



Original Research

The Relationship between Self-Compassion and Medication Adherence among Patients with Hypertension in Jakarta Community Health Center

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ABSTRACT

Hypertension is a chronic condition that requires consistent medication adherence to prevent serious complications. However, many hypertension sufferers experience difficulty taking medication regularly as advised. Although medication adherence is critical in hypertension, little is known about the role of self-compassion. This study aims to analyze the relationship between self-compassion and medication adherence in hypertension patients undergoing treatment at a Health Center in Jakarta. A quantitative, cross-sectional design was employed, and data were analyzed using the chi-square test. A total of 100 respondents were selected through purposive sampling. The instruments used were the Self-Compassion Scale (SCS) and the Morisky Medication Adherence Scale-8 (MMAS-8). The results showed a significant relationship between self-compassion and medication adherence in hypertension patients (p -value < 0.001). Although 61% of participants demonstrated high self-compassion, only 39.3% reported high medication adherence. These findings suggest the importance of incorporating psychological components, such as self-compassion, into educational and behavioral interventions to improve treatment adherence and reduce the risk of hypertension-related complications.

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INTRODUCTION

Hypertension, often referred to as the "silent killer," is a major global health concern due to its asymptomatic nature and potential to cause life-threatening complications such as stroke, kidney failure, and heart disease (Imanda, Darliana & Ahyana, 2021; Fatmawati *et al.*, 2023). According to the WHO (2023), an estimated 1.28 billion adults aged 30–79 worldwide are affected by

hypertension. In Indonesia, the prevalence of hypertension is alarmingly high, with over 63 million cases reported in 2021 and a significant mortality rate of 427,218 deaths attributed to the condition (Kementerian Kesehatan RI, 2024). Beyond individual health implications, hypertension contributes significantly to the national healthcare burden.

Although most patients have been diagnosed, 13.3% still do not take medication at all, and 32.3% do not take it regularly (P2PM, 2022). In DKI Jakarta, the prevalence of hypertension reached 33.43% based on blood pressure measurements and 10.17% based on physician diagnoses in individuals over 18 years old (Kementerian Kesehatan RI, 2018). In 2023, the Jakarta Provincial Health Office recorded 888,632 hypertension cases (Kementerian Kesehatan RI, 2024).

Medication adherence in hypertension patients is often a challenge because treatment is long-term and does not show immediate effects felt by the patient. This condition may result in treatment fatigue, decreased motivation, and a sense of hopelessness, especially when patients do not experience significant symptoms. On the other hand, psychological burdens like stress, anxiety, and a lack of intrinsic motivation also influence health behaviors, including treatment adherence. Many patients feel emotionally exhausted from constantly taking medication and adhering to various lifestyle restrictions. Adherence to treatment is a key factor in control of blood pressure and preventing complications (Moningkey *et al.*, 2023). However, many hypertension patients experience saturation with long-term medication use, which lowers adherence levels (Massa & Manafe, 2021). To measure patient adherence, the Morisky Medication Adherence Scale-8 (MMAS-8) instrument is often used because it has been proven to be valid and reliable (Dewayani, Faizah, & Kresnamurti, 2023).

In recent years, psychologically based self-compassion approaches have been increasingly used as supportive interventions in managing chronic diseases. Self-compassion involves treating oneself with kindness, understanding, and acceptance during times of difficulty or failure. Research suggests that individuals with high self-compassion are better equipped to regulate emotions, stay motivated, and cope with health-related stressors, ultimately supporting improved adherence to treatment (Sirois, Molnar, & Hirsch, 2015). This suggests that integrating psychological approaches into medical treatment has significant potential to enhance the effectiveness of long-term therapy. Besides physical factors, psychological aspects also influence medication adherence. One important psychological factor is self-compassion, which is the attitude of accepting and understanding oneself with kindness when facing difficulties (Sutawardana, Putri & Widayati, 2020). Individuals with high levels of self-compassion tend to be able to manage emotions and adapt better to their health conditions, thereby increasing adherence to therapy (Andala *et al.*, 2024).

Although self-compassion has been associated with improved treatment adherence in chronic conditions such as diabetes (Sutawardana *et al.*, 2020), cancer (Khalili *et al.*, 2021), chronic kidney disease (Damayanti *et al.*, 2021), and schizophrenia (Dong *et al.*, 2022), its role in hypertension management remains underexplored, particularly in the Indonesian context. To date, limited research has specifically examined the relationship between self-compassion and medication adherence among individuals with

hypertension. Given the chronic nature of hypertension and the psychological burden often associated with long-term treatment, investigating this relationship is crucial. Understanding how self-compassion influences adherence could provide valuable insights for the development of psychological interventions aimed at supporting patients in maintaining consistent treatment behaviors and improving health outcomes.

METHOD

This study employed a quantitative approach with a cross-sectional design to identify the relationship between **self-compassion** and medication adherence in hypertension patients. This design was chosen because it allows researchers to quickly identify relationships between variables at a single point in time. Data collection was conducted from August to December 2024 at a Community Health Center in Jakarta. The sampling technique employed was purposive sampling, involving a total of 100 respondents who met the specified inclusion criteria. The inclusion criteria were hypertension patients over 19 years old, undergoing treatment for at least one month, diagnosed with hypertension and/or hypertension with other comorbidities, and willing to be respondents. The exclusion criteria included patients with cognitive or communication disorders. The sample size was determined based on a non-probability sampling approach using purposive sampling, which selects subjects based on specific objectives.

The instrument used to measure self-compassion was the *Self-Compassion Scale (SCS)*, which has been adapted into Indonesian as the *Skala Welas Diri (SWD)*. To measure medication adherence, the *Morisky Medication Adherence Scale-8 (MMAS-8)* was used. The SWD consists of six subscales: "self-kindness, self-judgment, common humanity, isolation, mindfulness, and overidentification." This instrument includes 26 statements, divided into 13 positive (favorable) and 13 negative (unfavorable) statements. Positive statements characterize the subscales of self-kindness, common humanity, and mindfulness, whereas negative statements represent self-judgment, isolation, and overidentification. The questionnaire was completed using a 5-point likert scale, with scores ranging from 1, indicating "almost never," 2, "never," 3, "rarely," 4, "sometimes," and 5, "almost always." The self-compassion results were categorized into two levels: high and low self-compassion. The second questionnaire, the MMAS-8, has 8 questions. Questions 1 to 7 use a likert scale, while question 8 requires a "yes" or "no" answer. The results of this questionnaire determine the level of adherence as high, moderate, or low. Both instruments underwent validity and reliability testing on 30 patients with hypertension in another health center with similar characteristics. The test results showed that both the SCS and MMAS-8 instruments are valid and reliable, with *Cronbach's Alpha value* > 0.61.

Data analysis consisted of univariate and bivariate procedures. Univariate analysis was conducted to describe respondent characteristics and the distribution of self-compassion scores and

medication adherence levels. Bivariate analysis was performed using the chi-square test to assess the association between self-compassion and medication adherence. Data processing was carried out using statistical software. This research received ethical approval from the Research Ethics Committee of Universitas Pembangunan Nasional “Veteran” Jakarta, based on recommendation letter number: 475/XI/2024/KEP.

RESULT

Self-compassion is an attitude of understanding and kindness

towards oneself when undergoing treatment, with adherence to medication intake as advised by the doctor, to maintain quality of life. Meanwhile, medication adherence refers to a patient's ability to follow the medication instructions as prescribed by their doctor.

Respondent Characteristics

The frequency distribution analysis of respondent characteristics is presented in Table 1, which includes age, gender, education level, occupation, financial status, marital status, duration of hypertension, and the number of hypertension medications being taken.

Table 1. Respondent Characteristics (n = 100)		
Characteristics	n	%
Age		
Young Adult (19 - 40 years)	17	17%
Middle-Aged Adult (41 - 65 years)	82	82%
Older Adult (≥ 65 years)	1	1
Gender		
Male	46	46%
Female	54	54%
Education Level		
Primary School	5	5%
Junior High School	6	6%
Senior High School	79	79%
Diploma / Bachelor’s Degree	10	10%
Occupation		
Civil Servant / Military / Police	2	2%
Private Employee	38	38%
Entrepreneur	21	21%
Unemployed	39	39%
Duration of Hypertension		
Less than 5 years	77	77%
5 to 9 years	15	15%
More than 10 years	8	8%
Number of Hypertension Medication Consumed		
One Type of Medication	90	90%
More than One Type of Medication	10	10%

Most respondents were middle-aged adults (82%), female (54%), and had a senior high school education (79%). The majority were private employees (38%), 77% of respondents were newly diagnosed with hypertension (<5 years), and 90% consumed only one type of hypertension medication.

Self-Compassion and Medication Adherence in Hypertension Patients

Regarding self-compassion, most respondents (61%) exhibited a high level of self-compassion, while the remaining 39% had low self-compassion. For medication adherence, 40% of respondents showed low adherence, 33% had moderate adherence, and only 27% demonstrated high adherence, as presented in Table 2.

Table 2. Self-Compassion and Medication Adherence in Hypertension Patients

Self-Compassion Level	High Adherence (n)	Moderate Adherence (n)	Low Adherence (n)	Total (n)	<i>p-value</i>
High	24 (39.3%)	23 (37.7%)	14 (23%)	61 (61%)	< 0.001
Low	3 (7.7%)	10 (25.6%)	26 (66.7%)	39 (39%)	
Total	27 (27%)	33 (33%)	40 (40%)	100 (100%)	

The analysis results indicate a significant relationship between self-compassion levels and medication adherence ($p < 0.001$). Respondents with high self-compassion generally exhibited better adherence, falling into both the high and moderate adherence categories. Conversely, the majority of respondents with low self-compassion demonstrated low medication adherence (66.7%).

DISCUSSION

Respondent Characteristics

Our research found that the majority of respondents (82%) were between 41–65 years old. This aligns with previous studies by Wijanarko *et al.* (2024), who reported 51.4% of hypertension patients were aged 40–60, and Assyfa *et al.* (2024), who found 60% of respondents were 40–59 years old. Middle age is associated with decreased elasticity of blood vessels due to collagen accumulation, which increases the risk of hypertension (Yunus, Aditya, & Eksa, 2021). This confirms that hypertension often develops with physiological changes occurring in middle adulthood.

In terms of gender, most respondents were female (54%). This finding is supported by Kurnia *et al.* (2024), who reported that 71.8% of hypertension patients were women, and Nurhayati *et al.* (2023), who explained that declining estrogen levels in menopausal women reduce HDL levels, thereby increasing the risk of atherosclerosis and hypertension. Atherosclerosis causes the hardening of blood vessels and leads to increased blood pressure (Lesa, Modjo, & Sudirman, 2023). However, a study by Shierly & Soputri (2024) found that the majority of hypertension patients were male (75%), likely due to the study being conducted in a male-dominated workplace. Nevertheless, their study also found no significant difference between gender and the incidence of hypertension.

The majority of respondents' education level was Senior High School (79%), indicating a dominance of secondary education. This aligns with Wijanarko *et al.* (2024) and Assyfa *et al.* (2024), who also reported that most hypertension patients had secondary education. Education level affects an individual's ability to receive and process health information, influencing healthy lifestyle behaviors (Pebrisiana *et al.*, 2022). However, Dhirisma & Moerdhanti (2022) argued that higher education does not always correlate directly with health knowledge or adherence. In some cases, high school graduates showed better knowledge than university graduates. In this study, 40% of respondents with Senior High School education had low medication adherence, suggesting that other factors, such

as access to information and social environment, also influence health behavior.

For occupational status, 38% of respondents were private employees. This is supported by Khasanah *et al.* (2023), who found a relationship between work-related stress and increased systolic blood pressure. Work stress elevates autonomic nervous system activity, leading to increased blood pressure and potentially triggering hypertension. Regarding the duration of hypertension, most respondents (77%) had been diagnosed for less than five years. This is consistent with Asyari (2024), who reported 78.5% of respondents had a history of hypertension for <5 years. The duration of hypertension may affect patients' motivation for treatment, as those with a long history often experience treatment fatigue or feel burned out from prolonged medication use. However, different results were found by Guna *et al.* (2024) and Jayanti *et al.* (2024) who reported that a higher percentage of respondents had been living with hypertension for five years or more.

In terms of medication use, 90% of respondents were taking only one type of antihypertensive drug. This finding aligns with Dhirisma and Moerdhanti (2022), who reported the dominance of single-therapy use. However, Nababan *et al.* (2024) found that most hypertension patients (64.1%) used combination therapy, which is considered more effective in lowering blood pressure and preventing complications. The choice of therapy is influenced by severity, comorbidities, and patient response to treatment.

Self-Compassion and Medication Adherence in Hypertension Patients

Sixty-one percent of respondents had a high level of self-compassion. This finding aligns with Sutawardana *et al.* (2020) and Damayanti *et al.* (2021), who also reported that most respondents exhibited high levels of self-compassion. According to Neff (2003a), self-compassion encompasses the ability to be kind to oneself (self-kindness), recognizing suffering as part of the shared human experience (common humanity), and maintaining emotional balance (mindfulness). A high level of self-compassion enables individuals to face chronic illness more positively, leading to increased self-acceptance and reduced stress.

Demographic factors, such as gender and age, also influence self-compassion. Sutawardana *et al.* (2020) found that women were more prominent in the common humanity aspect, whereas Wahyuni and Arsita (2019) reported that women tend to have lower self-compassion due to higher self-judgment. Conversely, Damayanti *et*

et al. (2021) showed that men had higher levels of self-compassion. Additionally, Lestari and Edianti (2021) noted that middle-aged individuals tend to have higher self-compassion, which is consistent with the demographics of the respondents in this study. Social support, especially from family, also plays a crucial role. Rezeki (2023) found that family support affects recovery through increased self-acceptance. These findings highlight that self-compassion not only plays a role in managing physical illness but also improves patients' quality of life and mental well-being (Miru & Siswanto, 2023; Dwinita & Palupi, 2022).

Meanwhile, medication adherence remains a challenge, with 40% of respondents showing low adherence. This finding is consistent with studies by Rasyid *et al.* (2022), Puspitasari *et al.* (2021), and Tumundo *et al.* (2021), all of which indicate that adherence to hypertension treatment remains a challenge. One influencing factor is the level of education. Respondents with Senior High School education (79%) tend to have limited understanding of the importance of long-term treatment (Labiba Khuzaima & Sunardi, 2021; Juniarti *et al.*, 2023). Poor adherence may be driven by misconceptions, lack of motivation, and the belief that medication is only needed when symptoms appear (Suryantara & Dewi, 2023). Although family support can motivate patients, it does not automatically increase adherence if intrinsic motivation is low (Najjuma *et al.*, 2020). Age may also influence adherence. Despite most respondents being aged 41–65 years, adherence levels were still low. This suggests the need for more personalized approaches to increase patient understanding and motivation.

The relationship between self-compassion and medication adherence shows that most respondents with high self-compassion also had high medication adherence, and vice versa. This finding is reinforced by Damayanti *et al.* (2021) and Sutawardana *et al.* (2020), who showed a positive and significant relationship between self-compassion and treatment adherence. Individuals with high self-compassion tend to be more accepting of their health condition and more motivated to maintain their health. Permana *et al.* (2024) also showed a positive relationship between self-compassion and motivation for treatment. High motivation is crucial in hypertension therapy because it influences patient discipline in adhering to medication schedules. Self-compassion helps patients manage psychological distress and encourages them to remain consistent in long-term treatment.

CONCLUSION

This study demonstrates a positive and significant relationship between self-compassion and medication adherence in hypertension patients. Respondents with high self-compassion were more likely to adhere to their treatment. These findings have important implications for nursing practice, particularly in developing psychological approaches that support the management of chronic diseases. This study was limited to examining the relationship between self-compassion and medication adherence; it does not

extend to evaluating the effects of specific interventions aimed at improving adherence. Future research could explore CBT-based interventions to enhance self-compassion and adherence. Longitudinal studies are needed to assess the causal link between psychological traits and adherence behaviors.

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