INJ
E-ISSN: 2961-8592

An Idea Nursing Journal
https://ihj.ideajournal.id/index.php/INJ/index

Volume 5(2), 112-121
© The Author(s) 2026
https://doi.org/10.53690/inj.v5i02.846

Original Research

Factors Associated with Stress, Anxiety, and Depression Patients in Hospital

Abdul Rahman*[1], Rizka Wahyuni[1], Wahyu Endang Setyowati[2]
Dwi Heppy Rochmawati[2], Iskim Luthfa[2]

[1]Patria Artha University, Makassar, Indonesia
[2]Sultan Agung Islamic University, Indonesia

Abstract

Background: Psychological distress, encompassing stress, anxiety, and depression, constitutes a significant public health concern globally and is especially prevalent among psychiatric patients.

Objective: to identify factors associated with stress, anxiety, and depression among psychiatric patients receiving treatment at RSKD Dadi Makassar, South Sulawesi Province, Indonesia.

Methods: This quantitative cross-sectional study included 40 psychiatric patients receiving mental health services at RSKD Dadi Makassar between January and February 2026. Participants were selected through purposive sampling. Data collection utilized the Depression Anxiety Stress Scale-21 (DASS-21) questionnaire. Descriptive statistics summarized participant characteristics and levels of psychological distress. Chi-square tests assessed associations between demographic characteristics, family support, and psychological distress. Statistical significance was defined as $p < 0.05$.

Result: Most participants were aged 26–35 years (30.0%) and male (57.5%). Moderate levels of stress, anxiety, and depression were reported by 37.5%, 35.0%, and 40.0% of participants, respectively. Family support was significantly associated with depression ($p = 0.021$); patients with poor or no family support exhibited more severe depressive symptoms. Age was significantly associated with stress ($p = 0.034$), with severe stress more prevalent among patients over 45 years. Gender was significantly associated with anxiety ($p = 0.028$), as female patients had a higher prevalence of severe anxiety than male patients.

Conclusion: Enhancing family involvement, implementing routine psychological screening, and providing targeted psychosocial interventions may improve mental health outcomes for psychiatric patients.

*Correspondence:
Abdul Rahman
Patria Artha University, Makassar, Indonesia, 90235
Email: abdulrahmanpambudi@gmail.com

Article info :
Received: 01 Juni 2026 | Revised: 03 July 2026| Accepted: 07 July 2026
This is an Open Access article distributed under the terms of the https://creativecommons.org/licenses/by/4.0/

Keywords
Anxiety; Depression; Stress.

Background

Mental health represents a critical public health challenge in the 21st century. The World Health Organization (WHO) estimates that nearly one billion individuals globally are affected by mental disorders, with depression and anxiety being the most prevalent. These disorders significantly contribute to disability, reduced productivity, impaired social functioning, and increased healthcare costs, imposing a substantial burden on individuals, families, and healthcare systems. The Coronavirus Disease 2019 (COVID-19) pandemic has intensified these issues, leading to a marked rise in stress, anxiety, and depression across diverse populations worldwide (1–3).

Stress, anxiety, and depression are among the most prevalent psychological conditions and often coexist, resulting in a complex burden on both mental and physical health. Stress is typically defined as an adaptive response to demands that exceed an individual's coping capacity, while anxiety involves excessive worry and apprehension about perceived threats or uncertain future events. Persistent stress and anxiety without adequate intervention may lead to depression, which is characterized by sustained sadness, loss of interest in daily activities, reduced energy, and impaired social and occupational functioning (4,5). Previous research has consistently shown that elevated stress and anxiety are significant predictors of depressive symptoms, particularly among vulnerable groups such as individuals receiving healthcare services (6).

Patients undergoing medical treatment, especially those receiving care in psychiatric hospitals, are particularly vulnerable to psychological distress. In addition to coping with their underlying illness, patients frequently encounter various stressors, including uncertainty regarding treatment outcomes, disruptions in social roles, limitations in daily activities, social stigma, and financial burdens associated with healthcare. Previous research has shown that hospitalization and transitional care periods can increase the risk of stress, anxiety, and depression due to reduced social support and heightened uncertainty about the future (7,8). Consequently, identifying factors associated with psychological distress among psychiatric patients is essential for developing effective mental health interventions and improving patient outcomes.

The biopsychosocial model provides a comprehensive framework for understanding mental health disorders by emphasizing the interaction of biological, psychological, and social determinants. Demographic characteristics, such as age and gender, have been reported as important factors associated with stress, anxiety, and depression (9,10). Older adults may experience greater levels of stress due to accumulated life challenges, chronic health conditions, and increased caregiving responsibilities. Similarly, women have consistently been reported to exhibit a higher prevalence of anxiety disorders than men,

potentially due to a combination of biological, hormonal, and psychosocial influences (11,12). In addition to demographic factors, family support has been recognized as a critical protective factor in maintaining psychological well-being. Emotional, informational, and instrumental support provided by family members can strengthen coping mechanisms, enhance resilience, and reduce the risk of depression and anxiety among patients undergoing treatment (13,14).

Although the associations between demographic factors, social support, and mental health outcomes have been widely investigated in various populations, empirical evidence regarding factors associated with stress, anxiety, and depression among psychiatric patients in Indonesia remains limited. Most existing studies have focused on the general population, healthcare workers, or individuals with chronic physical illnesses, leaving a substantial gap in understanding the psychosocial determinants of mental health among psychiatric patients. Furthermore, Indonesia's unique sociocultural context, particularly in Eastern Indonesia, may influence family support systems and psychological responses differently than in other countries.

RSKD Dadi Makassar is one of the largest psychiatric referral hospitals in Eastern Indonesia, providing mental health services to patients from South Sulawesi Province and surrounding regions. The large number of patients receiving psychiatric care at this institution offers a valuable opportunity to examine factors associated with psychological distress in a clinical setting. Understanding these factors is essential for informing evidence-based mental health promotion strategies, early detection programs, and family-centered interventions aimed at improving psychological well-being and overall quality of life among psychiatric patients.

Methods

Study Design and Setting

A quantitative observational cross-sectional design was used to examine the associations between demographic characteristics, family support, and levels of stress, anxiety, and depression among psychiatric patients receiving treatment at Dadi Regional Special Hospital (Rumah Sakit Khusus Daerah Dadi, RSKD Dadi), Makassar, South Sulawesi Province, Indonesia.

Population and Sample

The target population comprised all psychiatric patients receiving mental health services at RSKD Dadi Makassar during the study period. A total of 40 respondents were recruited using a purposive sampling technique based on predefined inclusion and exclusion criteria. The inclusion criteria were: (1) patients aged ≥18 years, (2) receiving treatment at RSKD Dadi Makassar during the study period, (3) able to communicate effectively in Indonesian, (4) physically and mentally capable of completing the questionnaire, and (5) willing to participate in the study by providing informed consent.

Respondents who were unable to complete the questionnaire, had severe cognitive impairment, were experiencing acute psychiatric emergencies, or were unable to provide informed consent were excluded from the study.

Data Collection Procedure

Data were collected from 5 January to 4 February 2026 using structured questionnaires administered to eligible participants after obtaining informed consent. All respondents completed the questionnaires during their scheduled visits to RSKD Dadi.

Study Instrument

Psychological distress was assessed using the Depression Anxiety Stress Scale-21 (DASS-21), developed by Lovibond and Lovibond. The instrument consists of 21 items divided into three subscales: depression (7 items), anxiety (7 items), and stress (7 items). Each item is rated on a four-point Likert scale ranging from 0 ("did not apply to me at all") to 3 ("applied to me very much or most of the time").

The DASS-21 has been widely used in mental health research and demonstrates satisfactory psychometric properties across various populations. The Indonesian version of the instrument has shown adequate validity and reliability for assessing symptoms of depression, anxiety, and stress. Previous validation studies reported item-total correlation coefficients above 0.30 and Cronbach's alpha values of 0.84 for the Stress subscale, 0.85 for the Anxiety subscale, and 0.88 for the Depression subscale, indicating good internal consistency and construct validity. Therefore, the DASS-21 was considered an appropriate instrument for assessing psychological distress among psychiatric patients in this study.

Data Analysis

Data were analyzed using IBM SPSS Statistics version 25.0 (IBM Corp., Armonk, NY, USA). Descriptive statistics were employed to describe participants' demographic characteristics, family support, and levels of stress, anxiety, and depression. The results are presented as frequencies and percentages. Bivariate analyses were conducted using the Chi-square test to assess associations among age, gender, family support, and psychological distress. A p-value < 0.05 was considered statistically significant.

Ethical Considerations

Ethical approval for this study was obtained from the Health Research Ethics Committee of Graha Edukasi Makassar University, Indonesia (Approval No. 008/KEPK/UGEM/I/2026). Written informed consent was obtained from all participants prior to data collection. Participants were informed about the purpose of the study, voluntary participation, confidentiality of their information, and their right to withdraw from the study at any time without any consequences.

Result and Discussion

Demographic Characteristic of Participant

The characteristics of the study participants are presented in Table 1, including age, gender, and perceived family support.

Table 1. Characteristics of Respondents with Type 1 Diabetes Mellitus Receiving Insulin Therapy (N = 40)

Variable	Category	n	%
Age (years)	17–25	9	22.5
	26–35	12	30.0
	36–45	10	25.0
	>45	9	22.5
Gender	Male	23	57.5
	Female	17	42.5
Family Support	Good	16	40.0
	Poor	18	45.0
	No Support	6	15.0

Table 1 summarizes the characteristics of the study participants. The majority of respondents were aged 26–35 years (30.0%) and male (57.5%). Regarding family support, 45.0% of participants reported poor support, 40.0% reported good support, and 15.0% reported no support. These findings indicate that a considerable proportion of respondents experienced limited family support, highlighting the potential importance of family involvement in psychological well-being.

Table 2. Distribution of Psychological Distress Among Participants (n = 40)

Severity Level	Stress n (%)	Anxiety n (%)	Depression n (%)
Normal	8 (20.0)	7 (17.5)	6 (15.0)
Mild	10 (25.0)	12 (30.0)	11 (27.5)
Moderate	15 (37.5)	14 (35.0)	16 (40.0)
Severe	7 (17.5)	7 (17.5)	7 (17.5)

Table 2 shows that most participants experienced moderate psychological distress. Specifically, 37.5% reported moderate stress, 35.0% reported moderate anxiety, and 40.0% reported moderate depression. Severe psychological distress was found in 17.5% of participants for all three areas. Overall, these results suggest that psychological distress is common among respondents, with depression being the most widespread.

Table 3. Association Between Family Support and Depression Levels (n = 40)

Family Support	Mild n (%)	Moderate n (%)	Severe n (%)	Total
Good	8 (50.0)	6 (37.5)	2 (12.5)	16
Poor	3 (16.7)	10 (55.6)	5 (27.8)	18
No Support	0 (0.0)	0 (0.0)	6 (100.0)	6
p-value				0.021

Table 3. Family support was significantly associated with depression levels (p = 0.021). Participants with poor or no family support reported more severe depressive symptoms than those with good family support.

Table 4. Association Between Participant Characteristics and Anxiety (Stress) Levels (n = 40)

Variable	Category	Mild n (%)	Moderate n (%)	Severe n (%)	Total	p-value
Age (years)	17–25	4 (44.4)	3 (33.3)	2 (22.2)	9	0.034
	26–35	3 (25.0)	6 (50.0)	3 (25.0)	12	
	36–45	2 (20.0)	5 (50.0)	3 (30.0)	10	
	>45	1 (11.1)	4 (44.4)	4 (44.4)	9	
Gender	Male	9 (39.1)	10 (43.5)	4 (17.4)	23	0.028
	Female	3 (17.6)	4 (23.5)	10 (58.8)	17	

Table 4 presents the associations between demographic characteristics and anxiety levels. Age was significantly related to anxiety (p = 0.034); participants over 45 years had the highest rate of severe anxiety (44.4%), while younger participants more often experienced mild or moderate anxiety. Gender was also significant (p = 0.028). Severe anxiety was more common among female participants (58.8%) than male participants (17.4%), who were more frequently classified as having mild or moderate anxiety. These results indicate that older age and female gender are linked to greater anxiety severity in this study.

DISCUSSION

This study looked at what factors are linked to stress, anxiety, and depression in psychiatric patients at RSKD Dadi Makassar, South Sulawesi Province. Most patients reported moderate psychological distress: 37.5% had moderate stress, 35.0% had moderate anxiety, and 40.0% had moderate depression (Table 2). These findings show that psychological distress is still very common among psychiatric patients and remains a major challenge for mental health services.

The fact that most patients had moderate stress, anxiety, and depression shows that many still face a significant psychological burden even while getting psychiatric care. While most had not reached severe levels, moderate distress should not be overlooked, as it can become more serious if not addressed. Ongoing stress, anxiety, and depression can make it harder for patients to stick to treatment, interact socially, work effectively, and enjoy a good quality of life. Psychological distress is also linked to longer recovery times, more use of healthcare services, and worse long-term mental health. These results match the World Mental Health Report, which points out that mental health disorders are often not recognized or treated enough, causing major problems for individuals and society.

Family Support and Depression

There was a clear link between family support and depression levels in psychiatric patients. Those with strong family support were more likely to have only mild depression,

while patients with little or no family support often had moderate to severe depression. All patients who said they had no family support experienced severe depression, highlighting how important family involvement is for mental health outcomes (15,16).

The relationship between family support and depression is explained by social support and the stress-buffering model (17) help explain the link between family support and depression. These theories suggest that supportive families provide emotional comfort, practical help, advice, and a sense of belonging, which can lessen the impact of stress. Family support can boost self-esteem, help patients stick to treatment, and encourage healthy coping during tough times (18). On the other hand, not having enough family support can lead to loneliness, hopelessness, rejection, and social isolation, all of which are known risk factors for depression.Because patients often face stigma, discrimination, and reduced social participation. Supportive family environments may help patients maintain motivation for treatment and recovery, whereas unsupportive environments may exacerbate psychological distress. These findings are consistent with previous studies demonstrating that stronger family support is associated with lower levels of depression and improved psychological well-being. Social support significantly reduced depressive symptoms through its positive effects on resilience and coping capacity (14). Emphasized that family support functions as a protective factor that mitigates the adverse psychological consequences of stressful life events (13).

The present findings suggest that interventions aimed at reducing depression among psychiatric patients should extend beyond pharmacological treatment and incorporate family-based approaches. Psychoeducation programs, family counseling, and caregiver support interventions may strengthen family involvement and ultimately improve patient outcomes(19).

Age and Stress

This study also identified a significant association between age and stress levels, with patients aged over 45 years demonstrating a higher prevalence of severe stress compared with younger age groups. These findings suggest that increasing age may be associated with greater vulnerability to psychological stress among psychiatric patients.

Several mechanisms may explain this relationship. Older adults are often exposed to a greater accumulation of life stressors, including chronic physical illnesses, declining functional capacity, financial responsibilities, caregiving demands, bereavement experiences, and concerns regarding future health and independence. The cumulative burden of these stressors may increase perceived stress levels and reduce the individual's capacity to adapt effectively (20). Furthermore, age-related physiological changes may influence neuroendocrine responses to stress, potentially increasing susceptibility to psychological distress (21).

Psychiatric patients in older age groups may face additional challenges related to disease chronicity and social support limitations. Long-term illness often disrupts social relationships, employment opportunities, and quality of life, which may further contribute to elevated stress levels (22). The findings of this study are consistent with reports from the American Psychological Association (2020), which indicate that cumulative stress

exposure across the lifespan contributes significantly to psychological distress among middle-aged and older adults.

From a clinical perspective, these findings highlight the importance of implementing age-specific mental health interventions. Older psychiatric patients may benefit from stress-management programs, social support enhancement strategies, and integrated care approaches that address both physical and mental health needs.

Gender and Anxiety

The findings further revealed a significant association between gender and anxiety levels. Female patients were more likely to experience severe anxiety compared with male patients, whereas male patients predominantly reported mild to moderate anxiety symptoms.

Gender differences in anxiety have been consistently reported in the psychiatric literature. Biological factors may partially explain this phenomenon. Hormonal fluctuations involving estrogen and progesterone can influence neurotransmitter systems involved in emotional regulation, thereby increasing vulnerability to anxiety symptoms among women (23). Additionally, genetic and neurobiological differences may contribute to sex-specific patterns of emotional processing and stress responses (24).

Beyond biological influences, psychosocial factors may also play a significant role. Women often experience multiple social responsibilities, including caregiving duties, family obligations, and societal expectations, which may increase psychological burden. Furthermore, women are generally more likely to internalize emotional distress and exhibit greater emotional sensitivity to stressful situations. These characteristics may contribute to the higher prevalence of severe anxiety observed in the present study.

The findings align with previous studies indicating that women are approximately 1.7 times more likely to develop anxiety disorders than men(12). Similar findings have been reported across diverse cultural settings, suggesting that gender differences in anxiety represent a global mental health phenomenon. Consequently, mental health services should consider gender-specific approaches to anxiety assessment, prevention, and treatment.

Implications for Mental Health Practice

Collectively, the findings of this study reinforce the importance of psychosocial determinants in influencing mental health outcomes among psychiatric patients. Family support, age, and gender emerged as significant factors associated with depression, stress, and anxiety, respectively. These findings support the biopsychosocial model, which posits that mental health is shaped by complex interactions among biological, psychological, and social factors.

These results have several practical implications for psychiatric care. First, regular screening for stress, anxiety, and depression should be part of clinical practice to catch problems early. Second, treatment plans should include family-centered approaches to strengthen support and reduce depression. Third, mental health professionals should focus on older patients and women, who seem to be at higher risk for severe stress and anxiety. Tailored psychosocial interventions for these groups may lead to better outcomes and quality of life.

Strengths and Limitations

This study contributes to the growing research on psychological distress in psychiatric patients in Indonesia, especially in Eastern Indonesia where there is little data. However, there are some limitations. The small sample size may make it hard to apply these findings to all patients. Also, because the study was cross-sectional, it cannot show cause and effect or how these factors change over time. Future research with larger samples, studies at multiple centers, and more detailed analyses is needed to better understand what causes stress, anxiety, and depression in psychiatric patients.

Conclusion

This study found that moderate stress, anxiety, and depression were the most prevalent psychological issues among psychiatric patients at RSKD Dadi Makassar. Depression was significantly linked to family support, stress to age, and anxiety to gender. Patients lacking family support were more likely to experience severe depression, older patients reported higher stress, and female patients were more vulnerable to severe anxiety. These findings underscore the need to consider psychosocial factors in assessing and managing psychiatric patients. Enhancing family involvement, conducting regular psychological screenings, and developing targeted interventions for at-risk groups may improve mental health outcomes. Further research with larger, more diverse populations is recommended to better understand the complex links between psychosocial factors and psychological distress in psychiatric settings.

Declaration of Conflict of Interest
None.

Funding
None.

Author Contributions
AR and WES designed the research; AR and RW conducted the research; AR analyzed the data; AR and WES wrote the first draft of the manuscript; IL and DHR critically reviewed and revised the manuscript; AR had primary responsibility for the final content. All authors read and approved the final manuscript.

Data Availability Statement
The dataset generated and analysed during the current study is available from the corresponding author upon reasonable request.

Declaration of the Use of AI in Scientific Writing
The authors declare that artificial intelligence (AI) tools were used solely to assist in language refinement and improving the clarity of the manuscript. The AI did not contribute to the study design, data analysis, or interpretation of results.

References
1. Santomauro DF, Mantilla Herrera AM, Shadid J, Zheng P, Ashbaugh C, Pigott DM, et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Lancet (London, England). 2021 Nov;398(10312):1700–12.
2. Kupcova I, Danisovic L, Klein M, Harsanyi S. Effects of the COVID-19 pandemic on mental health, anxiety, and depression. BMC Psychol. 2023 Apr;11(1):108.

3. Ding W, Zhang Y, Wang M-Z, Wang S. Post-pandemic mental health: Understanding the global psychological burden and charting future research priorities. World J psychiatry. 2025 Oct;15(10):109502.
4. Mahmud S, Hossain S, Muyeed A, Islam MM, Mohsin M. The global prevalence of depression, anxiety, stress, and, insomnia and its changes among health professionals during COVID-19 pandemic: A rapid systematic review and meta-analysis. Heliyon. 2021 Jul;7(7):e07393.
5. Jalali A, Ziapour A, Karimi Z, Rezaei M, Emami B, Kalhori RP, et al. Global prevalence of depression, anxiety, and stress in the elderly population: a systematic review and meta-analysis. BMC Geriatr. 2024 Oct;24(1):809.
6. Vindegaard N, Benros ME. COVID-19 pandemic and mental health consequences: Systematic review of the current evidence. Brain Behav Immun. 2020 Oct;89:531–42.
7. Gerges S, Hallit R, Hallit S. Stressors in hospitalized patients and their associations with mental health outcomes: testing perceived social support and spiritual well-being as moderators. BMC Psychiatry. 2023 May;23(1):323.
8. Mao W, Shalaby R, Owusu E, Elgendy HE, Agyapong B, Eboreime E, et al. Depression, anxiety, and poor well-being at discharge from psychiatric hospitals: prevalence and risk factors. Front psychiatry. 2024;15:1408095.
9. Campbell R, Candelaria D, Fullerton DJ, Mercieca-Bebber R, Tait M-A, Norman R, et al. COVID-19 pandemic perceived impacts on the Australian general population, a national survey exploring the role of socio-demographic and psychological factors. Sci Rep [Internet]. 2026;16(1):12262. Available from: https://doi.org/10.1038/s41598-026-41428-z
10. Jiao J, Jenraumjit R, Shirley W, Saifon B, He B, Wongpakaran T. Biopsychosocial determinants of anxiety and depression among working mothers in China: A public mental health perspective. Narra J [Internet]. 2025;5(3):e2754. Available from: https://narraj.org/main/article/view/2754
11. Farhane-Medina NZ, Luque B, Tabernero C, Castillo-Mayén R. Factors associated with gender and sex differences in anxiety prevalence and comorbidity: A systematic review. Sci Prog. 2022;105(4):368504221135469.
12. McLean CP, Asnaani A, Litz BT, Hofmann SG. Gender differences in anxiety disorders: prevalence, course of illness, comorbidity and burden of illness. J Psychiatr Res. 2011 Aug;45(8):1027–35.
13. Taylor SE, Stanton AL. Health Psychology [Internet]. McGraw-Hill; 2020. Available from: https://books.google.co.id/books?id=WpRSzQEACAAJ
14. Zihao L, Jinyun S, Shuanglin G, Xiuzhen C, Yonglin L, Hongyu Z. The relationship between COVID-19, depressive disorder, and anxiety: a bidirectional Mendelian randomization study. Front psychiatry. 2023;14:1257553.
15. Luo M. Social Isolation, Loneliness, and Depressive Symptoms: A Twelve-Year Population Study of Temporal Dynamics. J Gerontol B Psychol Sci Soc Sci. 2023 Feb;78(2):280–90.
16. Gözen Ö, Tuncay T, Kamış GZ. Navigating stigma and building resilience: The role of perceived social support in individuals with mentally ill parents. Int J Soc Psychiatry. 2025 Dec;71(8):1555–73.
17. Lam PH. An Extension to the stress-buffering model: Timing of support across the lifecourse. Brain, Behav Immun - Heal. 2024;42:100876. Available from: https://www.sciencedirect.com/science/article/pii/S2666354624001546
18. Wulanningrum DN, Suryandari SSD, Yulianto S, Putri DSR. The Effect of Five-Finger Hypnotherapy on Reducing Anxiety Levels During Daily. J Adv Nurs Heal Sci. 2026;7(1):16–22.
19. Obieche O, Tan J-YB, Sharma S, Bressington D, Wang T, Li M. Family Psychoeducation for Major Depressive Disorder: A Systematic Review. Int J Ment Health Nurs. 2026 Feb;35(1):e70205.
20. Reynolds CF 3rd, Jeste D V, Sachdev PS, Blazer DG. Mental health care for older adults: recent advances and new directions in clinical practice and research. World Psychiatry. 2022 Oct;21(3):336–63.
21. Palix C, Chauveau L, Felisatti F, Chocat A, Coulbault L, Hébert O, et al. Allostatic load, a measure of cumulative physiological stress, impairs brain structure but not β-accumulation in older adults: an exploratory study. Front Aging Neurosci. 2025;17:1508677.
22. Jiang Y, Shi Z, Liu A. Experiences of Social Isolation in Older Adults with Chronic Diseases: A Qualitative Study Based on Patients' Perspectives. Healthc (Basel, Switzerland). 2025 Apr;13(8).
23. Kundakovic M, Rocks D. Sex hormone fluctuation and increased female risk for depression and anxiety disorders: From clinical evidence to molecular mechanisms. Front Neuroendocrinol [Internet]. 2022;66:101010. Available from: https://www.sciencedirect.com/science/article/pii/S0091302222000334
24. Price KM, Polter AM. Sex-specific relationships between stress coping and avoidance behavior. bioRxiv [Internet]. 2026; Available from: https://www.biorxiv.org/content/early/2026/01/01/2025.12.31.697182

How to Cite This Article:

Rahman A, Wahyuni R, Setyowati WE, Rochmawati DH, Luthfa I. Factors Associated with Stress, Anxiety, and Depression Among Patients in Hospital. An Idea Nursing Journal. 2026; 5(2), 112-121. https://doi.org/10.53690/inj.v5i02.846