




The Effectiveness of Spiritual Self-Care on Death Anxiety and Hope for Life in Cardiac Patients

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E d i t o r	R e v i e w e r s
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1. Round 1

1.1. Reviewer 1

Reviewer:

The sentence “Self-care has become one of the most significant constructs in health psychology, medicine, and behavioral sciences...” is strong, but the paragraph is overloaded with citations. Consider synthesizing key sources rather than listing multiple back-to-back references.

Table 1 presents means and SDs, but it does not indicate the significance of between-group differences at each time point. Adding superscripts or post-hoc results would improve clarity.

“Wilks’ Lambda was significant at the .01 level (Wilks’ Lambda = 0.235, $F = 43.9$, $p = .001$, $\eta^2 = 0.765$).” This is almost identical to text in the abstract. Consider condensing.

The reference to “digital or leisure-based self-care, including games” (Spors & Kaufman, 2021) again seems less relevant to a cardiac patient population. Consider omitting or tying explicitly to the clinical context.

Authors revised the manuscript and uploaded the document.

1.2. Reviewer 2

Reviewer:

The authors describe games as “vehicles for mental health self-care” citing Spors & Kaufman (2021). While interesting, this seems tangential to cardiac patients. Justify its inclusion or streamline the narrative.

The rationale for focusing specifically on female cardiac patients is not fully explained. Why exclude male patients? This requires justification in terms of cultural, clinical, or methodological reasons.

The description of sample size states: “Based on the calculations, the required sample size was estimated at 10 participants per group...”. However, no power analysis details (effect size, alpha, power) are reported. Please provide these.

The sentence “participants who practiced spiritual self-care experienced a shift from preoccupation with mortality toward active coping...” is insightful, but no qualitative data are provided to support this interpretive claim. Consider tempering or justifying it.

The claim “By providing knowledge in a culturally resonant manner, the intervention empowered patients...” is plausible but not empirically supported by the presented data. Consider reframing as an interpretation rather than a demonstrated finding.

Authors revised the manuscript and uploaded the document.

2. Revised

Editor’s decision: Accepted.

Editor in Chief’s decision: Accepted.