Nursing Frontiers Research and Practice
2026.Vol.1, No.2, (14-25)
http://dx.doi.org/10.35730/jk.v15i1.1052

Correlation Between Family Support with Patient Medication Compliance Mental Disorders at Tuanku Imam Bonjol Regional Hospital

Retni Seskari [1], Fajri Kurniawan [2]

Nursing Study Program, Faculty of Health Sciences, Mohammad Natsir University, Bukittinggi

Imam Bonjol Hospital, Lubuk Sikaping

Article Type: Original Article

ARTICLE INFORMATION

Received: March 15th 2026
Revised: April 21st 2026
Accepted: May 10th 2026
Available online: September 30th 2026

KEYWORDS

disturbed, family support, medication adherence, mental disorders, nursing care

CORRESPONDING AUTHOR

Name : Retni Seskasari

E-mail: retniari010209@gmail.com

ABSTRACT

ABSTRACT. Background: Medication adherence is an important part of recovery for mental health patients, but long-term treatment is often disrupted by patient and environmental factors, including family support. Objective: To analyze the relationship between family support and medication adherence in mental health patients at the Mental Health Clinic of Tuanku Imam Bonjol Regional Hospital, Pasaman. Method: A descriptive analytical study with a cross-sectional approach was conducted on July 1-31, 2025. A total of 63 patients were selected through stratified random sampling from a population of 170 patients. Family support was measured using a 25-item Likert scale questionnaire and medication adherence using a 10-item Guttman scale questionnaire. Bivariate analysis used Spearman Rank. Results: The highest family support was in the sufficient category, namely 40 respondents (63.5%), while 16 (25.4%) received good support and 7 (11.1%) received insufficient support. A total of 48 respondents (76.2%) were compliant with medication and 15 (23.8%) were less compliant. The correlation coefficient of 0.575 with p=0.000 indicates a significant and strong relationship according to the research interpretation. Conclusion: Family support is related to medication adherence in patients with mental disorders. Strengthening education, motivation, medication supervision, and family involvement need to be part of mental health care services.

INTRODUCTION

Mental disorders are not only related to changes in thoughts or emotions. Their impact extends to a person's ability to carry out social roles, make decisions, maintain relationships, and manage daily activities. The literature that forms the basis of this thesis explains that disorders can occur in the cognitive, volitional, affective, and psychomotor domains, so recovery requires a continuous approach, not just temporary symptom management [1,2]. In care services, continuity depends heavily on the patient's ability to follow the treatment plan after discharge from the healthcare facility.

One of the most fragile aspects of long-term treatment is medication adherence. When medication is not taken on schedule, the dosage is simply changed, or treatment is discontinued, the risk of relapsing and the need for repeated treatments can increase. Muliyani et al. cite non-adherence as a factor associated with relapses in schizophrenia patients [3]. Other research cited in the thesis also confirms that non-adherence is a single behavior. It is influenced by patient characteristics, medication side effects, the therapeutic relationship, the state of the disease, and

support from those closest to them [4]. This means that the success of pharmacological therapy is still related to the patient's social life at home.

Family is the closest environment that most frequently interacts with patients when professional supervision is not available throughout the day. Karmila et al. found a relationship between family support and medication adherence in patients with mental disorders [5]. Support can take the form of emotional attention, providing information and guidance, practical assistance, and evaluating or rewarding patient behavior. In practice, these forms are very simple but decisive: reminding patients to take medication, providing transportation to check-ups, accompanying patients, assisting with necessary care, or providing reinforcement when patients can undergo therapy regularly. Anggraeni's study in the context of various chronic diseases also showed that family support is a relevant variable in patients' psychological responses, indicating family functioning that goes beyond a specific diagnosis [6].

Previous research findings show a relatively similar pattern, although levels of support and adherence vary across locations. Rahayu et al. reported that most schizophrenia patients in their study received moderate family support [7]. Yunere et al. also showed that most people with mental disorders in their sample were compliant with their medication [8]. Meanwhile, Siagian et al. emphasized the relationship between family support and medication adherence in schizophrenia patients [9]. Variations in the number of instructions given in the context of services, family characteristics, and patient composition can create different images. Therefore, results from one health facility do not automatically reflect the situation at another facility.

The context of Tuanku Imam Bonjol Regional General Hospital in Pasaman reinforces the need for research. Initial data, including medical use in the thesis, recorded 165 patient visits to the outpatient clinic in January, 168 in February, and 170 in March. The study population comprised several diagnostic groups: schizophrenia, organic mental disorders, depression, anxiety, and insomnia. This composition is important because previous studies have focused primarily on schizophrenia or individuals with mental disorders at the community health center level. Research in an outpatient clinic with a more diverse diagnostic strata could provide a clearer picture of families' needs in maintaining medication adherence.

The conceptual study framework places family support as the independent variable and medication adherence as the dependent variable. Family support is operationalized through four elements: emotional, informational, appraisal, and instrumental. Medication adherence is measured through the behavior of taking medication on schedule, following the recommended dosage, and being punctual. The relationship between these two variables is incorporated into nursing practice: tangible and consistent support can reduce patient barriers to implementing a medication regimen, while a lack of support can make it easier for patients to lose motivation or adherence [4,5].

For the nursing profession, this issue has direct consequences. Nurses are not only responsible for ensuring medication is administered at the facility but also need to prepare patients and families to maintain therapy at home. Family education, communication about side effects, monitoring medication schedules, strengthening the therapeutic relationship, and early detection of non-compliance are all elements that can be integrated into the care pathway. Karitas et al. cite family as one element that can influence the compliance of clients with hallucinations [10], while Faturrahman et al. demonstrate the relevance of family support to the level of compliance in schizophrenia patients [4].

Based on the description above, this study aims to analyze the relationship between family support and medication adherence in patients with mental disorders at the Mental Health Polyclinic at Tuanku Imam Bonjol Pasaman Regional Hospital in 2025. In general, and specifically, this study describes the level of family support, describes medication adherence, and assesses the strength and significance of the relationship between the two variables.

METHOD

Research Design

This study uses a descriptive-analytical design with a cross-sectional approach, meaning the research variables are measured at a single point in time. This approach is used to determine the relationship between the independent and dependent variables. dependent based on One measurement [26].

Study this aim for analyses connection between support Family and medication compliance in patients with mental disorders at the Psychiatric Outpatient Clinic of Tuanku Imam Bonjol Regional General Hospital (RSUD) Pasaman in 2025. Data collection was conducted using a questionnaire to measure family support and medication adherence among respondents who met the research criteria.

Sampling was conducted based on criteria established by the researcher. Before completing the questionnaire, respondents were explained the research objectives and procedures and asked to provide their consent to participate. Furthermore, respondents were asked to complete the questionnaire honestly, reflecting their true circumstances.

Temporal and Spatial Parameters

This study was conducted at the Mental Health Polyclinic of Tuanku Imam Bonjol Regional Hospital, Pasaman. Data collection took place from July 1 to July 31, 2025. The location was selected based on the context of the population receiving home mental health care services.

Population, Sample, and Sampling

the Rumah Sakit Mental Health Polyclinic. Tuanku Imam Bonjol Regional Hospital Pasaman in 2025. Based on recorded medical data, the number of patients was 170 people, consisting of 119

patients diagnosed with schizophrenia, 23 with organic mental disorders, 12 with depression, 11 with anxiety, and 5 with insomnia.

Sample study A total of 63 people was selected. Sampling was conducted using a *stratified random sampling technique*, which randomly selects samples from each diagnostic group, generally proportional to the number of members in each group. The sample selected were cooperative patients who met the research criteria.

Inclusion criteria for this study included patients who were cooperative, able to communicate verbally well, able to read, write, and speak Indonesian, and willing to participate. Exclusion criteria included patients who were uncooperative, unable to provide answers, or patients and their families who were unwilling to participate.

Variables and Instruments

The independent variable was family support, while the dependent variable was medication adherence. The family support instrument consisted of 25 statements with a four-point Likert scale: never scored 1, sometimes 2, often 3, and always 4. Support indicators included emotional, informational, assessment, and instrumental support. Measurement results were categorized as good at a score of 76-100%, adequate at 57-75%, and poor at a score of 56% or lower.

Medication adherence was assessed using a 10-question questionnaire with a yes-no Guttman scale. Three indicators used were taking medication on schedule, following the recommended dosage, and taking medication on time. Compliance was categorized as compliant when the score reached at least 51%, while a score below 50% was categorized as less compliant. The instruments used in this thesis were derived from previous research. The Cronbach's alpha values listed were 0.948 for the family support questionnaire and 0.912 for the medication adherence questionnaire.

Data Collection and Ethical Considerations

Data collection in study this done with use two type data sources, namely primary data and secondary data. Primary data is data obtained in a way direct from respondents through the process of observation, interviews, and filing instrument research. Meanwhile, that is secondary data is the data obtained in a way No direct from sources that have been available and relevant with research [27].

Primary data in this study is obtained in a way directly from patients with disturbance to the soul that becomes respondent's study. Data collected covering support family and compliance drink drug. Data collection was carried out using questionnaires given to respondents in accordance with criteria that have been determined. Before filling in the questionnaire, respondents have given explanation about objective and procedure study so that can give answers in accordance with conditions experienced.

Secondary data in this study was obtained from data available at the Mental Health Polyclinic of Tuanku Imam Bonjol Regional Hospital, Pasaman. The data consisted of the number of cooperative patients with mental disorders undergoing outpatient treatment. Secondary data was used as supporting data to determine the characteristics and size of the study population and to assist researchers in determining respondents who met the research criteria. Therefore, the use of primary and secondary data is expected to provide comprehensive information and support the achievement of the research objectives.

Data analysis

This study aims to describe the characteristics of each variable. For categorical data, univariate analysis is presented in the form of frequency distributions and percentages. In this study, univariate analysis was used to describe the distribution of family support and medication adherence variables in patients with mental disorders. Bivariate analysis was conducted to determine the relationship between family support and medication adherence in patients with mental disorders. The analysis was conducted using the *Spearman rank sum test* because the second variable is ordinal. This test was used to determine the direction, strength, and significance of the relationship between family support and medication adherence.

RESULTS AND DISCUSSION

Respondent Characteristics

Table 1. Respondent Characteristics (n=63)

Characteristics	Category	N (%)
Age	Early adulthood	29 (46.0)
Age	Late adulthood	20 (31.7)
Age	Young elderly	11 (17.5)
Age	elderly	3 (4.8)
Sex	Woman	25 (39.7)
Sex	Man	38 (60.3)
Marital status	Not married yet	34 (54.0)
Marital status	Married	29 (46.0)
Education	Elementary school	19 (30.2)
Education	Junior high school	11 (17.5)
Education	Senior High School	11 (17.5)
Education	Diploma	13 (20.6)
Education	Bachelor	9 (14.3)
Duration of illness	≤ 5 years	27 (42.9)
Duration of illness	> 5 years	36 (57.1)

Based on characteristics age, some big respondents are at on group mature beginning, namely as many as 29 people (46.0%), followed by mature end as many as 20 people (31.7%), elderly young as many as 11 people (17.5%), and elderly carry-on age as many as 3 people (4.8%). Based on type gender, majority respondents are men, namely 38 people (60.3 %), while Woman as many as 25 people (39.7%). This show that respondents study dominated by group age mature beginning and various sex men. Based on marital status, most big respondents not yet married, namely as many as 34 people (54.0%), while respondents who have Marry totaling 29 people (46.0%). From the level

education, respondents most own education school basic, namely 19 people (30.2%), followed by diploma as many as 13 people (20.6%), school medium First And school medium on 11 people each (17.5%), and bachelor as many as 9 people (14.3%).

Condition This show that part big respondents' own level relative education low so that can become consideration in giving information and education related health as well as treatment. Based on duration disease, some big respondents 36 (57.1%) had experienced mental disorders for more than 5 years, while 27 (42.9%) had experienced mental disorders for less than 5 years. The long duration of mental disorders indicates that most patients require long-term treatment and support. Therefore, consistent family support is essential to help patients undergo treatment, improve adherence, meet daily needs, and prevent relapses.

Family Support

Table 2. Family Support Among Psychiatric Outpatients (n=63)

Family support	N	%
Good	16	25.4
Currently	40	63.5
Poor	7	11.1
Total	63	100.0

Based on research, can concluded that there is significant relationship between support family with compliance drink drug on patient with disturbance souls in the Polyclinic The soul of Tuanku Imam Bonjol Regional Hospital Pasaman. This is proven with mark *correlation coefficient* of 0.575 and *p value* = 0.000. Value the show existence connection positive with strength strong correlation, so that the better support the family that is given, then the higher compliancepatient in consume drug.

Supporting family become Wrong One factor is important in helping patient disturbance soul undergo treatment in a way regular. Support provided family can increase motivation patient for heal, help patient follow timetable treatment, as well as give sense of security and comfortable during the recovery process. Because of that, involvement in family is very required in support of successful treatment patients.

Compliance drink drug own role important in prevent relapse and help control condition patient. Non-compliance to treatment can cause condition patient to worsen, prolong the recovery process, and increase burden for patient and family. Although thus, compliance drink drug not only influenced by supporting family, but also by other factors such as condition patient, effect side medicine, relationship with power health, and characteristics disease.

Based on characteristics respondents, some big patient is at on group age mature beginning and various sex male. Conditions show that patients on age productive can face various demands social and potential economy become source stress. In condition said, support family required for help patient face pressure, undergoing treatment, as well as increase motivation for reach recovery and return operate activity daily.

Results analysis questionnaire Studies show that emotional family support is the most significant form of support and is associated with patient adherence to medication on schedule. Attention, affection, empathy, and motivation from family can make patients feel valued and less alone in facing their illness. Therefore, providing consistent and comprehensive family support, particularly emotional support, is crucial for improving medication adherence and supporting the successful recovery process of patients with mental disorders.

Medication Compliance

Table 3. Medication Compliance Among Psychiatric Outpatients (n=63)

Treatment compliance	N	%
Adherents	48	76.2
Less obedient	15	23.8
Total	63	100.0

Based on research, can concluded that there is significant relationship between support family with compliance drink drug on patient with disturbance souls in the Polyclinic The soul of Tuanku Imam Bonjol Regional Hospital Pasaman. This is proven with mark *correlation coefficient* of 0.575 and *p value* = 0.000. Value shows that connection second variables is at on category strong and own direction connection positive.

Supporting family is wrong one factor important in helping patient disturbance soul undergoing the treatment process. The family who provides attention, motivation, love darling, and mentoring can help patient feel safer and more valued. Condition the can increase motivation patient for undergo treatment in a way regular and maintain compliance in consume drug.

Results study also show that compliance drink drug very important in the process of recovery of patient disturbance soul. Disobedience in consume drug can increase risk relapse, worsening condition patients, prolonging the treatment process, and increase burden for patient and family. Because of that, compliance drink drug need become attention in implementation maintenance patient disturbance soul.

Based on characteristics respondents, some big patient is at on group age mature beginning and various sex men. On maturity early age, patients can face various demands, social, economic, employment, and life potential families cause stress. Conditions show that patients need support adequate family for help face pressure and undergoing the treatment process.

Based on results analysis questionnaire, supporting family emotional is form highest support. Support in the form of attention, love, empathy, and words of encouragement make patient feel No alone in face his illness. Supporting good emotions can increase trust self and motivation patient so that more capable follow treatment in accordance with recommendation.

With Thus, support Consistent and comprehensive family support is essential to improving medication adherence in patients with mental disorders. Families are expected to play an active role in providing emotional support, helping to remind patients to take medication, accompanying patients during treatment, and collaborating with healthcare providers. Although family support is

strongly associated with medication adherence, other factors such as the patient's condition, medication side effects, the therapeutic relationship, and disease characteristics also need to be considered to achieve successful treatment and prevent relapse.

The Relationship between Family Support and Medication Adherence

Table 4. Relationship between Family Support and Medication Adherence (n=63)

Family support	Compliant n (%)	Less compliant n (%)
Good	16 (25.4)	0 (0.0)
Currently	32 (50.8)	8 (12.7)
Poor	0 (0.0)	7 (11.1)
Total	48 (76.2)	15 (23.8)

Spearman correlation: r = 0.575; p = 0.000.

The cross-tabulation showed a strong pattern. All respondents with good family support were in the compliant group. In the adequate support category, 32 respondents (50.8% of the total sample) were compliant, while 8 (12.7%) were less compliant. Meanwhile, all respondents with insufficient family support were in the less compliant group. The Spearman rank sum test yielded a correlation coefficient of 0.575 with p=0.000. Based on the interpretation used in this thesis, the relationship is significant with a strong correlation strength.

These findings are consistent with Kurniawati and Blandina's report of a significant relationship between family support and medication adherence in people with mental disorders at the Parangloe Community Health Center [11]. Similar results were also found in a study by Muayanah and Astutiningrum in the Alian Community Health Center area [12]. In another study, Amira Esti et al. linked family knowledge and support to medication adherence in patients with mental disorders [13]. These findings reinforce the idea that family support is a recurring element in various mental health service contexts.

In a clinical context, this relationship can be understood through simple mechanisms. Patients who receive emotional attention and encouragement will have a stronger reason to maintain regular therapy. Information from family helps patients understand treatment schedules and regiments. Instrumental support reduces practical barriers, while evaluative support provides reinforcement when patients can adhere to therapy. When these four forms of support work together, the burden of disease management is not placed entirely on patients who may currently be experiencing impaired cognitive, emotional, or motivational functioning [1,5].

The questionnaire results also revealed an interesting combination: emotional support was the most significant form of support, while taking medication on schedule was the most prominent indicator of adherence. This provides quite concrete guidance for interventions. Nurses can maintain the family's emotional strengths, then add more systematic instrumental skills, such as using reminders, monitoring doses, recording medications, and monitoring support. Education should not be provided only once. Families need repetition and a space to discuss any obstacles that arise after the patient returns home.

This study's contribution lies in the context of outpatient care for a population of mentally ill patients spanning multiple diagnostic strata. The results provide a local basis for nurses to position families as partners in medication adherence management. This study also shows that support alone, categorized as Adequate, does not always result in adherence in all patients. Eight respondents with Adequate support were still classified as insufficiently adherent. This serves as a reminder that family support is not the sole factor. Side effects, patient factors, the therapeutic relationship, and disease characteristics still need to be studied [4].

The study's limitations are evident in its scope, which involved only one polyclinic and 63 respondents during a single measurement period. The cross-sectional design describes relationships at a single point in time and therefore does not explain changes in adherence over time. Suggestions in the thesis point to further research with a broader coverage area, a larger number of respondents, and the addition of variables such as motivation and social support. In practice, family health and energy can quickly utilize the findings through routine education, counseling, medication monitoring, and strengthening communication between patients, families, and caregivers.

CONCLUSION

Based on the results of the study, it can be concluded that most patients with mental disorders received family support in the sufficient category, namely 40 people (63.5%), while 16 people (25.4%) received family support in the good category and 7 people (11.1%) in the less category. Most patients also had a level of medication adherence in the compliant category, namely 48 people (76.2%), while 15 people (23.8%) were in the less compliant category. The results of the analysis showed that there was a significant relationship between family support and medication adherence in patients with mental disorders at the Mental Health Polyclinic of Tuanku Imam Bonjol Pasaman Regional Hospital, with *a p value* = 0.000.

AUTHOR CONTRIBUTION

Retni Seskari was primarily responsible for the conceptualization and design of the study, development of the research methodology, preparation of research instruments, coordination of data collection, and acquisition of research data. Retni Seskari also conducted data processing and statistical analysis using the Spearman Rank correlation test, interpreted the research findings, and prepared the initial draft of the manuscript. Furthermore, the first author was responsible for organizing the research results, developing the discussion, formulating the conclusions, and incorporating relevant scientific literature to support the interpretation of the findings.

Fajri Kurniawan contributed to the supervision and evaluation of the research process, particularly in reviewing the research methodology, examining the consistency and accuracy of the collected data, and assessing the appropriateness of the statistical analysis and interpretation of the results. Fajri Kurniawan also provided critical feedback, academic suggestions, and revisions to improve the

scientific quality, clarity, and coherence of the manuscript. Both authors participated in reviewing and refining the manuscript, approved the final version before submission, and agreed to take responsibility for the integrity and accuracy of the published work.

ACKNOWLEDGEMENT

The authors would like to express their gratitude to the Director of Tuanku Imam Bonjol Regional Hospital, Pasaman, and all staff, especially those in the Mental Health Polyclinic, who provided permission and assistance during the research process. They also express their gratitude to all respondents who willingly participated and provided the information needed for this study. They also express their gratitude to all parties who provided support, assistance, and contributions to the implementation of this research.

REFERENCE

1. Amira Esti, SBPSUS (2023). The Relationship Between Family Knowledge and Support and Treatment Compliance in Mentally Ill Patients Sicincin Community Health Center Work Area. *My Encyclopedia* , *5* (4), 1–23. http://jurnal.ensiklopediaku.org
2. Anggraeni, D. (2025). The Relationship Between Family Support and Level of Anxiety of Elderly Patients with Type 2 Diabetes Mellitus at the Cigugur Tengah Community Health Center in 2024.
3. Aprilis, N. (2017). Factors Associated with Relapse Mentally Ill Patients at Tampan Mental Hospital, Riau Province in 2016. *MENARA Ilmu* , *XI* (77), 108–116.
4. Asyari, WH, & Widayanti, AW (2024). The Relationship Between Family Support and Medication Adherence in Patients with Mental Disorders: A Literature Review. Journal of Pharmacy, 20(3), 404–411. https://doi.org/10.22146/farmaseutik.v20i3.96306
5. Fandi Fannanul Khadiq, Slamet Wijaya, & Esti Nur Janah. (2024). Mental Health Nursing Care for Senior Citizens with the Main Problem of Social Isolation An Unexplained Case of Medication Withdrawal Due to Schizophrenia in the Gatotkaca Ward, Dr. Amino Gondohutomo Mental Hospital, Central Java Province. *Praba Journal Journal of Public Health Cluster* , *2* (3), 179–192. https://doi.org/10.62027/praba.v2i3.164
6. Faturrahman, W., Putri, TH, & Fradianto, I. (2021). The Relationship between Family Support and Level of Treatment Compliance in Schizophrenia Patients. *Tanjungpura Journal of Nursing Practice and Education* , *3* (2), 51–60.
7. Fu, X., Zhang, F., Liu, F., Yan, C., & Guo, W. (2019). Editorial: The Brain and Somatization Symptoms in Mental Disorders. In Frontiers in Psychiatry (Vol. 10, pp. 146–156). https://doi.org/10.3389/fpsyt.2019.00146
8. Hamdani, R., Hariyanto, T., & Dewi, N. (2017). The Relationship Between Family Support and the Level of Treatment Compliance in Schizophrenia Patients in the Outpatient Ward of Mutiara Sukma Mental Hospital, West Nusa Tenggara Province. Nursing News: Nursing Scientific Journal, 2(3), 1–10. https://publikasi.unitri.ac.id/index.php/fikes/article/view/713 https://doi.org/10.20527/dk.v4i2.2558
9. Kamalah, AD, Novianasari, & Nafiah, H. (2023). Mental and Emotional Symptoms and Efforts to Improve Mental Health in Adolescents. Journal of Healthy Culture Nursing, 1(2), 68–72. https://doi.org/10.35473/jkbs.v1i2.2419
10. Karitas, MD, Fahdi, FK, & Yulanda, NA (2023). The Relationship Between Family Support and Treatment Compliance in Clients with Hallucinations. *MAHESA : Malahayati Student Health Journal* , *3* (11), 3792–3804.

https://doi.org/10.33024/mahesa.v3i11.11879

11. Karmila, K., Lestari, DR, & Herawati, H. (2017). The Relationship between Family Support and Treatment Compliance in Mentally Ill Patients in the Community Health Center Work Area Banjarbaru. *World Nursing* , *4* (2), 88.
12. Keliat, AB, Ns Walter, Ma., Ns Muhamad Sunarto, S., Ns Rahmi Imelisa, S., & Ns Abdul Jalil, S. (2014). *8th Psychiatric Nursing Workshop, Depok. August 21, 2014* .
13. Kurniawati, & Blandina, N. (2024). The Relationship Between Family Support and Treatment Compliance in People with Mental Disorders (ODGJ) at the Parangloe Community Health Center, Gowa Regency. *JoPHIN* , *3* (1), 39–44.
14. Liberitera, S., Novita, RP, & Tsabita, A. (2025). The effect of family support on medication adherence in paranoid schizophrenia patients at Ernaldi Bahar Mental Hospital, South Sumatra Province. Journal of Science Research, 27(2), 1–6.

https://ejurnal.mipa.unsri.ac.id/index.php/jps/article/view/1250

15. Muayanah, & Astutiningrum, D. (2023). University Muhammadiyah Gombong.
16. Muliyani, M., Isnani, N., & Putra Solihin, RAAHS (2020). The Relationship between Medication Compliance and Relapse Rate of Schizophrenia Patients at the Mental Health Polyclinic of Dr. H. Moch. Ansari Saleh Hospital, Banjarmasin. *Journal of Scientific Studies on Health and Technology* , *2* (1), 35–39. https://doi.org/10.52674/jkikt.v2i1.32
17. Narahawarin, P., Utami, L., Suprati, F., & Aprianty, ST (2024). The Influence of Family Support on the Spiritual Status of Cancer Patients at Dharmais Cancer Hospital, Jakarta. Manuju: Malahayati Nursing Journal, 2(9), 3770–3782. https://ejurnalmalahayati.ac.id/index.php/manuju/article/view/20243
18. Nursalam. (2017). Nursing Science Research Methodology. Salemba Medika. *Nursing St.* , 56.
19. Rahayu, PE, Kurniawan, H., & Syntia, S. (2024). Family Support and Treatment Compliance in Schizophrenia Patients at the Community Health Center in City X. *Journal of Social Sciences, Humanities and Arts* , *2* (3), 184–189. https://doi.org/10.62379/jishs.v2i3.1497
20. Refnandes, R. (2021). The Relationship Between Family Support and Treatment Compliance in Schizophrenia Patients at the Prof. HB. Saanin Mental Hospital Polyclinic in Padang in 2019. Samodra Ilmu Health Journal, 12(1), 100–112. https://doi.org/10.55426/jksi.v12i1.145
21. Seran, B., Anderson, E., & Manoppo, A. (2023). Family Support With Quality of Life. Mahesa: Malahayati Health Student Journal, 3(1), 1910–1919. https://www.researchgate.net/profile/Arlien-Manoppo/publication/372252192_Dukungan_Keluarga_dengan_Kualitas_Hidup/links/65db5aabadf2362b635621f1/Dukungan-Keluarga-dengan-Kualitas-Hidup.pdf
22. Siagian, I. Oh, Siboro, English P., & Julyanti. (2023). Connection Support The Relationship between Family Support and Treatment Adherence in Schizophrenia Patients. *Indonesian Journal of Health and Midwifery* , *1* (2), 60–65. https://doi.org/10.69688/jkn.v1i2.50
23. Sugiyono. (2022). Qualitative and Quantitative Research Methods and Research and Development. Alfabeta.
24. Joseph, I. (2014). *Maintenance soul* .
25. Yunere, F., Tanti, AB, & Parensah, L. (2024). Pioneer Health Journal (Pioneer's. *Health Journal* , *5* (2), 76–81.
26. Sastroasmoro S, Ismael S. Dasar-dasar metodologi penelitian klinis. Jakarta: Sagung Seto; 2010.

27. Polit DF, Beck CT. Nursing research: generating and assessing evidence for nursing practice. 10th ed. Philadelphia: Wolters Kluwer; 2017.