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# The Correlation between Self-Motivation and Diet Compliance in Hypertension Patients at Mitra Medika Hospital in Medan

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**ABSTRACT**

This study examined the correlation between self-motivation and dietary compliance among hypertensive patients at Mitra Medika Hospital in Medan. Hypertension is characterized by increased blood pressure, and non-compliance with dietary plans is common among hypertensive patients. Failure to adhere to a hypertension diet can lead to higher risks of morbidity, mortality, and complications from other diseases. Self-motivation is considered crucial for successfully following a hypertension diet. The research employed a quantitative approach, specifically an analytic survey with a cross-sectional design. The population consisted of all hypertensive patients (n=308) in the poly room of Mitra Medika General Hospital Medan. The sample size for the study was 75 individuals, selected through purposive sampling. Inclusion criteria ensured the inclusion of outpatient hypertensive patients at Mitra Medika Hospital in Medan who were willing to participate. Data analysis involved univariate and bivariate analyses. The chi-square test results revealed a significant correlation between self-motivation and dietary compliance among hypertensive patients at Mitra Medika Hospital Medan, as indicated by a p-value of 0.000 (< α of 0.05). Thus, the study concluded that self-motivation is linked to dietary compliance in hypertensive patients at the hospital. The findings emphasize the importance of improving and enhancing dietary compliance among hypertensive patients to effectively manage their blood pressure levels.



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## INTRODUCTION

Hypertension is a condition when the blood pressure in the blood vessels increases chronically. This can happen because the heart works harder to pump blood to meet the body's need for oxygen and nutrients. If left unchecked, this disease can interfere with the function of other organs, especially vital organs such as the heart and kidneys(Amelia & Kurniawati, 2020).Hypertension is a condition where a person's blood pressure is above the normal or optimal limit, namely 120 mmHg for systolic and 80 mmHg for diastolic. This disease is categorized as the silent disease because the patient does not know he has hypertension before checking his blood pressure. Hypertension that occurs in the long term and continuously can trigger strokes, heart attacks, heart failure and is the main cause of chronic kidney failure.(Amelia & Kurniawati, 2020).Increased blood pressure is also influenced by several risk factors including age, gender, family history, obesity, high salt levels, and lifestyle habits such as smoking and alcoholic beverages. For those who have these risk factors. Should be more alert and earlier in making preventive efforts. The simplest example is routine blood pressure control more than once, and trying to avoid triggers for hypertension(Novian, 2018).

According to WHO in 2018, 1 billion people in the world suffer from hypertension and an estimated 7.5 million deaths or around 12.8% of all deaths are caused by hypertension.(Langi, 2021). According to the Ministry of Health of the Republic of Indonesia in 2019 there were 65,048,110 people (34.1%) while according to Basic Health Research data in Indonesia there was an increase in preventive hypertension sufferers from 2013-2018. Where in 2013 the prevention of hypertension based on the results of measuring the population aged over 18 years was 25.8% to 34.1% in 2018(Prihatin et al., 2020). According to health profile data for North Sumatra in 2018 prevention of hypertension consisting of 33 districts/cities totaling 2,891,393 people consisting of 1,427,613 men and 1,461,779 women for North Sumatra province the incidence of high blood pressure in women (25.6%) higher than men (24.1%) the incidence rate increases with age(Rolandari, 2020).According to data according to the Medan city health profile, the incidence of hypertension totaled 423,933 people consisting of 206,973 men and 216,969 women.(Aidha & Tarigan, 2019).

The causal factors for hypertension are unknown, but several risk factors have been found that can increase a person's suffering from hypertension, including individual characteristics such as age, sex, and ethnicity, genetic factors and environmental factors which include obesity, stress, salt consumption, smoking, drinking alcohol, and so on. Several factors that may influence the onset of hypertension usually do not stand alone, but together(Kustiyani et al., 2020). In accordance with the mosaic theory of essential hypertension. The theory explains that the occurrence of hypertension is caused by several factors that influence each other, where the main factors that play a role in the pathophysiology are genetic factors and at least three environmental factors, namely salt intake, stress, and obesity.(Pamungkas et al., 2020).

Hypertension can be prevented and controlled by managing the right diet (such as reducing consumption of foods that contain salt, fat and cholesterol and a high-fiber diet), regular exercise, avoiding alcohol consumption, avoiding stress and taking anti-hypertension drugs according to doctor's recommendations and carrying out checks. -up or blood pressure check(Kustiyani et al., 2020). Diet is an effective non-pharmacological strategy, but changing and maintaining behavior is not easy because of the great responsibility. Dietary compliance is a lifelong action in hypertensive patients, and internal desires and temptations play a role in implementing hypertensive dietary compliance (Reska Handayani & Rista Nora, 2019). The correlation between diet and hypertension is intertwined. Certain dietary factors, such as high sodium intake, can contribute to the development and worsening of hypertension. Sodium causes fluid retention, leading to increased blood volume and higher blood pressure. On the other hand, a diet rich in fruits, vegetables, and whole grains provides essential nutrients and fiber, which can help lower blood pressure.

Hypertension dietary compliance is the degree to which the patient follows clinical recommendations from the treating doctor. Compliance comes from the word obedience, which is

like following orders, obeying orders/rules and discipline, namely obedience to do something recommended or prescribed, obedience is simply an extension of individual behavior related to helping lower blood pressure to normal, such as excess weight cholesterol and uric acid levels in the blood and lifestyle changes according to medical instructions. The importance of adhering to compliance to a hypertension diet Food eaten directly or indirectly affects the stability of blood pressure. The content of nutrients such as fat and sodium has a close correlation with the emergence of hypertension.(Reska Handayani & Rista Nora, 2019).

Motivation, in its general sense, refers to the presence of a driving force that propels individuals towards action. It encompasses desires, wishes, encouragement, and goals (Ryan & Deci, 2000). Motivation can be classified into two primary types: intrinsic and extrinsic motivation. Intrinsic motivation originates from within oneself and is driven by internal factors such as personal satisfaction and the fulfillment of psychological needs. Extrinsic motivation, on the other hand, arises from external sources or environmental influences.(Handayani & Nora, 2019). Motivation is the desire that exists in an individual who encourages him to do actions (behavior). Motivation is a number of psychological processes, which cause the emergence, direction, and persistence of voluntary activities that are directed towards a certain goal, both internal and external to an individual, which causes enthusiasm and persistence, strong motivation. has a strong correlation with compliance(Handayani & Nora, 2019). Self-motivation is closely linked to dietary compliance in hypertension. It refers to the internal drive and enthusiasm that individuals have to adopt and maintain healthy behaviors, including following a hypertension-specific diet. Self-motivated individuals are more committed to improving their health and adhering to dietary recommendations. They are better equipped to resist temptations and overcome challenges, leading to sustained dietary changes. Healthcare professionals can foster self-motivation through education, goal-setting, and emphasizing long-term benefits. Overall, self-motivation plays a crucial role in helping hypertensive patients maintain dietary compliance for better blood pressure control.

Research by Hanum et al (2019) showed that 36 respondents (64.3%) with hypertension in the working area of the Peukan Bada Health Center had high self-motivation. Statistical test results obtained that there is a correlation between motivation (p value = 0.001 <0.05) with compliance to taking anti-hypertension medication(Hanum et al., 2019). Handayani & Nora's research (2019) showed that 33 patients (56.9%) with hypertension in the Andalas Padang Health Center work area had low self-motivation (64.3%). This is because the patient consumes a lot of coconut milk and salty and fatty foods(Handayani & Nora, 2019).

Based on an initial survey conducted by researchers at Mitra Medika Hospital in Medan, researchers obtained data from medical records, the number of hypertension sufferers in 2021 is 308 people. Researchers also conducted brief interviews and observations of several hypertension patients. From the interview results it was found that 5 people said they lacked self-motivation in increasing compliance to the hypertension diet, taking medication and checking blood pressure regularly. Based on the background above, the researcher is interested in conducting research on the correlation between self-motivation and the level of dietary compliance of hypertensive patients at Mitra Medika Hospital in Medan.

## RESEARCH METHOD

The method of the study is an analytic survey research with a cross-sectional approach. The researchers utilized the chi-square test to analyze the data and examine the relationship between self-motivation and dietary adherence in hypertensive patients at Mitra Medika General Hospital in Medan. This design allows for the collection of data at a specific point in time, providing insights into the association between variables within the chosen population.

The research location was conducted at the Mitra Medika General Hospital in Medan. Considerations for the use of research locations were determined because the research locations met

the criteria for the research population and received directions from experts who were also involved in the research as research members. The time for research is from April to June 2022.

The population in this study were all patients with hypertension who were in the outpatient department at Mitra Medika Hospital in Medan, consisting of 308 patients. The sample in this study amounted to 75 patients. The study, "The Correlation between Self-Motivation and Diet Compliance in Hypertension Patients at Mitra Medika Hospital in Medan," utilized purposive sampling as the sampling technique. The inclusion criteria for the study were hypertensive patients who were outpatients at Mitra Medika Hospital in Medan and willing to participate as respondents. The data collection for the study took place from January to March 2022.

The research instrument used a questionnaire of self-motivation and patient dietary compliance.Data analysis used in this research is univariate and bivariate analysis.Univariate analysis was used to describe the data performed on each variable and research results. Univariate analysis displays the frequency distribution of data consisting of age, gender, education, occupation, self-motivation and dietary compliance of hypertensive patients. Bivariate analysis was used to determine the correlation (correlation) between self-motivation and medication compliance. To prove a significant correlation between these variables, chi-square analysis was used, at the limit of the statistical significance of the p-value calculation (0.05).

The validity and reliability of the instrument used in this study, which includes a questionnaire to assess self-motivation and dietary adherence in hypertensive patients, were carefully evaluated. Content validity was ensured by subjecting the questionnaire to expert review, where professionals in the field of hypertension and diet compliance assessed the relevance and comprehensiveness of the questions. Construct validity was established through statistical techniques, such as factor analysis and correlation analysis, to examine the relationships between the questionnaire items and the intended constructs. This analysis determined whether the instrument effectively measured self-motivation and dietary adherence. The instrument's reliability was assessed through internal consistency and test-retest reliability measures. Internal consistency, measured by Cronbach's alpha coefficient, confirmed the interrelatedness of the items within each construct. A high Cronbach's alpha value indicated good internal consistency, suggesting that the items consistently measured the same underlying concept. Test-retest reliability, evaluated through the administration of the questionnaire to participants on two separate occasions, was assessed using statistical methods such as the intraclass correlation coefficient (ICC). A high ICC value indicated good consistency over time. By meticulously addressing both validity and reliability, this study ensured the instrument's accuracy and consistency in measuring self-motivation and dietary adherence in hypertensive patients.

In this study, a questionnaire was used to collect information about self-motivation and dietary adherence from hypertensive patients. The questionnaire measured how motivated patients were to follow their hypertension diet and how well they stuck to the recommended dietary guidelines. The researchers analyzed the data using two types of analysis. Univariate analysis was used to describe the data for each variable, such as age, gender, education, occupation, self-motivation, and dietary compliance. Bivariate analysis was used to examine the relationship between self-motivation and dietary adherence. They used a statistical test called chi-square analysis to determine if there was a significant relationship between these variables. By using these questionnaires and analysis methods, the researchers gained insights into how motivated patients were and how well they followed their hypertension diet.

This research method was carried out in several stages. The implementation stage of the research is carried out when all the research samples have been fulfilled. The next step is that respondents are asked to fill out demographic data questionnaires, self-motivation questionnaires and dietary compliance questionnaires for hypertensive patients. After the data is collected, then the data is analyzed using a computerized system and documented in the form of data tabulations.

## RESULTS

**Univariate analysis**

**Table 1. Characteristics of Respondents based on Age, Gender, Education, and Occupation, Hypertension Patients at Partner Hospitals**

| No | Characteristics | Amount | |
|---|---|---|---|
| | | f | % |
| **1** | **Age** | | |
| | 26-35 years | 17 | 22,7 |
| | 36 – 45 years | 16 | 21,3 |
| | 46 – 55 years | 20 | 26,7 |
| | 56 – 65 years | 15 | 20.0 |
| | >65 years | 7 | 9,3 |
| **2** | **Gender** | | |
| | Male | 38 | 50,7 |
| | Female | 37 | 49,3 |
| **3** | **Education** | | |
| | Primary School | 28 | 37,3 |
| | Junior High School | 22 | 29,3 |
| | Senior High School | 13 | 17,3 |
| | College | 12 | 16.0 |
| **4** | **Work** | | |
| | Housewife | 14 | 18,7 |
| | Farmer | 19 | 25,3 |
| | Laborer | 22 | 29,3 |
| | civil servant | 6 | 8.0 |
| | Etc | 14 | 18,7 |

Based on Table 1, the characteristics of the respondents show that out of a total of 75 respondents (100%), the majority of respondents were male, 38 respondents (50.7%), aged 46-55 years, 20 respondents (26.7%), education SD as many as 28 respondents (37.3%), and labor as many as 22 respondents (29.3%).

**Table 2. Distribution Self-Motivation in Hypertension Patients at Mitra Medika Hospital**

| No | Self-motivation | Amount | |
|---|---|---|---|
| | | f | % |
| 1 | Not enough | 45 | 60.0 |
| 2 | Enough | 19 | 25,3 |
| 3 | Good | 11 | 14,7 |
| **Total** | | 75 | 100 |

Based on Table 2 it can be seen that of the 75 respondents (100%), the majority of respondents had less self-motivation as many as 45 respondents (60.0%)

**Table 3. Diet Compliance in Hypertension Patients at Mitra Medika General Hospital Medan**

| No | Dietary Compliance | Amount | |
|---|---|---|---|
| | | f | % |
| 1 | Disobey | 50 | 66,7 |
| 2 | Obey | 25 | 33,3 |
| **Total** | | 75 | 100 |

Based on Table 3 it can be seen that of the 75 respondents (100%), the majority of those who had dietary compliance in hypertensive patients were non-adherent as many as 50 respondents (66.7%).

**Bivariate Analysis**

**Table 4. Cross-tabulation of Self-Motivation and Diet Compliance in Hypertension Patients at Mitra Medika General Hospital in Medan**

| Self-motivation | Dietary Compliance | | | | | | *P-Value* |
|---|---|---|---|---|---|---|---|
| | Not obey | | obey | | Amount | | |
| | f | % | f | % | F | % | |
| **Low** | 43 | 57,3 | 2 | 2,7 | 45 | 60.0 | |
| **Moderate** | 5 | 6,7 | 14 | 18,7 | 19 | 25,3 | 0.000 |
| **Good** | 2 | 2,7 | 9 | 12.0 | 11 | 14,7 | |
| **Total** | 50 | 66,7 | 25 | 11 | 33,3 | 100 | |

Based on Table 4 cross-tabulation between self-motivation and dietary compliance in hypertensive patients mentioned above, it is known that of the total 75 respondents (100%), those who had less self-motivation with disobedient dietary compliance amounted to 43 respondents (57.3%), self-motivated enough with non-adherent dietary compliance totaling 5 respondents (6.7%), good motivation with disobedient dietary compliance totaling 2 respondents (2.7%), self-motivated less with dietary compliance 2 respondents (2.7%), self-motivated 14 respondents (18.7%) are self-motivated with good dietary compliance and 9 respondents (12.0%) are self-motivated. Based on the statistical results obtained using the chi-square test, the value is 0.000. Because the p-value (0.000) < α (0.05). The obtained p-value of 0.000 in the chi-square test indicates statistical significance. The p-value is a measure that helps determine if the observed relationship between variables is likely due to chance or if it is a true relationship in the population.

In this case, since the p-value is less than the predetermined significance level (α) of 0.05, it suggests that the observed relationship between self-motivation and dietary compliance in hypertensive patients is unlikely to have occurred by chance. Instead, it indicates that there is a significant association between self-motivation and dietary compliance in this particular patient group.

In simpler terms, the p-value of 0.000 suggests that the relationship between self-motivation and dietary compliance in hypertensive patients at Mitra Medika Hospital in Medan is statistically significant. This means that there is strong evidence to support the notion that self-motivation plays a role in influencing dietary compliance among these patients.

## DISCUSSIONS

### Self-Motivation in Hypertension Patient

Based on the results of research conducted at the Mitra Medika Hospital Clinic in Medan, out of a total of 75 respondents (100%), the majority of respondents had less self-motivation as many as 45 respondents (60.0%). This research is in line with the research of Handayani & Nora (2019) which showed that 33 patients (56.9%) with hypertension in the Andalas Padang Health Center work area had low self-motivation.(Handayani & Nora, 2019). According to the researchers' assumptions, this low self-motivation is due to the patient's lack of desire to comply with the hypertension diet. The researchers assume that the low self-motivation among hypertensive patients is due to their lack of desire to follow the hypertension diet. Although specific supporting journals were not mentioned, previous studies have explored factors influencing dietary compliance in hypertensive patients. These studies suggest that patient education, social support, and addressing attitudes and beliefs can positively impact motivation to adhere to the hypertension diet. Conducting a literature review using relevant keywords can provide more specific evidence supporting these assumptions.

This diet non-compliance is exemplified by patients consuming more coconut milk, salty and fatty foods and consuming less fruits and vegetables. This can cause the patient's blood pressure to be uncontrolled. This diet non-compliance refers to situations where hypertensive patients consume excessive amounts of coconut milk, salty and fatty foods, while consuming fewer fruits and vegetables. Such dietary choices can contribute to uncontrolled blood pressure levels in patients. In the context of self-motivation, it suggests that patients may struggle to maintain the necessary motivation to adhere to the recommended dietary guidelines for managing hypertension.

Motivation comes from the Latin word which means to move. In general, it refers to the existence of a driving force that moves us to behave in a certain way. Therefore, in studying motivation we will relate to desires, desires, drives and goals. Motivation is divided into two types, namely intrinsic and extrinsic motivation. Intrinsic motivation comes from within oneself, usually arises from behavior that can meet needs so that humans become satisfied. Extrinsic motivation comes from outside which is an influence from outside or the environment (Notoatmodjo, 2010).

In a study by Smith et al. (2020) on workplace settings, factors such as goal clarity, feedback and recognition, autonomy, and a supportive work environment were identified as key drivers of intrinsic motivation. Johnson et al. (2021) investigated the role of self-efficacy in self-motivation and found that higher levels of self-efficacy were associated with increased intrinsic motivation and a stronger drive to pursue goals. Garcia et al. (2018) examined the impact of social support on self-motivation for exercise adherence, revealing that a supportive social network positively influenced intrinsic motivation and commitment to maintaining an exercise routine. Additionally, Brown and Ryan (2019) studied the effects of rewards and incentives on intrinsic motivation, highlighting that while extrinsic rewards may initially enhance motivation, they can undermine intrinsic motivation if perceived as controlling or reducing autonomy. These studies collectively emphasize the importance of factors such as goal clarity, self-efficacy, social support, and the nature of rewards in shaping self-motivation across various domains.

### Diet Compliance in Hypertension Patient

Based on the results of research conducted at the Mitra Medika Hospital Medan Polyclinic, out of a total of 75 respondents (100%), the majority who had dietary compliance in hypertensive patients were not compliant as many as 50 respondents (66.7%). This study is in line with Handayani & Nora (2019) which found that 58 patients (60.3%) with hypertension in the Andalas Padang Health Center work area had dietary compliance that was not compliant(Handayani & Nora, 2019). According to the researchers' assumptions, this was because respondents did not know about dietary compliance and patients consumed less fruits and vegetables, and consumed foods containing coconut milk, salty and fatty foods more frequently.

The researchers in this study made assumptions regarding the reasons for the low dietary compliance observed among hypertensive patients. It is assumed that the lack of knowledge about dietary compliance, along with a higher consumption of foods containing coconut milk, salty and fatty foods, and a lower consumption of fruits and vegetables, contributed to the non-compliant behavior. These assumptions align with a previous study by Handayani & Nora (2019) conducted in the Andalas Padang Health Center, which also found a significant proportion of hypertensive patients with non-compliant dietary practices.

Compliance is the level of behavior of a patient who is focused on instructions or instructions given in any prescribed form of therapy, whether diet, exercise, medication or keeping appointments with a doctor. Compliance is a change in behavior from disobedient behavior to obedient behavior. So compliance describes the extent to which the patient behaves to carry out the rules in treatment and behavior suggested by health workers(Wede, 2016).

Numerous studies have explored factors that influence dietary compliance. For instance, a study by Smith et al. (2019) investigated the impact of social support on dietary compliance among individuals with chronic conditions. The findings demonstrated that having a strong support system positively influenced adherence to dietary recommendations. Additionally, research by Johnson et al. (2020) examined the role of self-efficacy in dietary compliance, revealing that individuals with higher self-efficacy were more likely to adhere to dietary guidelines.

Furthermore, a study conducted by Brown and Ryan (2018) explored the effects of intrinsic and extrinsic motivation on dietary compliance. The findings indicated that individuals who had a strong intrinsic motivation to maintain a healthy diet were more likely to exhibit higher levels of compliance compared to those who relied solely on external rewards or incentives.

These studies collectively provide insights into various factors influencing dietary compliance, such as social support, self-efficacy, and motivation. Understanding these factors can help healthcare professionals develop effective strategies to promote and support dietary compliance among patients.

**The Correlation between Self-Motivation and Diet Compliance in Hypertension Patients**

Based on the results of the cross-tabulation between self-motivation and dietary compliance in hypertensive patients mentioned above, it is known that of the total 75 respondents (100%), those who had less self-motivation with disobedient dietary compliance amounted to 43 respondents (57.3%), self-motivated sufficient with non-adherent diet compliance totaling 5 respondents (6.7%), good motivation with disobedient dietary compliance totaling 2 respondents (2.7%), self-motivated less with dietary compliance 2 respondents (2.7%), sufficient self-motivation with compliance to diet compliance 14 respondents (18.7%) good self-motivation with compliance to diet compliance 9 respondents (12.0%). Based on the statistical results obtained using the chi-square test, the value is 0.000. Because the p-value (0.000) < α (0.05),

The results of this study are in line with the research of Handayani & Nora (2019) which found that there was a significant correlation between motivation and compliance to the hypertension diet at the Andalas Padang Health Center with a p value = 0.002 (p <0.05)(Handayani & Nora, 2019). The results of this study are also in line with research conducted by Sari, et al (2018) which states that there is a significant correlation between self-motivation and compliance with a diet in people with hypertension(Sari et al., 2018). Research by Widhikarsa & Maliya (2013) also found that there was a correlation between motivation and dietary compliance in hypertensive patients at the Gatak Health Center.(Widhikarsa & Maliya, 2023). According to the researchers' assumptions, compliance to the hypertension diet is necessary for self-motivation of hypertension sufferers.

The findings of this study align with previous research conducted by Handayani & Nora (2019), which identified a significant relationship between motivation and adherence to the hypertension diet at the Andalas Padang Health Center. Similarly, Sari et al. (2018) found a significant association between self-motivation and dietary compliance among individuals with

hypertension. Additionally, the research by Widhikarsa & Maliya (2020) demonstrated a relationship between motivation and dietary adherence in hypertensive patients at the Gatak Health Center.

These studies support the researchers' assumption that adherence to the hypertension diet is crucial for self-motivation among individuals with hypertension. The results imply that individuals who exhibit higher levels of self-motivation are more likely to comply with the prescribed diet for managing their hypertension. Understanding the relationship between self-motivation, diet adherence, and hypertension contributes to the broader understanding of effective interventions and strategies that can be implemented to promote dietary compliance and improve health outcomes for hypertensive individuals.

The results of the cross-tabulation between self-motivation and dietary compliance in hypertensive patients revealed interesting findings. Among the total of 75 respondents, 57.3% exhibited less self-motivation coupled with disobedient dietary adherence, while 6.7% showed sufficient self-motivation but non-adherent diet adherence. Additionally, 2.7% displayed good motivation with disobedient dietary adherence, and another 2.7% had low self-motivation but adhered to the dietary recommendations. Furthermore, 18.7% of the respondents demonstrated sufficient self-motivation with adherence to the prescribed diet, and 12.0% showed good self-motivation along with adherence to the dietary recommendations.

The statistical analysis conducted using the chi-square test yielded a significant p-value of 0.000, which is less than the predetermined level of significance ($\alpha = 0.05$). This indicates a strong association between self-motivation and dietary adherence in hypertensive patients.

These results align with previous research conducted by Handayani & Nora (2019), which found a significant relationship between motivation and adherence to the hypertension diet at the Andalas Padang Health Center ($p < 0.05$). Similarly, Sari et al. (2018) reported a significant correlation between self-motivation and compliance with a diet among individuals with hypertension. Another study by Widhikarsa & Maliya (2013) also identified a relationship between motivation and dietary adherence in hypertensive patients at the Gatak Health Center.

Considering the majority of the respondents in this study had a low educational background, it is worth exploring the potential influence of education on diet compliance. Research has shown that individuals with lower educational levels may face challenges in understanding and implementing dietary recommendations. Additional discussion could focus on the specific barriers faced by individuals with low educational backgrounds in adhering to a hypertension diet, such as limited health literacy, lack of access to nutritional information, or cultural factors that impact dietary habits. Addressing these factors can help develop targeted interventions and educational programs to improve diet compliance in this subgroup of hypertensive patients.

## CONCLUSION

Based on the results and analysis that has been carried out by researchers, the following conclusions can be drawn: Demographic characteristics: The majority of the respondents in this study were male (50.7%), aged between 46-55 years (26.7%), had an elementary school education (37.3%), and worked as laborers (29.3%). Self-motivation levels: A significant proportion of the respondents (60.0%) exhibited low levels of self-motivation, indicating a potential challenge in maintaining adherence to the prescribed dietary regimen. Dietary compliance: The findings revealed that a substantial majority of hypertensive patients (66.7%) did not comply with the recommended dietary guidelines. This non-compliance included increased consumption of coconut milk, salty and fatty foods, and a reduced intake of fruits and vegetables.Correlation between self-motivation and dietary compliance: The statistical analysis using the chi-square test demonstrated a significant correlation (p-value = 0.000, $p < 0.05$) between self-motivation and diet compliance in hypertensive patients at Mitra Medika Hospital in Medan.

In summary, this study highlights the importance of self-motivation in achieving dietary compliance among hypertensive patients. The findings emphasize the need for interventions that enhance self-motivation levels and promote dietary adherence to effectively manage hypertension and improve patient outcomes. Further research and interventions focusing on addressing the factors influencing self-motivation and implementing strategies to enhance dietary compliance are warranted.

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