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FAMILY SUPPORT AND HYPERTENSION MEDICATION ADHERENCE AMONG COMMUNITY DWELLING OLDER ADULTS

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ABSTRACT
Adherence to hypertension medication is key. Family support can positively influence elderly people to manage their disease and choose appropriate treatment regimens. Objective: To determine the relationship between family support and medication adherence among elderly individuals with hypertension. A cross-sectional study design was employed, involving 81 elderly patients with hypertension selected via purposive sampling at the Simpang Tiga Community Health Center (Puskesmas) in Pekanbaru. Family support was measured using a questionnaire, while medication adherence was assessed using the Morisky Medication Adherence Scale. Medication adherence was assessed using the validated Indonesian version of the MMAS-8 (Cronbach's $\alpha = 0.824$). Data analysis involved frequency distribution and the chi-square test. Family support was found to be significantly associated with medication adherence ($p<0.001$; OR=12.7). The elderly had a medication adherence rate of 85.7% in the high family support group, compared to 32.0% in the low family support group. Elderly people with significant family support were 12.7 times more likely to take hypertension medication than those with low family support. Family support has a significant relationship with medication adherence among elderly people with hypertension.

Keywords: elderly; family support; hypertension; medication adherence

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INTRODUCTION

Hypertension remains one of the most serious health issues at both the global and national levels. According to the most recent data from the World Health Organization and the Republic of Indonesia's Ministry of Health, hypertension is commonly referred to as "the silent killer" since its symptoms often go undiagnosed, even though it carries a very high risk of mortality and medical emergency. The global prevalence is 33% of the total adult population, making it the top cause of mortality globally; the majority of victims (about two-thirds) live in low- and middle-income nations. Ironically, only approximately 23% (one in every five) of people with hypertension worldwide have their blood pressure successfully regulated (B. Zhou et al., 2021).

Hypertension is Indonesia's fourth-leading cause of death, accounting for 10.2% of all national deaths. According to the most recent Indonesian Health Survey (SKI) data, the prevalence of hypertension among those aged 18 and up ranges from 30.8% to 34.11% (Muharram et al., 2025). This places Indonesia fifth globally in terms of the highest number of hypertension cases. Through the government's Free Health Check (CKG) program implemented in 2026, an additional one million citizens—who previously believed themselves to be healthy—were diagnosed with hypertension following routine screenings (Kemenkes,2026).

If hypertension is not treated, it can cause ischemic or hemorrhagic stroke, heart attack (myocardial infarction), acute heart failure, end-stage chronic kidney failure, and possibly blindness (Kemenkes,2026). Lifelong medication is one technique for managing hypertension and

maintaining stable blood pressure; hypertension, as a chronic condition, cannot be cured, but it can be controlled with consistent medication adherence and treatment regimen compliance.

A recent cohort study found that 80% of older people who followed their medication regimen had a 56% lower risk of cardiovascular events than 40% who did not ((Yang Quanhe 2017). Meanwhile, another study (Kim & Kim, 2024) found that elderly people with poor medication adherence had a 26.2% to 61% greater risk of cumulative complications, specifically mortality, heart attack, and hospitalization for heart failure, than those who were adherent. Large-scale research (Lee, 2022) indicates that non-adherence to antihypertensive medication remains common and is associated with poorer health outcomes. In a local context, a study at the Simpang Tiga Community Health Center (Puskesmas) also shows that visits by the elderly to integrated health posyandu are associated with hypertension prevention efforts, underscoring the importance of sustained contact with primary healthcare services in hypertension management (Ezalina, Mandasari et al., 2023)).

One technique for managing hypertension is to use family support to keep track of family members who participate in blood pressure control programs. Family support is critical for ensuring that elderly people adhere to their hypertension medication regimens, as it helps overcome physical and cognitive hurdles associated with aging and minimizes the chance of deadly consequences (Ado et al., 2026)). Research conducted by (T. Shen et al., 2022) discovered that informational, emotional, and financial support, as well as caregiving assistance, are associated with adherence to antihypertensive medications. Another study by (Guo & Zhu, 2022) found that social support for the elderly is directly related to medication adherence. A study by ((Ezalina & Alfianur, 2025) in Pekanbaru discovered that family support and the completion of family health activities are linked to the frequency of elderly neglect. Although the study's findings differed from those on medication adherence, they do highlight the importance of family function in supporting the health requirements of the elderly. Research by ((Ezalina & Alfianur, 2023) reported a relationship between self-efficacy and psychological well-being among the elderly in Pekanbaru, indicating that an individual's belief in their ability to face challenges is a crucial component of adaptation in old age.

In Indonesia, family involvement plays an essential role in the treatment of chronic diseases. Family-based therapies have the potential to improve hypertension self-management and medication-related behaviors (Susanto et al., 2024). However, the evidence on the association between family support and adherence to antihypertensive treatment varies among populations and healthcare settings. As a result, evidence particular to the primary healthcare setting is required. This study aims to analyze the relationship between family support and medication adherence among adults with hypertension at the Simpang Tiga Community Health Center in Pekanbaru, Indonesia.

METHOD

This study took a quantitative approach using a cross-sectional design. The study was carried out at the Simpang Tiga Community Health Center in Pekanbaru City, with 315 elderly participants. A purposive sampling technique was used to acquire an 81-respondent sample. Individuals aged 60 and older with hypertension, no hearing impairments, and adequate communication skills were the inclusion criteria for the study.

Data collection was carried out using a questionnaire administered through face-to-face interviews with the respondents. The study examined family support based on four indicators: informational support, emotional support, appraisal support, and instrumental support. These four indicators were assessed using 12 Likert-scale questions, with response scores ranging from 1 to 4 for each question (Chham et al., 2026). Validity testing indicated that all questions were valid, with a validity coefficient of 0.301. The questionnaire also demonstrated good reliability, with a Cronbach’s alpha

value of 0.628. To assess the respondents' medication adherence, the eight-item Morisky Medication Adherence Scale (MMAS-8) was used (Kishor1 et al., 2024). Validity tests revealed that all questions were valid, with a coefficient of 0.576. The questionnaire also showed good reliability, with a Cronbach's alpha value of 0.795.

Data were analyzed using univariate analysis to describe the frequency distribution of each variable. The relationship between the two variables was then determined by bivariate analysis using the chi-square test. The level of statistical significance was set at $p < 0.05$ with a 95% confidence level. If the null hypothesis (H_0) is rejected, it can be concluded that there is a significant relationship between family support and medication adherence among the elderly. Ethical approval for this study was obtained from the Health Research Ethics Committee (KEPK) of the Payung Negeri Health Institute, Riau Province (reference number 068/IKES PN/KEPK/VIII/2024), certifying that the research was conducted in accordance with ethical principles and researcher guidelines.

RESULT

Respondent Characteristics

Table 4.1 shows that among the 81 respondents, more than half (50.6% or 41 individuals) fall within the 60–74 age range (elderly) and the majority (69.1% or 56 individuals) are female. Regarding education, nearly half (39.5% or 32 individuals) have a high school education. Almost all respondents (92.6% or 75 individuals) live with their families, and equal proportions (92.6% or 75 individuals) have a regular monthly income.

Table 1. Respondent characteristics (n=81)

Characteristics	f	%
Age: 45–59 years (pre-elderly)	35	43,2
Age: 60–74 years (elderly)	41	50,6
Age: >75 years (older elderly)	5	6,2
Gender: Female	56	69,1
Gender: Male	25	30,9
Education: Not completed elementary school	5	6,2
Education: Elementary school	21	25,9
Education: Middle school	15	18,5
Education: High school	32	39,5
Education: College	8	9,9
Residence: With family	75	92,6
Residence: Separated, still in the same city	6	7,4
Income: Regular	75	92,6
Income: Irregular	6	7,4

Family Support

Table 2 shows that more than half (69.1%) of the respondents—specifically 56 individuals—have high family support.

Table 2.
Distribution of family support (n=81)

Family Support	f	%
High	56	69,1
Low	25	30,9

Medication Adherence

Table 3 shows that more than half (69.1%) of the respondents—totaling 56 individuals—are adherent to taking their hypertension medication.

Table 3.
Distribution of Medication Adherence (n=81)

Medication Compliance	f	%
Compliant	56	69,1
Non-compliant	25	30,9

Analysis of Family Support Items

Table 4 shows an analysis of the most common negative responses given or experienced by the elderly to both favorable and unfavorable questions. The data in Table 4 indicate that only 23.4% of families play an active role in assisting with the elderly's medical treatment and accompanying them to healthcare services.

Table 4.
Analysis of Items Regarding Family Support for Elderly Patients with Hypertension (n=81)

Family support domains/items	f	%
Emotional support and appreciation: Accompanying the respondent during treatment	27	33,3
Instrumental support: Actively participating in the elderly's treatment and accompanying them to medical appointments	19	23,4
Informational support: Re-explaining information provided by healthcare professionals about the disease to the elderly	32	39,5

Medication Adherence

Table 5 shows that the most common concerns reported by the elderly were forgetting to take medication while traveling long distances and being upset by the necessity to take medication every day.

Table 5.
Analysis of Medication Adherence (n=81)

Medication Compliance Items	f	%
Forgetting to Take Medication	86	53,0
Intentionally Not Taking Medication	118	72,8
Stopping Medication Because I Was Worse	126	77,7
Forgetting to Take Medication When Traveling Long Distances	132	81,4
Not Taking Medication When Feeling Well	86	53,0
Feeling Bothered by Taking Medication Every Day	132	81,4
Frequency of Forgetting to Take Medication	84	51,8

Family support and adherence to hypertension medication among older adults

Table 6 reveals a significant correlation between family support and medication adherence among elderly patients with hypertension ($p < 0.05$), with an odds ratio (OR) of 12.7. This suggests that elderly people with a high level of family support are 12.7 times more likely to adhere to their hypertension medication regimen than those with low levels of support.

Table 6.
The correlation between family support and medication adherence (n=81)

Family Support	Compliant f (%)	Not Compliant f (%)	Total f (%)	*p*	OR
High	48 (85,7)	8 (14,3)	56 (100,0)	<0,001	12,7
Low	8 (32,0)	17 (68,0)	25 (100,0)		

DISCUSSION

This study discovered a significant correlation between family support and medication adherence in persons with hypertension. Adherence was far more prevalent among respondents with high family support than those with low family support. Research findings indicate that social support is one of several factors associated with adherence to hypertension medication among the elderly (Ruksakulpiwat et al., 2024). However, (Osei et al., 2026) reported that high levels of family support were not independently associated with adherence in their study population. This indicates that the role of family support may differ based on sociocultural, individual, and healthcare-related factors.

Family support can contribute to adherence through several complementary mechanisms. Emotional encouragement can boost motivation, but informational and instrumental support can help older persons understand medication instructions, stick to medication regimens, access healthcare services, and overcome practical obstacles. Certain types of support are positively associated with better adherence (B. Shen et al., 2022). Other research on family involvement indicates that structured family self-management programs that include both patients and their family caregivers increase medication adherence and hypertension treatment outcomes (Susanto et al. 2024).

According to the study's findings, 69.1% of elderly respondents had extensive family support, while 92.6% resided with their families. Living with family provides an opportunity to participate in daily treatment regimens, but cohabitation does not guarantee adequate quality of support. Family support is very effective when it includes emotional, informational, and financial support, as well as tangible caregiving ((T. Shen et al., 2022). Furthermore, another study (Guo & Zhu, 2022) indicates that social support can contribute—both directly and indirectly—to adherence to elderly care. This social dimension is reinforced by research conducted by (Ezalina & Alfianur, 2024), who discovered that social capital, particularly social networks, is associated with loneliness among the elderly in Pekanbaru. Although that study did not specifically assess medication adherence, the results demonstrate that social connectedness is a crucial aspect of the elderly's lives. In this study, 69.1% of respondents followed their medication regimen, whereas 30.9% did not. Non-adherence should not be considered as a result of a single cause. Recent evidence identifies treatment burden, financial status, comorbidities, health literacy, beliefs about medication, self-efficacy, the patient-healthcare provider relationship, and social support as relevant determinants (Ruksakulpiwat et al., 2024), ((Ferreira-alfaya et al., 2024). Frailty can complicate problems for the elderly, limiting their capacity to comply with essential procedures (Wang et al., 2023).

Nonadherence has been associated with treatment-related cognitive, psychological, and perceptual pathways. This is evidenced by research (Kim & Kim, 2024) that reports subjective memory complaints are associated with medication adherence in elderly patients with hypertension and multimorbidity—and are linked to psychological and social factors—as well as the established relationship between cognitive function and medication adherence (Wu et al., 2026). Beliefs about medication play a role in treatment adherence among community-dwelling older individuals; greater beliefs about the need for medication and lower levels of concern about medication side effects are related to better adherence (Rafhi et al., 2024).

The multidimensionality of family support is clinically significant. Family members can help patients understand medication instructions, obtain medication, accompany them to healthcare appointments, and maintain medication schedules. Family-oriented interventions and patient-family partnerships have demonstrated benefits for hypertension self-management and medication-related behaviors (Susanto et al., 2024), (Zeng et al., 2024). Thus, family support is most successful when it includes actual engagement in daily therapy management, rather than passive encouragement. Previous interventions have shown that empowering family caregivers through an aged care model can improve family support, family health tasks, social relationships, and the elderly's social activities (Ezalina et al., 2019). These findings support an approach that positions the family as an active partner in elderly care.

A meta-integration of qualitative research identifies adequate social support, accurate knowledge, positive treatment beliefs, and supportive behaviors as factors that facilitate treatment adherence, while limited medication literacy and healthcare resources serve as barriers (X. Zhou et al., 2024). These variations demonstrate that the source and practical utility of support are equally significant as its presence.

These findings have practical implications for nursing in primary healthcare settings. Nurses can engage family members in medication education, adherence assessment, reminder strategies, and follow-up care. Nurse-led treatments in primary care have been demonstrated to improve long-term blood pressure control (Ito et al., 2024), whereas nurse-led telehealth interventions can help manage hypertension and contribute to better blood pressure control ((Adzitey et al., 2026). Non-pharmacological adherence interventions—including education, reminders, and digital approaches—can complement family involvement in the home-based care of older adults ((Kengne et al., 2024).

CONCLUSION

Family support is significantly associated with medication adherence among adults with hypertension. Respondents with high family support demonstrated a substantially higher proportion of medication adherence compared to those with low family support. These findings highlight the importance of family involvement in long-term management, including family participation in medication education, adherence assessment, and follow-up care in primary health settings. Multicenter, longitudinal studies are needed to clarify how dimensions of family support contribute to sustainable adherence.

REFERENCES

Ado, N., Antoko, T., Syukkur, A., & Handini, F. S. (2026). Family support as a psychosocial factor associated with medication adherence among older adults with hypertension. Journal of Mental Health, 5(6), 572–578.

Adzitey, S. P., Akimanimpaye, F., & Crowley, T. (2026). Effectiveness of nurse-led hypertension self-management interventions: A mixed-methods systematic review and meta-analysis. International Journal of Nursing Sciences, 13(2), 217–225. https://doi.org/10.1016/j.ijnss.2026.02.016

Chham, S., Buffel, V., Ir, P., Ku, G. M., Chhim, S., van Damme, W., Van Olmen, J., & Wouters, E. (2026). Understanding the role of family social support in the medication adherence to hypertension treatment in Cambodia. BMC Public Health, 26(1). https://doi.org/10.1186/s12889-026-26628-6

Ezalina, E., & Alfianur, A. (2024). Correlation between Social Capital and Loneliness in Older Adults in Pekanbaru, Indonesia. Health Education and Health Promotion, 12(3), 407–413. https://doi.org/10.58209/hehp.12.3.407

Ezalina, E., & Alfianur, A. (2025). Factors associated with older adults' neglect among relatives in urban areas of Indonesia: A cross-sectional study. Jurnal Ners, 20(2), 117–126. https://doi.org/10.20473/jn.v20i2.60511

Ezalina E, Alfianur A, D. D. (2023). Self Efficacy terhadap Kesejahteraan Psikologis Lansia. Jurnal Kesehatan Perintis, 10(1), 37–43.

Ezalina, E., Machmud, R., Effendi, N., & Maputra, Y. (2019). Effectiveness of the elderly caring model as an intervention to prevent the neglect of the elderly in the family. Open Access Macedonian Journal of Medical Sciences, 7(14), 2365–2370. https://doi.org/10.3889/oamjms.2019.650

Ezalina, Mandasari, D., Puswati, D., Adelia, G., Negeri, P., & Indonesia, P. (2023). Analysis Of Health Literacy annd Self are in Diabetes. Jurnal Kesehatan, 16(1), 43–52. https://doi.org/10.24252/kesehatan.v16i1.33815

Ferreira-alfaya, F. J., Lamot, M., & Kirbiš, A. (2024). The validity and reliability of the Slovenian version of the health literacy questionnaire short-form (HLS-EU-Q16) among adults and older adults. Frontiers in Public Health, (December). https://doi.org/10.3389/fpubh.2024.1474539

Guo, Z., & Zhu, B. (2022). Does Mobile Internet Use Affect the Loneliness of Older Chinese Adults? An Instrumental Variable Quantile Analysis. International Journal of Environmental Research and Public Health, 19(9). https://doi.org/10.3390/ijerph19095575

Ito, M., Tajika, A., Toyomoto, R., Imai, H., Sakata, M., Honda, Y., Kishimoto, S., Fukuda, M., Horinouchi, N., Sahker, E., & Furukawa, T. A. (2024). The short and long-term efficacy of nurse-led interventions for improving blood pressure control in people with hypertension in primary care settings: a systematic review and meta-analysis. BMC Primary Care, 25(1), 1–26. https://doi.org/10.1186/s12875-024-02380-x

Kengne, A. P., Brière, J. B., Gudiña, I. A., Jiang, X., Kodjamanova, P., Bennetts, L., & Khan, Z. M. (2024). The impact of non-pharmacological interventions on adherence to medication and persistence in dyslipidaemia and hypertension: a systematic review. Expert Review of Pharmacoeconomics and Outcomes Research, 24(7), 807–816. https://doi.org/10.1080/14737167.2024.2319598

Kementerian Kesehatan Republik Indonesia. (2026). Hasil CKG 2026: 1 Juta Warga yang Semula Sehat Kini Terdeteksi Hipertensi. Sehat Negeriku Kemenkes.

Kim, J. S., & Kim, E. (2024). Subjective memory complaints and medication adherence among hypertensive Korean older adults with multimorbidity: mediating effect of depression and social support. BMC Public Health, 24(1), 1–11. https://doi.org/10.1186/s12889-024-18061-4

Kishor1, R., , Sarita Kumari2, R. P., , Neha Chaudhary1, S. S., Ahmad2, S., & Pragya Kumar2. (2024). An assessment of treatment compliance using the Morisky scale 8 tool in adult hypertensive patients of Eastern India. Journal of Family Medicine and Primary Care, 6(2), 924–931. https://doi.org/10.4103/jfmpc.jfmpc

Lee, E. P. P. K. P. (2022). Global Burden, Regional Differences, Trends, and Health Consequences of Medication Nonadherence for Hypertension During 2010 to 2020: A Meta- Analysis Involving 27 Million Patients. Journal of the American Heart Association. https://doi.org/10.1161/JAHA.122.026582

Muharram, F. R., Widyahening, I. S., & Danaei, G. (2025). Hypertension care performance in Indonesia: evidence from three waves of nationally representative cross-sectional surveys. BMJ Open , 15(12), 1–9. https://doi.org/10.1136/bmjopen-2025-109588

Nuskabayeva, G., Kemelbekov, K., Aidarbekova, D., Saruarov, Y., Nurdinov, N., Babayeva, K., Tatykayeva, U., Iskandirova, E., Nemetova, D., Morisky, P., Oshibayeva, A., & Sadykova, K. (2025). Validation of the Kazakh-language version of the 8-item Morisky Medication Adherence Scale in patients with arterial hypertension. Future Science OA, 11(1). https://doi.org/10.1080/20565623.2025.2569291

Osei, C. S. A., Idan, J. S., Baah-Akyeamfour, E., Singh, B., & Boateng, D. (2026). Family support mediates the relationship between medication adherence and quality of life among patients with hypertension in Ghana: A cross-sectional study. Plos One, 21(6), 1–12. https://doi.org/10.1371/journal.pone.0351632

Rafhi, E., Al-Juhaishi, M., Stupans, I., Stevens, J. E., Park, J. S., & Wang, K. N. (2024). The influence of patients' beliefs about medicines and the relationship with suboptimal medicine use in community-dwelling older adults: a systematic review of quantitative studies. International Journal of Clinical Pharmacy, 46(4), 811–830. https://doi.org/10.1007/s11096-024-01727-9

Ruksakulpiwat, S., Schiltz, N. K., Irani, E., Richard, A., Adams, J., Still, C. H., Ruksakulpiwat, S., Schiltz, N. K., Irani, E., & Richard, A. (2024). Medication Adherence of Older Adults with Hypertension : A Systematic Review Medication Adherence of Older Adults with Hypertension : A Systematic Review. Patien Preferencce and Adherence. https://doi.org/10.2147/PPA.S459678

Shen, B., Guan, T., Du, X., Pei, C., Zhao, J., & Liu, Y. (2022). Medication Adherence and Perceived Social Support of Hypertensive Patients in China: A Community-Based Survey Study. Patient Preference and Adherence, 16(May), 1257–1268. https://doi.org/10.2147/PPA.S363148

Shen, T., Li, D., Hu, Z., Li, J., & Wei, X. (2022). The impact of social support on the quality of life among older adults in China: An empirical study based on the 2020 CFPS. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.914707

Susanto, T., Hernawati, S., Yunanto, R. A., Rahmawati, I., Ati, N. A. L., & Fauziah, W. (2024). Family Self-management Program for Hypertension Management and Sodium Consumption Adherence: A Parallel Randomized Control Trial Among Family Caregivers and People With Hypertension. Journal of Research in Health Sciences, 24(4), e00628–e00628. https://doi.org/10.34172/jrhs.2024.163

Wang, Y., Li, X., Yao, L., Ren, T., & Wang, T. (2023). Effectiveness of social support programmes on loneliness in community-dwelling older adults: study protocol for a meta-analysis of randomised controlled trials. BMJ Open, 13(12), 1–6. https://doi.org/10.1136/bmjopen-2023-073739

Wu, G., Li, S., Jin, Q., Nan, J., Liu, X., Zhu, Q., & Guo, L. (2026). Metamemory and Emotional Contributions to the Relationship Between Cognitive Function and Medication Adherence in H-Type Hypertension: A Cross-Sectional Mediation Analysis. Patient Preference and Adherence , 20(June), 1–14. https://doi.org/10.2147/PPA.S609015

Yang, Q., Chang, A., Ritchey, M. D., & Loustalot, F. (2017). Antihypertensive medication adherence and risk of cardiovascular disease among older adults: A population-based cohort study. Journal of the American Heart Association, 6(6), e006056. https://doi.org/10.1161/JAHA.117.0060

Zeng, D., Chien, W. T., & Yang, M. (2024). Effectiveness of a Patient-Family Carer Partnership Intervention on Blood Pressure Control for People with Hypertension in Rural Communities: A Randomised Controlled Trial. Journal of Nursing Management, 2024. https://doi.org/10.1155/2024/7033013

Zhou, B., Carrillo-Larco, R. M., Danaei, G., Riley, L. M., Paciorek, C. J., Stevens, G. A., Gregg, E. W., Bennett, J. E., Solomon, B., Singleton, R. K., Sophiea, M. K., Iurilli, M. L. C., Lhoste, V. P. F., Cowan, M. J., Savin, S., Woodward, M., Balanova, Y., Cifkova, R., Damasceno, A., … Zuñiga Cisneros, J. (2021). Worldwide trends in hypertension prevalence and progress in treatment and control from 1990 to 2019: a pooled analysis of 1201 population-representative studies with 104 million participants. The Lancet, 398(10304), 957–980. https://doi.org/10.1016/S0140-6736(21)01330-1

Zhou, X., Zhang, X., Gu, N., Cai, W., & Feng, J. (2024). Barriers and Facilitators of Medication Adherence in Hypertension Patients: A Meta-Integration of Qualitative Research. Journal of Patient Experience, 11, 1–17. https://doi.org/10.1177/23743735241241176