderson, Cook, Sherman, &amp; Cherkin, 2016). Islamic spiritual mindfulness teaches patients to believe that prayer, effort, and a resignation is a form of the healing process. When a person has a good relationship with Allah, there will be a positive mind and also a good relationship with others (Dwidiyanti et al., 2018).</li> <li>• A previous study mentioned that mindfulness could stimulate changes in brain structure especially cingulated anterior cortex, insula, hippocampus, temporoparietal intersection, and fronto-limbic tissue, which are related to increasing self-efficacy and self-regulation needed by schizophrenic patients to regulate and control selection, feeling, and behavior (Shonin &amp; Van Gordon, 2016).</li> </ul> <p>Analysis with the teory or previous study: Another study mentioned that mindfulness could increase psychological well-being and mental health (Ijaz et al., 2017). Islamic spiritual mindfulness is a therapy that can increase emotional flexibility so that a person will not feel stressed easily. Mindfulness can decrease a physical pain with body scanning and repair pulmonary activity (Dwidiyanti et al., 2018).</p>

			<p>The ability of self efficacy in anger management is divided into three aspects: efficacy of controlling negative emotion, efficacy of controlling positive emotion, and efficacy of controlling anger (Nocentini, Pastorelli, &amp; Menesini, 2013). Islamic spiritual mindfulness can help patients live the life happily, be grateful to the things they have, and sincerely accept their flaws and problems without judgmental feelings (Dwidiyanti et al., 2018).</p> <p><b>(page 6-7)</b></p>
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Revised Version Acknowledgement (30 Juni 2021)

## [NMJN] [ID-37401] Revised Version Acknowledgement

Inbox



**Editor-in-Chief of Nurse Media Journal of Nursing**  
<media\_ners@live.undip.ac.id>

Wed, Jun 30,  
2021, 9:13 AM

to me

Meidiana Dwidiyanti:

Thank you for submitting the revision of manuscript, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/37401>  
Username: mediana  
Editor: Meira Erawati

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

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Revised Version Acknowledgement (14 Juli 2021)

## [NMJN] [ID-37401] Revised Version Acknowledgement

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**Editor-in-Chief of Nurse Media Journal of Nursing**  
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Wed, Jul 14, 2021,  
8:29 AM

to me

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Thank you for submitting the revision of manuscript, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/37401>

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Editor: Meira Erawati

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Editor Decision (26 Juli 2021)

## [NMJN] Editor Decision

Inbox



**Meira Erawati** <meiraerawati@fk.undip.ac.id> Mon, Jul 26, 2021, 7:35 AM

to me, media\_ners

Dear Authors:

Thank you for the revision of your paper with ID #37401. We have carefully reviewed the revised manuscript and found that it still needs further revision. Some comments from the reviewers have not been appropriately followed-up by the authors.

Please see detailed comments in the text.

Please submit the revision through your account in the journal no later than 10 August 2021.

Thank you.

Editor

Nurse Media Journal of Nursing



**MEIDIANA DWIDIYANTI**  
<mdwidiyanti@gmail.com>

Tue, Jul 27, 2021, 7:19 AM

to Meira, Nurse

Thank you, I will do that.

## Revised Manuscript 1 (11 Oktober 2021)

### ARTICLE REVIEW FORM

<b>TITLE</b>	<b>The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients</b>
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Please fill in the following information with the result of your review on the article.

Does the article:

1. Meet the aims and scope of Nurse Media Journal of Nursing (NMJN)? Yes\_V \_\_\_ No\_\_\_

Comments:

2. Follow appropriate conventions for a journal article of its type? Yes\_V \_\_\_ No\_\_\_

Comments:

3. Possess a suitable title and an abstract that accurately and concisely summarizes the content? Yes\_\_V \_ No\_\_\_

Comments:

4. Cite, discuss and critically evaluate relevant international literature? Yes\_\_V \_ No\_\_\_

Comments:

5. Demonstrate original thought or work? Yes\_ \_\_\_ No\_\_\_

Comments:

6. Does the article have a sound theoretical or policy base? Yes\_\_ \_\_ No\_\_ \_\_

Comments:

7. Are conclusions drawn rigorously? Yes\_V \_\_ No\_\_ \_\_

Comments:

8. Are the style and English usage appropriate for the journal? Yes\_\_ \_\_ No\_V\_\_ \_\_

Comments:

Need proofreading by professional

### **FOR RESEARCH PAPERS**

Does the article: -

9. Outline and justify the overall research design? Yes\_ V\_\_ No\_\_ \_\_

Comments:

10. Adequately discuss ethical issues? Yes\_\_ \_\_ No\_V\_\_ \_\_

Comments:

There is no information about IC for the respondents while the respondents are schizophrenic patients who cannot make legal decisions on their own

11. Clearly indicate and discuss data analysis/findings? Yes\_\_V \_ No\_\_ \_\_

Comments:

12. Accurately display statistical data (if any)? Yes\_V \_\_ No\_\_ \_\_

Comments:

Need clarification in some result

## **OVERALL COMMENTS ON THE ARTICLE**

1. Highly recommended for proofreading
2. Number should be written in English style
3. The table should start from table 1
4. Please synchronize the method, result, and discussion section
5. The discussion section need to be elaborated
6. Add limitation and acknowledgment

## The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients

### ABSTRACT

**Background:** Mental health still became a significant health problem throughout the world. In Indonesia according to The Basic Health Research in 2018 there are escalation number of schizophrenia patients in central java from 2,3% became 8,7%. Schizophrenia patient has higher risk to commit violence behavior as the expression of anger and delusions. Increasing self-efficacy needed by schizophrenia patient to emotions control.

**Purpose:** This study aimed to determine effect of Islamic spiritual mindfulness towards self efficacy in anger management on schizophrenia patient.

**Method:** This study used a pre – post quasi experimental with control group design. Sample chosen from the population by purposive sampling. There were 54 patients divided into two groups. The intervention group given four session of mindfulness therapy in two weeks. Data was analyzed using t – test to analyzed the effect of Islamic spiritual mindfulness toward self efficacy in anger management on schizophrenia patients.

**Result:** This study shows that after the intervention group given the Islamic spiritual mindfulness there are significant difference self efficacy in anger management both on intervention and control groups ( $p = 0,000$ ). Before given Islamic spiritual mindfulness the Intervention group has lower mean (28,15) than the control group (30,26), but after given Islamic spiritual mindfulness the intervention group has higher mean (46,44) than the control group (34,59).

**Conclusion:** It can be concluded that Islamic spiritual mindfulness has more significant effect toward self efficacy in anger management on schizophrenia patients.

### Keywords:

Mindfulness; Schizophrenia; Self-Efficacy; Anger

**Comment [LN43]:** which group does it mean

**Comment [LN44]:** How about pre and post result? Please mention

(Manuscript is written in 12 pts Times New Roman and single spacing.)

## BACKGROUND

Prevalence of schizophrenia increased in last period. In Indonesia according to The Basic Health Research in 2018 there are escalation number of schizophrenia patients in central java from 2,3% into 8,7% (Kementrian Kesehatan RI, 2018). Previous research show that male schizophrenia patient have 4,6 times higher risk to commit violence behavior than male without schizophrenia, while female with schizophrenia have 23,3 times higher risk to commit violence behavior than female without schizophrenia as the expression of anger and delusions (Ringer & Lysaker, 2014). In Dr. Amino Gondohutomo Psichiatri Hospital there are 318 cases of relapse an readmission schizophrenia patients in less than one month on 2018. This condition requires an evaluation of nursing interventions in caring for patients with violent behavior, focusing on the awareness that violent behavior is detrimental if it is not controlled.

Mindfulness can stimulate change in brain structure especially cingulated anterior cortex, insula, hippocampus, temporo-parietal intersection, and fronto limbic tissue which related to increasing self efficacy and self regulation needed by schizophrenia patient to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016). Mindfulness is very important to help schizophrenia patient improve their self efficacy in order to change behavior, deliver more adaptive coping mechanism, so they can manage their anger and violence behavior (Leon-Perez, Medina, & Munduate, 2011).

Mindfulness is an exercise to teach how to be more resilient with the individual's present condition, make an objective assessment, and focus on solving the problems. Mindfulness can significantly increases self-efficacy among families to taking care of person with mental disorders (Rokhyati, Dwidiyanti & Sari, 2019).

Self-efficacy in anger management, which refers to individuals' self-confidence regarding their ability to express negative affect, should be a concern for nurses (Carpara et al., 2009). Considering the role of self-efficacy in anger management and the importance of changing the behavior of schizophrenic patients, as well as the very limited research on self-efficacy in anger management, further research is needed to investigate self-efficacy in anger management among schizophrenic patients.

This study is different from previous research in terms of research subjects and instruments. A previous study by Rokhyati (2019) used a modified self-efficacy instrument by Bandura was used. Meanwhile, the present study used the Regulatory Emotional Self-Efficacy (RESE) instrument developed by Gian Vittorio Caprara. Previous research involved families of patients with mental disorders, while in the present study, the subjects were patients with violent behaviors.

Islamic Spiritual Mindfulness is an intentional conscious therapy, with full of acceptance and without judgement, can deliver unpredictable feeling and sensation to identify an experience and accept it with ease (Dwidiyanti, Wiguna, & Ningsih, 2018). According to the previous research Mindfulness can increase psychological well being and mental health (Ijaz, Khalily, & Ahmad, 2017).

This study would benefit mental health nursing to maintain violent behavior in schizophrenia patient. Pervious study by Cameron (2008) showed that a psychoeducational intervention can increase regulation emotion but not highly effective on patient with high negative affect such as schizophrenia. Meanwhile, Islamic Spiritual Mindfulness not only help patient to control their negative affect but also help patient raise their awareness without any judgement and accept it with ease (Dwidiyanti, Wiguna, & Ningsih, 2018). Islamic Spiritual

**Comment [LN45]:** parentheses shouldn't sta paragraphs

**Comment [LN46]:** higher than what? Please clarify

**Comment [LN47]:** This paragraph needs to b elaborated

**Comment [LN48]:** Please state gap of this research at the end of this paragraph



Mindfulness can increase the ability to control emotion on adult patient (Sadipun, Dwidiyanti, & Andriany (2018).

## OBJECTIVE

The aim of this study was to determine effect of Islamic spiritual mindfulness toward self-efficacy in anger management on schizophrenia patient.

## METHODS

This study used a pre – post quasi experimental with control group design. This study conducted in some psychiatric wards located in Semarang. The population of this study was all of the schizophrenia patients which hospitalized in psychiatric ward. There were 54 participants chosen from the population by purposive sampling.

### Participant

Respondents were divided into two groups. Randomization sampling couldn't be used in this study. In order to control biases 27 respondents who met the inclusion criteria in psychiatric ward 'A' put in the control group while 27 respondents who met the inclusion criteria in psychiatric ward 'B' put in the intervention group. The inclusion criteria used in this study were a schizophrenia patients with risk of abusive behavior, a Muslim, male or female around 19 -45 years old, in a calm and cooperative condition, and not in an ECT therapy program. Patients who couldn't participated in all of the session of intervention completely were excluded from this study.

### Procedure

Before the intervention began, respondent in both groups did the pretest. Researcher evaluated patient's self efficacy in anger management using RESE instrument in both groups before given intervention, after that the intervention group given 4 session of mindfulness therapy. Islamic spiritual mindfulness was consist five steps of mindfulness, there were moment of awareness, muhasabbah, body scan, taubat and pray, and relaxation. In relaxation a person experienced a physical sign such as dizzy, nauseous, cough, fever, and vomit. The intervention given every 3 days in two weeks. After the intervention group completely given the series of intervention by the professionals, in the last session the respondent of both groups did the post test. In the post test researcher evaluated patient's self efficacy in anger management using RESE instrument in both groups after given Islamic Spiritual Mindfulness intervention. Researchers intervened to respondents with standard operating procedures (SOP) with Islamic Spiritual Mindfulness intervention. The Islamic Spiritual Mindfulness intervention consists of six step: (1) intention, (2) self-evaluation, (3) body scan, (4) repentance, (5) prayer, (6) relaxation.

Table 1. Intervention Procedure

Session	Aim	Method	Result	Information
1	Patient could understand how to do the Islamic mindfulness Spiritual	Explained and guided patient how to do the Islamic mindfulness spiritual	Patient could successfully done the Islamic mindfulness spiritual and felt the benefits	Researcher wrote the process as in the standard operational procedure and how the patient's reaction

**Comment [LN49]:**

3. Please do not mention the place of research explicitly  
4. Add information of time of study

**Comment [LN50]:**

4. Exclusion criteria is not the opponent of inclusion criteria  
5. State the sample and sampling method that was used in this study  
6. How did author divide respondents into intervention and control groups, please mention One of The gold standart of experimental study randomization process. Please explain about t

**Comment [LN51]:** What kind of test is it? How did they do this test? Please describe

**Comment [LN52]:** What kind of test is it? How did they do this test? Please describe

**Comment [LN53]:** Who did the intervention the respondent? Researcher or professional? Please mention.

Please provide islamic mindfulness spiritual standard operation procedure in detail

2	Patient could done the Islamic Spiritual mindfulness with guidance from the nurse	Identified barriers and facilitated patient how to overcome it	Patient could overcome the barriers	The nurse facilitated and supported patient with evaluating how patient feel about the benefit of Islamic Spiritual Mindfulness
3	Patient could done the Islamic Spiritual mindfulness independently	Patient made an activity list of Islamic spiritual mindfulness in the morning and afternoon	Patient could done the Islamic Spiritual mindfulness independently without any guidance from the nurse	The Nurse made an report in the documentation system
4.	Patient could increase their self efficacy in anger management	Patient done the Islamic spiritual mindfulness every morning and afternoon	Identified patient's self efficacy in anger management	Wrote the result in the documentation system

### Instrument

This study was accepted by the ethic committee of Dr. Amino Gondohutomo Psychiatric Hospital Semarang with sertificate number 420/6028. Informed consent directly signed by the respondent.. Instrument used in this study was Regulatory Emotional Self Efficacy (RESE) which was developed by Gian Vittorio Caprara in 2009. The RESE instrument was translated in Bahasa Indonesia, and back translated in English by Enable Medical Translator. The permission was obtained by the original author Gian Vittorio Caprara the RESE instrument was permitted. The RESE instrument was consist 12 questions with 5 likert scale there were not well at all, not well, neutral, well, and very well. The total score was calculated by sum up all the answer from question number 1 to 12. The total score was around 12-60, higher score indicate higher self efficacy in anger management (Carpara et al., 2009). The validity and reliability test of the RESE instrument was conducted toward 20 schizophreria patient with risk of violence behavior at the psychiatric ward in Semarang and the result was valid (pearson correlation > 0.700) and reliable ( $\alpha$  0.965).

### Data Analysis

The data was analyzed by comparing result of the pre test and post test in both groups. Before that, the normality test was conducted using Shapiro-Wilk test. The data distribution was significantly normal ( $p > 0,05$ ) so this study used independet t – test to analyzed the effectiveness of Islamic spiritual mindfulness toward self efficacy in anger management on schizophreria patients.

### RESULTS

54 respondent was participated in this study, The analysis result of respondent characteristic as follows:

**Table. 2 Respondent Characteristic**

Variable	Group		Control (Mean±SD)	Intervention (Mean±SD)	p-value ( $\chi^2$ )
	Control (n(%))	Intervention (n(%))			
Age	-	-	29,56±7,80	32,33±8,89	0,323*

**Comment [LN54]:** Provide number of sertificate. How about the informed consent of the respondents? Sudah ada tinggal dibuat redaksi

**Comment [LN55]:** How to score the scale? Please describe

**Comment [LN56]:** Where did this test conducted? Who is the respondent of this test?

**Comment [LN57]:** Please refer to the table

# Submission Template for Authors



Instructions/Template for Preparing Manuscript for Nurse Media Journal of Nursing

<b>Gender</b>					
Male	14 (51,9)	17 (63,0)	-	-	0,582**
Female	13 (48,1)	10 (37,0)			
<b>Last Education</b>					
Middle School	11 (40,7)	10 (37,0)	-	-	1,000**
High School	16 (59,3)	17 (63,0)			
<b>Profession</b>					
Entrepreneur	8 (29,6)	15 (55,6)	-		0,099**
Does Not Work	19 (70,4)	12 (44,4)			
<b>Time Being Hospitalized</b>	-	-	1,89±1,40	2,74±1,56	0,161*

\*)Levene,  
\*\*)crosstab chisquare

**Comment [LN58]:** Please state the test that used in table 2

In table 2 it was concluded that all the variables are significantly homogenous ( $p > 0.05$ ) there are age ( $p = 0,323$ ), gender ( $p = 0,582$ ), last education ( $p = 1.00$ ), profession ( $p = 0,099$ ), and time being hospitalized ( $p = 0.161$ ). There are no differences in respondent characteristic between the intervention and control groups.

**Comment [LN59]:** Which one is table 1?

**Table 3.**  
**The Differences of Self Efficacy in Anger Management on Schizophrenia Patients Before and After Given Islamic Spiritual Mindfulness on Control and Intervention Groups**

		Control		Intervention		P
		Mean±SD	Min-Max	Mean±SD	Min-Max	
Self Efficacy	Pre	30,26±9,15	15-47	28,15±10,09	15-57	0,424
	Post	34,59±7,56	21-49	46,44±4,93	35-59	0,000

Based to table 3 using independent sample t test, before given the Islamic spiritual mindfulness there are no significant difference self efficacy in anger management on both groups ( $p = 0,424$ ). While after the intervention group given the Islamic spiritual mindfulness there are significant difference self efficacy in anger management on both groups ( $p = 0,000$ ). According to the post test result show that the intervention group has higher mean (46,44) than the control group (34,59).

## DISCUSSION

This study was aimed to determine effect of Islamic spiritual mindfulness toward self-efficacy in anger management on schizophrenia patient. According to the post test result show that the intervention group has higher mean (46,44) than the control group (34,59). It can be concluded that Islamic spiritual mindfulness has more significant effect toward self-efficacy in anger management on schizophrenia patients. Islamic spiritual mindfulness can help patient to control their anger, aware with their problems, accept it with ease without any judgemental feeling and not overreact through the process of considering God (Dwidiyanti et al., 2018).

The result of this study was supported by the previous research. The previous research showed that Mindfulness spiritual can increase the spirituality level patients with schizophrenia so patient can be more calm and sincere to overcome their problems (Triyani, Dwidiyanti, & Suerni, 2020). Result of this study appropriate with the previous study that mindfulness can increase self-efficacy and decrease anger (Borders, Earleywine, & Jajodia, 2010; Turner, J. A, Anderson, M.L., Balderson, B.H., Cook, A.J., Sherman, K.J., Cherkin, 2016). Islamic Spiritual Mindfulness teach patient to believe that prayer, effort, and resignation is a form of healing process. When a person has good relationship with Allah, there will be a positive mind and also a good relationship with others (Dwidiyanti et al., 2018).

This study was conducted toward schizophrenia patients with risk of violence behavior. The previous study mention that mindfulness can stimulate change in brain structure especially cingulated anterior cortex, insula, hippocampus, temporo-parietal intersection, and fronto limbic tissue which related to increasing self-efficacy and self-regulation needed by schizophrenia patient to regulate and control selection, feeling, and behavior (Shonin & Van

**Comment [LN60]:**

5. The discussion section should be start with the aim of the study
6. Then continue with the result of the study
7. Compare the results with Pro or contra from the previous study
8. Analysis with the theory or previous study

Gordon, 2016).

Another study mentioned that mindfulness can increase psychological well being and mental health (Ijaz et al., 2017). Islamic spiritual mindfulness is one of therapy which can increase emotional flexibility so a person will not be feeling stressful easily. Mindfulness can decrease a physical pain with body scanning and repair the pulmonary activity (Dwidiyanti et al., 2018). Using mindfulness to increase self efficacy was appropriate with Bandura's Self Efficacy theory that self efficacy is affected by four main resources, there are mastery experience, vicarious experience, verbal persuasion, dan physiological and emotional state (Bandura, 1994). Bandura mentioned that self efficacy can be modified by decreasing the stressful reaction, change the preference of negative emotion, and change an error interpretation of knowing the body condition (Bandura, 1997).

The ability of self efficacy in anger management divided in three aspects, there are efficacy of controlling negative emotion, efficacy of controlling positive emotion, and efficacy of controlling anger (Nocentini, Pastorelli, & Menesini, 2013). Islamic spiritual mindfulness can help patient to living a life happily, grateful to the things they have, and sincerely accept their flaws and problems without any judge mental feeling (Dwidiyanti et al., 2018)

## CONCLUSION

Islamic spiritual mindfulness intervention which is carried for four time in two weeks can help patients with schizophrenia to improve self efficacy in anger management. This study result can be a new innovation in nursing care especially to prepare patient independently improve their ability in controlling anger and prevent violence behavior. The future researcher can use randomized controlled trial and bigger sample schizophrenia patients for the next study.

## LIMITATIONS

This study couldn't used randomization in sampling so the future study need to use randomization in dividing the sample as the control or intervention group to make more optimal result.

Comment [LN61]: Please provide limitation of the study

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## [NMJN] [ID-37401] Revised Version Acknowledgement

Inbox



**Editor-in-Chief of Nurse Media Journal of Nursing**  
<media\_ners@live.undip.ac.id>

Mon, Oct 11, 2021,  
10:22 AM

to me

Meidiana Dwidiyanti:

Thank you for submitting the revision of manuscript, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/37401>

Username: mediana

Editor: Meira Erawati

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Editor-in-Chief of Nurse Media Journal of Nursing  
Nurse Media Journal of Nursing

Revised Manuscript-2 (15 November 2021)

## The Effect of Islamic Spiritual Mindfulness on Self-Efficacy in Anger Management among Schizophrenic Patients

### ABSTRACT

#### Background:

Mental health still becomes a significant health problem throughout the world. In Indonesia, according to the Basic Health Research in 2018, there is an escalated number of schizophrenic patients in Central Java from 2.3% to 8.7%. Previous research has shown that schizophrenic patients have a higher risk of violent behavior than those without schizophrenia, 4.6 times higher in male patients and 23.3 times higher in female patients, as an expression of anger and delusions. Schizophrenic patients have a higher risk of committing violent behavior as the expression of anger and delusions. Increasing self-efficacy is paramount for schizophrenic patients to control emotions.

**Purpose:** This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients.

**Method:** This study used a pre-post quasi-experimental design with a control group. Samples were chosen from the population by purposive sampling. There were 54 patients divided into two groups. The intervention group was given four sessions of mindfulness therapy in two weeks. Data were analyzed using a t-test to know the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients.

**Result:** This study showed that, after the intervention, there were significant differences in self-efficacy in anger management between the intervention and control groups ( $p=0.000$ ). Before the intervention, the mean of self-efficacy in the intervention group (28.15) was lower than that in the control group (30.26). After the intervention, the intervention group showed a higher mean value (46.44) than the control group (34.59). The results of the posttest showed that the intervention group had a higher mean value (46.44) than the control group (34.59).  
XX

**Conclusion:** It can be concluded that Islamic spiritual mindfulness provides a significant effect on self-efficacy in anger management among schizophrenic patients.

#### Keywords:

Mindfulness; Schizophrenia; Self-efficacy; Anger

Karena efikasi diri itu merupakan keyakinan pasien yang mempengaruhi kemampuan mengontrol emosi. Bahwa self efficacy meningkatkan kemampuan keluarga dalam merawat mempengaruhi kemampuan

#### Comment [LN62]:

**REVIEWER'S COMMENT:** The background should show the research gap; why it is necessary to conduct this study?

**AUTHOR'S RESPONSE:** None

#### Comment [LN63]:

**REVIEWER'S COMMENT:** How about pre and post test result? Please mention

**AUTHOR'S RESPONSE:** None



## BACKGROUND

The prevalence of schizophrenia has increased in the last few years. In Indonesia, according to the Basic Health Research in 2018, there is an escalated number of schizophrenic patients in Central Java from 2.3% to 8.7% (Ministry of Health Republic of Indonesia, 2018). Previous research shows that male schizophrenic patients have 4.6 times higher risk to commit violence behavior than males without schizophrenia, while females with schizophrenia have a 23.3 times higher risk to commit violent behavior than females without schizophrenia, as the expression of anger and delusions (Ringer & Lysaker, 2014).

Self-efficacy has been associated with daily functioning in schizophrenia through its relationships with cognition, negative symptoms and functional capacity (Bryce et al., 2018). Self-efficacy in anger management, which refers to individuals' self-confidence regarding their ability to express negative affect, should be a concern for nurses (Carpara et al., 2009). Considering the role of self-efficacy in anger management and the importance of changing the behavior of schizophrenic patients, as well as the very limited research on self-efficacy in anger management, further research is needed to investigate self-efficacy in anger management among schizophrenic patients (Nocentini, Pastorelli, and Menesini, 2013).

Mindfulness can stimulate changes in brain structure, especially the cingulated anterior cortex, insula, hippocampus, temporoparietal intersection, and fronto-limbic tissue, which are related to increasing self-efficacy and self-regulation needed by schizophrenic patients to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016). Mindfulness is very important to help schizophrenic patients improve their self-efficacy in order to change behaviors and deliver more adaptive coping mechanism so that they can manage their anger and behavior (Leon-Perez, Medina, & Munduate, 2011).

Mindfulness is an exercise to teach how to be more resilient with the individual's present condition, make an objective assessment, and focus on solving problems (Isgandarova, 2019).

Mindfulness can significantly increase self-efficacy among families to take care of persons with mental disorders (Rokhyati, Dwidiyanti & Sari, 2019).

This study is different from previous research in terms of research subjects and instruments. A previous study by Rokhyati (2019) used a modified self-efficacy instrument by Bandura. Meanwhile, the present study used the Regulatory Emotional Self-Efficacy (RESE) instrument developed by Gian Vittorio Caprara. Previous research involved families of patients with mental disorders, while the present study involved patients with violent behaviors.

The Islamic Spiritual Mindfulness is an intentional conscious therapy, with full of acceptance and without judgment, to deliver unpredictable feelings and sensations to identify an experience and accept it with ease (Dwidiyanti, Wiguna, & Ningsih, 2018). According to the previous research, mindfulness can increase psychological well-being and mental health (Ijaz, Khalily, & Ahmad, 2017).

This study would benefit mental health nurses to maintain violent behavior among schizophrenic patients. A previous study by Cameron (2008) showed that a psychoeducational intervention can increase regulation emotion but is not highly effective in patients with high negative affect such as schizophrenia. Meanwhile, Islamic spiritual mindfulness not only helps patients control their negative affect but also helps patients raise their awareness without any judgment and accept it with ease (Dwidiyanti, Wiguna, & Ningsih, 2018). Islamic spiritual mindfulness can increase the ability to control emotion in adult patients (Sadipun, Dwidiyanti, & Andriany, 2018).

## OBJECTIVE

### Comment [LN64]:

**REVIEWER'S COMMENT:** The background needs major re-write. It should have been written more systematically and comprehensively to explore the research problem.

Self-efficacy > self-efficacy for schizophrenic patients > self-efficacy in anger management > intervention for increasing self-efficacy > mindfulness.

Please use rich international references to develop the research gap.

**AUTHOR'S RESPONSE:** None

### Comment [LN65]:

**REVIEWER'S COMMENT:** This paragraph needs to be elaborated and cited more international references

**AUTHOR'S RESPONSE:** None

This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients.

## METHODS

### 1. Research design

This study used a pre-post quasi-experimental design with a control group and was conducted in October - November 2020.

### 2. Setting and samples

This study conducted at several psychiatric wards in a hospital in Semarang, Indonesia. The population was all patients with schizophrenia admitted in the specified hospital. There were 54 patients recruited from the population by purposive sampling then divided into two groups. Sample chosen by purposive sampling. Randomized sampling was not applied in this study. In order to control biases, 27 respondents who met the inclusion criteria in ward 'A' were assigned into the control group, and the other 27 respondents who met the inclusion criteria in ward 'B' were assigned into the intervention group. The inclusion criteria were schizophrenic patients with risk of abusive behavior, Muslim, male or female aged 19-45 years old, being calm and cooperative, and did not undergo ECT therapy. Patients who did not fully participate in all sessions of the intervention were excluded.

### 3. Intervention

Before the intervention, participants in both groups were given a pretest. The researchers assessed patients' self-efficacy in anger management using the RESE instrument in both groups. After that, the intervention group was given four sessions of Islamic spiritual mindfulness. This intervention consisted of five steps of mindfulness: a moment of awareness, self-evaluation, body scan, repentance, prayer, and relaxation. The intervention was given every three days in two weeks by professional trainers. The intervention were take place in the counseling room at the psychiatric ward. As the intervention group given mindfulness intervention and standard therapy in hospital for patients with schizophrenia, the control group were also given the standard therapy in hospital for patients with schizophrenia. In the last session, the respondents in both groups were given a posttest to evaluate patients' self-efficacy in anger management using the RESE instrument.

Table 1. Intervention Procedure

No	Steps	Aim	Method	Result
1	A moment awareness	To bring out patient's desire or impulse according to patient's needs prayed to Allah SWT	- Ask the patient to concentrate and do <i>istighfar</i> while breathing - Give suggestions to the patient that Allah will help and heal all the problems	Patient realize that Allah is The One who can help patient to overcome the problems
2	Self-evaluation	To help identifying the mistakes and sins committed by the patients in the past	- Guide patient to remember all the mistakes and sins such as envy, revenge, feare anxiety, and despair - Guide patient to remember any mistake that patients do to other - ask the patient to wrote down all the sins and mistakes	Patient realize all the sins and mistake that must be corrected and ask for forgiveness

#### Comment [LN66]:

REVIEWER'S COMMENT : This section should be elaborated by using the following sub-headings:

- 7. Research design
- 8. Setting and samples
- 9. Intervention
- 10. Measurement and data collection
- 11. Data analysis
- 12. Ethical consideration

Please provide clear and detail information on each sub-section.

AUTHOR'S RESPONSE: The author does not consider all reviewer comments to revise the manuscript

#### Comment [LN67]:

REVIEWER'S COMMENT : Add information of time of study

AUTHOR'S RESPONSE: None

#### Comment [LN68]:

REVIEWER'S COMMENT: How sampling was conducted? please explain the sampling technique  
How participants were approached?

AUTHOR'S RESPONSE: None

#### Comment [LN69]:

REVIEWER'S COMMENT: This intervention should be explained more detail  
Where did the intervention take place?  
What about the control group? What intervention given?

AUTHOR'S RESPONSE: None

#### Comment [LN70]:

REVIEWER'S COMMENT : How was the intervention in each section conducted? It is mentioned that there were five steps of mindfulness. Please provide adequate explanation in each step

AUTHOR'S RESPONSE: None

3	Body scan	To help patients feel the respons in form of physical complaints	- Ask patient to keep <i>istighfar</i> while breathing and identify physical complaints such as heart palpitations, shortness of breathe, headache, nausea, etc	Patient begin to feel some physical complaints as a respons from the body
4	Repentance and Prayer	To help patient ask for forgiveness and pray to Allah SWT	- After patient realize all mistakes and sins, guide the patient to do <i>istighfar</i> , ask for Allah's forgiveness and pray	Patient can pray and ask Allah's forgiveness for all the sins and promise not to repeat the same mistake
4.	Relaxation	To help patient to relax after praying and admit the mistakes	- Guide patients to take a deep breath - As the result of body scan, patient might feel some physical complaints. If patient feel dizzy, shortness of breathe, and nauseus, ask the patient not to hold it. ask the patient to cry, vomit, or cough instead so that the patient can feel more relieved	Wrote the result in the documentation system.

#### 4. Measurement and data collection

Before the intervention begun, all respondents in both group were asked to fill the demographic data to identify respondents characteristic. Before and after a series of mindfulness intervention given to the intervention group, all of the respondents in both group were measured by the researcher using Regulatory Emotional Self-Efficacy (RESE), which was developed by Gian Vittorio Caprara in 2009. This instrument was translated into Bahasa Indonesia and back-translated into English by two different translator from Enable Medical Translator, who provide translation service for medical sector. The result from backward and forward translation were no significant difference. The permission to use the instrument was obtained from the original author. The RESE consisted of 12 questions with 5 Likert scales: not well at all, not well, neutral, well, and very well. The total score was calculated by adding all the answers from question 1 to 12. The total score was around 12-60; a higher score indicated a higher self-efficacy in anger management (Carpara et al., 2009). The validity and reliability test of the RESE instrument was conducted on 20 schizophrenic patients with risks of violent behavior in a psychiatric ward in Semarang; the result was valid with range score of Pearson's correlation 0.757 - 0.935 and reliable with  $\alpha=0.965$ .

#### 5. Data analysis

The data were analyzed by comparing the result of the pretest and posttest in both groups. Before that, the normality test was conducted using the Shapiro-Wilk test. The data distribution was significantly normal ( $p>0.05$ ). Therefore, the independent t-test was used to analyze the effect of the intervention on self-efficacy in anger management

#### 6. Ethical consideration

This study was approved by the Health Research Ethics Committee of Dr. Amino Gondohutomo Psychiatric Hospital Semarang with a reference number of 420/6028. As the rule and input from Ethic Committee, Informed consent was directly signed by the participants by using an informed consent designed for patients with mental health disorders.

#### Comment [LN71]:

##### REVIEWER'S COMMENT :

Who is this?

It should have mentioned that the forward and backward translation was conducted by different translator; how was the result?

AUTHOR'S RESPONSE: None

#### Comment [LN72]:

REVIEWER'S COMMENT : What is the range score of this validity test?

AUTHOR'S RESPONSE: None

#### Comment [LN73]:

This statement does not meet research ethical standards. Schizophrenic patients are a risk group who cannot give informed consent, please consider and give another explanation

## RESULTS

This study involved 54 participants. The respondents' characteristics are presented in Table 2.

**Table 2. Characteristics of Respondents**

Variable	Group		Control (Mean±SD)	Intervention (Mean±SD)	p-value (X <sup>2</sup> )
	Control n(%)	Intervention n(%)			
<b>Age</b>	-	-	29.56±7.80	32.33±8.89	0.323*
<b>Gender</b>					
Male	14 (51.9)	17 (63.0)	-	-	0.582**
Female	13 (48.1)	10 (37.0)			
<b>Education</b>					
Middle School	11 (40.7)	10 (37.0)	-	-	1.000**
High School	16 (59.3)	17 (63.0)			
<b>Profession</b>					
Entrepreneur	8 (29.6)	15 (55.6)	-	-	0.099**
Unemployed	19 (70.4)	12 (44.4)			
<b>Length of hospitalization</b>	-	-	1.89±1.40	2.74±1.56	0.161*

\*Levene; \*\*Crosstab chi-square

**Comment [LN74]:**

**REVIEWER'S COMMENT :** How did you get these data? It was not mentioned in the method that the researchers also collected demographic data from participants

**AUTHOR'S RESPONSE:** None

As presented in Table 2, all variables were significantly homogenous ( $p > 0.05$ ), including the age ( $p = 0.323$ ), gender ( $p = 0.582$ ), education ( $p = 1.00$ ), profession ( $p = 0.099$ ), and length of hospitalization ( $p = 0.161$ ). There were no differences in the characteristics of respondents in the intervention and control groups.

**Table 3. The Differences of Self-Efficacy in Anger Management Before and After the Islamic Spiritual Mindfulness in the Control and Intervention Groups**

		Control		Intervention		P
		Mean±SD	Min-Max	Mean±SD	Min-Max	
Self-Efficacy	Pre	28.15±10.09	15-47	28.15±10.09	15-57	0.424
	Post	34.59±7.56	21-49	46.44±4.93	35-59	0.000

Table 3 shows that before the intervention, there were no significant differences in self-efficacy in anger management in both groups ( $p = 0.424$ ). Before the intervention, the mean value of the intervention group was 28.15±10.09, and the control group was 28.15±10.09. After the intervention, a significant difference in self-efficacy between both groups was found ( $p = 0.000$ ). The results of the posttest showed that the intervention group had a higher mean value (46.44) than the control group (34.59).

XXX

## DISCUSSION

This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients. The result showed that the intervention group had a higher mean value (46.44) than the control group (34.59). It could be concluded that Islamic spiritual mindfulness had a significant effect on self-efficacy in anger management in schizophrenic patients. Islamic spiritual mindfulness can help patients control their anger, be aware of their problem, accept it with ease without any judgmental feeling, and not overreact through the process of considering God (Dwidiyanti et al., 2018).

The result of this study is in line with previous research, which showed that spiritual mindfulness increased the spirituality level of patients with schizophrenia so that patients can be more calm and sincere to overcome their problems (Triyani, Dwidiyanti, & Suerni, 2020). The result of this study is also congruent with a previous study reporting that mindfulness increased self-efficacy and decreased anger (Borders, Earleywine, & Jajodia, 2010; Turner, Anderson, Balderson, Cook, Sherman, & Cherkin, 2016). Islamic spiritual mindfulness teaches patients to believe that prayer, effort, and a resignation is a form of the healing process. When a person has a good relationship with Allah, there will be a positive mind and also a good relationship with others (Dwidiyanti et al., 2018).

This study was conducted on schizophrenic patients with a risk of violent behavior. A previous study mentioned that mindfulness could stimulate changes in brain structure especially cingulated anterior cortex, insula, hippocampus, temporoparietal intersection, and fronto-limbic tissue, which are related to increasing self-efficacy and self-regulation needed by schizophrenic patients to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016).

Another study mentioned that mindfulness could increase psychological well-being and mental health (Ijaz et al., 2017). Islamic spiritual mindfulness is a therapy that can increase

**Comment [LN75]:** Please provide the results of the pre and post statistical tests, both in the intervention group and the control group

**Comment [LN76]:**  
**REVIEWER'S COMMENT :** This section needs a major re-write. It should have been focused on the main findings. Please compare and contrast the results of the study with previous findings, why?

Please use extensive international references.

**AUTHOR'S RESPONSE:** Need to be more consider

emotional flexibility so that a person will not feel stressed easily. Mindfulness can decrease a physical pain with body scanning and repair pulmonary activity (Dwidiyanti et al., 2018). Using mindfulness to increase self-efficacy is appropriate with Bandura's self-efficacy theory that self-efficacy is affected by four main resources, i.e., mastery experience, vicarious experience, verbal persuasion, and physiological and emotional state (Bandura, 1994). Bandura mentioned that self-efficacy could be modified by decreasing the stressful reaction, change the preference of negative emotion, and change an error interpretation of knowing the body condition (Bandura, 1997).

The ability of self efficacy in anger management is divided into three aspects: efficacy of controlling negative emotion, efficacy of controlling positive emotion, and efficacy of controlling anger (Nocentini, Pastorelli, & Menesini, 2013). Islamic spiritual mindfulness can help patients live the life happily, be grateful to the things they have, and sincerely accept their flaws and problems without judgmental feelings (Dwidiyanti et al., 2018).

## CONCLUSION

The Islamic spiritual mindfulness intervention, which was carried out four-time in two weeks, could help patients with schizophrenia improve their self-efficacy in anger management. This study could be a new innovation in nursing care, especially to prepare patients to improve their ability to control anger and prevent violent behavior independently. Future researchers can use a randomized controlled trial and involved a large sample size.

## LIMITATIONS

This study did not employ randomization in assigning the participants. Therefore, future studies should use randomization to assign samples in the control or intervention groups to achieve more optimal results.

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### Comment [LN77]:

**REVIEWER'S COMMENT:** The references should be added with more international references from journal articles.

**AUTHOR'S RESPONSE:** Need more to be considered

Already

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## [NMJN] [ID-37401] Revised Version Acknowledgement

Inbox



**Editor-in-Chief of Nurse Media Journal of Nursing**  
<media\_ners@live.undip.ac.id>

Mon, Nov 15,  
2021, 11:26 PM

to me

Meidiana Dwidiyanti:

Thank you for submitting the revision of manuscript, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/37401>

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Editor: Meira Erawati

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Editor-in-Chief of Nurse Media Journal of Nursing  
Nurse Media Journal of Nursing



Revised Manuscript-3 (23 November 2021)

## The Effect of Islamic Spiritual Mindfulness on Self-Efficacy in Anger Management among Schizophrenic Patients

### ABSTRACT

#### Background:

Mental health still becomes a significant health problem throughout the world. In Indonesia, according to the Basic Health Research in 2018, there was an escalated number of schizophrenic patients in Central Java from 2.3% to 8.7%. Patient with violence behavior is a problem not only in our healthcare service but also in their own family. Many differences way have been exerted but the result that we got is not optimum yet. Spiritual aspect is needed by patient to adapt more effective to increase their self-efficacy for controlling their anger.

Previous research has shown that schizophrenic patients have a higher risk of violent behavior than those without schizophrenia, 4.6 times higher in male patients and 23.3 times higher in female patients, as an expression of anger and delusions. Schizophrenic patients have a higher risk of committing violent behavior as the expression of anger and delusions. Increasing self-efficacy is paramount for schizophrenic patients to control emotions.

**Purpose:** This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients.

**Method:** This study used a pre-post quasi-experimental design with a control group. Samples were chosen from the population by purposive sampling. There were 54 patients divided into two groups. The intervention group was given four sessions of mindfulness therapy in two weeks. Data were analyzed using a t-test to know the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients.

**Result:** This study showed that, there is a significant difference between control group and intervention group ( $p=0.000$ ). Before the intervention, the mean of self-efficacy in the intervention group (28.15) was lower than that in the control group (30.26). After the intervention, the intervention group showed a higher mean value (46.44) than the control group (34.59). The results of the post test showed that the intervention group had a higher mean value (46.44) than the control group (34.59). After the intervention, there were significant differences in self-efficacy in anger management between the intervention and control groups ( $p=0.000$ ).XX

**Conclusion:** It can be concluded that Islamic spiritual mindfulness provides a significant effect on self-efficacy in anger management among schizophrenic patients.

#### Keywords:

Mindfulness; Schizophrenia; Self-efficacy; Anger

#### Comment [LN78]:

REVIEWER'S COMMENT: The background should show the research gap; why it is necessary to conduct this study?

AUTHOR'S RESPONSE: None

#### Comment [LN79]:

REVIEWER'S COMMENT: How about pre and post test result? Please mention

AUTHOR'S RESPONSE: None

## BACKGROUND

The prevalence of schizophrenia has increased in the last few years. In Indonesia, according to the Basic Health Research in 2018, there is an escalated number of schizophrenic patients in Central Java from 2.3% to 8.7% (Ministry of Health Republic of Indonesia, 2018). Previous research shows that male schizophrenic patients have 4.6 times higher risk to commit violence behavior than males without schizophrenia, while females with schizophrenia have a 23.3 times higher risk to commit violent behavior than females without schizophrenia, as the expression of anger and delusions (Ringer & Lysaker, 2014).

Self-efficacy by definition is how a person believe in their ability to conduct an action (Bandura, 1997). Self-efficacy in anger management will depend on self confidence of a person about their ability in expressing their negative affection. Person that has high self-efficacy can change someone behavior, giving them motivation to learn the best nursing care and avoid relapse of the disease (Bandura, 1994). Self-efficacy is an important component in producing adaptive coping ability for schizophrenic patient that have a risk of tendency to violence. A low self-efficacy in schizophrenic person will result in maladaptive coping skill. Schizophrenic patient that have tendency to violence have to has self confidence that they have ability to manage their anger.

Violence behavior management with only depends on drug is not optimum (Hasnah et al., 2018) still resulting in some type of aggressiveness including passive aggressive. Patient with angry behavior are more likely not be able to control themselves resulting in difficulties not only to healthcare worker but also to their family. Aspect spiritual is needed to help the patient to adapt better (Hasnah et al., 2018)

Self-efficacy is act of believing in their own ability to act on something. Anger is a dangerous coping tendency. Patient need to be able to control their emotion to control anger. Self-efficacy in schizophrenic patient is important because learning from successful experience will boost self-confidence resulting in better self-efficacy learning (Bandura, 2012). Self-efficacy has been associated with daily functioning in schizophrenia through its relationships with cognition, negative symptoms and functional capacity (Bryce et al., 2018). Self-efficacy in anger management, which refers to individuals' self-confidence regarding their ability to express negative affect, should be a concern for nurses (Carpara et al., 2009). Considering the role of self-efficacy in anger management and the importance of changing the behavior of schizophrenic patients, as well as the very limited research on self-efficacy in anger management, further research is needed to investigate self-efficacy in anger management among schizophrenic patients (Nocentini et al., 2013).

Mindfulness can stimulate changes in brain structure, especially the cingulated anterior cortex, insula, hippocampus, temporoparietal intersection, and fronto-limbic tissue, which are related to increasing self-efficacy and self-regulation needed by schizophrenic patients to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016). Mindfulness is very important to help schizophrenic patients improve their self-efficacy in order to change behaviors and deliver more adaptive coping mechanism so that they can manage their anger and behavior (Leon-Perez et al., 2011).

Mindfulness is an exercise to teach how to be more resilient with the individual's present condition, make an objective assessment, and focus on solving problems (Isgandarova, 2019). Mindfulness is an intentional conscious therapy, with full of acceptance and without judgment, to deliver unpredictable feelings and sensations to identify an experience and accept it with ease (Dwidiyanti et al., 2018). According to the previous research, mindfulness can increase psychological well-being and mental health (Ijaz et al., 2017). Mindfulness can significantly increase self-efficacy among families to take care of persons with mental disorders (Rokhyati et al., 2019).

### Comment [LN80]:

**REVIEWER'S COMMENT:** The background needs major re-write. It should have been written more systematically and comprehensively to explore the research problem.

Self-efficacy > self-efficacy for schizophrenic patients > self-efficacy in anger management > intervention for increasing self-efficacy > mindfulness.

Please use rich international references to develop the research gap.

**AUTHOR'S RESPONSE:** None

### Comment [LN81]:

**REVIEWER'S COMMENT:** This paragraph needs to be elaborated and cited more international references

**AUTHOR'S RESPONSE:** None

This study is different from previous research in terms of research subjects and instruments. A previous study by Rokhyati (2019) used a modified self-efficacy instrument by Bandura. Meanwhile, the present study used the Regulatory Emotional Self-Efficacy (RESE) instrument developed by Gian Vittorio Caprara. Previous research involved families of patients with mental disorders, while the present study involved patients with violent behaviors.

This study would benefit mental health nurses to maintain violent behavior among schizophrenic patients. A previous study by Cameron (2008) showed that a psychoeducational intervention can increase regulation emotion but is not highly effective in patients with high negative affect such as schizophrenia. Meanwhile, Islamic spiritual mindfulness not only helps patients control their negative affect but also helps patients raise their awareness without any judgment and accept it with ease (Dwidiyanti et al., 2018). Islamic spiritual mindfulness can increase the ability to control emotion in adult patients (Sadipun et al., 2018).

However, study about affect of mindfulness in self-efficacy is still elusive. The purpose of this study is to identify the effect of Islamic spiritual mindfulness to self-efficacy in anger management in schizophrenic patient.

## OBJECTIVE

This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients.

## METHODS

### 7. Research design

This study used a pre-post quasi-experimental design with a control group and was conducted in October - November 2020.

### 8. Setting and samples

This study conducted at several psychiatric wards in a hospital in Semarang, Indonesia. The population was all patients with schizophrenia admitted in the specified hospital. There were 54 patients recruited from the population by purposive sampling then divided into two groups. Sample chosen by purposive sampling. Randomized sampling was not applied in this study. In order to control biases, 27 respondents who met the inclusion criteria in ward 'A' were assigned into the control group, and the other 27 respondents who met the inclusion criteria in ward 'B' were assigned into the intervention group. The inclusion criteria were schizophrenic patients with risk of abusive behavior, Muslim, male or female aged 19-45 years old, being calm and cooperative, and did not undergo ECT therapy. Patients who did not fully participate in all sessions of the intervention were excluded.

The number of the sample is calculated based on formula of mean difference hypothesis test that have been used by previous study with mean and standard deviation in intervention group is  $8.57 \pm 4.89$   $n = 21$  while the mean and standard deviation in control group is  $3.45 \pm 1.93$   $n = 24$ .<sup>42</sup> The calculation is using formula :

$$n = \frac{2\sigma^2 (Z_{1-\alpha} + Z_{1-\beta})^2}{(\mu_1 - \mu_2)^2}$$

Where,

#### Comment [LN82]:

REVIEWER'S COMMENT : This section should be elaborated by using the following sub-headings:

- 13. Research design
- 14. Setting and samples
- 15. Intervention
- 16. Measurement and data collection
- 17. Data analysis
- 18. Ethical consideration

Please provide clear and detail information on each sub-section.

AUTHOR'S RESPONSE: The author does not consider all reviewer comments to revise the manuscript

#### Comment [LN83]:

REVIEWER'S COMMENT : Add information of time of study

AUTHOR'S RESPONSE: None

#### Comment [LN84]:

REVIEWER'S COMMENT:  
How sampling was conducted? please explain the sampling technique  
How participants were approached?

AUTHOR'S RESPONSE: None

$$\sigma^2 = \frac{[(n_1-1)S_1^2 + (n_2-1)S_2^2]}{(n_1-1) + (n_2-1)}$$

$$= \frac{[(21-1)4.89^2 + (24-1)1.93^2]}{(21-1) + (24-1)} = 13.32$$

$$= \frac{572.91}{43} = 13.32$$

- $n$  = the size of the sample
- $n_1$  = Intervention group
- $n_2$  = Control group
- $S_1$  = Standard deviation of intervention group
- $S_2$  = Standard deviation of control group
- $Z_{1-\alpha}$  = Confidence interval 95% (1.96)
- $Z_{1-\beta}$  = Power 80% (0.842)
- $\mu_1$  = Mean prediction for intervention group
- $\mu_2$  = Mean prediction for control group

Using this formula, we calculated the sample size.

$$n = \frac{2(13.32) * (1.96 + 0.842)^2}{(4.89 - 1.93)^2}$$

$$n = \frac{2(13.32) * 7.85}{8.71}$$

$$n = 23.86$$

$$n = 24$$

The size of the sample is  $n=24$ . To anticipate drop out we are using the formula:

$$n' = \frac{n}{1 - F}$$

$n'$  : Size of the sample after revision

$n$  : The original sample size

$1 - F$  : drop out estimation, which is 10% (0.1)

$$n' = \frac{24}{1 - 0.1}$$

$$n' = \frac{24}{0.9} = 26.67 = 27$$

Based on this calculation we got our sample size  $n=27$  for each group (intervention and control)

## 9. Intervention

Before the intervention, participants in both groups were given a pretest. The researchers assessed patients' self-efficacy in anger management using the RESE instrument in both groups. After that, the intervention group was given four sessions of Islamic spiritual mindfulness. This intervention consisted of five steps of mindfulness: a moment of awareness, self-evaluation, body scan, repentance, prayer, and relaxation. The intervention was given every three days in two weeks by professional trainers. The intervention were take place in the counseling room at the psychiatric ward. As the intervention group given mindfulness intervention and standard therapy in hospital for patients with schizophrenia, the control group were also given the standard therapy in hospital for patients with schizophrenia. In the last session, the respondents in both groups were given a posttest to evaluate patients' self-efficacy in anger management using the RESE instrument.

Table 1. Intervention Procedure

No	Steps	Aim	Method	Result
1	A moment awareness	To bring out patient's desire or impulse according to patient's needs prayed to Allah SWT	- Ask the patient to concentrate and do <i>istighfar</i> while breathing - Give suggestions to the patient that Allah will help and heal all the problems	Patient realize that Allah is The One who can help patient to overcome the problems
2	Self-evaluation	To help identifying the mistakes and sins committed by the patients in the past	- Guide patient to remember all the mistakes and sins such as envy, revenge, feare anxiety, and despair - Guide patient to remember any mistake that patients do to other - ask the patient to wrote down all the sins and mistakes	Patient realize all the sins and mistake that must be corrected and ask for forgiveness
3	Body scan	To help patients feel the respons in form of physical complaints	- Ask patient to keep <i>istighfar</i> while breathing and identify physical complaints such as heart palpitations, shortness of breathe, headache, nausea, etc	Patient begin to feel some physical complaints as a respons from the body
4	Repentance and Prayer	To help patient ask for forgiveness and pray to Allah SWT	- After patient realize all mistakes and sins, guide the patient to do <i>istighfar</i> , ask for Allah's forgiveness and pray	Patient can pray and ask Allah's forgiveness for all the sins and promise not to repeat the same mistake
5.	Relaxation	To help patient to relax after praying and admit the mistakes	- Guide patients to take a deep breath - As the result of body scan, patient might feel some physical complaints. If patient feel dizzy, shortness of breathe, and nauseus, ask the patient not to	Wrote the result in the documentation system.

**Comment [LN85]:**

**REVIEWER'S COMMENT:**

This intervention should be explained more detail. Where did the intervention take place? What about the control group? What intervention given?

**AUTHOR'S RESPONSE:** None

**Comment [LN86]:**

**REVIEWER'S COMMENT :** How was the intervention in each section conducted? It is mentioned that there were five steps of mindfulness. Please provide adequate explanation in each step

**AUTHOR'S RESPONSE:** None

hold it. ask the patient to cry,  
vomit, or cough instead so that  
the patient can feel more  
relieved

## 10. Measurement and data collection

Before the intervention begun, all respondents in both group were asked to fill the demographic data to identify respondents characteristic. Before and after a series of mindfulness intervention given to the intervention group, all of the respondents in both group were measured by the researcher using Regulatory Emotional Self-Efficacy (RESE), which was developed by Gian Vittorio Caprara in 2009. This instrument was translated into Bahasa Indonesia and back-translated into English by two different translator from Enable Medical Translator, who provide translation service for medical sector. The result from backward and forward translation were no significant difference. The permission to use the instrument was obtained from the original author.

The RESE consisted of 12 questions with 5 Likert scales: not well at all, not well, neutral, well, and very well. not well at all =1, not well =2, neutral = 3, well = 4, and very well =5. Total score is from the cumulative of the score from question number 1 to 12. The total score for self-efficacy range will be 12-60. Higher score indicated a higher self-efficacy in anger management (Carpara et al., 2009). The validity and reliability test of the RESE instrument was conducted on 20 schizophrenic patients with risks of violent behavior in a psychiatric ward in Semarang; the result was valid with range score of Pearson's correlation 0.757 - 0.935 and reliable with  $\alpha=0.965$ . These 20 respondents is not included in our study, only for validity test.

Characteristic data of respondents is collected form our questionnaire which include age, sex, last education, job, dan how many times patient has been admitted in psychiatric hospital. Homogeneity test on categoric data like sex, last education, and jobs is conducted using chi square test, while numerical data like age and how many times patient has been admitted to psychiatric hospital is conducted using Levene test.

## 11. Data analysis

The data of self efficacy in anger management were analyzed by comparing the result of the pretest and posttest in both groups. Before that, the normality test was conducted using the Shapiro-Wilk test. The data distribution was significantly normal ( $p>0.05$ ). Therefore, paired t test was used to analyze the difference of self efficacy in anger management in both group before and after given intervention, and independent t-test was used to analyze the effect of the intervention on self-efficacy in anger management

## 12. Ethical consideration

This study was approved by the Health Research Ethics Committee of Dr. Amino Gondohutomo Psychiatric Hospital Semarang with a reference number of 420/6028. As the rule and input from Ethic Committee, Informed consent is signed by the director researcher, patient, and the nurse that responsible for the patient.

## RESULTS

This study involved 54 participants. The respondent characteristics are presented in Table 2.

### Comment [LN87]:

#### REVIEWER'S COMMENT :

Who is this?

It should have mentioned that the forward and backward translation was conducted by different translator; how was the result?

AUTHOR'S RESPONSE: None

### Comment [LN88]:

REVIEWER'S COMMENT : What is the range score of this validity test?

AUTHOR'S RESPONSE: None

### Comment [LN89]:

REVIEWER'S COMMENT : How did you get these data? It was not mentioned in the method that the researchers also collected demographic data from participants

AUTHOR'S RESPONSE: None

**Table 2. Characteristics of Respondents**

Variable	Group		Control (Mean±SD)	Intervention (Mean±SD)	p-value (X <sup>2</sup> )
	Control n(%)	Intervention n(%)			
<b>Age</b>	-	-	29.56±7.80	32.33±8.89	0.323*
<b>Gender</b>					
Male	14 (51.9)	17 (63.0)	-	-	0.582**
Female	13 (48.1)	10 (37.0)			
<b>Education</b>					
Middle School	11 (40.7)	10 (37.0)	-	-	1.000**
High School	16 (59.3)	17 (63.0)			
<b>Profession</b>					
Entrepreneur	8 (29.6)	15 (55.6)	-	-	0.099**
Unemployed	19 (70.4)	12 (44.4)			
<b>Length of hospitalization</b>	-	-	1.89±1.40	2.74±1.56	0.161*

\*Levene; \*\*Crosstab chi-square

As presented in Table 2, all variables were significantly homogenous ( $p > 0.05$ ), including the age ( $p = 0.323$ ), gender ( $p = 0.582$ ), education ( $p = 1.00$ ), profession ( $p = 0.099$ ), and length of hospitalization ( $p = 0.161$ ). There were no differences in the characteristics of respondents in the intervention and control groups.

**Table 3. The Differences of Self-Efficacy in Anger Management Before and After the Islamic Spiritual Mindfulness in the Control and Intervention Groups**

	Mean Difference	Pre test		Post test		p
		Mean±SD	Min-Max	Mean±SD	Min-Max	
Control	4.33	30.26±9.15	15-47	34.59±7.56	21-49	0.000
Intervention	18.29	28.15±10.09	15-57	46.44±4.93	35-59	0.000

Table 4.3 showed that control and intervention group have a significant difference in both anger management of pre-test and post-test, where mean value in control group increase from 30.26 to 34.59 and intervention group mean value increase from 18.29 to 46.44.

**Table 4. Effectiveness of Islamic Spiritual Mindfulness to Increase Self Efficacy in Anger Management**

		Control		Intervention		P
		Mean±SD	Min-Max	Mean±SD	Min-Max	
Self-Efficacy	Pre	28.15±10.09	15-47	28.15±10.09	15-57	0.424
	Post	34.59±7.56	21-49	46.44±4.93	35-59	0.000

Table 4 shows that before the intervention, there were no significant differences in self-efficacy in anger management in both groups ( $p = 0.424$ ). Before the intervention, the mean value of the intervention group was  $28.15 \pm 10.09$ , and the control group was  $28.15 \pm 10.09$ . After the intervention, a significant difference in self-efficacy between both groups was found ( $p = 0.000$ ). The results of the posttest showed that the intervention group had a higher mean value (46.44) than the control group (34.59).

## DISCUSSION

All respondent characteristics are considered homogene, including the age ( $p = 0.323$ ), gender ( $p = 0.582$ ), education ( $p = 1.00$ ), profession ( $p = 0.099$ ), and length of hospitalization ( $p = 0.161$ ). Our study is focused on productive age which usually have low tendency to be able to control anger and need more approach of coping strategies compare to older people (Dyussenbayev, 2017).

This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in anger management among schizophrenic patients. The result of our study (table 4) showed that the intervention group had a higher mean value (46.44) than the control group (34.59). There is a significant increase in the intervention group is because patient have more

### Comment [LN90]:

**REVIEWER'S COMMENT :** This section needs a major re-write. It should have been focused on the main findings. Please compare and contrast the results of the study with previous findings, why?

Please use extensive international references.

**AUTHOR'S RESPONSE:** Need to be more consider



capability to control anger through Islamic spiritual mindfulness so that the patient can try to remain calm and controlling their anger. The control group also have increase value but not significant. The increase is probably because standard intervention healthcare service from the hospital. It could be concluded that Islamic spiritual mindfulness had a significant effect on self-efficacy in anger management in schizophrenic patients. The result of this study is in line with previous research, which showed that spiritual mindfulness increased the spirituality level of patients with schizophrenia so that patients can be more calm and sincere to overcome their problems (Triyani et al., 2020).

Self-efficacy can increase the nurse ability to communicate in a difficult situation (Doyle et al., 2011). Self-efficacy also can increase the ability of nurse student to communicate (Sundling et al., 2017) and gain ability to solve their family problems (Rokhyati et al., 2019). Self-efficacy is a strategy for patient to make them learn from experience so that they have self-confidence to increase ability of controlling emotion. Yet these abilities need to be supported and maintained by nurse so that the patients exert this ability well.

The respondents experience doing Islamic spiritual mindfulness (table 1) which is feeling calm, and patient realize that Allah is The One who can help patient to overcome the problems, makes respondents self-efficacy increased to control their anger. Islamic spiritual mindfulness can help patients control their anger, be aware of their problem, accept it with ease without any judgmental feeling, and not overreact through the process of considering God (Dwidiyanti et al., 2018).

The result of this study is also congruent with a previous study reporting that mindfulness increased self-efficacy and decreased anger (Borders et al., 2010; Turner et al., 2016). Islamic spiritual mindfulness teaches patients to believe that prayer, effort, and a resignation is a form of the healing process. When a person has a good relationship with Allah, there will be a positive mind and also a good relationship with others (Dwidiyanti et al., 2018).

This study was conducted on schizophrenic patients with a risk of violent behavior. A previous study mentioned that mindfulness could stimulate changes in brain structure especially cingulated anterior cortex, insula, hippocampus, temporoparietal intersection, and fronto-limbic tissue, which are related to increasing self-efficacy and self-regulation needed by schizophrenic patients to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016).

Another study mentioned that mindfulness could increase psychological well-being and mental health (Ijaz et al., 2017). Islamic spiritual mindfulness is a therapy that can increase emotional flexibility so that a person will not feel stressed easily. Mindfulness can decrease a physical pain with body scanning and repair pulmonary activity (Dwidiyanti et al., 2018). Using mindfulness to increase self-efficacy is appropriate with Bandura's self-efficacy theory that self-efficacy is affected by four main resources, i.e., mastery experience, vicarious experience, verbal persuasion, and physiological and emotional state (Bandura, 1994). Bandura mentioned that self-efficacy could be modified by decreasing the stressful reaction, change the preference of negative emotion, and change an error interpretation of knowing the body condition (Bandura, 1997).

The ability of self-efficacy in anger management is divided into three aspects: efficacy of controlling negative emotion, efficacy of controlling positive emotion, and efficacy of controlling anger (Nocentini et al., 2013). Islamic spiritual mindfulness can help patients live the life happily, be grateful to the things they have, and sincerely accept their flaws and problems without judgmental feelings (Dwidiyanti et al., 2018). With self-efficacy our respondent can learn form experience, have ability to judge the experience well, and felt the triumph feeling so that the respondent can have high self-confident controlling their anger

**Comment [LN91]:**

**REVIEWER'S COMMENT:** This paragraph needs to be elaborated and cited more international references

**AUTHOR'S RESPONSE:** None

## CONCLUSION

The Islamic spiritual mindfulness intervention, which was carried out four-time in two weeks, could help patients with schizophrenia improve their self-efficacy in anger management. This study could be a new innovation in nursing care, especially to prepare patients to improve their ability to control anger and prevent violent behavior independently. Future researchers can use a randomized controlled trial and involved a large sample size.

## Implication in nursing

Patient with tendency of violent behavior need a self-efficacy to practice their ability to control anger. Nurse can be trained to have skill to help patient in improving their ability of self-efficacy with Islamic spiritual mindfulness.

## LIMITATIONS

This study did not employ randomization in assigning the participants. Therefore, future studies should use randomization to assign samples in the control or intervention groups to achieve more optimal results.

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### Comment [LN92]:

**REVIEWER'S COMMENT:** The references should be added with more international references from journal articles.

**AUTHOR'S RESPONSE:** Need more to be considered

Already

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# Submission Template for Authors



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Turner, J. A., et al. Effects on mindfulness.... *Pain*, 157(11), 2434–2444.  
<https://doi.org/10.1097/j.pain.0000000000000635>. Mindfulness-based

## [NMJN] [ID-37401] Revised Version Acknowledgement

Inbox



**Editor-in-Chief of Nurse Media Journal of Nursing**  
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Tue, Nov 23,  
2021, 1:07 AM

to me

Meidiana Dwidiyanti:

Thank you for submitting the revision of manuscript, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/37401>

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If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Editor-in-Chief of Nurse Media Journal of Nursing  
Nurse Media Journal of Nursing

Revised Manuscript-4 (14 Desember 2021)

## The Effect of Islamic Spiritual Mindfulness on Self-Efficacy in Anger Management among Schizophrenic Patients

### ABSTRACT

#### Background:

The prevalence of schizophrenia has increased in the last few years. Yet, our current method in helping patients with schizophrenia was not increased significantly. Increasing self-efficacy is paramount for schizophrenic patients to control emotions. Approach by using spiritual, especially Islamic spiritual to increase patient self-efficacy is still not well researched.

**Purpose:** This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy among schizophrenic patients.

**Method:** This study used a pre-post quasi-experimental design with a control group. Samples were chosen from the population by purposive sampling. There were 54 patients divided into two groups (n=27 patients each group). The intervention group was given four sessions of mindfulness therapy in two weeks. Data was collected using a RESE instrument. Collected data were analyzed using a t-test to know the effect of Islamic spiritual mindfulness on self-efficacy in schizophrenic patients.

**Result:** This study showed that, there is a significant difference for self efficacy score between control group and intervention group ( $p=0.000$ ). In pre-test, the average score for self-efficacy in the intervention group was lower than that in the control group (28.15 vs 30.26) without a significant different. While in the post-test result, we found a significant improvement in average score for self efficacy score between intervention group vs control group (46.44 vs 46.44 ;  $p=0.000$ ). x

**Conclusion:** It can be concluded that Islamic spiritual mindfulness may provides a significant effect on self-efficacy among schizophrenic patients. The Islamic spiritual mindfulness may need to explored as a new form of approach in increasing self-efficacy to help schizophrenic patients. Yet, further study is needed to supports this study. x

#### Keywords:

Mindfulness; Schizophrenia; Self-efficacy; Anger

**Comment [LN93]:** The abstract exceeds the required word count; no later than 300 please

**Comment [LN94]:** Please re-write, make it short and show the research gap.

It should relate with mindfulness, sel-efficacy in anger management

**Comment [LN95]:** How these subjects were allocated into either group?

**Comment [LN96]:** How is about control group?

**Comment [LN97]:** How data were collected?

**Comment [LN98]:** What is different?

**Comment [LN99]:** Please write the results concisely, and in a more interesting way

**Comment [LN100]:** suggestions/implication clinical practice? Please add here

## BACKGROUND

Self-efficacy is an important component in producing adaptive coping ability for schizophrenic patient that have a risk of tendency to violence can worsening the recovery effort. A low self-efficacy in schizophrenic person will result in maladaptive coping skill. Self-efficacy by definition is how a person believe in their ability to conduct an action (Bandura, 1997). Self-efficacy in anger management will depend on self confidence of a person about their ability in expressing their negative affection. Person that has high self-efficacy can change someone behavior, giving them motivation to learn the best nursing care and avoid relapse of the disease (Bandura, 1994). Self-efficacy is act of believing in their own ability to act on something. Self-efficacy in schizophrenic patient is important because learning from successful experience will boost self-confidence resulting in better self-efficacy learning (Bandura, 2012).

Self-efficacy has been associated with daily functioning in schizophrenia through its relationships with cognition, negative symptoms and functional capacity (Bryce et al., 2018). Self-efficacy in anger management, which refers to individuals' self-confidence regarding their ability to express negative affect, should be a concern for nurses (Carpara et al., 2009). Considering the role of self-efficacy in anger management and the importance of changing the behavior of schizophrenic patients, as well as the very limited research on self-efficacy in anger management, further research is needed to investigate self-efficacy in anger management among schizophrenic patients (Nocentini et al., 2013).

Mindfulness can stimulate changes in brain structure, especially the cingulated anterior cortex, insula, hippocampus, temporoparietal intersection, and fronto-limbic tissue, which are related to increasing self-efficacy and self-regulation needed by schizophrenic patients to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016). Mindfulness is very important to help schizophrenic patients improve their self-efficacy in order to change behaviors and deliver more adaptive coping mechanism so that they can manage their anger and behavior (Leon-Perez et al., 2011).

Mindfulness is an exercise to teach how to be more resilient with the individual's present condition, make an objective assessment, and focus on solving problems (Isgandarova, 2019). Mindfulness is an intentional conscious therapy, with full of acceptance and without judgment, to deliver unpredictable feelings and sensations to identify an experience and accept it with ease (Dwidiyanti et al., 2018). According to the previous research, mindfulness can increase psychological well-being and mental health (Ijaz et al., 2017). Mindfulness can significantly increase self-efficacy among families to take care of persons with mental disorders (Rokhyati et al., 2019). Many form of mindfulness-based therapy model has been explored, such as mindfulness cognitive behaviour therapy, dialectical behavior therapy, and acceptance and commitment therapy, but mindfulness based therapy using Islamic approach is still few.

Therefore here our study using Islamic approach as we called "Islamic spiritual mindfulness" to hopefully bridge the gap between mindfulness based therapy and religion. This study might benefit mental health nurses to maintain violent behavior among schizophrenic patients by using this new approach. A previous study by Cameron (2008) showed that with only psychoeducational intervention, there is an increased regulation emotion but is not highly effective in patients with high negative affect such as schizophrenia. Meanwhile, Islamic spiritual mindfulness not only helps patients control their negative affect but also helps patients raise their awareness without any judgment and accept it with ease (Dwidiyanti et al., 2018). Islamic spiritual mindfulness can increase the ability to control emotion in adult patients (Sadipun et al., 2018).

**Comment [LN101]:** The background needs a write. I find it rather difficult to follow the flow of the ideas that authors try to convey.

Authors may begin with describing the research problem (i.e., self-efficacy), followed by the proposed intervention, previous studies with a similar topic, and research gap, or other ways around to help readers understand the background better.

Please note that the research gap in this study still remains unclear.

Please consider coherence and cohesiveness between paragraphs

**Comment [LN102]:** Is there any differences between mindfulness and Islamic spiritual mindfulness? In the previous paragraph, you describe mindfulness as general, then in this paragraph you mention Islamic mindfulness with any explanation. Please clarify

However, study about affect of mindfulness in self-efficacy is still elusive. The purpose of this study is to identify the effect of Islamic spiritual mindfulness to self-efficacy in schizophrenic patient.

## OBJECTIVE

This study aimed to determine the effect of Islamic spiritual mindfulness on self-efficacy in among schizophrenic patients.

## METHODS

### 13. Research design

This study used a pre-post quasi-experimental design with a control group.

### 14. Setting and samples

This study conducted at several psychiatric wards in a hospital in Semarang, Indonesia, was conducted in October - November 2020. The population was all patients with schizophrenia admitted in the specified hospital. There were 54 patients recruited from the population by purposive sampling then divided into two groups. Sample chosen by purposive sampling. Randomized sampling was not applied in this study. In order to control biases, 27 respondents who met the inclusion criteria were assigned into the control group, and the other 27 respondents who met the inclusion criteria were assigned into the intervention group. Patient will still received normal treatment from the hospital while we are conducting our study.

All schizophrenic patient in psychiatric ward is our population sample, but to reduced confounding factor we choose to implement inclusion and exclusion criteria.

The inclusion criteria were schizophrenic patients with risk of abusive behavior, Muslim, male or female aged 19-45 years old, being calm and cooperative, and did not undergo ECT therapy.

The number of the sample is calculated based on formula of mean difference hypothesis test that have been used by previous study with mean and standard deviation in intervention group is  $8.57 \pm 4.89$   $n = 21$  while the mean and standard deviation in control group is  $3.45 \pm 1.93$   $n = 24$ . (Sutinah et al, 2019) The calculation is using formula (Dharma et al, 2011):

$$n = \frac{2\sigma^2 (Z_{1-\alpha} + Z_{1-\beta})^2}{(\mu_1 - \mu_2)^2}$$

Where,

$$\sigma^2 = \frac{[(n_1 - 1)S_1^2 + (n_2 - 1)S_2^2]}{(n_1 - 1) + (n_2 - 1)}$$

- $n$  = the size of the sample
- $n_1$  = Intervention group
- $n_2$  = Control group
- $S_1$  = Standard deviation of intervention group
- $S_2$  = Standard deviation of control group
- $Z_{1-\alpha}$  = Confidence interval 95% (1.96)
- $Z_{1-\beta}$  = Power 80% (0.842)
- $\mu_1$  = Mean prediction for intervention group

**Comment [LN103]:** the idea of study is good however author needs to elaborate more on problem, gap and hook. You need elaborate more on what connection among schizophrenic patient violent behaviour, self-efficacy, mindfulness, Islamic mindfulness. It is still unclear

**Comment [LN104]:** Patients from several wards were recruited; but why only patients from Ward A and Ward B were selected?

**Comment [LN105]:** How about medicine? are all participants of both groups free from medication? Please add explanation

**Comment [LN106]:** Which study?



$\mu_2$  = Mean prediction for control group

To anticipate drop out we are using the formula:

$$n' = \frac{n}{1 - F}$$

$n'$  : Size of the sample after revision

$n$  : The original sample size

$1 - F$  : drop out estimation, which is 10% (0.1)

Based on the calculation above we got our sample size  $n=27$  for each group (intervention and control)

## 15. Intervention

Before the intervention, participants in both groups were given a pretest. The researchers assessed patient's self-efficacy in anger management using the RESE instrument in both groups. After that, the intervention group was given four sessions of Islamic spiritual mindfulness. This intervention consisted of five steps of mindfulness: a moment of awareness, self-evaluation, body scan, repentance, prayer, and relaxation. The intervention was given every three days in two weeks by our research staff. The intervention were take place in the counseling room at the psychiatric ward. As the intervention group given mindfulness intervention and standard therapy in hospital for patients with schizophrenia, the control group were also given the standard therapy in hospital for patients with schizophrenia. In the last session, the respondents in both groups were given a posttest to evaluate patient's self-efficacy using the RESE instrument.

**Table 1. Intervention Procedure**

No	Steps	Aim	Method
1	A moment awareness	To bring out patient's desire or impulse according to patient's needs prayed to Allah SWT	<ul style="list-style-type: none"> <li>- Ask the patient to concentrate and do <i>istighfar</i> (ask for forgiveness) while breathing</li> <li>- Give suggestions to the patient that Allah will help and heal all the problems</li> </ul>
2	Self-evaluation	To help identifying the mistakes and sins committed by the patients in the past	<ul style="list-style-type: none"> <li>- Guide patient to remember all the mistakes and sins such as envy, revenge, feare anxiety, and despair</li> <li>- Guide patient to remember any mistake that patients do to other</li> <li>- Ask the patient to wrote down all the sins and mistakes</li> </ul>
3	Body scan	To help patients feel the respons in form of physical complaints	<ul style="list-style-type: none"> <li>- Ask patient to keep <i>istighfar</i> while breathing and identify physical complaints such as heart palpitations, shortness of breathe, headache, nausea, etc</li> </ul>

**Comment [LN107]:** it is not necessary to write the formula. Just refers on reference which formula do you use to calculate number of participants

**Comment [LN108]:** Wrong calculation in the sample size

**Comment [LN109]:** What do you mean by professional trainers?

So how many sessions in total?

How long was the intervention each?

How long was each step?

**Comment [LN110]:** Please describe what treatment was conducted in the control group?

**Comment [LN111]:** What is this? Please explain

4	Repentance and Prayer	To help patient ask for forgiveness and pray to Allah SWT	- After patient realize all mistakes and sins, guide the patient to do <i>istighfar</i> , ask for Allah's forgiveness and pray
5.	Relaxation	To help patient to relax after praying and admit the mistakes	- Guide patients to take a deep breath - As the result of body scan, patient might feel some physical complaints. If patient feel dizzy, shortness of breathe, and nauseus, ask the patient not to hold it. ask the patient to cry, vomit, or cough instead so that the patient can feel more relieved

## 16. Measurement and data collection

Before the intervention begun, all respondents in both group were asked to fill the demographic data to identify respondents characteristic. Before and after a series of mindfulness intervention given to the intervention group, all of the respondents in both group were measured by the researcher using Regulatory Emotional Self-Efficacy (RESE), which was developed by Gian Vittorio Caprara in 2009. This instrument was translated into Bahasa Indonesia and back-translated into English by two different translator from Enable Medical Translator, who provide translation service for medical sector. The result from backward and forward translation were no significant difference. The permission to use the instrument was obtained from the original author.

The RESE consisted of 12 questions with 5 Likert scales: not well at all, not well, neutral, well, and very well. not well at all =1, not well =2, neutral = 3, well = 4, and very well =5. Total score is from the cumulative of the score from question number 1 to 12. The total score for self-efficacy range will be 12-60. Higher score indicated a higher self-efficacy in anger management (Carpara et al., 2009). The validity and reliability test of the RESE instrument was conducted on 20 schizophrenic patients with risks of violent behavior in a psychiatric ward in Semarang; the result was valid with range score of Pearson's correlation 0.757 - 0.935 and reliable with  $\alpha=0.965$ . These 20 respondents is not included in our study, only for validity test.

Characteristic data of respondents is collected form our questionnaire which include age, sex, last education, job, dan how many times patient has been admitted in psychiatric hospital. Homogeneity test on categoric data like sex, last education, and jobs is conducted using chi square test, while numerical data like age and how many times patient has been admitted to psychiatric hospital is conducted using Levene test.

X

## 17. Data analysis

The data of self efficacy in anger management were analyzed by comparing the result of the pretest and posttest in both groups. Before that, the normality test was conducted using the Shapiro-Wilk test. The data distribution was significantly normal ( $p>0.05$ ). Therefore, paired t test was used to analyze the difference of self efficacy in anger management in both group

**Comment [LN112]:** The study was carried out during the pandemic, how did the author maintain the protocol? Please explain

**Comment [LN113]:** Please explain the procedure for data collection, such as: how the hospital and subjects were approached? when was the data collected? How were the questionnaires administered? Etc

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before and after given intervention, and independent t-test was used to analyze the effect of the intervention on self-efficacy in anger management

## 18. Ethical consideration

This study was approved by the Health Research Ethics Committee of Dr. Amino Gondohutomo Psychiatric Hospital Semarang with a reference number of 420/6028. As the rule and input from Ethic Committee, Informed consent will be explained to and signed by the patient prior the participation of this study. The informed consent is also signed by the director researcher, and the nurse that responsible for the patient. X

## RESULTS

This study involved 54 participants. The respondent characteristics are presented in Table 2.

**Comment [LN114]:** Please write the complete reference number

**Comment [LN115]:** Please describe that patients were already informed of the study prior their participation

**Comment [LN116]:** Please provide appropriate sub-headings to present the results

**Table 2. Characteristics of Respondents**

Variable	Group		Control (Mean±SD)	Intervention (Mean±SD)	p-value (X <sup>2</sup> )
	Control n(%)	Intervention n(%)			
Age	-	-	29.56±7.80	32.33±8.89	0.323*
<b>Gender</b>					
Male	14 (51.9)	17 (63.0)	-	-	0.582**
Female	13 (48.1)	10 (37.0)			
<b>Education</b>					
Middle School	11 (40.7)	10 (37.0)	-	-	1.000**
High School	16 (59.3)	17 (63.0)			
<b>Profession</b>					
Entrepreneur	8 (29.6)	15 (55.6)	-	-	0.099**
Unemployed	19 (70.4)	12 (44.4)			
<b>Length of hospitalization</b>	-	-	1.89±1.40	2.74±1.56	0.161*

\*Levene; \*\*Crosstab chi-square

As presented in Table 2, all variables were significantly homogenous ( $p > 0.05$ ), including the age ( $p = 0.323$ ), gender ( $p = 0.582$ ), education ( $p = 1.00$ ), profession ( $p = 0.099$ ), and length of hospitalization ( $p = 0.161$ ). There were no differences in the characteristics of respondents in the intervention and control groups.

**Table 3. The Differences of Self-Efficacy in Anger Management Before and After the Islamic Spiritual Mindfulness in the Control and Intervention Groups**

	Mean	Pre test		Post test		p	
		Difference	Mean±SD	Min-Max	Mean±SD		Min-Max
Control	4.33	30.26±9.15	15-47	34.59±7.56	21-49	0.000	
Intervention	18.29	28.15±10.09	15-57	46.44±4.93	35-59	0.000	

Table 4.3 showed that control and intervention group have a significant difference in both anger management of pre-test and post-test, where mean value in control group increase from 30.26 to 34.59 and intervention group mean value increase from 18.29 to 46.44.

**Table 4. Effectiveness of Islamic Spiritual Mindfulness to Increase Self Efficacy in Anger Management**

		Control		Intervention		p
		Mean±SD	Min-Max	Mean±SD	Min-Max	
Self-Efficacy	Pre	28.15±10.09	15-47	28.15±10.09	15-57	0.424
	Post	34.59±7.56	21-49	46.44±4.93	35-59	0.000

Table 4 shows that before the intervention, there were no significant differences in self-efficacy in anger management in both groups ( $p = 0.424$ ). Before the intervention, the mean value of the intervention group was 28.15±10.09, and the control group was 28.15±10.09.

After the intervention, a significant difference in self-efficacy between both groups was found ( $p=0.000$ ). The results of the posttest showed that the intervention group had a higher mean value (46.44) than the control group (34.59).

## DISCUSSION

This study showed that, there is a significant difference on self-efficacy average score between control group and intervention group ( $p=0.000$ ). In pre-test, the average score for self-efficacy in the intervention group was lower than that in the control group (28.15 vs 30.26) without a significant different. While in the post-test result, we found a significant improvement in average score for self efficacy between intervention group vs control group (46.44 vs 34.59 ;  $p=0.000$ ). Our result suggest Islamic spiritual mindfulness have a significant effect in addition to standart hospital service to increase self-efficacy. The control group also have increase value but not significant. The increase is probably due to standard intervention service from the hospital. The result of this study is in line with previous research, which showed that spiritual mindfulness increased the spirituality level of patients with schizophrenia so that patients can be more calm and sincere to overcome their problems (Triyani et al., 2020).

The respondents experience doing Islamic spiritual mindfulness (table 1) which is feeling calm, and patient realize that Allah is The One who can help patient to overcome the problems, makes respondent self-efficacy increased, to control themselves. Our previous study using the same Islamic spiritual mindfulness, yet measuring other parameter also found that the Islamic spiritual mindfullness can have positive effects in patients to control their anger, be aware of their problem, accept it with ease without any judgmental feeling, and not overreact through the process of considering God (Dwidiyanti et al., 2018).

Other study using general type of mindfulness stated that mindfulness increased self-efficacy and can negative symtoms e.g anger (Borders et al., 2010; Turner et al., 2016). Yet we haven't found many Islamic spiritual mindfulness method to be used in many study but basic understanding of this method is Islamic spiritual mindfulness teaches patients to believe that prayer, effort, and a resignation is a form of the healing process. When a person has a good relationship with Allah, there will be a positive mind and also a good relationship with others (Dwidiyanti et al., 2018).

This study was conducted on schizophrenic patients with a risk of violent behavior. A previous study mentioned that mindfulness could stimulate changes in brain structure especially cingulated anterior cortex, insula, hippocampus, temporoparietal intersection, and fronto-limbic tissue, which are related to increasing self-efficacy and self-regulation needed by schizophrenic patients to regulate and control selection, feeling, and behavior (Shonin & Van Gordon, 2016).

Another study mentioned that mindfulness could increase psychological well-being and mental health (Ijaz et al., 2017). Islamic spiritual mindfulness is a therapy that can increase emotional flexibility so that a person will not feel stressed easily. Mindfulness can decrease a physical pain with body scanning and repair pulmonary activity (Dwidiyanti et al., 2018). Using mindfulness to increase self-efficacy is appropriate with Bandura's self-efficacy theory that self-efficacy is affected by four main resources, i.e., mastery experience, vicarious experience, verbal persuasion, and physiological and emotional state (Bandura, 1994). Bandura mentioned that self-efficacy could be modified by decreasing the stressful reaction, change the preference of negative emotion, and change an error interpretation of knowing the

**Comment [LN117]:** The discussion needs a re-write. Please focus on the main results, compare and contrast with previous studies. Analysis on w the intervention provides certain effects needs to be provided with support of relevant citations from previous studies

**Comment [LN118]:** What is different?

**Comment [LN119]:** please elaborate more, what kind of mindfulness implemented in these studies? In which part of these studies that support the result of this study? please describe clearly, is there same between mindfulness as general an Islamic spiritual mindfulness?

body condition (Bandura, 1997).

The ability of self-efficacy in anger management is divided into three aspects: efficacy of controlling negative emotion, efficacy of controlling positive emotion, and efficacy of controlling anger (Nocentini et al., 2013). Islamic spiritual mindfulness can help patients live the life happily, be grateful to the things they have, and sincerely accept their flaws and problems without judgmental feelings (Dwidiyanti et al., 2018). With self-efficacy our respondent can learn from experience, have ability to judge the experience well, and felt the triumph feeling so that the respondent can have high self-confident controlling their anger.

Practical implication for our study can be providing alternative method to be used in support for existing, well known method in patient therapy program to increase self-efficacy. The effort to increase self-efficacy in patient using Islamic method haven't been explored extensively. Which is why we did this study to found out the effect of this approach. Although we found a good result in our study but still we need larger sample, and better experimental method like using randomized control trial. But, despite the limitation in our study, the result might provide us some insight of possibility using Islamic approach to help patient. Further study is needed to elucidate this.

X

## CONCLUSION

The Islamic spiritual mindfulness intervention, which was carried out four-time in two weeks, could help patients with schizophrenia improve their self-efficacy in anger management. This study could be a new innovation in nursing care, especially to prepare patients to improve their ability to control anger and prevent violent behavior independently. Future researchers can use a randomized controlled trial and involved a large sample size.

### Implication in nursing

Proof of increased self-efficacy using Islamic spiritual mindfulness may open the window to new approach in helping patients.

### Implication in nursing

Proof of increased self-efficacy using Islamic spiritual mindfulness may open the window to new approach in helping patients.

## LIMITATIONS

Our study needed to be tested in larger dan diverse sample. Also this study did not employ randomization in assigning the participants. Mutiple factor analysis need to be done to analyse possible strong effect of patient characteristic in this method. We realize many limitations in our study. Further study needed to conducted to validate our method, yet our result may provide some insight to future study and may ultimately be become tool to help patients.

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**Comment [LN120]:** Please describe the practical implications of this study here and its limitations

**Comment [LN121]:** What are other limitations? What are the effects of these limitations on the study?

**Comment [LN122]:** The paper needs to extend (add) and update its references

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## [NMJN] [ID-37401] Revised Version Acknowledgement

Inbox



**Editor-in-Chief of Nurse Media Journal of Nursing**  
<media\_ners@live.undip.ac.id>

Tue, Dec 14, 2021,  
11:25 PM

to me

Meidiana Dwidiyanti:

Thank you for submitting the revision of manuscript, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients" to Nurse Media Journal of Nursing. With the online journal management system that we are using, you will be able to track its progress through the editorial process by logging in to the journal web site:

Manuscript URL: <https://ejournal.undip.ac.id/index.php/medianers/author/submission/37401>

Username: mediana

Editor: Meira Erawati

If you have any questions, please contact me. Thank you for considering this journal as a venue for your work.

Editor-in-Chief of Nurse Media Journal of Nursing  
Nurse Media Journal of Nursing

### **Answer for reviewer**

1. The abstract exceeds the required word count; no later than 300 please

Answer: Thank you for the correction. Yes, we already make the abstract shorter and less than 300 words

2. Please re-write, make it short and show the research gap. It should relate with mindfulness, self-efficacy in anger management

Answer: Thank you for the suggestions, we already provide some research gap problem in the background and it relates to mindfulness, self-efficacy, and Islamic spiritual method

3. How these subjects were allocated into either group?

Answer: Subject is allocated by n=27 per group

4. How is about control group?

Answer: Control group were received standard intervention services from hospital

5. How data were collected?

Answer: Data were collected using RESE method which is already well-known technic to measure self-efficacy in patients

6. What is the difference?

Answer: We add the significant different is self-efficacy score

7. Please write the results concisely, and in a more interesting way

Answer: Yes, thank you for the suggestion. We already changed our sentences and make easier to read and understand.

8. suggestions/implication for clinical practice? Please add here

Answer: Yes, thank you for your suggestion. We already add new sentence The Islamic spiritual mindfulness may need to explored as a new form of approach in increasing self-efficacy to help schizophrenic patients. Yet, further study is needed to supports this study

9. The background needs a re-write. I find it rather difficult to follow the flow of the ideas that authors try to convey.

Authors may begin with describing the research problem (i.e., self-efficacy), followed by the proposed intervention, previous studies with a similar topic, and research gap, or other ways around to help readers understand the background better.

Please note that the research gap in this study still remains unclear.

Please consider coherence and cohesiveness between paragraphs

Answer :

Thank you for your suggestions, yes, we already modify our sentences and increased the urgency of our study

10. Is there any differences between mindfulness and Islamic spiritual mindfulness? In the previous paragraph, you describe mindfulness as general, then in this paragraph you mention Islamic mindfulness without any explanation. Please clarify

Answer: Mindfulness has many approach, the one we were using is our unique own method we called Islamic spiritual mindfulness

11. the idea of study is good, however author needs to elaborate more on problem, gap and hook. You need elaborate more on what connection among schizophrenic patients, violent behaviour, self-efficacy, mindfulness, Islamic mindfulness. It is still unclear

Answer: Yes, thank you for the suggestions, we already make it more simple by explaining only a relationship between Islamic spiritual mindfulness and self efficacy.

12. Patients from several wards were recruited; but why only patients from Ward A and Ward B were selected?

Answer: Thank you for the questions, we deleted ward "A" or "B", instead we just called the group with control group and intervention group

13. How about medicine? are all participants of both groups free from medicine? Please add explanation

Answer: No, patient still received standard treatment that was already in program in hospital including drugs. Both group received still received standard treatment in addition of our intervention.

14. Which study?

Answer: The study was conducted by Sutinah et al, in 2019

15. it is not necessary to write the formula. Just refers on reference which formula do you use to calculate number of participants

Answer: Yes, we already changed our sentence and make it short.

16. Wrong calculation in the sample size

Answer: The number that we got is from the formula itself. We cannot change the formula. The formula is from Dharma et al. 2011.

17. What do you mean by professional trainers?

So how many sessions in total?

How long was the intervention each?

How long was each step?

Answer :

Answer: We deleted word professional trainers, we changed it with our research staff. Sessions for a patient was in total 4 sessions, intervention ....., each step....

18. Please describe what treatment was conducted in the control group?

Answer: Control group treatment would be hospital standard, but to reduced bias, we asked patients to gather same as intervention group but without any intervention.

19. What is this? Please explain

Answer: *Istighfar* means ask for forgiveness

20. The study was carried out during the pandemic, how did the author maintain the protocol? Please explain

Answer: yes, the study was carried when the pandemic began. The health protocol is the same health protocol for visiting in hospital. We follow RS. Amino Gondohutomo COVID-19 protocol while doing our study.

21. Please explain the procedure for data collection, such as: how the hospital and subjects were approached? when was the data collected? How were the questionnaires administered?  
Etc

22. Please write the complete reference number

Answer: I'm sorry but that is just the reference number that we have

23. Please describe that patients were already informed of the study prior to their participation

Answer: Yes, we already added more sentence. Informed consent will be explained to and signed by the patient prior the participation of this study

24. Please provide appropriate sub-headings to present the results

Answer: The result heading is one of the main heading like background and discussion, which is all of main heading is without number.

25. The discussion needs a re-write. Please focus on the main results, compare and contrast with previous studies. Analysis on why the intervention provides certain effects needs to be provided with support of relevant citations from previous studies

Answer: Yes, thank you for the suggestion. We already changed the discussion.

26. What is different?

Answer: We add self-efficacy average score

27. please elaborate more, what kind of mindfulness implemented in these studies? In which part of these studies that support the result of this study?

please describe clearly, is there same between mindfulness as general an Islamic spiritual mindfulness?

Answer: The mindfulness in general is applied in this study, we haven't found many studies using Islamic spiritual mindfulness approach. The difference between general mindfulness and Islamic spiritual mindfulness is the religion approach.

28. Please describe the practical implications of this study here and its limitations

Answer: Yes, thank you. We added more sentences with Practical implication for our study can be providing alternative method to be used in support for existing, well known method in patient therapy program to increase self-efficacy. The effort to increase self-efficacy in patient using Islamic method haven't been explored extensively. Which is why we did this study to found out the effect of this approach. Although we found a good result in our study but still we need larger sample, and better experimental method like using randomized control trial. But, the despite the limitation in our study, the result might provide us some insight of possibility using Islamic approach to help patient. Further study is needed to elucidate this.

30. What are other limitations? what are the effects of these limitation on the study?

We added several limitation to explain in our study.

Answer: Our study needed to tested in larger dan diverse sample. Also, this study did not employ randomization in assigning the participants. Mutiple factor analysis need to be done to analyse possible strong effect of patient characteristic in this method. We realize many limitations in our study. Further study needed to conducted to validate our method, yet our result may provide some insight to future study and may ultimately be become tool to help patients.

31. The paper needs to extend (add) and update it references

Answer: This is one the limitation of our study. Not many researchers were using this approach to measure self-efficacy.

Editor Decision : Accept Manuscript (19 Desember 2021)

## [NMJN] Editor Decision

Inbox



**Meira Erawati** <[meiraerawati@fk.undip.ac.id](mailto:meiraerawati@fk.undip.ac.id)> Sun, Dec 19, 2021, 11:21 PM

to me, media\_ners

Dear Dr Meidiana Dwidiyanti:

We have reached a decision regarding your submission to Nurse Media Journal of Nursing, "The Effect of Islamic Spiritual Mindfulness Towards Self Efficacy in Anger Management on Schizophrenia Patients".

Our decision is to accept the manuscript for publication in the Nurse Media Journal of Nursing (NMJN), ISSN (Paper): 2087-7811; E-ISSN (online): 2406-8799.

The journal editors will contact you further regarding queries for your paper publication.

If you have any further questions related to the publication, please do not hesitate to contact us at our e-mail: [media\\_ners@live.undip.ac.id](mailto:media_ners@live.undip.ac.id).

Thank you very much.

Sincerely,

Editor, Nurse Media Journal of Nursing

## Letter of Acceptance - Nurse Media Journal of Nursing

Inbox



**Nurse Media Journal of Nursing** Mon, Dec 20, 2021, 10:46 AM

to me

Dear Dr. Meidiana Dwidiyanti,

Congratulations for the acceptance of your paper entitled "The Effect of Islamic Spiritual Mindfulness on Self-Efficacy in Anger Management among Schizophrenic Patients" for publication in the Nurse Media Journal of Nursing (NMJN), ISSN (Paper): 2087-7811; E-ISSN (online). Please find the attached LoA for your reference. In case that you might miss completing the Copyright Transfer Agreement (CTA) Form in your submission, please do so by assessing this

link: [https://drive.google.com/file/d/1iTEUcKJxTlsljDhx\\_DbrCVqXzcAAu3bk/view](https://drive.google.com/file/d/1iTEUcKJxTlsljDhx_DbrCVqXzcAAu3bk/view).

Authors whose papers are editorially accepted are subjected to a publication fee that is payable prior to the publication (please see the attached invoice). The corresponding author will be provided with an original copy of the journal book (1) for free and with an amount of fee for shipping. The shipping cost is IDR 25.000 (Java island) and IDR 50.000 (outside of Java). To help with the publication, we would like you to complete the payment and send us the payment receipt, postal address for shipping, as well as the filled CTA form before 25 December 2021.

We really thank you for working with NMJN. We believe that our collaboration will help to provide valuable contributions to the development of nursing science and practices.

Please note that the editors will contact you further for final proof of your paper before it is available online.

Thank you very much.

Best regards,

Editor



**LETTER OF ACCEPTANCE**

Ref. No: 170/LoA/NMJN/2021  
Semarang, 20 December 2021

**Meidiana Dwidiyanti**

Dear author(s),

It is with pleasure to inform you that as a result of peer reviews and revisions, your paper entitled:

**The Effect of Islamic Spiritual Mindfulness on Self-Efficacy in Anger Management among Schizophrenic Patients**

with submission ID #37401, for which you are the corresponding author, has been ACCEPTED for publication in the **Nurse Media Journal of Nursing (NMJN)**, ISSN (Paper): 2087-7811; E-ISSN (online): 2406-8799. The paper will be published in the Nurse Media Journal of Nursing Volume 11 Number 3, December 2021.

We really thank you for working with NMJN. We believe that our collaboration will help to provide valuable contributions to the development of nursing science and practices. NMJN is also looking forward to your other publications in the future times.

If you have any further questions related to the publication, please do not hesitate to contact us at our e-mail: [media\\_ners@live.undip.ac.id](mailto:media_ners@live.undip.ac.id).

Thank you very much.

Sincerely yours,



Meira Erawati  
Editor-in-Chief,  
Nurse Media Journal of Nursing

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Jl. Prof. Soedarto, SH., Tembalang, Semarang, Central Java, Indonesia 50275  
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Email: [media\\_ners@live.undip.ac.id](mailto:media_ners@live.undip.ac.id)

Paper has been Published

**Congratulations: Your article has been published (NMJN, Vol 11 No 3, December 2021)**

Inbox



**Nurse Media Journal of Nursing** Wed, Dec 29, 2021, 8:34 AM

to me

Dear Authors,

Congratulations! Your paper has been published and is already available online on the official website of the Nurse Media Journal of Nursing (NMJN), ISSN (Paper): 2087-7811; E-ISSN (online) for Volume 11 No 3, December 2021.

Please follow the link below to find the table of contents:

<https://ejournal.undip.ac.id/index.php/medianers/issue/view/3168>

Thank you for working and publishing with us. We are looking forward to your future submissions. Stay safe and healthy.

Kind regards,

Editors