



The Relationship of Family Support to the Motivation of Elderly Patients with Hypertension in Undergoing Treatment at Telaga Biru Health Center

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ABSTRACT

Hypertension is one of the health problems experienced by many elderly people and has the potential to cause serious complications if not treated optimally. One of the factors that affect the success of hypertension treatment is the motivation of the elderly, which can be strengthened through family support. This study aims to analyze the relationship between family support and the motivation of the elderly in undergoing hypertension treatment at the Telaga Biru Health Center. This study uses a type of quantitative research with a cross-sectional approach. The sample of this study was 48 elderly using purposive sampling techniques. This data was collected using questionnaire interviews by assessing four dimensions of family support (emotional, instrumental, informational, and assessment) and four indicators of elderly motivation (medication adherence, blood pressure monitoring, physical activity, and dietary regulation). This study uses the chi-square test. The results showed that most of the respondents received family support in the good category (64.6%) and had a high level of motivation (70.8%). The results of the chi-square test showed that there was a significant relationship between family support and the motivation of the elderly (p value = $0.014 < \alpha = 0.05$), which means that the higher the family support, the higher the motivation of the elderly in undergoing hypertension treatment. The results of the study show that family support has an important role in increasing the motivation of the elderly in undergoing hypertension treatment. Therefore, family involvement through continuous education from health facilities is an aspect that needs to be considered in an effort to improve the quality of life of the elderly and prevent complications.

INTRODUCTION

Hypertension, a common degenerative disease in the elderly, is often found in developing and developed countries as the leading cause of death due to cardiovascular disease. This condition increases the risk of heart, brain, kidney, and other complications. The prevalence of hypertension is estimated to be high among the elderly with most of the sufferers in low- and middle-income countries. The elderly often have other medical conditions that can worsen high blood pressure, so the management of hypertension in them must be done carefully and personally. In addition to treatment, it is also important to pay attention to lifestyle, such as a healthy diet, light exercise that suits their physical condition and stress management. (ALkautsar & Kartinah, 2023)

Hypertension in the elderly is a process of change that results from a reduction in most of the physiological system's reserves and increased susceptibility to various diseases and deaths. High blood pressure in the elderly is caused by several factors of age, obesity, smoking or stress. The elderly or often referred to as the elderly are a group of elderly people who are prone to experiencing health problems. The problem increases as a person gets older. The increasing age experienced by the elderly results in a decline in all physiological systems and functions (Nur et al., 2020)

According to the *World Health Organization* (WHO), hypertension or high blood pressure is a serious medical condition that increases the risk of heart, brain, kidney, and other diseases. The WHO projection in 1995 stated that the number of elderly in Indonesia reached around 28 million, with the largest growth in Asia in 2020, which was 411%, compared to Thailand (337%), India (242%), and China (220%).

In dealing with hypertension, the elderly need high motivation to get cured or controlled hypertension, which means that the patient will have the desire to undergo treatment or lifestyle modifications to achieve their health goals (Arum Sekarini, 2019). Based on the theory put forward by experts, the factors that can influence a person to have motivation among them are internal and external factors. Family support is one of the factors related to the motivation to control blood pressure in the elderly with hypertension. (Sulistiyorini et al., 2024)

Motivation is a factor related to the compliance of a hypertensive patient to carry out treatment that is influenced by self-awareness and attitudes in hypertensive patients. Motivation is an important role for a person because motivation contains behaviors that are based on behavioral changes in the desire to heal and reduce disability. (Lamangida et al., 2024)

Support from the family shows that the sufferer receives a sense of love and affection from the family by paying attention to and considering the patient's condition. One form of family support that can be provided to the elderly is in the form of empathy, attention, guidance and as an intermediary in problem solving. The time spent in helping hypertension treatment in the elderly will increase the motivation of the elderly in implementing healthy living behaviors. (Shidqi, 2023) (Dewi & Elmagfuroh, 2024)

Family support for people with hypertension has an important role in maintaining and controlling blood pressure so that it does not increase and it is hoped that blood pressure will return to normal. A person who receives their family support shows improvement in care than one who does not receive family support. Family support can be in the form of emotional support, informational support, assessment support, and instrumental support. (Lailah et al., 2024)

Causes of hypertension include atherosclerosis (thickening of the artery walls that causes loss of elasticity of blood vessels, heredity, increased amount of blood pumped to the heart, kidney disease, adrenal glands, sympathetic nervous system, obesity, psychological stress, and tension. One of the things that needs to be emphasized is that hypertension is a disease that cannot be cured and the main thing that needs to be considered so as not to cause complications such as kidney failure, heart failure, and stroke. (Dewi & Elmagfuroh, 2024)

Family support has a very important role in the process of caring for the elderly who suffer from hypertension. One of the main aspects is compliance in treatment, where families play a role in ensuring that the elderly take medication as recommended by doctors and follow a regular control schedule. In addition, regular blood pressure monitoring is crucial to detect changes in the health conditions of the elderly and prevent the risk of complications. Not only that, family support also plays a role in encouraging the participation of the elderly in physical activities that suit their conditions, such as light gymnastics or leisurely walking, in order to maintain body fitness and improve the quality of life.

Setting a healthy and balanced diet is also a major concern, where families can help provide foods low in salt and fat, as well as rich in fiber and nutrients needed to keep blood pressure stable. With support from their families in these aspects, seniors who suffer from hypertension have a greater chance of achieving a better quality of life and reducing the risk of complications that can arise from this disease.

According to the Ministry of Health of the Republic of Indonesia (2024), the elderly or elderly are a person who is 60 years old and older. Age is a risk factor for hypertension that cannot be modified. The prevalence of hypertension in Indonesia is greater in women (8.6%) than men (5.8%) after the age of 56-65 years, the occurrence of hypertension in women is more increased than in men due to hormonal factors (Ministry of Health 2024).

Based on data from the Gorontalo Provincial Health Office in 2023, hypertension is one of the most common health complications experienced by the elderly in Gorontalo Regency. The annual report of the Public Health Division states that there are 6,233 cases of hypertension, of which the Telaga Biru Health Center recorded the highest number of cases, which is 3,128 cases. The results of an initial survey in June 2024 at the Telaga Biru Health Center showed that the number of elderly people with hypertension reached 428 people, consisting of 235 women and 193 men.

In the initial observation carried out by many elderly patients who received support from their families, such as helping the treatment process, motivating them to undergo treatment, and ensuring adherence to a healthy lifestyle. This is a reason for researchers to explore how family support affects the motivation of the elderly in undergoing hypertension treatment.

Several studies show that the family as the closest unit to the patient has a strategic role in supporting the success of the care of the elderly with hypertension. According to the health context, family support has an important role in increasing the motivation of individuals to undergo treatment. The family serves as a support system that can increase the enthusiasm and motivation of individuals in the face of health care. Sulistiyorini et al., 2024,

In addition, according to emotional support such as providing love and attention, information support in the form of education about hypertension, and instrumental support such as helping patients access health services can increase patients' motivation to comply with treatment. According to motivation theory, a person who gets adequate social support will have a greater drive to achieve his or her health goals, including controlling blood pressure to keep it stable and preventing further complications. Nur et al., 2020

Against this background, the study aims to analyze the influence of family support on the motivation of elderly people with hypertension in undergoing treatment at the Telaga Biru Health Center. This research is

expected to contribute to efforts to improve the quality of life of the elderly through a family support-based approach.

RESEARCH METHODS

Research Design

This research is quantitative, with the type of correlational research is a type of research that aims to find out the relationship between two or more variables. In this case, the variables studied were family support (as independent factors) and the motivation of elderly people with hypertension (as dependent variables). In this research design, *cross sectionals* are used to collect data at a specific point in time. In this study, researchers will measure the level of family support received by elderly people with hypertension, as well as the motivation of elderly people with hypertension, to see if there is an influence on these two variables. This research was carried out at the Telaga Biru Health Center, and the research period was from November 2024 to May 2025

Population and Research Sample

The population in this study is the entire number of families of patients suffering from hypertension at the Telaga Biru Health Center, especially in Dumati village which amounted to 92. Samples are part of the number and characteristics that the population has. So, the number of samples needed for this study is about 48 people.

Data Analysis Techniques

Univariate Analysis

Univariate analysis to describe the characteristics of the sample, such as age, gender, level of family support, and motivation level of elderly people with hypertension.

Bivariate Analysis

Bivariate analysis is used to test the relationship between independent variables and bound variables. The statistical test used is the *chi-square* test because it can be used to analyze all variables.

RESULTS OF RESEARCH AND DISCUSSION

Characteristics of Respondents by Gender

Table 1 Frequency distribution by Sex

NO	Gender	N	%
1	Women	27	56.3
2	Male	21	43.8
	Total	48	100.0

Based on table 1, it is known that the respondents with the male gender are 21 people. Female respondents were 27 people. Of the 48 respondents from elderly families, the majority were women as many as 27 people (56.3%), while men amounted to 21 people (43.7%). This shows that women are more dominant as elderly family members involved in this study.

Characteristics of Respondents Based on Relationships with the Elderly

Table 2 Frequency distribution of family relationships

NO	Relationship With Family	N	%
1	Grandson	30	62.5
2	Children	12	25.0
3	Friends	4	8.3
4	Nephew	1	2.1
5	Son-in-law	1	2.1'
	Total	48	100.0

Based on table 2, it is known that the respondents are dominated by the grandchildren of the elderly who suffer from hypertension, which is as many as 30 people.

From the results of data collection on 48 elderly respondents with hypertension, it is known that most of the social support comes from 30 grandchildren (62.5%). Furthermore, support was also provided by 12 children (25%), 4 friends (8.3%), and grandmothers and daughters-in-law as many as 1 person each (2.1%). This data shows that the role of families, especially grandchildren and children, is very dominant in providing social support to the elderly in undergoing hypertension treatment.

Vulnerable Time / Length of Elderly People Already Suffering from Hypertension Based on Respondent Information

Table 3. Frequency distribution of hypertension time

NO	Elderly People Suffer From Hypertension	N	%
1	<1 year	21	43.8
2	1-2 years	11	22.9
3	3-4 years	8	16.7
4	5-6 years	5	10.4
5	6 years	3	6.3
	Total	48	100.0

Based on the Table, the Elderly Suffering from Hypertension are dominated by the Elderly who have suffered from Hypertension for <1 Year.

Of the 48 respondents from elderly families, most of the elderly have been declared to have hypertension for less than 1 year as many as 21 people (43.8%). Furthermore, 11 people (22.9%) had hypertension for 1-2 years, 8 people (16.7%) for 3-4 years, 5 people (10.4%) for 5-6 years, and 3 people (6.2%) had hypertension for more than 6 years. This data shows that the majority of the elderly in the new study sample experienced hypertension in less than two years

Univariate Analysis

A univariate analysis is a form of statistical analysis that is used to measure the frequency distribution. Respondents in this study have diverse knowledge as shown in the following table.

a. Galmbalraln The following sebalgali family support respondents:

Table 4. Family support frequency distribution

Yes	Family Support	Frequency	Percentage
1.	There is support	45	93.8%
2.	No support	3	6.3%
	Total	48	100.0

Based on the data on table 4, most of the respondents have Family Support, it can be seen that the majority of respondents, namely 45 people (93.8%) receive high family support. Of these groups, all were highly motivated, suggesting that high family support contributes positively to an individual's motivation level. In contrast, only 3 respondents (6.3%) experienced low family support, and all of them fell into the low motivation category. This indicates a strong relationship between the level of family support and motivation, where high family support correlates with high motivation, and low family support correlates with low motivation.

The overview of elderly motivation respondents is as follows:

Table 5 Frequency distribution of elderly motivation

Yes	Motivation of the Elderly	Frequency	Percentage
1.	Good	45	93.8%
2.	Less good	3	6.3%
	Total	48	100.0

Berdasarkan data pada tabel 5 levels of motivation for elderly people with hypertension in undergoing treatment and a healthy lifestyle. Of the 48 elderly people studied, as many as 45 people (93.8%) had good motivation, while only 3 people (6.3%) had poor motivation. This suggests that most elderly people have high motivation to manage their hypertension condition, which is most likely influenced by family support as seen in the previous table.

Bivariate Analysis

Bivariate analysis is a statistical method used to test and analyze the relationship between two different variables, with the aim of finding out whether there is a significant relationship, how strong the relationship is, and the direction of the relationship. In this analysis, usually one variable acts as an independent variable (cause) and the other variable as a dependent variable (result). Bivariate analysis is used to test the relationship between independent variables and bound variables. The statistical test used is the *chi-square test* because it can be used to

analyze all variables. The significance level (α) is usually set at 0.05. If $p < 0.05$, the null hypothesis is rejected, indicating the existence of a significant relationship between the variables. The results of the *chi-square* test are as follows:

Table 6 Crosstabulation Table

Family Support Description	Motivation of the Elderly with Hypertension					
	Good	Presses	Not Good	Presses	Total	Presses
Height	45	93.80%	0	0	45	93.80%
Low	0	0	3	6.30%	3	6.30%
Total	45	93.80%	3	6.30%	48	100%

Based on table 6 *crosstabulation* between the variables of family support and the motivation of the elderly with hypertension in carrying out treatment, it can be seen that of the 48 respondents, as many as 45 people (93.8%) who received high family support also had good motivation in undergoing hypertension treatment. On the other hand, of the 3 respondents who received low support, all (100%) had poor motivation.

This frequency distribution shows a clear pattern that the level of family support has a significant effect on the motivation of the elderly. The observed frequency value (*Count*) in each category is very close to the expected frequency value, which indicates data consistent with the *assumption of the Chi-Square* test.

The percentages in the table also reinforce these findings, where 100% of respondents with high support are well motivated, while 100% of respondents with low support are poorly motivated. This indicates a strong and significant relationship between family support and the motivation of the elderly to undergo hypertension treatment.

DISCUSSION

Family Support

Based on the results of the study on 48 respondents, as many as 45 respondents (93.75%) showed that families had good support in caring for the elderly. This can be seen from the results of the questionnaire analysis in the aspect of emotional support, most of the respondents answered that they always give attention and affection to the elderly, listen to the complaints of the elderly, provide motivation to the elderly for treatment, try to make the elderly feel appreciated, provide moral support when the elderly are desperate. In addition, the aspect of informational support is shown through statements such as always providing information to the elderly on the importance of regular control, seeking information about hypertension, informing the elderly the importance of maintaining a diet, conveying medical information that I can to the elderly, seeking information about hypertension from the internet or books. Meanwhile, the assessment support aspect also shows a significant contribution in the process of mentoring the elderly with hypertension. This support includes providing feedback to the elderly about a healthy lifestyle, motivating the elderly to avoid foods high in salt or smoking, reminding the elderly to always maintain blood pressure, giving praise to the elderly when following a healthy lifestyle, directing the elderly to maintain a routine of taking medication. And in the aspect of instrumental support, respondents showed a high level of involvement in providing real rock to the elderly such as always helping the elderly prepare daily needs such as medicines, escorting the elderly to health facilities, providing free time to help care for the elderly, preparing healthy food for the elderly according to doctor's recommendations, helping the elderly take medication at pharmacies or hospitals. These statements show that family support, whether emotionally, informationally, judgmentally or instrumentally, is a factor that plays a very important role in improving the welfare and quality of life of the elderly.

On the other hand, the results of the study also showed that there was a small group of respondents, namely 3 people (6.25%), which were included in the category of low family support for the elderly with hypertension. Although the number is small, the existence of this group is very important to analyze in depth because it provides a real picture of the elderly who live in less supportive social conditions, and have the potential to experience negative impacts on their physical and psychological health conditions. In this group, the approval rate for all support indicators was very low, with the majority of answers being on the "Rarely" or even "never" option. This indicates that they do not receive proper attention, involvement, or education from their families in assisting the process of managing hypertension.

In terms of emotional support, the three respondents from this group showed that they did not give adequate emotional attention to the elderly. This is reflected in the rejection of statements in giving attention and affection to the elderly, listening to the complaints of the elderly, motivating the elderly for treatment, trying to make the elderly feel appreciated, providing moral support when the elderly are desperate. With the absence of affective support, the elderly tend to feel neglected, unappreciated, and alienated within their own family environment. In fact, in the elderly who are undergoing treatment for chronic diseases such as hypertension, emotional support has a big impact on psychological stability. The absence of affection, empathy, and the presence of family members in the emotional lives of the elderly can exacerbate feelings of loneliness, anxiety, and even depression, which in the long run can worsen

their general health condition.

In addition, the information support aspect shows a very concerning condition. The three respondents disagreed with statements such as providing information to the elderly on the importance of regular check-ups, seeking information about hypertension, informing the elderly the importance of maintaining a healthy diet, conveying medical information that I can get to the elderly, seeking information about hypertension from the internet or books. The absence of adequate information makes the elderly in a state of minimal knowledge and awareness of the diseases they suffer. In fact, a good understanding of hypertension is essential to motivate the elderly to take care of themselves and follow medical advice. Without educational support from families, the elderly not only lose access to health information, but also lose the drive to adopt healthy living behaviors. In many cases, the elderly may not be able to understand or filter outside information without the help of those closest to them, so the dependence on family in terms of health education is very high.

In the aspect of support for the assessment of this group, it also showed very low results. They do not agree with important statements such as giving feedback to the elderly about a healthy lifestyle, motivating the elderly to avoid foods high in salt or smoking, reminding the elderly to always maintain blood pressure, giving praise to the elderly when following a healthy lifestyle, directing the elderly to maintain a routine of taking medication. Low assessment support reflects that families do not play an active role in giving direction, evaluation, or encouragement to the elderly. Seniors in this group are at risk of losing confidence and losing motivation to undergo treatment routines. Without positive judgment and reinforcement from those closest to them, the elderly tend to feel mentally unsupported, which can ultimately lead to decreased adherence to medication, diet, and general health control. This condition is very worrying, especially if the elderly also have limited understanding or decreased memory.

The last aspect, namely instrumental support, also shows that these three respondents provide almost no real assistance to the elderly in terms of hypertension treatment. They disagreed with statements such as helping the elderly prepare daily necessities such as medicines, taking the elderly to health facilities, providing free time to help care for the elderly, preparing healthy meals for the elderly as recommended by doctors, helping the elderly take medicine at pharmacies or hospitals. Low participation in the form of instrumental support has a very negative impact, because the elderly tend to have physical limitations and need direct assistance in undergoing treatment. When families do not provide practical support, the elderly may have difficulty carrying out medical recommendations, from remembering medication schedules to maintaining a healthy lifestyle. This ininvolvement not only worsens physical health conditions, but can also cause a sense of helplessness in the elderly, leading to an overall decrease in quality of life.

Overall, this group of respondents with low support described a portrait of the elderly who live without comprehensive assistance from their families, both emotionally, motivationally, practically, and educationally. Lack of emotional warmth, lack of motivation, lack of real help, and lack of delivery of important information are serious challenges in managing hypertension in the elderly. The elderly in this situation are at higher risk of experiencing various complications, both medical and psychosocial. Therefore, this group needs special attention from health workers and related parties to be given educational interventions and family-based approaches, so that they can understand the importance of an active role in elderly care. Training, family counseling, or community-based coaching programs can be solutions to encourage behavior change and improve the quality of family support, so that all seniors, without exception, can receive proper and optimal treatment from their immediate environment.

Overall, the results of this study show that family support for the elderly with hypertension is in the very good category, with informational and instrumental support as the two most prominent indicators. Most families show an active role in accompanying the elderly, either through emotional attention, motivation, real help, and the delivery of important information that supports the success of hypertension treatment. However, these results also underscore the importance of special coaching for families with low levels of support. Educational interventions and family training are urgently needed, so that all the elderly receive proper and comprehensive care from their closest people. Strengthening the role of the family as a treatment partner will contribute greatly to improving the quality of life of the elderly and the effectiveness of long-term hypertension management.

Motivation of the Elderly

Based on the results of the study on 48 respondents, as many as 45 respondents (93.75%) showed that families have high motivation in caring for the elderly. This can be seen from the analysis of the questionnaire in the aspect of motivation for adherence to treatment, most respondents answered that the elderly always show enthusiasm to undergo hypertension treatment, the elderly are obedient to the schedule of taking medication, the elderly remember to take medication on time, the elderly regularly consult with medical personnel regarding hypertension, the elderly follow all medical recommendations related to treatment. Meanwhile, on the motivation indicator of blood pressure monitoring. The level of motivation of the elderly is quite good in statements such as the elderly routinely check their blood pressure independently, the elderly report the results of blood pressure measurements to their families or medical personnel, the elderly record the results of blood pressure measurements regularly, the elderly understand the importance of monitoring blood pressure regularly, the elderly show their own initiative in monitoring blood pressure. In the third indicator Namely motivation to participate in physical activities, the motivation of the elderly shows relatively lower values such as statements of the elderly doing physical activities regularly such as walking or gymnastics, the elderly are squeezed that physical activity helps control their blood pressure, the elderly participate

in elderly gymnastics programs or group activities, the elderly do not avoid physical activity without medical reasons, the elderly are enthusiastic in doing physical activities according to their age. In the fourth indicator, namely the motivation of dietary regulation, the motivation of the elderly is also relatively high. This can be seen from the high approval of statements such as the elderly reducing salt consumption in their diet, the elderly prefer healthy foods such as vegetables, fruits and low-fat foods, the elderly following medical instructions related to diet to support the treatment of hypertension, the elderly avoid high-fat foods or fast food, the elderly manage their eating schedules regularly to support their health.

On the other hand, as many as 3 elderly people (6.25%) are classified as having low motivation in undergoing hypertension treatment. In the drug compliance motivation indicator, the three respondents showed the level of disapproval or doubt to the statements of the elderly showing enthusiasm to undergo hypertension treatment, the elderly obeyed the medication schedule, the elderly remembered to take medication on time every day, the elderly routinely consulted medical personnel about their hypertension, the elderly followed all medical recommendations related to treatment. This risks lowering the effectiveness of treatment and increasing the likelihood of hypertension complications. On the blood pressure monitoring motivation indicator, the elderly with low motivation show disagreement in the statement of the elderly routinely checking their blood pressure independently, the elderly report the results of the pressure measurement to their family or medical personnel, the elderly record the results of blood pressure measurements regularly, the elderly understand the importance of monitoring blood pressure routinely, the elderly show their own initiative in monitoring blood pressure. This is especially dangerous because high blood pressure that is not monitored regularly can lead to organ damage without initial symptoms. In the third indicator, namely, the motivation for participation in their physical activities shows disagreement in the statement that the elderly do physical activities regularly such as walking or gymnastics, the elderly feel that physical activity helps control their blood pressure, the elderly participate in elderly gymnastics programs or group activities, the elderly do not avoid physical activity without medical reasons, the elderly are enthusiastic about doing physical activities that are appropriate to their age. Lack of motivation in this aspect can accelerate the decline in bodily function and decrease the overall quality of life. In the fourth indicator, namely the motivation to regulate the diet of the elderly shows disapproval in the statement of the elderly reducing salt consumption in their diet, the elderly prefer healthy foods such as vegetables, fruits, and low-fat foods, the elderly follow medical instructions related to diet to support hypertension treatment, the elderly avoid high-fat foods or fast food, the elderly regulate their eating schedule regularly to support their health. This shows that there is not yet a full awareness of the effect of food on their blood pressure.

In general, the majority of elderly people in this study showed excellent levels of motivation, especially in terms of adherence to medication and dietary arrangements, while the other two aspects, namely blood pressure monitoring and physical activity, still require further attention. These findings suggest that although the intrinsic motivation of the elderly is quite strong, consistent family support, as well as ongoing education from health workers is still needed to help the elderly understand the importance of comprehensive hypertension management. Especially for the elderly with low motivation, a personal approach and psychosocial support need to be developed to rebuild their enthusiasm in undergoing hypertension treatment. With the synergy between individual motivation and environmental support, it is hoped that the elderly can achieve a better quality of life and the risk of hypertension complications can be minimized. Based on the results of the questionnaire and hypotheses that have been formulated in the previous chapter and the results of the analysis that has been carried out. There are related results and it can be said that the hypothesis is formulated according to the results of the test carried out. The results obtained are as follows:

Based on the results of the Chi-Square test conducted on a sample of 48 people, an Asymptotic Significance (2-sided) value of 0.000 was obtained. This value is smaller than the significance level of 0.05 used as the test limit. Therefore, the zero (H_0) hypothesis stating that there is no significant relationship between family support and the motivation of elderly people with hypertension to undergo treatment is rejected.

With the rejection of the zero hypothesis, an alternative hypothesis (H_1) was accepted, which stated that there was a significant relationship between family support and the motivation of elderly people with hypertension to undergo treatment. This shows that the level of family support plays an important role in influencing the motivation of the elderly to undergo good hypertension treatment.

These findings corroborate that family support is not only an emotional support factor, but also a major driver in increasing the awareness and enthusiasm of the elderly to manage hypertension optimally. Seniors who receive good family support tend to have higher motivation in carrying out treatment.

The significant influence of family support on the motivation of the elderly is important to be the attention of health workers and related parties at the Telaga Biru Health Center. By increasing family participation in the treatment process, it is hoped that the motivation of the elderly can be maintained so that the results of hypertension management become more effective.

In addition, these results also confirm the importance of a family approach in elderly health programs, especially in the context of chronic diseases such as hypertension. Families who actively provide support will help the elderly overcome the challenges in treatment and the necessary lifestyle changes.

Research by Andi Nur Aina et al. (2020) regarding the relationship between family support and family readiness to care for the elderly suffering from hypertension at the Tabongo Health Center showed that the zero (H0) hypothesis was rejected, which means that there is a significant relationship between family support and family readiness to care for the elderly with hypertension. This study confirms that family support is an important factor that affects family readiness in providing optimal care for the elderly with these chronic conditions.

Based on this study, it strengthens the findings of this study that H0 is rejected with evidence that family support contributes significantly to the readiness and ability of families to care for the elderly with hypertension. This is supported by consistent results that show that families who receive adequate support tend to be better prepared psychologically and practically in dealing with the challenges of elder care. This emphasizes the importance of the family's role as the main support system in the management of chronic diseases of the elderly.

Research by Ariani Sulistyorini et al. (2024) on family support in caring for the elderly with hypertension in Patekulon Village shows that an alternative hypothesis (H1) is accepted, which means that there is a significant relationship between family support and the care of the elderly with hypertension. The study found that good family support contributes positively to the management of elderly hypertension, which is reflected in improved treatment adherence and quality of life for the elderly in the region.

These results are in line with the results of this study which also showed significant results, where family support plays an important role in the care of the elderly with hypertension. Comparative analysis showed that both studies affirmed the crucial role of family support as an external factor influencing the success of elderly care. The authors' view emphasizes that H1 acceptance is supported by consistent empirical evidence from previous research, which confirms that family support not only increases the motivation of the elderly to adhere to treatment, but also aids in the ongoing monitoring of health conditions.

Therefore, according to the authors, the acceptance of H1 based on the research of Ariani Sulistyorini et al strengthens the argument that health interventions involving families are very important in the management of hypertension in the elderly. Adequate family support can be emotional, instrumental, and informational support that directly affects the effectiveness of care. Therefore, public health programs should integrate a family approach as part of strategies to improve the quality of life of the elderly with hypertension, as evidenced by the results of the table *Chi-Square* in this study.

Overall, this study proves that family support has a significant effect on the motivation of elderly people with hypertension in undergoing treatment at the Telaga Biru Health Center. Therefore, efforts to improve family support must be an integral part of the elderly health service strategy to achieve strong optimal outcomes.

CONCLUSION

- a. The majority of the elderly who received high family support showed good motivation in managing hypertension, with the percentage of support and motivation in each of the above aspects ranging from 85%-92%. On the other hand, the elderly with low support and motivation (6.3%) experienced difficulties in carrying out medication and a healthy lifestyle. This emphasizes the importance of the role of the family in providing emotional, instrumental, informational, and assessment support to increase the motivation of the elderly in managing hypertension optimally.
- b. Based on the results of the *Chi-Square* test with a *Pearson Chi-Square* value of 48,000 at a degree of freedom of 1 and an *Asymptotic (2-sided) significance value* of 0.000, it can be concluded that there is a very significant relationship between the variables tested. This significance value is also supported by the results of the *Fisher's Exact Test* which shows a value of 0.000, confirming that the relationship is significant. Although there were 3 cells (75%) with an expected count of less than 5, the test results still showed a strong and significant association between the variables, so Hypothesis 0 (zero) was rejected and Hypothesis 1 (one) was accepted. Thus, it can be concluded that the family support variable has a significant effect on the motivation of the elderly in undergoing hypertension treatment.

SUGGESTIONS

Improving the participation and quality of support provided to the elderly. Optimal family support, whether in the form of emotional, informational, or instrumental support, has been proven to have a significant effect on increasing the motivation of the elderly to obediently undergo hypertension treatment. Therefore, families should actively provide encouragement, attention, and assistance consistently so that the elderly feel cared for and motivated to carry out a healthy lifestyle and regular treatment.

Increase the evaluation of health workers at the Telaga Biru Health Center who need to increase education and counseling to families and the elderly so that family care tasks can be carried out properly, so that the incidence of hypertension can be controlled and the quality of life of the elderly increases

Elderly people with hypertension are advised to implement nonpharmacological preventive management by conducting health education and lifestyle modifications, such as regulating a low-salt diet (maximum 1500 mg per day), increasing the consumption of high-fiber and low-fat foods, and avoiding processed and fast food. In addition, the elderly are encouraged to regularly check blood pressure, engage in regular physical activity for at least 30 minutes a day, and manage stress through relaxation techniques such as meditation or yoga. It is also

important for the elderly to quit smoking and reduce alcohol consumption. Social support and family roles are very influential in increasing the motivation of the elderly to carry out care and healthy lifestyle consistently. With the implementation of these measures, it is hoped that blood pressure can be controlled properly so that the risk of hypertension complications can be minimized and the quality of life of the elderly increases.

Given that most of the factors that affect motivation in seniors with hypertension were not studied in this study, further research can expand the scope by including additional variables such as social interactions and others. This will provide a more comprehensive understanding of the factors that affect motivation in seniors suffering from hypertension.

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