THE EFFECT OF THERAPEUTIC COMMUNICATION ON PATIENT SATISFACTION OF THE HALODOC TELEMEDICINE APPLICATION

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Abstract

This study aims to see if there is an effect of therapeutic communication through the media carried out by doctors on the Halodoc telemedicine application on patient satisfaction using the application. The approach used in this study is a quantitative approach with a survey method conducted by distributing questionnaires to one hundred respondents according to predetermined criteria, namely users of the Halodoc telemedicine application aged 18 to 25 years, residing in Bojonegoro, East Java and using the feature chat with doctors during the COVID-19 pandemic. The results of this study are: 1. Therapeutic communication with media performed by doctors has a significant effect on patient satisfaction using the Halodoc telemedicine application ($r_{count} > r_{table} = 0.611 > 0.197, = 0.05$), 2. All indicators on the therapeutic communication variable media has an effect on patient satisfaction variables. The recommendation from this research is that the company should continue to pay attention to the aspects of doctor's communication skills so that all users have a good experience and satisfaction at the time of consultation.

Keywords : Halodoc, Satisfaction, Therapeutic communication..

1. INTRODUCTION

As of July 7, 2021, the number of active COVID-19 cases in Indonesia reached 343,101 positive patients with 18,504 new cases added in one day (covid19.go.id). The report shows that the state of the pandemic in Indonesia is far from abating. Although free vaccinations have been provided, in reality only 5.2% of the entire population of Indonesia has received full-dose vaccinations (Our World in Data). Various policies to limit community activities have been taken by the government as an effort to prevent the transmission of this virus. This is done because when someone is in a close environment or interacts with someone who is confirmed to be positive for COVID-19, that person must be vigilant because of the high potential for contracting COVID-19 (Kristanti, 2020). Such as reducing the capacity of office buildings, reducing passenger capacity in public transportation, and other public places although it has not been fully implemented properly.

The PPKM policy that has been applied repeatedly has not been able to control the increase in the number of community cases that have tested positive for COVID-19

in Indonesia. Coupled with the number of new mutations of COVID-19 and increasing the risk of transmission because it is relatively faster to transmit the previous variants. One of the most vulnerable places to transmit this virus is health care facilities such as health centers, clinics, hospitals and other health facilities. Therefore, other alternatives are needed so that people can still access health services without having to risk being exposed to COVID-19.

To replace face-to-face health services in health care facilities, people can use existing communication technology to check their health online through the telemedicine application as recommended by the government through the ministry of health.

Telemedicine is a solution that people can use to access health services online. The two main forms of telemedicine are real-time or synchronous and store and forward or asynchronous (Smith, et al: 2005). Both consulting a doctor and buying medicine can be done at home. According to research, people spend an average of their time in front of a computer screen, smartphone or gadget that can be connected to the internet (Lawando & Sukardani, 2020). So that telemedicine is considered as the right solution for this problem.

According to data from the Ministry of Health, there are 12 digital company services that have been registered with the Indonesia Telemedicine Association or Attention. According to Achmad Yurianto, a government spokesman for the handling of COVID-19 (covid19.go.id), there is an increase in telemedicine application users.

One of the 12 health services is Halodoc. Halodoc is a technology company from Indonesia under the auspices of PT. Media Dokter Investama (M-health care) and was established in 2016 to serve health teleconsultation with the aim of simplifying healthcare or facilitating access to health services for all Indonesian people. In this application, users are presented with several features, namely talking via text with specialist doctors, buying drugs to laboratory examinations only through smartphones that can be accessed anytime and anywhere.

The reason the author chose to research the Halodoc application was the increase in Halodoc users by 600% from before the COVID-19 pandemic (Hasibuan, 2020). This shows that the public's interest in using the online health application is very large.

Then the researcher wants to know how the therapeutic process in the chat feature with doctors in the online health application is because there are allegations that some malpractices that occur in Indonesia are caused by miscommunication between doctors and patients. As stated by the daily management of the Indonesian Consumer Service Foundation (quoted from kompas.com), communication is said to be an important factor in recovery patient. Communication is referred to as an important factor in patient recovery due to differences in knowledge between doctors and patients and the conditions that exist in patients. Patients often come in weak and have no knowledge of what is going on with their bodies. Most patients are also resigned to the treatment that the doctor will do for their illness.

Doctors and other health workers such as nutritionists and nurses are considered capable when they can become good communicators and have responsibilities other than their scientific field, namely understanding the uncertainties experienced by patients and their families. (Suter et al, 2009).

In times of a pandemic, people really need calm, especially in the world of health. Communication that occurs between patients and doctors must go well, because

good communication between doctors and patients can make patients feel healthier and can recover from their illness (Alliance, 2011).

One of the efforts to improve medical professional services is to improve communication skills based on socio-cultural factors affecting the patient's mindset. Communication skills are something that can be learned, so doctors and other medical personnel should be able to learn this in order to minimize misperceptions between doctors and patients which can result in fatal errors for both parties. (Mulyana et al, 2018:3). Perception is an important part of communication.

In carrying out interpersonal communication with media, according to Vredeber in Setyastuti et al (2018: 677) interpersonal communication skills with media are divided into two, namely the ability of the sender and the ability of the recipient of interpersonal messages.

Based on his background, Indonesian society in general is a paternalistic society. According to Gultom in Mustikawati, paternalistic is a culture where superiors act as "fathers" who have more knowledge about all fields, so that subordinates will feel reluctant to express opinions or criticize mistakes made by superiors (Hendro and Marthin, Vol.1, 2016: 47). Of the three communication models (linear model, interactive model and transactional model) doctors in Indonesia mostly use a linear communication model because the culture of the Indonesian people is paternalistic and considers doctors to be their superiors because doctors know more about health problems (Mulyana, et al 2018:6).

Therapeutic communication is a new development from the study of communication science that is engaged in the mental health of patients. This method allows a professional to carry and direct communication so that patients get an exchange of messages which then lead to useful social relationships (Rakhmat, 2012:5). Trapeetic communication not only places a patient as an object but also a subject who has a socio-cultural background, values, hopes, feelings, desires, worries and also wants happiness. The therapeutic relationship that occurs between doctors and patients can be identified through actions taken by doctors to patients starting with the doctor's actions, patient responses, and reciprocal relationships to achieve the planned goals (Sinaulan, 2016). The researcher wanted to find out whether the mediated therapeutic communication made by the doctor through the chat feature with the doctor was one of the factors that influenced patient satisfaction so that patients were interested in reusing and happily recommending Halodoc.

Based on the background described previously, the formulation of the problem that arises in this study is whether doctor-mediated communication has aneffect on patient satisfaction through the Halodoc telemedicine application during the COVID-19 pandemic.

2. RESEARCH METHOD

This research is a research that uses a quantitative approach. Where the research data is in the form of numbers and analyzed using statistics (Sugiyono, 2019: 16-17). The type of statistics used in this study is inferential statistics because the measurements in this study are used to prove a hypothesis. Then the data used is ordinal data where the numbers in the data are only to show the order and the numbers cannot be added, subtracted, multiplied or divided.

This study uses a survey method. This study uses a positivistic paradigm, namely in the research process based on knowledge, and the description of a problem is

formed by data information, relevant evidence, and logical considerations (Sugiyono in Suwono, 2021). Where this research uses a questionnaire as a research instrument. While the questionnaire itself is a sheet containing questions with a standard structure. In practice, research conditions should not be manipulated by researchers (Priyono, 2016). Survey research in general is correlation research (Sugiyono, 2019: 56-57). This is in line with this study which will examine the effect of the effectiveness of doctor-patient communication through the Halodoc telemedicine application during the COVID-19 pandemic and the satisfaction of patient-physician communication.

The population in this study are users of the Halodoc telemedicine application in the age range of 18 -25 years who live in Bojonegoro.
Sampling in this case is non-probability sampling with purposive sampling technique. Where respondents are determined through several criteria, namely :

    a.   18-25 years old
    b.   Lives in Bojonegoro
    c.   Installing the Halodoc application on the device
    d.   Have you ever used the chat feature with a doctor in the Halodoc application during the COVID-19 pandemic?

To find the minimum number of samples required, the unknown population formula (Frendy, 2011:53) is described as follows:

$$n = \frac{Z^2}{4\mu^2}$$

n = Number of Samples
Z = Confidence level of the sample.
μ = *margin of error*, the tolerable error rate (specified 10%)

with the above formula, the following calculation is obtained :

$$n = \frac{Z^2}{4\mu^2}$$
$$n = \frac{1{,}96^2}{4(0{,}1)^2}$$
$$n = 96{,}4 \approx 100$$

Based on the above calculation, it is known that the sample in study was 100 people. This sample will be the respondents who will represent the population for this study.

The measurement scale used is the *Likert scale.* is *Likert scale* used to measure the opinions, attitudes, and perceptions of a group of people or a person towards a social phenomenon (Sugiyono, 2019: 146). In the *Likert* there are five levels of answers, namely Strongly Agree (SS), Agree (S), Disagree (TM), Disagree (TS), and Strongly Disagree (STS). The types of questions on the *Likert* are divided into two, namely *favorable* questions (positive questions) and *unfavorable* questions (negative questions).

To determine the validity of the data, the *Product Moment* validity formula *product moment* :

$$r_{xy} = \frac{\sum xy}{\sqrt{(\sum x^2)(\sum y^2)}}$$

Description:
r_{xy} = Correlation between variables x and y
x = $(x_1 - \bar{x})$
y = $(y_1 - \bar{y})$

Validity Test Results

To determine the validity of the data, the researchers used the Product Moment PearsonIn this study, the researcher took 20% of the respondents to test the validity. 18 questions have a value of rcount is greater than the rtable. While the two questions are not valid because rcount is smaller than rtable. Thus, only 18 questions passed for the questionnaire.

Because this study uses a questionnaire and has more than one correct answer, the formula for determining the reliability of this research instrument is Alpha Cornbach which is described as follows:
Description:

$$r_{11} = \left(\frac{k}{k-1}\right)\left(1 - \frac{\sum \sigma b^2}{\sigma t^2}\right)$$

Keterangan:
r_{11} = Instrument reliability coefficient
k = Number of question items
$\sum \sigma b^2$ = Number of item variances
σt^2 = total variance

Reliability Test Results

In this study using a questionnaire and having more than one correct answer, the formula for determining the reliability of this research instrument is Alpha Cornbach. From the SPSS calculation results that have been presented in the table, it can be concluded that all question items are reliable.

This study aims to test the associative hypothesis of two variables and the data is ordinal, therefore the data analysis technique chosen is Spearman Rank Correlation.

3. RESULTS AND DISCUSSION
Research Results

This study aims to determine how the effect of therapeutic communication through the media on patient satisfaction during the COVID-19 pandemic. In this case, therapeutic communication is carried out through online media using the Halodoc telemedicine application. Halodoc is a technology company from Indonesia. Halodoc was established in 2016 under the auspices of PT. Media Dokter Investama (M-health care) to serve health teleconsultation with the aim of simplifying healthcare or facilitating access to health services for all Indonesian people. In this application, users are presented with several features, namely talking via text with specialist doctors, buying drugs to laboratory examinations only through smartphones that can be accessed anytime and anywhere.

Overview of Respondents

This study involved 100 respondents for analysis. The distribution of the questionnaires is done online through the google form and the conditions that must be met by the respondents have been determined before filling out the questionnaires that have been distributed to ensure that the respondents meet the criteria desired by the researcher.

The purpose of presenting the respondent's data is to provide an overview of the sample in this study based on preferences for choosing a doctor, age, gender and reasons for using the Halodoc telemedicine application.

a) Respondents by Gender

Halodoc online health application is a health application that is accessed online and its services can be accessed by everyone. Thus there is a gender variation of the user. The following is the sex composition of the research respondents:

Table 1

Respondents by gender

Gender	Frequency	Presentage
Female	81	81%
Male	19	19%
Total	100	100%

Based on the results above, there are quite far differences between female and male respondents. Female respondents reached 81% while male respondents only 19%.

b) Respondents Based on Age

In a study conducted by Cahya and Devita in 2020, it was found that the majority of Halodoc users were in the age range of 18 to 25 years. The following is the composition of the age of the respondents in this study:

Table 2

Respondents by age

Age	Frequency	Presentage
18	3	3%
19	1	1%
20	8	8%
21	19	19%
22	51	51%
23	13	13%
24	3	3%
25	2	2%
Jumlah	100	100%

In this study, it was found that the majority of respondents were at the age of 22 years, as much as 51%, then followed by the age of 19 years as much as 19%, the age of

23 years as much as 13%, the age of 24 and 18 years had the same percentage of 3%, then the age 2% of 25 years old and 1% of 19 years old.

c) Considerations for Selection of Doctors

In the Halodoc telemedicine application, many choices of doctors are provided with some important information that has been provided as well. The following is the composition of the respondents' considerations in choosing a doctor:

Table 3

Considerations for choosing a doctor

Consideration for Selection Doctors	Frequency	Precentage
Price of consultation	67	24%
Gender	23	8%
Experience	75	26%
Degree	15	5%
Place of Education	8	3%
Place	22	8%
Rate on Aplication	66	23%
Appearance	8	3%
Other	0	0%
Total	284	100%

The answer items in this doctor selection consideration question are taken based on the information provided in the Halodoc application. The thing that is considered the most by respondents in choosing a doctor is the experience of a doctor, which is 26%. The experience of the doctor referred to in this point is the length of time the doctor has practiced. Then the consultation price occupies the second place with a percentage of 24%. The consultation price that many Halodoc users consider is the low consultation price for each doctor in the same field. next is the rating on the application of 23%. The greater the rating on the Halodoc application for the doctor, the more users will consider choosing that doctor. The rating is obtained from the patient's feedback and previous consultation experience with the doctor. Gender and place of practice have the same percentage of 8%. Gender considerations in this study were more chosen by women and the reason for considering gender for choosing a doctor was convenience when consulting a doctor who had the same gender as the patient. This is followed by a 5% degree. Place of education and appearance occupies the lowest position with a percentage of 3%.

d) Reasons for Using Halodoc

There are many factors why respondents choose Halodoc as an online medical examination medium. The following are the reasons respondents use Halodoc:

Table 4

Reasons for using Halodoc

Reason of Usage	Frequency	Precentage
Avoiding Crowds	68	36.5%
Avoiding Physical Contact	50	27%
Avoiding Face-to-face	54	29%
Unable to Leave Home	2	1%
Easily Access	4	2%
Confirmed COVID-19	1	0.5%
Quick	3	2%
Practical	3	2%
Jumlah	185	100%

In this study, avoiding crowds was the most chosen reason, namely 36.5%, followed by avoiding face-to-face interactions by 29% and avoiding physical contact by 27%. Another result with a considerable difference from the three reasons above is the ease of access, fast and practical, each of which gets a percentage of 2%, then the reason for not being able to leave the house gets a percentage of 1% and finally being confirmed COVID-19 gets a percentage of 0.5 %.

Research
Hypothesis Test Results

Results Hypothesis testing in this study uses the Spearman Rank correlation formula. According to Yudihartanti (2017:1692) correlation Spearman is a statistical test tool used to test an associative hypothesis of two variables and the data is ordinal or ranking. This correlation value is symbolized by r (rho). Prior to data processing, the ordinal data ranking must first be carried out so that later the data that has been obtained can be processed. The following are the results of hypothesis testing with the Spearman Rank :

Table 5
Correlation Test Table Spearman Rank

Correlations

			Y	X
Spearman's rho	Y	Correlation Coefficient	1.000	.611**
		Sig. (2-tailed)	.	.000
		N	100	100
	X	Correlation Coefficient	.611**	1.000
		Sig. (2-tailed)	.000	.
		N	100	100

**. Correlation is significant at the 0.01 level (2-tailed).

In the calculation table above, the rho value obtained is 0.611. The calculated rho value is greater than the table rho value, which is 0.917. Thus Ho is rejected and Ha is accepted. From these results, the variable X, namely therapeutic communication with media, has an effect on variable Y (patient satisfaction). Variable X or therapeutic communication with media in this study consisted of 8 dimensions, namely Open

Questions which got a value of 0.364 which was greater than rtable. This shows that doctors are able to ask open-ended questions to get specific information from patients. The indicator focuses on obtaining a correlation value of 0.322. The results obtained indicate that doctors are able to limit the topic of conversation in order to make the discussion more specific and easier to understand. The third indicator is dividing the perception which has a value of 0.489. Where this value is greater than rtable so it can be said that doctors are able to share their views with patients well. Furthermore, the indicator of providing information gets a correlation coefficient value of 0.510. Proving that doctors are able to provide information in the context of good health education. This indicator gets a value of 0.590. This shows that the doctor can give good advice. For the reflection indicator, the value obtained is 0.378. From these results it can be said that doctors are able to express their feelings so that patients can be more open and accept their own feelings. Then the indicator repeats getting a value of 0.419. And the last indicator, namely clarification, got a value of 0.479. If seen from these results, it can be said that the doctor is able to provide questions or statements that are useful to clarify the patient's expression.

Then for the Y variable or the satisfaction variable, there are three indicators, namely the Conformity of Expectations, interest in reusing, and willingness to recommend. All indicators on the satisfaction variable have a highercalculated value than the rtable.

T-Test Results

In this study, after testing the hypothesis, it is necessary to have a significance test. The significance in this study was tested using t-test and resulted in the following data

$$t = r\sqrt{\frac{n-2}{1-r^2}}$$

$$t = 0.661\sqrt{\frac{100-2}{1-0.611^2}}$$
$$t = 7.6406$$

The results of the t test show the number 7.6406. The result of t count is greater than t table which shows the number 0.67698. This finding shows that the therapeutic communication variable with the media as the X variable has a significant effect on the satisfaction variable or Y variable.

Discussion

This research was conducted to answer the problem of the effect of therapeutic communication mediated by doctors to patients through the telemedicine Halodoc

As we know, the COVID -19 pandemic has not gone away in Indonesia (covid19.go.id). The government through the Ministry of Health urges the public to use telemedical application services to avoid mobility and crowds at health care facilities which are zones prone to COVID-19 transmission. From the results of the questionnaire data processing, it is known that the highest value of the reason someone uses the Halodoc telemedicine application is to avoid crowds, which is 36.5%. Thus, the

government's call to reduce crowds at health care facilities can be well received and implemented by the community.

In accordance with Halodoc's goal, namely simplifying healthcare or facilitating access to health services for all Indonesian people, the reasons for convenience also appear in the answers of the respondents of this research. Another reason that emerged in this study was about how people can access health services and talk to competent parties without having to leave their homes.

Based on the questionnaire that has been processed, the results of hypothesis testing using the Spearman Rank show that there is an influence between communication with a doctor's media on patient satisfaction using the Halodoc telemedicine application. It can be seen from the obtained rarithmetic of 0.611 and obtained rtable of 0.917, so that rcount is greater than rtable. Then also obtained the data from the significance test of 7.6406 whose value is greater than the ttable of 0.67698. Another finding in this study is that from all respondents' answers, a score of 1 or strongly disagree was only given once. Thus, the score of strongly disagree answers is only 0.05% of the total answers. Meanwhile, the answer does not agree or a score of 2 is given as much as 0.5% of the total answers. Then a score of 3 or neutral as much as 7.6%, agree as much as 51.25% and is the largest answer given by respondents. And the last is a score of 5 or strongly agree to get 40.55% of all answers given by respondents.

So it can be said that the therapeutic communication variable with media has a significant effect on patient satisfaction using Halodoc. In this study, it was shown that the better the therapeutic communication mediated by doctors, the level of consumer satisfaction also increased. This is in terms of the value given by the respondent to the variables X and Y. When the value of the variable X increases, the value of the variable Y also increases.

The indicators used in the research of mediated therapeutic communication in this study are a combination of two ideas, namely therapeutic communication proposed by Stuart and Sundeen and indicators of mediated therapeutic communication proposed by Verdeber. These indicators are open-ended questions, focusing, sharing perceptions, providing information, giving suggestions, reflection, repeating, and clarifying. Where all indicators show that thecalculated is greater than the rtable. So that all items variable X has a significant effect on patient satisfaction. The following is a detailed explanation of each indicator:

a. Open Questions
   The open question indicator got a score of 0.364 which is bigger than rtable. This shows that doctors are able to ask open-ended questions to get specific information from patients.
b. Focusing
   The focusing indicator obtains a correlation value of 0.322, which is greater than rtable (0.197). The results obtained indicate that doctors are able to limit the material to be discussed so that it is more specific and easy to understand.
c. Dividing Perceptions
   The indicator for dividing perceptions has a value of 0.489. Where this value is greater than rtable so it can be said that doctors are able to share their views with patients well.
d. Provision of Information
   The indicator of providing information has a correlation coefficient of 0.510, which is also greater than the rtable. Proving that doctors are able to provide

information in the context of good health education.
  e. Giving Suggestions
     This indicator gets a value of 0.590, which is greater than rtable. This shows
     that the doctor can give good advice.
  f. Reflection
     For the reflection indicator, the value obtained is 0.378 and is greater than the
     rtable. From these results it can be said that doctors are able to express their
     feelings so that patients can be more open and accept their own feelings.
  g. Repeating
     The repeating indicator gets a value of 0.419. This value is greater than rtable
     that is 0.197. The doctor is able to repeat the patient's statement in a language
     that the doctor understands.
  h. Clarification
  i. The clarification indicator gets a value of 0.479 which is also greater than the
     rtable. If seen from these results, it can be said that the doctor is able to provide
     questions or statements that are useful to clarify the patient's expression.

According to Kalthner in Mundakir, therapeutic communication is included in interpersonal communication, namely communication that is carried out between humans face-to-face which allows communicators and communicants to capture verbal and non-verbal reactions of the interlocutor directly. This type of communication is the most basic level of communication because it is personal (Cahyanti & Mutiah, 2019). Therapeutic communication has a purpose to help the patient. Therapeutic communication is carried out by people who are professionals in their fields using a personal approach based on emotions and feelings.

Good mediated therapeutic communication also shows that the doctor in the application is a capable doctor. Where this is in line with the opinion conveyed by Mulyana et al (2018), doctors who are considered capable are doctors who are not only proficient in their field of expertise, but are also proficient in terms of communication who have a clear understanding of the uncertainty received by their families. Then presented by Hudak & Gallo (1997) where explanation or providing information through therapeutic communication can be implemented properly if followed by effective communication. Where effective communication itself is a tool used to achieve a helping-healing relationship between patients and health workers (Kusmiran, 2017).

Meanwhile, user satisfaction is a person's feelings after comparing the expectations they have and the perceived results (Kotler et al, 2000:52). From the explanation that has been written above, it can be said that the patient's expectations before using the Halodoc telemedicine application are the same as what patients get during and after consulting the application.

Mediated therapeutic communication is usually done face-to-face between doctors and patients. Where the stages in face-to-face therapeutic communication that usually occur are:
  a. Pre-interaction stage, where this stage begins before the first contact with the
     patient. The doctor collects data about the patient, explores feelings, strengths
     and makes plans to meet with the patient
  b. Orientation phase, where the doctor can greet the patient when he meets the
     patient, introduce himself, make initial contact with the patient, ask the patient's
     condition, show an attitude of being ready to help and not forcing the patient to

tell the doctor about the situation

c. Work. In the work phase, the doctor uses two-way communication, takes patient complaints seriously, is honest with patients, keeps promises that have been given, creates a comfortable environment that supports effective communication, repeats questions more clearly if the patient does not understand. the question asked. delivered by the doctor, does not urge the patient to immediately answer the questions asked, does not interrupt in the middle of the patient's conversation, and does not compare with other patients

d. Termination phase. Doctors can say goodbye, make a contract for the next meeting, evaluate the patient's response to the communication that has been conveyed and leave instructions on how to contact the patient (Damayanti in Hasanah, et al 2019).

Then with the discovery of telemedicine, which is a combination of technology and innovation, health consultations, drug purchases and other health-related matters and are usually done face-to-face, it can be done remotely through cyberspace or electronic media. So that therapeutic communication which was originally done face-to-face is now carried out through electronic media and in this case through the Halodoc telemedicine application.

Telemedicine communication carried out by doctors through the Halodoc telemedicine application has more obstacles and difficulties than direct therapeutic communication. No matter how good a writing is, it will not be able to fully represent the expressions that exist in oral communication. Some non-verbal things such as volume, tone, speed of speech are difficult to explain in writing. Therefore, the communicator must make various efforts so that his writing can convey the message well, as if the message was conveyed orally. This effort can be done through the use of certain sentence patterns, language, choice of words, as well as pictures, or other things. (Churiyah, 2011:43) Judging

from the respondents' answers and the results of data processing, it can be concluded that doctors have made good efforts so that the messages that will be conveyed to patients through the application can be well received. Doctors use language that is easy for patients to understand and provide understanding support with pictures when deemed necessary. Also doctors embed emojis to show their feelings so that they can help patients better interpret the tone or intonation of the message conveyed.

Then, the flow of mediated therapeutic communication carried out by doctors to patients through the Halodoc telemedicine application is as follows:

a. The orientation phase, where the doctor greets the patient by introducing himself, shows that the doctor is ready to help with words such as "Can I help you?" Then ask the patient's condition.

b. Working Phase. In the working phase, the doctor invites the patient to explain his situation, provides answers quickly after the patient explains or answers the question (the time it takes to answer is less than 5 minutes), directs the patient so that the explanation does not widen and focuses on information about the complaints felt by the patient, shares views held by doctors to patients, conveying information related to complaints felt by patients, providing advice to patients related to the handling of health complaints that are being experienced, providing feedback in accordance with the patient's explanation, repeating the patient's words with terms or equivalent words that are understood by the

patient. the doctor to clarify the patient's intention, ask again when the doctor does not understand the patient's explanation.

c. Termination phase. The doctor can say goodbye, offer encouragement and make a contract for the next appointment.

From the research that has been done, it was found that the doctor will monitor and reschedule the consultation after some time from the first consultation to see the progress of the patient's recovery. it takes at least two consultations for the doctor to actually end the consultation with the patient.

However, even though the communication between doctors and patients is going well and patients are satisfied with this, based on the research that has been done, patients prefer face-to-face consultations if there are no obstacles to conducting face-to-face consultations as currently (there are the COVID-19 pandemic). The patient felt that although the communication went well, there were some things that were not obtained from the consultation through the media, such as an examination using the doctor's tools, gestures and expressions. So if there are no obstacles that prevent face-to-face consultations, in this case the COVID-19 pandemic, patients prefer to do face-to-face health consultations.

4. CONCLUSION

This study aims to see whether there is an effect of therapeutic communication through the media carried out by doctors on the Halodoc telemedicine application on patient satisfaction using the application. In this study involved
one hundred respondents with certain criteria that have been set. From the results of the research and discussion, the following conclusions can be drawn:

1. Medicated therapeutic communication by doctors has a significant effect on patient satisfaction using the Halodoc telemedicine application (rcount > rtable = 0.611 > 0.197, = 0.05)
2. The therapeutic communication variable with the media have an effect on the patient satisfaction variable.

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