



Analysis of the Relationship Between Attitude, Motivation and Medication Adherence Among Hypertensive Patients at Royal Prima General Hospital Medan.

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Abstract

Hypertension remains one of the leading causes of morbidity and mortality globally, with poor medication adherence being a key barrier to effective management. This study aimed to analyze the relationship between attitude and motivation with medication adherence in hypertensive patients at Royal Prima General Hospital Medan. A quantitative, cross-sectional approach was employed, involving 150 respondents selected via purposive sampling. Primary data were collected using validated questionnaires covering demographics, attitude, motivation, and medication adherence. Data were analyzed using SPSS version 25 through univariate and bivariate (Chi-square) methods. Results showed that 59.3% of respondents had a fair attitude, 44.0% had moderate motivation, and 75.3% adhered to their medication. Bivariate analysis revealed a significant relationship between attitude and adherence ($p = 0.000$), and between motivation and adherence ($p = 0.016$). Patients with better attitudes and higher motivation demonstrated higher compliance with antihypertensive therapy. These findings highlight that psychosocial factors like attitude and motivation play critical roles in influencing patient behavior. Interventions targeting these behavioral dimensions could substantially improve treatment adherence and long-term health outcomes in hypertensive patients. Healthcare professionals should incorporate patient education and motivational strategies into hypertension management to foster sustained adherence.

Keywords: hypertension, medication adherence, attitude, motivation, behavioral factors

Abstrak

Hipertensi merupakan salah satu penyebab utama morbiditas dan mortalitas di dunia, dengan rendahnya kepatuhan minum obat menjadi hambatan utama dalam pengelolaannya. Penelitian ini bertujuan untuk menganalisis hubungan antara sikap dan motivasi dengan kepatuhan minum obat pada pasien hipertensi di Rumah Sakit Umum Royal Prima Medan. Penelitian ini menggunakan pendekatan kuantitatif dengan desain potong lintang (cross-sectional) dan melibatkan 150 responden yang dipilih secara purposive. Data primer dikumpulkan melalui kuesioner terstruktur yang telah diuji validitas dan reliabilitasnya, mencakup data demografi, sikap, motivasi, dan kepatuhan minum obat. Analisis dilakukan menggunakan SPSS versi 25 secara univariat dan bivariat (uji Chi-square). Hasil menunjukkan bahwa 59,3% responden memiliki sikap sedang, 44,0% memiliki motivasi sedang, dan 75,3% tergolong patuh minum obat. Analisis bivariat menunjukkan adanya hubungan yang signifikan antara sikap dengan kepatuhan ($p = 0,000$) serta motivasi dengan kepatuhan ($p = 0,016$). Pasien dengan sikap positif dan motivasi tinggi cenderung lebih patuh dalam menjalankan terapi antihipertensi. Hasil ini menegaskan bahwa faktor psikososial seperti sikap dan motivasi sangat berperan dalam perilaku pasien. Intervensi edukatif dan motivasional penting diterapkan oleh tenaga kesehatan untuk meningkatkan kepatuhan dan hasil terapi.

Kata Kunci: hipertensi, kepatuhan minum obat, sikap, motivasi, faktor perilaku

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INTRODUCTION

Hypertension is a chronic degenerative condition that has become one of the major global health concerns. Often termed a “silent disease” or “silent killer,” many individuals remain unaware of their hypertensive status until their blood pressure is measured¹. The risk of developing hypertension increases with advancing age. If not properly managed, hypertension can lead to life-threatening complications such as coronary artery

disease, stroke, kidney damage, vision problems, and even death². In fact, hypertension-related mortality ranks among the highest causes of death worldwide³. Patients with hypertension are generally advised to reduce salt intake, avoid smoking, limit alcohol consumption, and adopt a healthy diet to help maintain optimal blood pressure levels⁴.

Indonesia ranks as the third highest country in Southeast Asia in terms of



hypertension prevalence, affecting approximately 25% of its population. On a global scale, the African region reports the highest prevalence at 27%, followed by Southeast Asia with an average rate of around 25% (Ministry of Health of the Republic of Indonesia, 2019). In Indonesia, hypertension prevalence generally falls between 6% and 15%. This condition is often asymptomatic or presents only mild symptoms, leading many individuals to remain unaware of their diagnosis. Without proper treatment, hypertension can result in damage to vital organs, particularly the heart—around 70% of patients experience cardiac complications—as well as the kidneys, brain, eyes, and other organs. Currently, an estimated 1.13 billion people worldwide are living with hypertension, with approximately two-thirds residing in low- and middle-income countries⁴.

A hospital is a healthcare facility that delivers comprehensive individual health services, encompassing promotive, preventive, curative, rehabilitative, and palliative care. These services cover inpatient, outpatient, and emergency care, designed to address a wide range of patient needs. As a vital component of the healthcare system, hospitals play a crucial role in supporting the delivery of effective and sustainable health interventions, thereby contributing to the enhancement of overall healthcare quality within the community^{5,6}.

Motivation refers to the internal drive that compels an individual to take action in order to achieve specific goals. The term originates from the word "motive," which signifies an internal impulse, stimulus, or driving force within a person. In the context of healthcare, compliance serves as an indicator of a patient's attitude toward medical guidance, including adherence to

prescribed treatments, consistent and appropriate medication use, and the adoption of recommended lifestyle modifications⁷. Medication adherence specifically reflects the extent to which patients follow the instructions and recommendations provided by healthcare professionals—such as physicians and pharmacists—aimed at achieving therapeutic outcomes, including regular medication intake and blood pressure monitoring⁸.

METHODOLOGY

Type of research

This research is a type of quantitative research using a descriptive approach through a cross-sectional design, which means that this type of research is used to see the relationship between risk factors and impacts through an observational approach or data collection, namely by distributing questionnaires to selected respondents to obtain information on the relationship between attitudes and motivations with medication adherence in hypertension patients at the Royal Prima Medan Hospital⁹.

Population

The population in this study were hypertension patients undergoing treatment at Royal Prima Hospital Medan.

Sample

Samples are part of the characteristics and number of populations (Sugiono, 2019). The sample in this study was a Hypertension patient who was undergoing treatment at the Royal Prima Medan Hospital. The sample was determined by purposive sampling technique, which is a sample that meets the standards/criteria/inclusion and exclusion parameters¹⁰.



Primary Data Collection

Primary data were collected through questionnaires distributed to hypertensive patients receiving treatment at Royal Prima Marelan Hospital. The questionnaire included demographic and clinical data (name, gender, age, education, occupation, duration of hypertension, and blood pressure), an assessment of patients' attitudes toward lifestyle and treatment efforts (8 items), motivation to manage blood pressure (8 items), and medication adherence (10 items).

Secondary Data

This secondary data is done by looking at case samples of respondents with hypertension at Royal Prima Medan Hospital.

Validity test

Validity is a measurement to show whether a research instrument is said to be valid or suitable for use, while validity testing refers to how far an instrument can carry out its function¹¹.

Reliability test

The Reliability Test is carried out in order to achieve a research instrument with high expertise in measuring research variables. The reliability test is needed to calculate alpha or (Cronbach's alpha) the calculation that will be done by adding up the average intercorrelation between the question elements in the questionnaire. The instrument is reliable if $\alpha > r_{table}$ 0.361¹¹.

Data Analysis

Data were analyzed using SPSS version 25 through two approaches: univariate and bivariate analysis. The univariate analysis was conducted descriptively to determine the frequency distribution of patient characteristics. Meanwhile, the bivariate analysis used the

Chi-Square test to assess the relationship between the independent variables (attitude and motivation) and the dependent variable (medication adherence in hypertensive patients). This test compares observed and expected data, with a significance level of $p < 0.05$ indicating a significant relationship, and $p > 0.05$ indicating no significant relationship¹².

RESULT AND DISCUSSION

Characteristics of Research Respondents

The results of respondent characteristics based on gender, age, occupation, education, duration of hypertension, and blood pressure can be seen in Table 1. Based on the data presented in Table 1, it can be seen that out of 150 respondents, 76 (50.7%) were male and 74 (49.3%) were female. The majority of respondents were aged between 41 and 50 years, totaling 65 individuals (43.3%). Most respondents worked as entrepreneurs, accounting for 36 people (24.0%), and the highest level of education among them was senior high school, with 62 individuals (41.3%). The majority of respondents had been diagnosed with hypertension for 1–3 years, comprising 61 individuals (40.7%). At the time of examination, most respondents had a blood pressure reading in the range of 120–129/90 mmHg, observed in 74 individuals (49.3%)¹³.

Distribution of Respondents to Hypertension Patients

The following table is the result of the distribution of respondents based on attitudes towards hypertension patient can be seen at Table 2, Distribution of Respondents Based on Motivation in Hypertensive Patients at Table 3 and Distribution of Respondents Based on Medication Adherence in Hypertensive Patients at Table 4.



Tabel 1. Characteristics of Respondents

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Female	74	49.3%
	Male	76	50.7%
Age	31–40 years	39	26.0%
	41–50 years	65	43.3%
	51–65 years	46	30.7%
Occupation	Laborer / Farmer / Builder	23	15.3%
	Entrepreneur	36	24.0%
	Civil Servant	28	18.7%
	Private Employee	21	14.0%
	Retired	11	7.3%
	Housewife	18	12.0%
Education Level	Others	13	8.7%
	Elementary School	36	24.0%
	Junior High School	17	11.3%
	Senior High School	62	41.3%
	Bachelor's Degree	35	23.3%
Duration of Hypertension	Less than 1 year	42	28.0%
	1–3 years	61	40.7%
	More than 3 years	47	31.3%
Blood Pressure	120–129 / 90 mmHg	74	49.3%
	130–139 / 90 mmHg	41	27.4%
	140–150 / 90 mmHg	35	23.3%

Table 2. Distribution of Respondents Based on Attitudes to Hypertension Patients

Attitude	Frequency (n)	Percentage (%)
Poor	28	18.7
Fair	89	59.3
Good	33	22.0
Total	150	100.0

Table 3. Distribution of Respondents Based on Motivation in Hypertensive Patients

Attitude	Frequency (n)	Percentage (%)
Poor	35	23.3
Fair	66	44.0
Good	49	32.7
Total	150	100.0

Table 4. Distribution of Respondents Based on Medication Adherence in Hypertensive Patients

Medication adherence	Frequency (n)	Percentage (%)
Non – Adherent	37	24.7
Adherent	113	75.3
Total	150	100.0

Bivariate analysis

The Relationship Between Attitude, Motivation, and Medication Adherence in Hypertensive Patients can be seen in Table 5 and Table 6. Tables 5 and 6 present the results of the bivariate analysis using the Chi-square test to examine the relationship between two

independent variables—attitude and motivation—with the dependent variable, medication adherence, among hypertensive patients at Royal Prima Hospital Medan. In Table 5, the association between patient attitude and medication adherence is clearly demonstrated. Of the 28 respondents (18.7%)



with poor attitudes, half (14 individuals or 9.3%) were non-adherent to their medication regimen. Among those with fair attitudes (59.3% of respondents), 22 individuals (14.7%) were non-adherent, while 67 (44.7%) were adherent. In contrast, from the group with good attitudes (22.0% of respondents), only 1 person (0.7%) was non-adherent, and the majority—32 individuals (21.3%)—showed good adherence. The statistical analysis yielded a p-value of 0.000, which is less than the significance level of 0.05, indicating a strong and statistically significant relationship between attitude and medication adherence. This suggests that patients who hold a more positive outlook and belief in the importance of treatment are more likely to comply with prescribed antihypertensive medications.

Similarly, Table 6 explores the relationship between motivation and medication adherence. Among the 35 respondents (23.3%) with low motivation, 14 (9.3%) were non-adherent, while 21 (14.0%) adhered to their medication. Of the 66 respondents (44.0%) with fair motivation, 15 (10.0%) were non-adherent and 51 (34.0%) were adherent. Meanwhile, in the high

motivation group (32.7%), only 8 respondents (5.3%) were non-adherent, while 41 individuals (27.3%) maintained good adherence. The resulting p-value of 0.016 also falls below the 0.05 threshold, confirming a statistically significant association between motivation and adherence¹⁴. This finding implies that greater motivation—whether intrinsic or supported externally by family or health providers—positively influences a patient's willingness and consistency in taking their medication as prescribed. Taken together, the results from both tables emphasize that attitude and motivation are key behavioral determinants of medication adherence in hypertensive patients. Positive attitude fosters trust in the efficacy of treatment, while strong motivation drives consistent action toward health goals. These findings underscore the importance of incorporating psychological and educational interventions into hypertension management programs. Healthcare providers should focus not only on prescribing medications but also on enhancing patient understanding, attitude, and motivation, in order to achieve better clinical outcomes through improved adherence.

Table 5. Distribution of Respondents Based on Attitude

Attitude	Medication Adherence			Total	P-value
	Non-Adherent	n	%		
	Adherent	n	%		
Poor	14	9.3	14	9.3	28
Fair	22	14.7	67	44.7	89
Good	1	0.7	32	21.3	33
Total	37	24.7%	113	75.3%	150

Table 6. Distribution of Respondents Based on Motivation

Table 6: Distribution of Responses Based on Motivation					
Motivation	Medication Adherence			Total	p-value
	Non-Adherent	n	%		
	Adherent	n	%		
Poor	14	9.3	21	14.0	35
Fair	15	10.0	51	34.0	66
Good	8	5.3	41	27.3	49
Total	37	24.7%	113	75.3%	150



CONCLUSION

This study concludes that both attitude and motivation have a significant relationship with medication adherence in hypertensive patients. Patients with a more positive attitude and stronger motivation are more likely to adhere to their treatment regimen. Enhancing these behavioral factors is essential for improving blood pressure control and preventing complications.

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