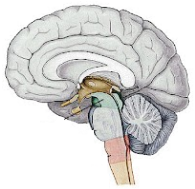
The table of contents is available online at :

Jurnal Kesehatan Mesencephalon

Journal home:
https://ejournal.universitaskepanjen.ac.id/index.php/mesencephalon



NURSING CARE FOR HYPERTENSIVE PATIENTS WITH NON-COMPLIANCE WITH THE TREATMENT PROGRAMME THROUGH AUDIO-VISUAL PSYCHOEDUCATION INTERVENTION

Yanti Rosdiana[1]*, Nurita Dwi Arini[2], Nia Agustiningsih[3]

[1]Universitas Tribhuwana Tunggadewi

[2,3]Nursing Study Program, Faculty of Health Sciences, Universitas Kepanjen

E-mail: nuritadwiarini3@gmail.com

ARTICLE INFORMATION

Keywords:
Audio Visual Psychoeducation, Hypertension, Non-Compliance

Received: 16/01/2026
Revised: 25/02/2026
Accepted: 14/03/2026

Correspondence :
E-mail:
nuritadwiarini3@gmail.com

ABSTRACT

Non-compliance with treatment in hypertensive patients will result in an uncontrolled increase in blood pressure, so compliance support is needed through psychoeducation. The aim of this case study is to provide nursing care to support compliance through audio-visual psychoeducation for hypertensive patients with non-compliance with the treatment programme. The research design used was qualitative with a case study approach on 3 hypertensive patients with nursing problems of non-compliance with the treatment programme due to inadequate understanding who met the specified criteria. Psychoeducational intervention via audio-visual was given 3 times with a duration of 15 minutes for 3 consecutive days. Compliance evaluation was carried out for 3 consecutive days, after education. Data on the results of providing nursing care are presented in the form of tables and narratives. The maximum results were obtained by clients 1 and 2 because of the active participation of the family. Meanwhile, client 3 was less than optimal due to the family's lack of activity in helping client 3's needs. Audio-visual psychoeducation works by increasing individual knowledge and understanding regarding the obstacles they are experiencing. So it can be concluded that audio-visual psychoeducation can increase compliance with treatment programmes in hypertension patients. Nurses whose scope of work is related to the community must improve their communication skills and abilities and be able to stimulate families to help sick families.

ABSTRAK

Ketidakpatuhan terhadap pengobatan pada pasien hipertensi menyebabkan peningkatan tekanan darah yang tidak terkendali, sehingga diperlukan dukungan kepatuhan melalui psikoedukasi. Studi kasus ini bertujuan untuk memberikan asuhan keperawatan untuk dukungan kepatuhan melalui psikoedukasi audio-visual kepada pasien hipertensi dengan ketidakpatuhan terhadap program pengobatan. Penelitian ini menggunakan desain kualitatif dengan pendekatan studi kasus, melibatkan 3 pasien hipertensi dengan masalah keperawatan ketidakpatuhan terhadap program pengobatan akibat pemahaman yang tidak memadai, yang memenuhi kriteria yang ditetapkan. Intervensi psikoedukasi audio-visual diberikan 3 kali, masing-masing selama 15 menit, selama 3 hari berturut-turut. Kepatuhan dievaluasi selama 3 hari berturut-turut setelah edukasi. Data asuhan keperawatan disajikan dalam bentuk tabel dan narasi. Hasil terbaik dicapai oleh klien 1 dan 2, karena partisipasi aktif keluarga. Klien 3 mencapai hasil yang kurang optimal karena keluarga kurang aktif dalam membantu memenuhi kebutuhan klien 3. Psikoedukasi audio-visual bekerja dengan meningkatkan pengetahuan dan pemahaman individu tentang hambatan yang mereka hadapi. Oleh karena itu, dapat disimpulkan bahwa psikoedukasi audio-visual dapat meningkatkan kepatuhan terhadap program pengobatan pada pasien hipertensi. Perawat yang pekerjaannya berkaitan dengan masyarakat harus meningkatkan keterampilan komunikasi dan mampu mendorong keluarga untuk membantu anggota keluarga yang sakit.

Kata Kunci: Hipertensi, Ketidakpatuhan, Psikoedukasi audio-visual

1. INTRODUCTION

Non-compliance with the treatment programme among hypertensive patients is a phenomenon frequently found in the community. The impact of not taking antihypertensive medication can be harmful to health, including uncontrolled increases in blood pressure and faster damage to vital organs such as the kidneys, brain and heart. It also increases the risk of serious cardiovascular complications, such as heart

attack and stroke, and contributes to a lower quality of life for patients as a result of symptoms such as headache and fatigue. Non-compliance with antihypertensive treatment is a widespread problem in Asia (Mahmood et al., 2021) and remains a challenge among older hypertensive patients (Ruksakulpiwat et al., 2024).

Blood pressure well above the normal range is a major risk factor for heart disease, stroke and kidney failure; these diseases are among the leading causes of death in the world, including in Indonesia. High blood pressure is caused by an unhealthy lifestyle and by a lack of public awareness and knowledge about the disease. Hypertension usually affects older adults, as blood pressure rises after the age of 40 and increases over time. Unhealthy lifestyle factors such as obesity, smoking, alcohol consumption, stress levels and a lack of physical activity contribute to the rising prevalence of hypertension worldwide. The determinants of treatment compliance in hypertensive patients have also been mapped in a systematic review in Africa (Shin & Konlan, 2023). Hypertension requires long-term treatment because it cannot be cured and can only be stabilised by taking medication regularly, with the aim of keeping blood pressure within the normal range. During the treatment programme, many people with hypertension do not comply with the programme they are supposed to follow.

The prevalence of non-compliance with hypertension treatment varies. A study in a primary referral hospital in Indonesia showed that, of 80 patients visiting for the first time and diagnosed with hypertension, 63.8% did not return to the hospital for follow-up. More male than female subjects failed to return (68% compared with 61.8%), and failure to return was more common in subjects under 60 years of age than in older subjects (65.1% compared with 62.2%).

Based on the 2023 Indonesian Health Survey at the national level, on the proportion of residents aged 15 years and over with hypertension diagnosed by a doctor who received treatment education and took hypertension medication, 16.9% of hypertensive patients did not take medication and 36.4% took it irregularly. In East Java Province itself, 18.2% of people with hypertension did not take medication and 36.1% took hypertension medication irregularly. In a preliminary study at Gedangan Community Health Centre, of 10 hypertensive patients, 5 took medication regularly and attended follow-up on time, 3 took medication and attended follow-up irregularly, and 2 refused to take medication and attend follow-up because they felt fine even though their blood pressure was high.

Non-compliance with hypertension treatment is not simply a single decision made by the patient. Many factors lie behind such a choice, including disease severity, medication side effects, socioeconomic factors, access to health services, medicine availability, patient beliefs, knowledge, motivation, patient personality, and communication between health workers and patients. An umbrella review of factors influencing medication compliance confirms the many interrelated determinants of compliance (Gast & Mathes, 2019), and factors associated with antihypertensive medication non-compliance have also been found in primary care settings in other countries (Khadoura et al., 2021). Such non-compliance can be caused by various factors, including poor access to health services, limited knowledge of the disease and its treatment, and low motivation to undergo long-term treatment.

One way to address non-compliance with treatment in hypertensive patients is compliance support through audio-visual psychoeducation. Psychoeducation can be useful and effective in clinical and

community settings. Psychoeducation combines elements of cognitive behavioural therapy, group therapy and education. Its basic aim is to give patients and families knowledge about various aspects of the disease and its treatment. Audio-visual media are a type of media used in learning activities that involve hearing and sight at the same time within a single process or activity. Education delivered through audio-visual media can make it easier to convey information and can give a particular satisfaction to those who receive it. The development of audio-visual health education media for self-management in hypertensive patients has been carried out in Indonesia (Pertiwi et al., 2021), and health education through audio-visual media has been shown to influence the knowledge and self-management of older adults with hypertension (Nuranisa, 2022). Audio-visual psychoeducation can change an individual's way of thinking and is expected to turn hypertensive patients who were initially non-compliant with treatment into patients who comply with the treatment they undergo. Based on this background, the author prepared a final scientific paper for the nurse professional programme (ners) entitled nursing care for non-compliance with the treatment programme with compliance support intervention through audio-visual psychoeducation.

2. METHODS

This study used a qualitative design with a case study approach. The purpose of a case study is to investigate and understand events and problems that occur, gathering various kinds of information which are then processed to arrive at a solution so that the problem uncovered can be resolved. This case study focused on nursing care for non-compliance with the treatment programme with compliance support intervention through audio-visual psychoeducation in three hypertensive clients. The study was conducted in the working area of Gedangan Community Health Centre (Puskesmas), Malang Regency, from 14 to 16 October 2025. The audio-visual psychoeducation intervention was given in three sessions of 15 minutes each over three consecutive days, and compliance was evaluated after each implementation using Indonesian nursing outcome standard scores. Data from the nursing care were presented in tables and narrative form. The flow of nursing care is shown in Figure 1.

3. RESULTS AND DISCUSSION

Nursing care was provided to three hypertensive clients with the problem of non-compliance with the treatment programme in the working area of Gedangan Community Health Centre. The flow of care is shown in Figure 1, and a summary of nursing outcome scores before and after the intervention is presented in Table 1.

Table 1. Nursing Outcome Scores Before and After Audio-Visual Psychoeducation

Client	Indicator Group	Initial Score	Final Score
Client 1	Verbalisation of willingness to comply with and follow recommendations	1	5
Client 1	Behaviour in following the programme, carrying out recommendations, signs and symptoms of the disease	1	5
Client 2	Verbalisation of willingness to comply with and follow recommendations	1	5

Client	Indicator Group	Initial Score	Final Score
Client 2	Behaviour in following the programme, carrying out recommendations, signs and symptoms of the disease	1	5
Client 3	Verbalisation of willingness to comply with the treatment programme	1	4
Client 3	Verbalisation of following recommendations	1	5
Client 3	Behaviour in following the programme, carrying out recommendations, signs and symptoms of the disease	1	4

The intervention was given over three sessions. The results showed that, at the first session, for clients 1, 2 and 3, the aspects of verbalisation of willingness to comply with and follow recommendations for the care or treatment programme were at a score of 1 (decreased), and by the final session they were at a score of 5 (increased). For client 3 specifically, at the final session, verbalisation of willingness to comply with the care or treatment programme was at a score of 4 (moderately increased) and verbalisation of following recommendations was at a score of 5 (increased). For the aspects of behaviour in following the care or treatment programme, behaviour in carrying out recommendations, and signs and symptoms of the disease, clients 1, 2 and 3 were at a score of 1 (worsened) at the first session, and at the final session clients 1 and 2 were at a score of 5 (improved), while client 3 was at a score of 4 (moderately improved). A summary of these scores is presented in Table 1.

During the assessment process, it was found that client 1 often complained of dizziness and pain in the back of the head; client 2 often felt nauseous, with a heavy head and pain in the back of the head; and client 3 complained of dizziness and pain in the nape of the neck. In terms of knowledge, the efforts made to deal with their complaints had varied so far. Client 1 had only sought treatment at the community health centre once and had not returned because they felt it had no effect and believed they would recover on their own. Client 2 had been examined at the community health centre, but did not take medication regularly and only took it when symptoms appeared. Client 3 had been examined at the community health centre, but did not take medication regularly and did not continue with follow-up.

From the data found, there was a varied but common point: all three clients had been examined at the community health centre, but had not continued regularly and consistently. This fact shows that the clients had not yet received correct information. Hypertension is a degenerative disease that occurs frequently, has a high mortality rate, and can affect quality of life and productivity. Hypertension is a catastrophic disease that requires long-term medical care at high cost, so control efforts are needed. Hypertension very much requires a long maintenance process, particularly compliance with the treatment programme, both taking medication and attending routine follow-up at a health facility to evaluate their condition regularly. Hypertension treatment takes a lifetime, so patient compliance in undergoing treatment is needed.

Treatment compliance means the extent to which a person takes medication, follows a diet and carries out lifestyle changes in accordance with the recommendations of the health care provider.

The facts found in the assessment, particularly the lack of exposure to correct information, therefore had to be addressed properly and promptly. Giving knowledge to clients will help them understand what they are experiencing and suffering from. With good knowledge, clients will be able to choose the best option for dealing with the health problems they face and to improve their compliance in following the treatment programmes they must follow.

Based on the assessment facts, the main problems of the clients were a lack of exposure to correct information and failure to take medication regularly and keep to a routine follow-up schedule. The clients' conditions were also accompanied by many physical complaints, such as headache and heaviness in the back of the neck. The nursing diagnosis established was therefore non-compliance with the treatment programme related to inadequate understanding. This diagnosis was supported by refusal to undergo care or treatment and behaviour of not following the programme.

Non-compliance is an attitude in which an individual with a disease is undisciplined and does not carry out the treatment therapy for their disease to the fullest. This phenomenon is a fairly serious problem and occurs in individuals with chronic diseases such as hypertension, diabetes, pulmonary tuberculosis and other chronic diseases. According to the Indonesian nursing diagnosis standards, non-compliance is behaviour by an individual and/or caregiver that does not follow the care or treatment plan agreed with health workers, so that the outcomes of care or treatment are ineffective. Non-compliant behaviour requires the participation of many parties to change it, above all the family. The family has an important role because it is the party closest to the client.

Non-compliance with the treatment programme can be addressed in various ways. One way that can be given is audio-visual psychoeducation on the importance of compliance with the treatment programme. Individuals who receive audio-visual psychoeducation are expected to gain increased knowledge, so that their level of compliance with the treatment programme can improve and help stabilise their physical condition. For the problem of non-compliance with the treatment programme, a compliance support intervention for the treatment programme was given, focused on audio-visual psychoeducation, in three sessions for all three clients. The intervention was delivered in three stages: observation, therapeutic and education. The first stage, observation, was carried out by identifying compliance in undergoing the treatment programme. The second stage was therapeutic, involving making a commitment to undergo the treatment programme well, drawing up a family accompaniment schedule so family members take turns accompanying the patient during the treatment programme if needed, documenting activities during the treatment process, discussing matters that could support or hinder the treatment programme, and involving the family in supporting the treatment programme being undergone. The final stage was education: informing them of the treatment programme to be undergone, informing them of the benefits to be gained from undergoing the treatment programme regularly, advising the family to accompany and care for the patient during the treatment programme, and advising the patient and family to consult the nearest health service if needed. The intervention had to be prepared well and thoroughly in order to achieve maximum results, delivered continuously to a standard that met the target, and involving the family as the party closest to the client.

Implementation is an important aspect relating to the delivery of actions that have been planned and programmed for the client in order to address the client's problems properly and comprehensively. Implementation for client 1 was given in three sessions. On 14 October 2025 at 08.00 WIB, data showed that client 1 was cooperative with the audio-visual psychoeducation process, and the main finding was that client 1 did not yet clearly understand the benefits of complying with the treatment programme. This shows that information had not yet reached client 1 properly. At the second session, on 15 October 2025 at 08.00 WIB, the data showed that client 1 was beginning to understand the importance of complying with treatment and routine follow-up. At the third session, on 16 October 2025 at 08.00 WIB, the data showed that client 1 already understood very well what they were experiencing and how to overcome the health obstacles they faced.

Implementation for client 2 was given in the same way, namely compliance support for the treatment programme using an audio-visual psychoeducation approach. The first session was held on 14 October 2025 at 10.00 WIB, and the data showed that client 2 had not received clear and complete information about what they were experiencing. This shows that client 2 had not been exposed to correct information regarding the management of their health problem. At the second session, on 15 October 2025 at 10.00 WIB, the data showed that client 2 felt they had received the information needed about the condition they were experiencing. At the third session, on 16 October 2025 at 10.00 WIB, the data showed that client 2 understood and was ready to comply with their treatment programme.

Implementation for client 3 was given in three sessions. The first session, on 14 October 2025 at 15.30 WIB, showed that client 3 was reluctant to take medication because they felt it had no effect at all and felt that what had been explained could not be understood clearly. The second session, held on 15 October 2025 at 15.30 WIB, showed that client 3 had begun to understand what was explained from the material given and was ready to start following the treatment programme with discipline. The third session, held on 16 October 2025 at 15.30 WIB in accordance with the agreed time contract, showed that client 3 would comply because they now knew the important matters relating to themselves and the disease they suffered from.

The implementation results show that the main obstacle for the clients in complying with the treatment programme was a lack of exposure to correct information regarding the management of hypertension. One factor that affects increased knowledge is the exposure to information received by the individual. The more credible information hypertensive patients obtain, the more their knowledge and medication compliance will increase. Conversely, the more exposure to information that is not credible and is a hoax, the more confusion it will cause in hypertensive patients and the more negative its impact on knowledge and medication compliance. Exposure to information is therefore one factor determining medication compliance, both directly and indirectly. Hypertensive patients must be helped and given correct and accurate information and education. The provision of information can involve various parties, such as village officials, families and community health volunteers. Information distribution must of course go through a single validated channel, namely the health facility.

Evaluation was carried out after each implementation for clients 1, 2 and 3. The focus of the evaluation was the Indonesian nursing outcome standard scores: verbalisation of willingness to comply with the care or treatment programme, verbalisation of following recommendations, behaviour in following the

care or treatment programme, behaviour in carrying out recommendations, and signs and symptoms of the disease. In the first evaluation for clients 1 and 2, the results were the same: verbalisation of willingness to comply with the care or treatment programme and verbalisation of following recommendations scored 1, meaning decreased, and behaviour in following the care or treatment programme, behaviour in carrying out recommendations, and signs and symptoms of the disease scored 1, meaning worsened. In the second evaluation, verbalisation of willingness to comply with the care or treatment programme and verbalisation of following recommendations were at a score of 3, meaning moderate, and behaviour in following the care or treatment programme, behaviour in carrying out recommendations, and signs and symptoms of the disease were at a score of 3, meaning moderate. In the third evaluation, verbalisation of willingness to comply with the care or treatment programme and verbalisation of following recommendations were at a score of 5, meaning increased, and behaviour in following the care or treatment programme, behaviour in carrying out recommendations, and signs and symptoms of the disease were at a score of 5, meaning improved.

These results show that, for clients 1 and 2, the maximum results were based on the achievement scores for each aspect measured. These results may have been influenced by the strong desire of clients 1 and 2 to be healthy, and by families that supported them psychologically and materially in what they needed, including transport for clients 1 and 2 to attend follow-up. Families also played an active role in reminding clients 1 and 2 to take medication regularly. Client 3, by contrast, achieved less than maximum results, influenced by the family's limited ability to support client 3's treatment needs and by financial limitations and a lack of transport to the health facility.

In the first evaluation for client 3, verbalisation of willingness to comply with the care or treatment programme and verbalisation of following recommendations scored 1, meaning decreased, and behaviour in following the care or treatment programme, behaviour in carrying out recommendations, and signs and symptoms of the disease scored 1, meaning worsened. In the second evaluation, verbalisation of willingness to comply with the care or treatment programme and verbalisation of following recommendations scored 3, meaning moderate, and behaviour in following the care or treatment programme, behaviour in carrying out recommendations, and signs and symptoms of the disease scored 3, meaning moderate. In the third evaluation, behaviour in carrying out recommendations scored 4, meaning moderately increased, and signs and symptoms of the disease scored 5, meaning increased, while behaviour in following the care or treatment programme and behaviour in carrying out recommendations scored 4, meaning moderately improved. From the results for the three clients who were given audio-visual psychoeducation, compliance with the treatment programme increased. It can therefore be concluded that compliance support for the treatment programme using an audio-visual psychoeducation approach can help hypertensive clients improve their compliance with the treatment programme they are undergoing.

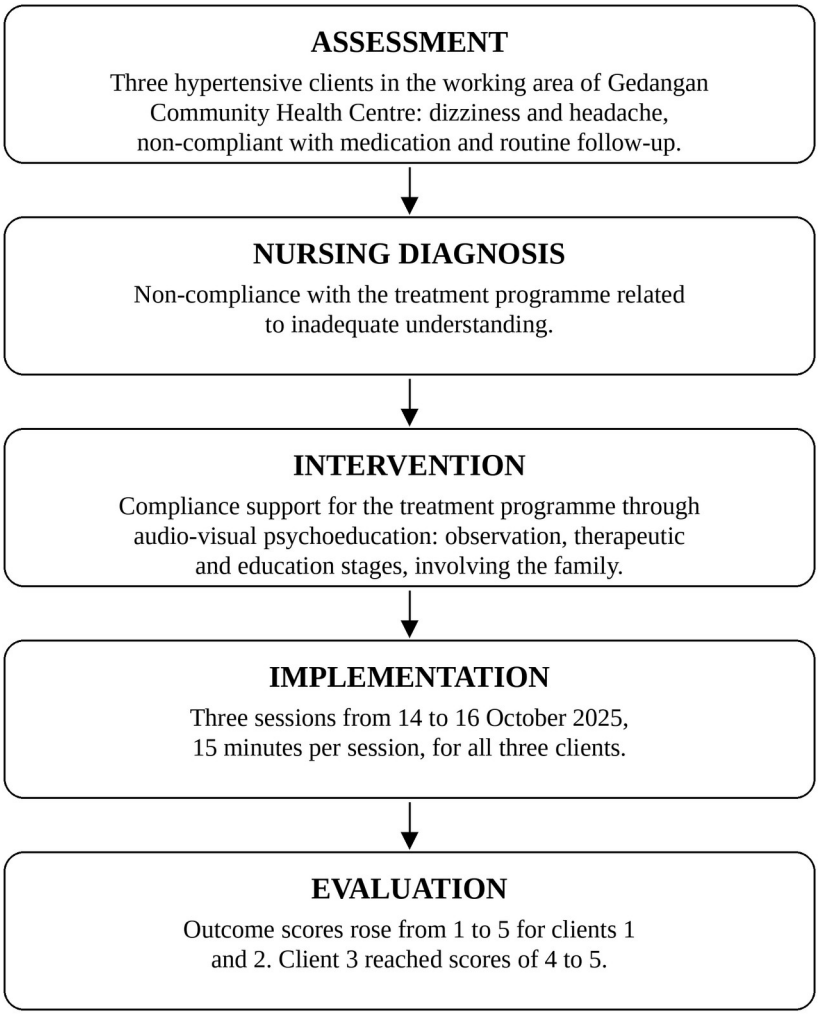


Figure 1. Nursing Care Flow for Compliance Support through Audio-Visual Psychoeducation

Psychoeducation is an educational method aimed at providing information and training that changes an individual's mental or psychological understanding. Psychoeducation is also useful for providing knowledge and understanding as well as therapeutic strategies that are useful for improving an individual's quality of life. The findings of this case study are in line with broader evidence: psychoeducation has been shown to affect clinical symptoms, compliance, insight and autonomy in patients with another chronic disease (Oneib et al., 2025). A systematic review of interventions using health behaviour theories showed that theory-structured educational interventions can improve medication compliance in hypertensive patients (Nili et al., 2020), and a systematic review and meta-analysis of educational interventions confirmed the role of education in medication compliance in hypertension (Ampofo et al., 2020). In other words, the changes in outcome scores for the three clients are consistent with the general direction of evidence on educational interventions.

The advantage of audio-visual media lies in delivering messages through two channels at once, hearing and sight, so that material is more easily received by clients with diverse educational backgrounds. A randomised trial in hypertensive patients comparing an additional digital cartoon video with paper-based counselling found an advantage for the video approach in medication compliance (Nana et al., 2023). In Indonesia, audio-visual health education media for self-management in hypertensive patients have been specially developed (Pertiwi et al., 2021) and education through audio-visual media has influenced the

knowledge and self-management of older adults with hypertension (Nuranisa, 2022). The use of m-health with an audio-visual education approach has also been shown to affect treatment compliance behaviour, although in tuberculosis patients (Berahim et al., 2025), and android-based education has influenced medication compliance in people with hypertension (Windahandayani et al., 2025). Health education given clearly and attentively by health workers is very influential for patients, particularly with regard to the treatment of chronic diseases.

The difference in results between clients 1 and 2 and client 3 shows that education does not work in a vacuum. Social support has been shown to affect treatment compliance in hypertension (Pan et al., 2021). The relationship between self-efficacy and family support and medication compliance in older adults with hypertension has also been found in Indonesia (Ruswadi et al., 2023), as has the relationship between self-efficacy and family support and medication compliance in hypertension (Hadi et al., 2023). The families of clients 1 and 2 supported them psychologically and materially, reminded them to take medication, and helped with transport, so that the psychoeducation messages were translated into behaviour. For client 3, weaker family support, financial limitations and transport constraints meant that some compliance barriers were structural and could not be resolved simply by improving understanding.

These findings are consistent with the map of compliance determinants. An umbrella review showed that medication compliance is influenced by patient, disease, therapy, health system and socioeconomic factors (Gast & Mathes, 2019). A meta-analysis in Asia showed that non-compliance with antihypertensive medication remains high, with various associated factors (Mahmood et al., 2021), a review in Africa mapped the prevalence and determinants of compliance in patients taking antihypertensive medication (Shin & Konlan, 2023), and a study in Gaza mapped the prevalence and factors of antihypertensive medication non-compliance (Khadoura et al., 2021). In older hypertensive patients, compliance is also influenced by regimen complexity and the support around them (Ruksakulpiwat et al., 2024). Good compliance support interventions therefore need to map each client's barriers from the assessment stage, as was done in this case study, and not stop at providing information.

Other approaches that can complement audio-visual psychoeducation are also available in the literature. A systematic review of motivational interventions showed that motivational approaches can improve medication compliance in hypertensive patients (Rosendo-Silva et al., 2023). A randomised trial of peer education in older adults with hypertension showed that peer education affected medication compliance (Ranjbar et al., 2024). A health education model for older adults with hypertension has been shown to influence knowledge, attitudes and compliance (Gusty, 2023). At a simpler level, knowledge level is related to medication compliance level in hypertensive patients (Murti et al., 2025), medication alarm education improves medication compliance in hypertension (Putri et al., 2025), and a profile of medication compliance in hypertensive patients at a community health centre shows that some patients are still non-compliant (Warnidah et al., 2021). A combination of psychoeducation, reminders and family accompaniment is a realistic package to apply at a community health centre.

Hypertensive patients must be given intensive accompaniment and must not be left alone in undergoing their treatment programme. A long hypertension treatment programme takes up a great deal of time and thought. Hypertensive patients must therefore be given correct and accurate information about the advantages of disciplined treatment and the disadvantages of not complying. Family members of

hypertensive patients must also receive such information, because as the parties closest to the patient, families are expected to provide maximum support. For community nurses, the implication is the need to include assessments of compliance barriers, including family support, finances and transport, in routine assessments, and to connect clients with the sources of support available in their area.

Several limitations should be noted so that these findings are read proportionately. This case study involved only three clients without a comparison group, so the score increases cannot be separated from the influence of the attention and accompaniment given over three consecutive days. Evaluation was carried out immediately after the short intervention series, so the sustainability of compliant behaviour in the long term is not yet known. Outcome score assessment was carried out within the nursing care framework by the intervention provider themselves, and the evaluation reported focused on nursing outcome scores rather than blood pressure as a clinical outcome. These findings are contextual to the working area of one community health centre and are not intended to be generalised, but they provide a picture of a process that can be tested in larger studies.

4. CONCLUSION AND SUGGESTIONS

From the assessment process, it can be concluded that there was a uniform problem: clients were unwilling to comply with the treatment programme because of a lack of exposure to information. The nursing diagnosis raised for all clients was non-compliance with the treatment programme related to inadequate understanding. The intervention given was compliance support for the treatment programme using an audio-visual psychoeducation approach, and implementation was given to the three clients in turn, in three sessions. In terms of evaluation, it can be concluded that compliance support for the treatment programme using an audio-visual psychoeducation approach can improve the overall treatment programme compliance of all clients, with maximum achievement in clients who received active family support.

Nurses whose work relates to the community and society should improve their communication and interaction competencies, with the aim of exerting a greater influence on hypertensive patients' treatment compliance patterns, including the ability to encourage families to help sick family members. For community health centres, audio-visual psychoeducation is recommended as part of routine accompaniment for non-compliant hypertensive patients, accompanied by mapping of financial and transport barriers and involvement of families from the outset. For future researchers, a larger number of clients, a longer follow-up period and measurement of blood pressure as a clinical outcome are recommended, so that the sustainability of the effect of audio-visual psychoeducation on compliance and blood pressure control can be established.

REFERENCES

Ampofo, A. G., Khan, E., & Ibitoye, M. B. (2020). Understanding the role of educational interventions on medication adherence in hypertension: A systematic review and meta-analysis. *Heart & Lung, 49*(5), 537–547. https://doi.org/10.1016/j.hrtlng.2020.02.039

Berahim, R. I., Jusuf, H., & Pateda, S. M. (2025). The effect of m-health utilization with audiovisual education approach on treatment adherence behavior in tuberculosis patients. *Indonesian Journal of Global Health Research, 7*(2), 1113–1122. https://doi.org/10.37287/ijghr.v7i2.5893

Gast, A., & Mathes, T. (2019). Medication adherence influencing factors: An (updated) overview of systematic reviews. *Systematic Reviews, 8*(1). https://doi.org/10.1186/s13643-019-1014-8

Gusty, R. P. (2023). Health education model for elderly hypertension on knowledge, attitudes, and adherence to following the dietary approaches to stop hypertension (DASH). *Jurnal Aisyah : Jurnal Ilmu Kesehatan, 8*(2). https://doi.org/10.30604/jika.v8i3.2093

Hadi, A., Parellangi, & Amirudin (2023). The relationship between self-efficacy and family support, adherence to taking hypertension medication. *Asian Journal of Healthcare Analytics, 2*(1), 151–164. https://doi.org/10.55927/ajha.v2i1.4007

Khadoura, K., Shakibazadeh, E., Mansournia, M. A., Aljeesh, Y., & Fotouhi, A. (2021). Determining the prevalence of and the factors associated with antihypertensive medication non-adherence in the Gaza strip. *Korean Journal of Family Medicine, 42*(2), 150–158. https://doi.org/10.4082/kjfm.19.0081

Mahmood, S., Jalal, Z., Hadi, M. A., Khan, T. M., Haque, M. S., & Shah, K. U. (2021). Prevalence of non-adherence to antihypertensive medication in asia: A systematic review and meta-analysis. *International Journal of Clinical Pharmacy, 43*(3), 486–501. https://doi.org/10.1007/s11096-021-01236-z

Murti, L. T. K., Ratnawati, E., & Febriani, D. H. (2025). Hubungan tingkat pengetahuan dengan tingkat kepatuhan minum obat pada pasien hipertensi. *Jurnal Kesehatan Panca Bhakti Lampung, 13*(2), 118–130. https://doi.org/10.47218/jkpbl.v13i2.405

Nana, R. A., Billong, S. C., Boombhi, J., Endomba, F. T., Djantio, H., & Menanga, A. (2023). Add on digital cartoon video versus paper based counselling for medication adherence in hypertensive patients followed at a referral hospital in Yaoundé (Cameroon): A randomized control trial. (E-adherence study). *Education and Information Technologies, 29*(1), 721–735. https://doi.org/10.1007/s10639-023-12268-5

Nili, M., Mohamed, R., & Kelly, K. M. (2020). A systematic review of interventions using health behavioral theories to improve medication adherence among patients with hypertension. *Translational Behavioral Medicine, 10*(5), 1177–1186. https://doi.org/10.1093/tbm/ibaa020

Nuranisa (2022). Influence of health education through audiovisual on knowledge and self management of hypertension elderly in Tondo kelurahan mantikulore district. *Journal of Public Health and Pharmacy, 2*(3), 65–68. https://doi.org/10.56338/jphp.v2i3.3897

Oneib, B., Mansour, A., & Bouazzaoui, M. A. (2025). The effect of psychoeducation on clinical symptoms, adherence, insight and autonomy in patients with schizophrenia. *Discover Mental Health, 5*(1). https://doi.org/10.1007/s44192-025-00152-2

Pan, J., Hu, B., Wu, L., & Li, Y. (2021). The effect of social support on treatment adherence in hypertension in China. *Patient Preference and Adherence, 15*, 1953–1961. https://doi.org/10.2147/ppa.s325793

Pertiwi, L. D., Shobirun, S., & Indriyawati, N. (2021). Development audiovisual health education media for self management of hypertension patients. *Media Karya Kesehatan, 4*(2). https://doi.org/10.24198/mkk.v4i2.30225

Putri, M. E., Sari, M. T., Fithriyani, F., & Yanti, R. D. (2025). Edukasi alarm minum obat (amino) untuk meningkatkan kepatuhan minum obat hipertensi pada penderita hipertensi. *Jurnal Abdimas Kesehatan (JAK), 7*(2), 215–220. https://doi.org/10.36565/jak.v7i2.759

Ranjbar, H., Sadeghi-Vazin, K., & Bakhshi, M. (2024). The cost-effectiveness of peer education on medication adherence in the elderly with hypertension: A randomized controlled trial. *BMC Public Health, 24*(1). https://doi.org/10.1186/s12889-024-20807-z

Rosendo-Silva, B., Ortigosa-Ferreira, A. C., Prazeres, F., Caramelo, F., Santiago, L. M., & Rosendo, I. (2023). Systematic review of motivational interventions to improve adherence to medication in patients with hypertension and meta-analysis. *Hipertensión y Riesgo Vascular, 40*(4), 174–196. https://doi.org/10.1016/j.hipert.2023.04.003

Ruksakulpiwat, S., Schiltz, N., Irani, E., Josephson, R., Adams, J., & Still, C. (2024). Medication adherence of older adults with hypertension: A systematic review. *Patient Preference and Adherence, 18*, 957–975. https://doi.org/10.2147/ppa.s459678

Ruswadi, I., Asyari, H., Marsono, M., Akhmadi, A., & Purwanta, P. (2023). The relationship between self efficacy and family support with hypertension treatment adherence of elderly. *Jurnal Pendidikan Keperawatan Indonesia, 9*(1), 59–68. https://doi.org/10.17509/jpki.v9i1.59455

Shin, J., & Konlan, K. D. (2023). Prevalence and determinants of medication adherence among patients taking antihypertensive medications in Africa: A systematic review and meta-analysis 2010-2021. *Nursing Open, 10*(6), 3506–3518. https://doi.org/10.1002/nop2.1613

Warnidah, H., Helmidanora, R., Sentat, T., Sukawaty, Y., & Handayani, E. (2021). Profil kepatuhan minum obat pada pasien hipertensi di Puskesmas muara wis. *Ahmar Metastasis Health Journal, 1*(3), 118–123. https://doi.org/10.53770/amhj.v1i3.67

Windahandayani, V. Y., Ajul, K., & Surani, V. (2025). Pengaruh edukasi berbasis android terhadap kepatuhan minum obat pada penderita hipertensi. *Holistik Jurnal Kesehatan, 18*(10), 1230–1237. https://doi.org/10.33024/hjk.v18i10.575