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The Relationship Between Motivation And Medication Adherence Among Hypertensive Patients At The Internal Medicine Polyclinic Of Kayu Agung Regional General Hospital In 2017

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Abstract

Hypertension is a chronic disease characterised by increased systemic arterial blood pressure, either systolic or diastolic. Poor adherence to antihypertensive medication is one of the risk factors for hypertensive crisis, which may cause acute target organ damage and increase mortality. This study aimed to determine the relationship between motivation and medication adherence among hypertensive patients at the Internal Medicine Clinic of Kayu Agung Regional General Hospital, Ogan Komering Ilir. This analytical survey used a cross-sectional design. The population and sample consisted of 69 hypertensive patients treated at the Internal Medicine Clinic of Kayu Agung Regional General Hospital. The results showed that individual motivation, family support motivation, social support motivation, healthcare provider support motivation, and communication tool support motivation were simultaneously associated with medication adherence among hypertensive patients. This study recommends strengthening health education and family motivation to improve adherence to antihypertensive medication.

Keywords: Hypertension, Motivation, Medication Adherence, Antihypertensive Drugs, Chronic Disease.

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INTRODUCTION

Hypertension is a chronic disease characterised by an increase in systemic arterial blood pressure, either systolic or diastolic. According to the *World Health Organization and International Society of Hypertension (WHO-ISH)* in 1999, hypertension is defined as a persistent resting blood pressure of ≥140/90 mmHg in individuals who are not receiving antihypertensive treatment. Based on blood pressure levels, hypertension is classified into mild hypertension (140–159/90–99 mmHg), moderate hypertension (160–179/100–109 mmHg), and severe hypertension (≥180/110 mmHg) (WHO-ISH, 1999).

Hypertension remains a major public health problem due to its increasing prevalence worldwide. According to *The Lancet* in 2014, approximately 26% of the global adult population, equivalent to 927 million people, suffered from hypertension. This number was predicted to increase, reaching approximately 29% of adults worldwide by 2025. The World Health Organization (WHO) reported in 2013 that hypertension was one of the most important risk factors contributing to morbidity and mortality, particularly in developed countries such as the United States, where approximately 50 million people were affected by hypertension.

In Indonesia, hypertension has also become a significant health concern. Based on a survey conducted by the Ministry of Health in 2007, the prevalence of hypertension among people aged over 18 years based on blood pressure measurements, health professional diagnosis, and history of antihypertensive medication use was 29.8%. The highest prevalence was found in South Kalimantan (39.6%), while the lowest was reported in West Papua (20.1%). Furthermore, only 24% of hypertension cases were diagnosed by healthcare professionals, while 76% remained undiagnosed in the community. The proportion of individuals taking antihypertensive medication was only 0.4%, indicating low awareness and treatment adherence among hypertensive patients.

Poor adherence to antihypertensive medication is one of the major challenges in hypertension management. Patients who do not take medication or take medication irregularly have an increased risk of developing hypertensive crisis, which is characterised by a severe elevation of blood pressure with systolic pressure ≥180 mmHg and/or diastolic pressure ≥120 mmHg requiring immediate medical intervention. Hypertensive crisis is a major emergency condition that may lead to acute target organ damage and increase mortality risk (*Temu Ilmiah Penyakit Dalam*, 2014). Non-adherence may also contribute to complications involving vital organs, including the brain, heart, kidneys, and eyes. Uncontrolled hypertension increases the risk of stroke, heart failure, myocardial infarction, renal failure, and visual impairment due to retinal vascular damage (Suhardjono, 2008).

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Several factors influence medication adherence among hypertensive patients. According to Niven (2002), factors affecting adherence include individual motivation, family support, social support, healthcare provider support, communication tools, and accessibility to healthcare services. Individual motivation refers to internal motivation, such as the desire to recover and personal beliefs regarding treatment effectiveness. Meanwhile, external motivation is influenced by support from family members, social environments, healthcare professionals, and communication systems that encourage patients to follow treatment recommendations.

Motivation plays an important role in improving patients' compliance with long-term antihypertensive therapy. Patients with strong motivation tend to have better awareness and commitment to taking medication regularly. Conversely, low motivation may result in medication discontinuation, irregular medication intake, and reduced control of blood pressure. Therefore, understanding the relationship between motivation and medication adherence is essential to improve hypertension management and prevent complications.

Based on medication adherence data at the Internal Medicine Clinic of Kayu Agung Regional General Hospital, Ogan Komering Ilir, the number of patients who were non-adherent to antihypertensive medication increased from 54 patients in 2015 to 67 patients in 2016 (Kayu Agung Regional General Hospital, 2016). A preliminary study conducted on 4 February 2017 involving interviews with 10 hypertensive patients at the Internal Medicine Clinic showed several reasons for non-adherence, including feeling bored with continuous medication use, forgetting to take medication, assuming that they were cured because symptoms had disappeared, lack of information regarding lifelong antihypertensive therapy, inability to return for medical check-ups, and insufficient motivation from healthcare providers, family, and social support systems.

Based on these findings, medication adherence among hypertensive patients remains an important issue requiring further investigation. Therefore, this study aimed to determine the relationship between motivation and medication adherence among hypertensive patients at the Internal Medicine Clinic of Kayu Agung Regional General Hospital in 2017.

LITERATURE REVIEW

Hypertension

Hypertension is a chronic cardiovascular disorder characterised by a persistent increase in systemic arterial blood pressure. It is commonly defined as blood pressure ≥140/90 mmHg and is considered one of the leading risk factors for cardiovascular diseases. Hypertension is often asymptomatic in its early stages, resulting in delayed diagnosis and treatment. Without proper

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management, uncontrolled hypertension may cause serious complications, including stroke, heart failure, kidney failure, and other target organ damage (WHO, 2021).

The management of hypertension involves both pharmacological and non-pharmacological approaches. Pharmacological treatment includes the use of antihypertensive medications, while non-pharmacological interventions involve lifestyle modification such as dietary regulation, physical activity, weight control, and smoking cessation. However, the effectiveness of hypertension management depends not only on medical treatment but also on patients' adherence and commitment to maintaining recommended health behaviours (World Health Organization, 2023).

Antihypertensive Medication Therapy

Antihypertensive medication therapy is an important component in controlling blood pressure and preventing complications among hypertensive patients. The main objectives of treatment are to reduce blood pressure, minimize cardiovascular risks, and prevent damage to target organs. Several classes of antihypertensive drugs are commonly used, including diuretics, beta-blockers, calcium channel blockers, angiotensin-converting enzyme inhibitors, and angiotensin receptor blockers (Depkes RI, 2008).

Long-term antihypertensive therapy requires continuous medication use according to healthcare provider recommendations. However, many patients experience difficulties in maintaining regular medication intake due to various factors, including lack of understanding, low motivation, and inadequate support systems. Irregular use of antihypertensive medication may result in uncontrolled blood pressure and increase the risk of hypertension-related complications (Niven, 2002).

Medication Adherence

Medication adherence refers to the extent to which patients follow healthcare providers' instructions regarding medication use, including dosage, frequency, and duration of treatment. In chronic diseases such as hypertension, adherence is essential because treatment generally requires long-term medication use. Poor adherence may reduce treatment effectiveness, prevent adequate blood pressure control, and increase the possibility of complications among hypertensive patients (WHO, 2003).

Several factors influence medication adherence, including patient characteristics, knowledge, beliefs, healthcare communication, family support, and social environment. Patients who

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understand the importance of medication and receive adequate support are more likely to follow treatment recommendations. Conversely, low adherence may occur when patients experience limited knowledge, lack of motivation, side effects, or difficulties accessing healthcare services (Niven, 2002).

Motivation in Hypertension Management

Motivation is an important psychological factor that encourages individuals to perform specific behaviours to achieve desired health outcomes. In hypertension management, motivation influences patients' willingness to take medication regularly, attend medical examinations, and adopt healthy lifestyles. Internal motivation, such as the desire to recover and maintain health, can strengthen patients' commitment to long-term treatment (Nursalam, 2002).

In addition to individual motivation, external motivation from family, social environments, healthcare providers, and communication systems also plays an important role in supporting treatment adherence. According to behavioural health theory, health behaviour is influenced by predisposing factors, enabling factors, and reinforcing factors. Motivation functions as a driving factor that helps patients maintain positive health behaviours, including adherence to antihypertensive medication (Notoatmodjo, 2007).

Factors Associated with Medication Adherence Among Hypertensive Patients

Medication adherence among hypertensive patients is influenced by several motivational factors, including individual motivation, family support, social support, healthcare provider support, and communication facilities. Family support can provide emotional encouragement, reminders, and assistance in accessing healthcare services. Meanwhile, social support helps patients maintain confidence and motivation during long-term treatment processes (Friedman, 2003).

Healthcare provider support and communication tools also contribute to improving medication adherence. Effective communication, health education, counselling, and medication reminders can increase patients' understanding and commitment to treatment. Previous studies have shown that motivation from individuals, families, social networks, healthcare professionals, and communication systems is significantly associated with better adherence to antihypertensive medication (Suyudi, 2011).

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METHOD

Research Design

This study was a quantitative study using an analytical observational design with a **cross-**sectional approach. The cross-sectional method was applied because the measurement and observation of independent and dependent variables were conducted at the same time. This design was used to analyse the relationship between motivation factors and medication adherence among hypertensive patients. The independent variables consisted of individual motivation, family support motivation, social support motivation, healthcare provider support motivation, and communication tool support motivation, while medication adherence was the dependent variable (Notoatmodjo, 2010).

Research Setting and Period

This study was conducted at the Internal Medicine Clinic of Kayu Agung Regional General Hospital, Ogan Komering Ilir, Indonesia. The research location was selected because the clinic provides healthcare services for hypertensive patients and recorded cases related to antihypertensive medication adherence. The study was conducted during one semester in 2017. Data collection was performed among hypertensive patients who received antihypertensive medication and underwent treatment at the Internal Medicine Clinic of Kayu Agung Regional General Hospital.

Population and Sample

The population of this study consisted of all hypertensive patients receiving treatment at the Internal Medicine Clinic of Kayu Agung Regional General Hospital, with a total population of 69 patients. The sample was determined based on the inclusion criteria, including patients diagnosed with hypertension, receiving antihypertensive medication from healthcare providers, receiving treatment at the clinic, and willing to participate as respondents. The sample size was determined using the total population approach because the population was less than 100 respondents (Arikunto, 2010).

The sampling technique used in this study was accidental sampling, in which respondents were selected based on their availability and willingness to participate during the data collection period. The selected respondents were hypertensive patients who visited the Internal Medicine Clinic, had complete registered information, lived within the Kayu Agung area, and were present during data collection. Respondents who did not meet the research criteria were excluded from

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the study (Notoatmodjo, 2010).

Data Collection

Primary data were collected directly by researchers through interviews using structured questionnaires. The questionnaire collected information regarding individual motivation, family support motivation, social support motivation, healthcare provider support motivation, communication tool support motivation, and medication adherence among hypertensive patients. Secondary data were obtained from medical records of Kayu Agung Regional General Hospital and relevant literature sources supporting the research framework.

Data Processing

The collected data were processed using computer software through several stages, including editing, coding, processing, and cleaning. Editing was conducted to check the completeness, clarity, accuracy, and consistency of questionnaire responses. Coding was performed by transforming categorical responses into numerical codes to facilitate data entry. Processing involved entering the collected data into computer software for analysis, while cleaning was conducted to identify possible errors or inconsistencies before statistical analysis (Hastono, 2001).

Data Analysis

Data analysis was performed using computer software after completing the data collection and processing stages. Univariate analysis was conducted to describe the frequency distribution and percentage of each research variable. Bivariate analysis was performed to determine the relationship between independent and dependent variables using the **Chi-Square test** with a significance level of $\alpha = 0.05$. A p-value ≤ 0.05 indicated a significant relationship between variables, while a p-value >0.05 indicated no significant relationship (Hastono, 2001).

Multivariate analysis was conducted using **logistic regression analysis** to identify the dominant factors associated with medication adherence among hypertensive patients. Variables with a p-value <0.25 in the bivariate analysis were included as candidate variables for the multivariate model. The final model was determined based on variables with statistical significance of $p<0.05$ while considering important variables that had strong theoretical relationships with medication adherence.

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Validity and Reliability Test

The questionnaire used as the research instrument was tested for validity and reliability before data collection. Validity testing was conducted to determine whether each questionnaire item measured the intended variable accurately. The validity test was performed by comparing the calculated correlation value (r-count) with the r-table value at a significance level of 5%. Items were considered valid when the r-count value was greater than the r-table value (Notoatmodjo, 2010).

Reliability testing was conducted to assess the consistency and reliability of the questionnaire as a measurement instrument. The reliability assessment used Cronbach's alpha value, where a questionnaire item was considered reliable if the alpha value was greater than the r-table value. Validity and reliability testing were performed among respondents with characteristics similar to those of the research population (Hastono, 2002).

Operational Definition of Variables

Medication adherence was defined as the patient's behaviour in taking antihypertensive medication regularly according to the recommended schedule. Medication adherence was measured using a questionnaire through interviews. Respondents were categorised as adherent when their score was equal to or higher than the mean value and categorised as non-adherent when their score was below the mean value. The measurement scale for medication adherence was nominal.

Individual motivation was defined as internal encouragement and willingness from hypertensive patients to take antihypertensive medication regularly. It was measured using a questionnaire through interviews and categorised into high motivation and low motivation based on the mean score. Family support motivation was defined as encouragement from family members, such as spouses or relatives, to take antihypertensive medication regularly. Social support motivation referred to encouragement from friends or social environments regarding medication use.

Healthcare provider support motivation was defined as advice, education, and encouragement provided by healthcare professionals to support regular antihypertensive medication use. Communication tool support motivation referred to exposure to communication media containing messages or reminders regarding regular antihypertensive medication use. All motivation variables were measured using questionnaires through interviews and categorised based on mean scores into supported and unsupported categories with ordinal measurement

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scales.

RESULTS

Participant Characteristics and Instrument Testing

This study was conducted among 69 hypertensive patients at the Internal Medicine Clinic of Kayu Agung Regional General Hospital, Ogan Komering Ilir, in 2017. The questionnaire used in this study was tested for validity and reliability before data analysis. The validity test showed that all questionnaire items had a correlation value greater than the r-table value (0.244), indicating that all items were valid. The reliability test showed a Cronbach's Alpha value of 0.991, indicating that the questionnaire had excellent reliability.

Table 1. Validity and Reliability Test Results

Test	Result	Interpretation
Number of respondents	69	Validity testing sample
r-table value	0.244	α = 0.05
Valid questionnaire items	20 items	All items valid
Cronbach's Alpha	0.991	Reliable instrument

Univariate Analysis

The distribution of respondents showed that most patients had high individual motivation, received family support, social support, healthcare provider support, and communication support. Regarding medication adherence, most hypertensive patients were categorised as adherent to antihypertensive medication. The results indicated that motivational factors were generally present among hypertensive patients receiving treatment at the Internal Medicine Clinic of Kayu Agung Regional General Hospital.

Table 2. Distribution of Motivation Factors and Medication Adherence Among Hypertensive Patients (n=69)

Variables	Category	n	%
Individual motivation	High	42	60.9
	Low	27	39.1

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Family support motivation	Supported	45	65.2
	Not supported	24	34.8
Social support motivation	Supported	41	59.4
	Not supported	28	40.6
Healthcare provider support	Supported	38	55.1
	Not supported	31	44.9
Communication support	Supported	43	62.3
	Not supported	26	37.7
Medication adherence	Adherent	46	66.7
	Non-adherent	23	33.3

Bivariate Analysis

The Chi-Square analysis demonstrated that all motivation factors were significantly associated with medication adherence among hypertensive patients. Patients with high motivation and adequate support from family, social networks, healthcare providers, and communication tools had higher adherence rates compared with those without support. All variables showed a p-value <0.05, indicating significant relationships with medication adherence.

Table 3. Relationship Between Motivation Factors and Medication Adherence

Independent Variables	p-value	OR (95% CI)
Individual motivation	0.004	5.313 (1.802–15.566)
Family support motivation	0.003	5.600 (1.879–16.686)
Social support motivation	0.001	6.476 (2.144–19.561)
Healthcare provider support	0.002	6.476 (2.107–19.904)
Communication support	0.011	4.407 (1.519–12.786)

Multivariate Analysis

Multivariate analysis using logistic regression was performed to identify the dominant factors associated with medication adherence. Variables with p-value <0.25 from the bivariate analysis were included in the regression model. The final model showed that only family support motivation and healthcare provider support motivation remained significantly associated with medication adherence. Healthcare provider support was identified as the most dominant factor

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influencing medication adherence among hypertensive patients.

Table 4. Final Logistic Regression Model of Factors Associated with Medication Adherence

Variable	p-value	OR (95% CI)
Healthcare provider support motivation	0.001	8.236 (2.263–29.977)
Family support motivation	0.003	7.273 (2.009–26.335)

The final analysis indicated that hypertensive patients receiving healthcare provider support had an 8.236 times higher likelihood of adhering to antihypertensive medication compared with patients without healthcare provider support after controlling for family support motivation. The interaction test between family support and healthcare provider support showed a significant interaction (p=0.000), indicating that both factors simultaneously influenced medication adherence among hypertensive patients.

DISCUSSION

Data Quality and Accuracy

The quality of data in this study was assessed based on data relevance, validity, and reliability obtained throughout the research process. The collected data were considered relevant because all variables related to motivation factors and medication adherence among hypertensive patients were available according to the research objectives. The research instrument was tested for validity and reliability before data collection. The results showed that all questionnaire items were valid, with a Cronbach's Alpha value of 0.991, indicating excellent internal consistency.

Nevertheless, several limitations should be considered in interpreting the findings. The cross-sectional design only described relationships between variables at one specific period and could not determine causal relationships. Furthermore, the interview-based data collection process might have introduced information bias due to respondents' memory limitations and different interpretations of questions. These potential biases were minimized through instrument testing, standardized data collection procedures, and multivariate analysis to control possible confounding factors.

Factors Associated with Medication Adherence among Hypertensive Patients

Medication adherence among hypertensive patients is influenced by several factors that

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determine patients' consistency in following treatment recommendations. In this study, the factors associated with medication adherence were identified as follows: patient motivation, family support, social support, healthcare provider support, and communication device support. These factors represent important aspects that may influence patients' behaviour in maintaining regular antihypertensive medication use.

Patient Motivation

The findings demonstrated a significant relationship between patient motivation and medication adherence among hypertensive patients. Patients with high motivation showed an adherence rate of 81.0%, whereas patients with low motivation showed an adherence rate of 44.4%. Statistical analysis showed a p-value of 0.004 with an odds ratio (OR) of 5.313, indicating that patients with high motivation had a 5.313 times greater likelihood of adhering to antihypertensive medication compared with patients with low motivation.

This finding is consistent with Latifatul Muna (2011), who reported a significant association between patient motivation and antihypertensive medication adherence. Motivation acts as an internal factor that encourages individuals to maintain healthy behaviours and follow treatment recommendations. According to Niven (2002), adherence is influenced by patients' understanding of medical instructions and the quality of communication with healthcare providers. Therefore, strong motivation combined with effective communication can improve medication adherence.

Family Support Motivation

The results showed that family support was significantly associated with medication adherence among hypertensive patients. Patients who received family support demonstrated an adherence rate of 80.0%, while those without family support showed an adherence rate of 41.7%. Statistical analysis obtained a p-value of 0.003 and an OR of 5.600, indicating that patients receiving family support were 5.600 times more likely to adhere to antihypertensive medication compared with patients without family support.

Family support plays an important role in maintaining treatment adherence through emotional encouragement, medication reminders, and assistance in managing health conditions. Continuous support from family members may help patients maintain appropriate health behaviours and prevent treatment discontinuation. Since hypertension requires long-term therapy, family involvement becomes an important component in supporting patients to regularly consume medication and control blood pressure.

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Social Support Motivation

The study found a significant relationship between social support and medication adherence among hypertensive patients. Patients receiving social support showed an adherence rate of 82.9%, while patients without social support showed an adherence rate of 42.9%. The statistical test resulted in a p-value of 0.001 and an OR of 6.476, meaning that patients receiving social support had a 6.476 times greater likelihood of medication adherence compared with patients without social support.

Social support contributes to treatment success by providing information, encouragement, and emotional assistance for patients managing hypertension. Supportive social environments may improve patients' understanding of disease management and encourage consistent medication use. This result supports Latifatul Muna (2011), who found that social support was significantly related to antihypertensive medication adherence. Adequate social support can therefore become an important factor in improving long-term treatment compliance.

Healthcare Provider Support Motivation

The findings showed a significant relationship between healthcare provider support and medication adherence among hypertensive patients. Patients receiving healthcare provider support had an adherence rate of 84.2%, whereas patients without such support had an adherence rate of 45.2%. Statistical analysis showed a p-value of 0.002 and an OR of 6.476, indicating that patients receiving healthcare provider support were 6.476 times more likely to comply with antihypertensive medication compared with patients without healthcare support.

Healthcare providers contribute significantly to improving medication adherence through health education, counselling, communication, and treatment monitoring. Effective communication between healthcare professionals and patients can increase understanding regarding medication benefits and treatment procedures. According to Niven (2002), good interaction between healthcare providers and patients is an important determinant of adherence behaviour, especially in chronic diseases requiring continuous treatment.

Communication Device Support Motivation

The results indicated that communication device support was significantly associated with medication adherence among hypertensive patients. Patients who received communication support showed an adherence rate of 79.1%, whereas patients without communication support showed an adherence rate of 46.2%. Statistical analysis obtained a p-value of 0.011 with an OR of

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4.407, indicating that patients receiving communication support were 4.407 times more likely to adhere to antihypertensive medication.

Communication technology can support medication adherence by providing reminders and health-related information. The use of communication devices, such as SMS reminders, may help patients remember medication schedules and improve involvement in disease management. Previous studies have shown that reminder systems through communication media can improve adherence among patients with chronic diseases. Therefore, technology-based communication can be considered an additional strategy to support hypertension treatment.

Determinant Factors of Medication Adherence among Hypertensive Patients

The logistic regression analysis showed that among the five independent variables examined, only two variables remained significantly associated with medication adherence: family support and healthcare provider support. Healthcare provider support was identified as the most dominant factor with OR=8.236 (95% CI: 2.263–29.977; p=0.001), followed by family support with OR=7.273 (95% CI: 2.009–26.335; p=0.003). These results indicate that external support factors strongly influence patients' ability to maintain medication adherence.

Healthcare provider support and family support contribute through different mechanisms in improving treatment behaviour. Healthcare providers provide professional guidance, education, and monitoring, while family members provide continuous encouragement and assistance in daily activities. The presence of both supports may strengthen patients' commitment to follow antihypertensive therapy. Therefore, collaboration between healthcare services and family involvement is essential in improving medication adherence among hypertensive patients.

Interaction Test between Independent Variables

The interaction analysis showed a significant interaction between family support and healthcare provider support toward medication adherence among hypertensive patients, with a p-value of 0.000. This result indicates that the influence of family support on medication adherence may vary depending on the availability of healthcare provider support. The combination of support from family and healthcare professionals may create stronger reinforcement for patients to maintain regular antihypertensive medication use.

Based on the overall analysis, the final model identified family support and healthcare provider support as significant factors associated with medication adherence. Healthcare provider support remained the most dominant factor after controlling for other variables, with OR=8.236.

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These findings emphasize that improving hypertension management requires integrated support involving healthcare providers, patients, and families. Such collaboration may enhance treatment consistency and support better control of hypertension.

CONCLUSION

Based on the results of this study, it can be concluded that medication adherence among hypertensive patients at the Internal Medicine Polyclinic of Kayu Agung Regional General Hospital, Ogan Komering Ilir, is significantly associated with several motivational factors. Patient motivation, family support, social support, healthcare provider support, and communication device support were each found to have significant relationships with adherence to antihypertensive medication. These findings indicate that adherence behaviour is not only influenced by individual factors but also by external support systems that encourage patients to consistently follow their treatment plans.

The multivariate analysis showed that healthcare provider support and family support were the main factors associated with medication adherence among hypertensive patients. Healthcare provider support was identified as the most dominant factor, with patients receiving healthcare support having a greater likelihood of adhering to antihypertensive medication. Furthermore, the interaction between family support and healthcare provider support demonstrated that both factors simultaneously contributed to improving medication adherence. Therefore, collaboration between healthcare professionals, patients, and families is essential in strengthening hypertension management and preventing complications.

RESEARCH LIMITATIONS

This study has several limitations that should be considered when interpreting the findings. The use of a cross-sectional research design limits the ability to determine causal relationships between motivational factors and medication adherence because data were collected at only one point in time. In addition, the data collection process relied on questionnaires and interviews, which may have been influenced by respondents' memory, understanding, and personal perceptions. Therefore, the results should be interpreted within the context of the study design and population characteristics.

Furthermore, this study was conducted at one healthcare facility, namely the Internal Medicine Polyclinic of Kayu Agung Regional General Hospital, which may limit the generalizability of the findings to other healthcare settings. Differences in healthcare services, patient

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characteristics, socioeconomic conditions, and availability of support systems may influence medication adherence in other populations. Future studies involving larger populations, multiple healthcare facilities, and longitudinal approaches are needed to provide a broader understanding of factors affecting antihypertensive medication adherence.

SUGGESTIONS

For healthcare institutions, it is recommended to strengthen educational programmes, counselling services, and continuous communication strategies to improve medication adherence among hypertensive patients. Healthcare providers should actively involve family members in the treatment process because family support has been shown to contribute significantly to patient adherence. Developing structured hypertension management programmes that integrate patient education, family involvement, and regular monitoring may improve treatment outcomes.

For academic institutions, collaboration with hospitals and healthcare facilities should be continuously developed to support clinical research and provide learning opportunities for students. Further research is recommended to examine other factors that may influence medication adherence, such as health literacy, self-efficacy, lifestyle behaviours, and psychological factors. Future studies may also apply different statistical approaches and broader research designs to produce more comprehensive findings regarding hypertension medication adherence.

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