

THE EFFORTS TO BUILD TRUST IN TELEMEDICINE APPLICATIONS FOR COVID-19 TREATMENT

Helen Fransisca¹, Irene Aprilia Chandra², Rizaldi Parani³

¹ Faculty of Social and Science, Universitas Pelita Harapan (helen.frncsy@gmail.com)

² Faculty of Social and Science, Universitas Pelita Harapan (ireneaprilic@gmail.com)

³ Faculty of Social and Science, Universitas Pelita Harapan (rizaldi.parani@uph.edu)

ABSTRACT. This research focused on the efforts to build trust in digital-based communication, especially in the treatment of Covid-19 through Telemedicine applications. This topic was considered interesting because of the current pandemic conditions that required people to carry out social restrictions and the fear of going to the hospital but still required consultation from physicians to treat Covid-19. In the process, this research used a qualitative approach with an individual as the unit of analysis and purposive sampling using the phenomenological method. In addition, this research also involved 2 methods to obtain data, namely in-depth interviews and a literature study. Meanwhile, the concepts and theories used included digital literacy, computer-mediated communication, Information and Communication Technology (ICTs), Telemedicine, and social capital theory. After going through the entire process, it was found that Telemedicine applications reflect an innovation rooted in the concept of ICTs that allows users not only to obtain information but also to solve problems and find solutions through a process of engagement and discussion. Therefore, it is necessary to have knowledge and digital literacy of users, namely doctors and patients so that communication can be established better. On the other hand, two ways interactive communication will also encourage the emergence of trust which makes patients and doctors more open in conveying their conditions and complaints. However, it should be realized that the developers also have a role in increasing trust. Therefore, several things can be done, such as fixing problems that arise and improving existing features, such as doctor ratings and reviews, doctor profiles, and video call services.

KEYWORDS: Telemedicine; Trust; Digital literacy; Digital media; Information and Communication Technology (ICTs).

1. INTRODUCTION

Health is the most valuable investment that must be made by humans to ensure the continuity of activities and extend their lifespan. This can be seen through data released by the Indonesian Health Profile in 2018, which stated that out of 261.89 million Indonesian citizens, 208 million individuals have health insurance. According to Article 1 of Law Number 36 of 2009, health is “a state of being healthy, either physically, mentally, spiritually or socially, to enable everyone to live productively in the social and economic senses.” Based on the above understanding, it can be concluded that health plays a huge role in human life because it can affect the sustainability of existing activities.

The continuity of activities carried out by humans can be guaranteed through a healthy body. Therefore, various efforts needed to be done to minimize the possibility of someone suffering from illnesses, such as living a healthy life, including regulating the diet, having adequate rest, and exercising regularly (Irianto, 2000). In addition, routine medical check-ups are also needed to detect potential health problems that may occur (Sulistya, 2012). Thus, to have a healthy lifestyle, consistent efforts are required, such as maintaining the diet and exercising, accompanied by discipline.

The importance of consistency in exercising and having regular check-ups often becomes a challenge for members of urban communities because these require considerable effort. Exercising consistently and regularly is needed to achieve maximum healthy life goals. In addition, time constraints and reluctance to go through lengthy procedures are among the challenges that people must face (Taber, Leyva, & Persoskie, 2014). Therefore, it can be concluded that the lifestyle of the urban population tends to seek immediate (instant) answers in accessing health information.

For people living in urban areas, the speed and ease of getting access to health consulting services play a very important role. This is inseparable from the development of technology and information as

well as the widespread use of digital media through the internet. The increase in the use of digital media can be seen through data obtained from DataReportal in January 2022, which stated that internet users in Indonesia have increased by 2.1 million up to 2022. In addition, data from Internetworldstats in March 2021 also showed that Indonesia currently ranks 3rd highest in Asia, with the number of users reaching 212.35 million people. Thus, the current development of information technology can be utilized by the community to obtain health services.

The high level of utilization of information and communication technology can be utilized for online health consulting services. Online consultations have been proven to make it easier for patients to get health consultation services and guarantee that information and personal data can be more secure (Wijayanti et al., 2018). In addition, online health consultations can also help medical personnel create more efficient and effective services in the monitoring, evaluating, and educating stages (Turolla et al., 2020). Therefore, online health consultation services are a solution that can be utilized concerning health problems, especially during the Covid-19 pandemic.

The Covid-19 pandemic has brought about highly significant changes, especially in the daily activities of individuals. People who previously carried out many activities on-site now have to do them off-site. The Covid-19 Task Force website mentioned that from July 3 to 20, 2021, even essential sectors such as finance/banking, technology and information, and hospitality required the implementation of a 50% on-site and 50% off-site working system. On the other hand, non-essential fields are required to work fully off-site. Therefore, there was an increase in the use of digital media from an average of 7 hours 59 minutes per day to 8 hours 52 minutes per day (Riyanto, 2021). For this reason, it can be seen that the Covid-19 pandemic has changed and required people to switch to digital platforms in order to suppress the spread of Covid-19.

The increasing spread of digital media is now being used by the Government to prevent and stop the spread of Covid-19 through the *Peduli Lindungi* application. According to Putri and Hamzah (2021), the purpose of using the *Peduli Lindungi* application is as an effort to trace, track, and warn about the spread of Covid-19. This shows that the government's strategy in preventing, stopping, and treating Covid-19 has now been carried out through digital media.

Another government strategy that affects the prevention, spread and treatment of Covid-19 is through Telemedicine applications. Telemedicine service is a “combination of communication technology with medical practice, which aims to provide health services on an online basis” (Jamil, Khairan, & Fuad, 2015, p. 1). The use of Telemedicine applications is expected to be a means to reduce, even cure Covid-19. In addition, the Telemedicine applications allow them not to visit the hospital in person when they need medical prescription (Song et al., 2020). So far, there are 17 Telemedicine applications such as: Aido Health, Alodokter, GetWell, Good Doctor, and Halodoc. The varied services allow Telemedicine applications to be easily and widely used by Indonesian citizens.

Until now, the use of Telemedicine has had a positive impact in answering the problems that exist in Indonesian society. Oxford Business Group, together with Halodoc, noted that generally, it took approximately four hours to receive health services at a hospital; through Telemedicine, it only took about 35 minutes (Bayu, 2022). This statement was supported by Setiaji, Expert Staff of the Minister of Health for Health Technology, who stated that from January 17 to February 14, 2022, 158,075 patients have been helped by Telemedicine (Kominfo, 2022). Therefore, Telemedicine applications can answer the existing problems, seeing a short time required and the high use of this application.

Overall, the use of Telemedicine applications depends on adequate internet facilities. However, the internet is often a problem because it has not reached all Indonesian people. Data from the Indonesian Internet Service Providers Association (APJII) shows that 45% of Indonesians, or 117 million people, do not have internet access (Ministry of Communication and Information Technology of the Republic of Indonesia, 2018). Therefore, the uneven internet coverage is one of the challenges for the government in using Telemedicine applications.

Another challenge that arises in the use of Telemedicine applications is the uneven digital literacy throughout Indonesian society. According to Alvis (2021), digital literacy is still experiencing a huge inequality in several regions, one of which is East Nusa Tenggara. For this reason, there is a need to improve the equality of understanding of digital literacy to support the use of Telemedicine applications.

The problems that arise do not only stop at the inaccessibility of the internet network and the level of understanding of digital literacy but also during the process of using Telemedicine applications that require trust. Siboro, Surjoputro, & Budiyanto (2021) stated that the use of such applications must be

supported by knowledge and trust from the environment or known as social trust. Coleman (1998) defined social trust as a feature that forms the basis of social capital and reciprocal social relationships between the parties concerned. Therefore, the aspect of social trust is one of the keys that need to be considered in the use of Telemedicine applications.

This study intends to analyze the importance of trust related to the use of Telemedicine applications. This is considered important because, without trust, the use of the application will be less effective. This study on the role of trust in the use of Telemedicine applications aims to describe the efforts to build trust between doctors and patients in the treatment of Covid-19 through Telemedicine applications. This study also analyze the phenomenon of the importance of trust between doctors and patients in the use of Telemedicine applications.

2. LITERATURE REVIEW

This research used several related concepts and theories, such as digital literacy, computer-mediated communication, Information and Communication Technology, Telemedicine, and social capital theory. These five concepts and theories would be used for the basis of this research.

2.1 Digital Literacy

Nowadays, the continuity of human activities is highly dependent on digital technology. The use of technology needs to be supported by the ability to access, process, and interpret information in digital form (Miftah, 2016). According to Ba, Tally, & Tsikalas (2002, p. 5), digital literacy is “a set of habits through which youngsters use information technologies for learning, work, and fun.” Therefore, the level of digital literacy is determined by the ability to access and use information.

The concept of digital literacy is then redeveloped by identifying the elements within it. Bawden (2008) suggests that there are 4 important elements, namely underpinning skills, basic digital literacy skills, background knowledge, digital literacy central competencies, and attitudes and perspectives. These four elements show that the ability to process information determines the level of digital literacy of the community.

The ability to process information and the level of digital literacy of the community encourage the emergence of computer-mediated communication. This form of communication facilitates and eases interaction needed by individuals because the internet provides access to connect anytime and anywhere (Sundmaeker et al., 2010). For this reason, changes in people's lifestyles towards digital can be seen through computer-based communication.

2.2 Computer Mediated Communication

Computer communication bases are often referred to as Computer-Mediated Communication or CMC. This concept, according to Thurlow, Lengel, & Tomic (2005, p.16), is defined as “human interpersonal communication on, through and about the internet and web.” Based on this understanding, it is known that technological developments encourage the emergence of computer-based interactions.

Computer-based interactions occur due to several factors. Spitzberg (2006) stated that there is a role of motivation, knowledge, and skills that affect the occurrence of CMC in human activities. For this reason, to support the sustainability of CMC, it takes the ability, willingness, and adaptation of each individual.

Ability, willingness, and adaptability in the use of CMC encourage the exchange of information mediated by technology. Supporting this statement, Spitzberg (2006) emphasized that along with the use of CMC, the knowledge and skills possessed by individuals would also increase. Seeing this, technology-based communication can be used as a means of disseminating and obtaining information.

2.3 Information and Communication Technology

Information obtained and disseminated through technology is often referred to as Information and Communication Technology or ICTs. The concept of ICTs, according to Yunus et al. (2013, p.1), is defined as “systems that enable gathering, manipulation, management, access, and communication of information in different forms.” Thus, it can be concluded that telecommunications allow someone to obtain and disseminate information.

This concept was reinforced by defining the elements contained in it. According to Santiago et al. (2021), ICTs involved several important elements that are interrelated and inseparable, namely: information, people, technology, and speed. These four elements illustrate that ICTs are closely related to human activities, especially in technology-mediated communication.

The elements contained in ICTs indicate that ICTs are not just a medium to convey information, but can have a greater impact. Brush, Glazewski & Hew (2008) emphasized that ICTs can be used as a tool to find information, solve problems, and provide solutions to existing problems through a process of discussion and discussion. Supporting this, Jacobsson & Linderoth (2013) stated that through ICTs, one's could create certain interpretations and meanings. Therefore, ICTs have a greater impact than just being a medium for distributing information.

The greater impact of ICTs can be felt through the emergence of technology-mediated health care innovations. The telecommunication that occurs allows doctors to provide health service consultations even though they are separated by distance and time (Weinstein et al., 2014). For this reason, the existence of the ICTs concept encourages the emergence of new innovations that facilitate and increase the effectiveness of human activities, one of which is in the health sector.

2.4 Telemedicine

One of the innovations in ICTs is the application of Telemedicine. Telemedicine according to WHO (1997, p.10) has the following definitions:

The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.

Based on this understanding, it is known that Telemedicine applications exist to provide information, both for the treatment and prevention of disease.

Taking a closer look at the Telemedicine applications, there are various important elements. WHO (2010) concludes that there are 4 elements of Telemedicine, including: (1) providing and meeting the needs of health services, (2) answering the problem of limited coverage, (3) using and involving various types of ICTs, and (4) aiming to improve health index. For this reason, it can be understood that Telemedicine applications are an effective and efficient means to address the problem of limited access to existing health care.

Telemedicine applications that bring hope and solutions to the community certainly require more attention in certain aspects, such as trust from users. In research conducted by Zhou et al. (2020), it was found that it is necessary to have a good management identity, trust, and reputation in the Telemedicine application so that the consultations carried out can run more effectively. Thus, trust must be the basis of the use of Telemedicine applications.

2.5 Social Capital Theory

Telemedicine applications that are solutions for health services require community support, one of which is trust. Based on social capital theory, the important component to support two-way interactive communication is trust (Jones, 2005). According to Aljazzaf, Perry & Capretz (2010, p.165), trust is "a composition of multiple attributes such as reliability, honesty, dependability, security, timeliness, competence, and different attributes have to be considered, in different environments where trust will be established." Thus, it can be concluded that trust plays an important role in supporting communication and is influenced by various elements in it.

Trust is not only an element that supports communication, but trust determines the outcome of a health service consultation through a Telemedicine application. Kirana (2016) mentions that trust can determine the quality of service. In addition, Gabbay & Leenders (2002) also emphasized that trust can determine the action that will be taken by one. Therefore, it can be seen that trust plays a very important role, especially in consulting services through the Telemedicine application.

Trust in consulting services through the Telemedicine application needs to be built by the related parties involved. Responding to this, Dasgupta & Serageldin (2000) stated that the relationship created can produce human capital, which ends in the formation of trust. For this reason, Gabbay & Leenders

(2002) stated that cooperation of both the trustor and trustee is needed to provide maximum results. For this reason, trust does not only depend on the Telemedicine application, but also on efforts that need to be made by its users.

The efforts needed to gain and build trust can vary. According to Belanger, Hiller, & Smith (2002), several efforts that are needed are building integrity, openness, commitment, and a sense of security, both among users and companies. Therefore, trust in the use of the Telemedicine applications is something that can be built and strived for to create trustworthiness.

Building and striving for trustworthiness can be done from scratch or developed from low to higher. Supporting this, Gabbay & Leenders (2002) stated that trustworthiness could be built by providing what the trustee wanted to achieve and fulfilling the promises made by the trustor. Thus, building trustworthiness can be done by always keeping promises and fulfilling the needs and desires of its users.

3. METHODOLOGY

This study used a qualitative method approach. According to Bogdan & Biklen (1982, p.27), qualitative research is “descriptive data, the data collected is in the form of words or pictures rather than numbers.” The study used the qualitative approach because it was considered capable of explaining the importance of the role of social trust in the success of Covid-19 treatment using Telemedicine applications and drawing meaning from the relationship that occurred.

This study used a constructivist paradigm. According to Wilson (1996, p.3), the constructive paradigm is “an approach that asserts that people construct their understanding and knowledge of the world through experiencing things and reflecting on those experiences.” For this reason, this paradigm is considered relevant because it can take a deeper look at the interactions that occur and find the meaning formed in the consultation process using the Telemedicine application as an effort to treat Covid-19.

This research involved experts in the health sector, especially doctors who have joined Telemedicine and provided consultations on Covid-19 issues, in an effort to obtain relevant and in-depth information. For this reason, the unit of analysis used was individual, using a purposive sample. According to Tongco (2007, p.147), purposive sampling is defined as “the deliberate choice of an informant due to the qualities the informant possesses.” The selection of the samples was based on the reason that the samples could meet the final objectives of the study and represent all research subjects.

In the data collection effort, this research used the phenomenological method. According to Helaluddin (2018, p.7), the phenomenological method is defined as “a study that seeks to analyze descriptively and introspectively about all consciousness of the human form and its experiences in terms of sensory, conceptual, moral, aesthetic, and religious aspects.” In line with this definition, this method was chosen because it can examine in greater depth the experience and essence of social trust needed in the health consultation process using Telemedicine applications.

4. FINDINGS AND DISCUSSION

The research results obtained through observations and interviews regarding building social trust through digital media on the use of Telemedicine applications can be explained as follows.

4.1 Telemedicine As a Form of Information and Communication Technology (ICTs) in The Treatment of Covid-19

Telemedicine has a definition that is closely related to technology and humans. Informant Doctor Roy Adinegoro, one of the doctors who provide health consultations through the CallMyDoctor application, stated that “because of Telemedicine, patients can consult directly without coming to a clinic.” This statement was agreed by informant Desideria, one of the users of the Telemedicine application, who explained the advantage of this application, namely “I particularly applaud the speed at which I receive my medicine.” However, despite the practicality, informant Adek Media Roza, former head of the Katadata research center research division, also reminded us that “while a Telemedicine application itself is indeed an online application, it is based offline, because the service does not simply run immediately [by a computer] and it has to go through a process. So, there is the role of a human behind it.” Following the data from the informants, Santiago et al. (2021) confirmed that indeed ICTs involve several main elements, such as information, people, technology, and speed.

So, it can be concluded that there is a combination of humans and technology that can affect the performance of Telemedicine applications.

Telemedicine, which is a combination of humans and technology, requires processes and changes to make it easier to access. Informant Adek stated that “for an application, teething troubles, criticism, many initial problems are normal, but over time, improvements will be made, the most important thing is when there are complaints they can be responded properly.” This was reiterated by the informant, Doctor Roy, who stated that “you have to adapt first because there are steps that must be taken when consulting with patients, but that's only at the beginning.” In addition, he also reminded us that “in the steps of the initial analysis, physical examination, diagnosis, to administering drugs, one must be more careful because there is a step that is skipped, namely physical examination.” On the other hand, informant Doctor Roy also reminded that “in terms of legal protection there is no law that provides regulation in detail, so that if an error occurs such as misdiagnosis or the patient experiences a reaction due to the drug given, then protection of doctors is still relatively difficult because it's still new.” Therefore, the participation of the patient is needed, as said by informant Desideria that “it is important that we must be able to measure whether we need a physical examination or not, if we do need a physical examination, then we have to go to the hospital.” Following these three informants, Falck, Heimisch, & Wiederhold (2016) also emphasized that ICTs involve aspects of problems and solutions that can be carried out in line with the development of existing communication technologies. In addition, according to Santiago et al. (2021), the role of humans cannot be eliminated in the use of Telemedicine applications. So, it can be understood that the participation of application developers, doctors, and patients is needed for a smooth consultation process through the Telemedicine application.

Telemedicine applications have increased during the Covid-19 pandemic, along with existing developments. Informant Doctor Roy stated that “Telemedicine itself has existed for a long time since before the pandemic, although it had not been widely used because it was still new. There were still many people who did not know, understand, or even use it. In terms of medical personnel, in this case, doctors, not many had joined. However, its use is increasing during the pandemic because many patients need consultation but are afraid to come to the clinic.” Belanger, Hiller, & Smith (2002) also stated that openness and need could increase the use of a digital-based service. Thus, it can be understood that the increasing use of Telemedicine is due to the Covid-19 pandemic, in which there are social restrictions to reduce people's daily activities in public spaces simultaneously.

The emergence of the Covid-19 pandemic is the reason for the increasing use of Telemedicine applications. Although the use of Telemedicine applications is not a new form of innovation from ICTs, its use is felt to be very important during this Covid-19 period, especially in providing health consulting services through Telemedicine applications that are already available. On the other hand, the use of Telemedicine applications based on digital technology cannot be separated from the role of humans, especially in terms of providing feedback. Therefore, reciprocal communication is needed between both parties, both patients and doctors.

4.2 The Relationship of Knowledge and Digital Literacy in The Use of Telemedicine

The use of Telemedicine as a treatment effort during the Covid-19 period requires basic knowledge of digital technology. Informant Nadia Yovani, a sociologist/social observer, said that “many Indonesians do not understand the development of technology and the digital world today due to the lack of digital literacy in Indonesian society.” Indeed, the use of digital media applications and knowledge of how an application works are required. As a result, some people decide not to use Telemedicine services because they feel they do not know how to use them. In line with Miftah (2016), the use of technology is necessary to have the support in the form of the ability to access, process, and interpret information in digital form. Therefore, digital literacy is a foundation in building two-way interactive communication for both patients and doctors during consultations through Telemedicine applications to avoid errors in using the application.

In addition to digital literacy, knowledge is also needed to improve the ability to communicate interpersonally through digital media in the use of Telemedicine consulting services. Informant Nadia stated that “when someone has the background ability and knowledge of how digital media technology works, then they can easily use and utilize Telemedicine medical service technology.” This statement was confirmed by a Telemedicine application service user, informant Desideria, who said that “I was helped by my husband to chat [in the application].” This was due to the husband's better knowledge of

using digital technology. In line with the two informants, Spitzberg (2006) explained that motivation, knowledge, and ability affected the continuity of computer-based communication. Therefore, background knowledge affects one's ability to communicate when using Telemedicine consulting services.

One's interpersonal communication skills are generally influenced by their level of education. Informant Nadia explained that "the background determines the level of intelligence, because the higher the background, it is assumed that the person can learn more so that the capacity to use the Telemedicine applications is also higher." In line with the statement, Ba, Tally, & Tsikalas (2002) said that digital literacy could be acquired through habits to access information for both educational, work, and entertainment purposes. Thus, it can be concluded that the level of education determines knowledge of digital literacy, which has an impact on the use of health consulting services through Telemedicine applications.

Basic knowledge of digital literacy is an important element in the use of Telemedicine applications. This literacy is generally possessed by people who have a high level of education because their lifestyle is inseparable from the use of digital technology. A Telemedicine application user, especially for the treatment of Covid-19, informant Cynthia Wijaya shared that "the first time I chatted, I immediately felt that it was not the same as chatting with an answering machine, but felt like consulting with a doctor. There was also a note stating where the doctor works. In addition, government support also encourages the growth of trust." Following the informant statement, Spitzberg (2006) also emphasized that along with the use of CMC, knowledge and skills would increase. Moreover, it will affect one's awareness in interacting with systems such as interacting with fellow humans. For this reason, those who are used to accessing and using digital technology will have no difficulty understanding how Telemedicine applications run.

An understanding of the working system of Telemedicine applications can be formed and developed over time. This understanding is formed through one's background of knowledge and digital literacy. Then, this will affect the flow of the communication. In the end, two-way interactive communication and understanding will build trust in Telemedicine applications, considering that communication is the key to building trust.

4.3 The Importance of Trust As a Basis for Forming Social Capital in The Use of Telemedicine

The emergence of Telemedicine applications amid the Covid-19 pandemic needs to be supported by building trust in the application itself. Informant Nadia stated that "such trust already exists, especially among the urban population because they are used to it, [looking at how they] use online platforms for conducting transactions. So, I think they already have trust, but certain groups may lack trust due to lack of literacy, not knowing the features, and how to communicate through chat." This statement is agreed by Jones (2005), who stated that trust is needed to support existing communication. Dasgupta & Serageldin (2000) also stated that the human capital aspect formed because the relationships that were built could increase trust. Therefore, it can be concluded that trust is indispensable in the communication process that takes place in health consultations through Telemedicine applications.

Trust in the use of Telemedicine applications can continue to be developed over time. In response to this, informant Adek stated that "it is possible that once we were annoyed with the service of an application, but because the reviews were good and there were improvements, we decided to download the application again." In line with this, Belanger, Hiller, & Smith (2002) also stated that trust was a social capital that could be pursued. Therefore, it can be understood that the increasing use of Telemedicine applications during the Covid-19 pandemic was not only caused by social restrictions but also by the formation of trust in the use of these applications in the urban communities.

Improvements and feature development are still needed to increase trust, although the use of Telemedicine applications has experienced a fairly rapid increase. Therefore, a few features that can be developed to increase trust in online consultations are the doctor's rating and review section, doctor profiles, as well as video calling feature. Following this, informant Adek stated that "in the online world, building trust is done through reviews because reviews are one of the most important ways to grow and restore trust." This is evidenced by informant Cynthia's statement that "trust grew because the application contained doctor's profiles and photo, title, and a certificate proving that the doctor was a real doctor, not a fake." Following the opinions expressed by the two informants above, Gabbay &

Leenders (2002) emphasized that trust was the basis for a person in making decisions, including choosing health consulting services through the Telemedicine application. So, it can be concluded that with the development of Telemedicine applications, patients' trust can increase, so that Telemedicine applications can work even better in the future.

Telemedicine applications can run well if there is development and trust in it. Trust plays a very important role in using Telemedicine applications because all interactions and actions are taken in the online-based applications. For this reason, to encourage the formation and increase of trust in consulting services, existing features are developed, such as doctor ratings and reviews, doctor profiles, as well as video calling features. This development has been carried out since the period before the Covid-19 pandemic and continues to be developed until now.

5. CONCLUSION

Telemedicine applications, which is one form of ICTs innovation, have an important role in treating Covid-19, especially health consulting services with doctors. This is due to social restrictions and people's fear of going to clinics or hospitals. In this consultation process, the collaboration between doctors and patients, such as in terms of conveying complaints and conditions that are felt as well as doctor's explanations, greatly influence the smoothness of the ongoing communication process. On the other hand, the role of application developers is also needed to fix problems that arise and add the required features to the Telemedicine application itself. Therefore, the use of Telemedicine consulting services cannot be separated from the technology and humans in it.

Telemedicine, which cannot be separated from the role of humans, requires an understanding from its users about how this application works. This understanding is formed through the background of knowledge and digital literacy possessed by the individual/user, which will determine the ability to access and even communicate with the doctor giving their service. This is necessary to support the running of the consultation. In the end, this two-way interactive communication will encourage the emergence of trust between doctors and patients.

Trust is considered important in the use of Telemedicine applications because it is the basis for forming social capital and supporting the ongoing consultation process. In the process, trust can be built and developed through the existing relationship between doctors and patients. Besides, various features provided in the Telemedicine application, such as doctor ratings and reviews, doctor profiles, and video calling features, are also able to build and develop trust in it. Considering that consultations that occur between doctors and patients are conducted online (via digital media), it is important to build trust in the use of Telemedicine applications. Thus, trust is an important aspect to support the two-way interactive communication of the consultation process in the treatment of Covid-19.

REFERENCES

- Aljazzaf, Z.M., Perry, M., & Capretz, M.A.M. (2010). Online trust: Definition and principles. *Fifth International Multi-conference on Computing in the Global Information Technology*. Valencia, Spain: IEEE.
- Alvis, Y. (2020). *Ketimpangan Kesempatan Pendidikan dan Literasi Digital di Indonesia*. (Disertasi Magister, Universitas Airlangga, 2020). Retrieved from <https://repository.unair.ac.id/103906/>
- Badan Pusat Statistik. (2018). *Jumlah Penduduk Yang Dicapuk Asuransi Kesehatan Atau Sistem Kesehatan Masyarakat per 1000 Penduduk 2016-2018*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Ba, H., Tally, W., & Tsikalas, K. (2002). Investigating children's emerging digital literacies. *Technology, Learning, and Assessment*, 1(4), 1-49.
- Bawden, D. (2008). *Digital literacies: concepts, policies and practices*. New York: Peter Lang Publishing.
- Bayu, D. J. (2020). *Bagaimana Peluang Telemedicine Benahi Layanan Kesehatan RI?* Accessed May 9, 2022, from <https://katadata.co.id/muhammadridhoi/analisisdata/5fb4b30d9c3cd/bagaimana-peluang-telemedicine-benahi-layanan-kesehatan-ri>
- Belanger, F., Hiller, J.S., & Smith, W.J. (2002). Trustworthiness in electronic commerce: the role of privacy, security, and site attributes. *Strategic Information Systems*, 11, 245–270.

- Bogdan, R. C., & Biklen, K. S. (1982). *Qualitative data analysis: a sourcebook of new methods*. California: Sage.
- Coleman, J. S. (1998). *Principles of Social Theory*. United States: Belknap Press.
- Falck, O., Heimisch, A., & Wiederhold, S. (2016). Returns to ICT skills. *OECD Education Working Papers*, 134. DOI: 10.1787/5jlzfl2p5rzq-en
- Gabbay, S. M., & Leenders, R. T.A.J. (2002). A perceptual view of the coleman model of trust. *Innovation and Interaction*. DOI: 10.1.1.198.3781
- Helaluddin. (2018). *Mengenal Lebih Dekat dengan Pendekatan Fenomenologi: Sebuah Penelitian Kualitatif*. Accessed May 9, 2022, from <https://osf.io/stgfb/download>.
- Information R. Management Association (Ed.). (2022). *Research Anthology on Combating Cyber-Aggression and Online Negativity*. Hershey: Information Science Reference.
- Irianto, D. P. (2000). *Panduan Latihan Kebugaran yang Efektif dan Aman*. Yogyakarta: Lukman Offset.
- Jacobsson, M. & Linderoth, H. C. J (2010). The influence of contextual elements, actors' frames of reference, and technology on the adoption and use of ICT in construction projects: a Swedish case study. *Construction Management & Economics*, 28(1). DOI: 10.1080/01446190903406154
- Jamil, M., Khairan, A., & Fuad, A. (2015). Implementasi aplikasi telemedicine berbasis jejaring sosial dengan pemanfaatan teknologi cloud computing. *Jurnal Edukasi dan Penelitian Informatika (JEPIN)*, 1 (1).
- Jones, S. (2005). Community-based ecotourism: the significance of social capital. *Annals of Tourism Research*, 32(2), 303–324. DOI: 10.1016/j.annals.2004.06.007
- Kementerian Kesehatan. (2009). *Undang Undang Republik Indonesia Nomor 36 Tahun 2009 tentang kesehatan*. Jakarta: Pemerintah Pusat
- Kementerian Komunikasi dan Informatika Republik Indonesia. (2014). *Penggunaan Internet Indonesia Nomor Enam Dunia*. Accessed May 9, 2022, from https://kominfo.go.id/content/detail/4286/pengguna-internet-indonesia-nomor-enam-dunia/0/sorotan_media
- Kemp, S. (2022). *Digital 2022: Indonesia — datareportal – global digital insights*. Accessed May 9, 2022, from <https://datareportal.com/reports/digital-2022-indonesia>
- Kirana, G.R. (2016). *Hubungan persepsi kualitas pelayanan kesehatan dengan tingkat kepercayaan pada layanan rawat jalan puskesmas sibela kota Surakarta* (Disertasi Sarjana, Universitas Sebelas Maret, 2016). Diakses dari <https://digilib.uns.ac.id/dokumen/detail/51998>.
- Kontan. (2022). *Kemendes Perluas Layanan Telemedicine, Ini Cara Dapat Obat Covid-19 Gratis*. Accessed May 9, 2022, from <https://nasional.kontan.co.id/news/kemnakes-perluas-layanan-telemedicine-ini-cara-dapat-obat-covid-19-gratis>
- Kusnandar, V. B. (2021). *Pengguna Internet Indonesia Peringkat ke-3 Terbanyak di Asia*. Accessed May 9, 2022, from <https://databoks.katadata.co.id/datapublish/2021/10/14/pengguna-internet-indonesia-peringkat-ke-3-terbanyak-di-asia>
- Miftah, M. N., Rizal, E. & Anwar, R. K. (2016). Pola literasi visual infografer dalam pembuatan informasi grafis (infografis). *Jurnal kajian informasi & perpustakaan*, 4 (1), 87-94.
- Putri, C. E., & Hamzah, R. E. (2021). Aplikasi pedulilindungi mitigasi bencana covid-19 di indonesia. *Jurnal pustaka komunikasi*, 4 (1), 66-78.
- Riyanto, A. D. (2021). *Hootsuite (We are Social): Indonesian Digital Report 2021* Accessed May 9, 2022, from <https://andi.link/hootsuite-we-are-social-indonesian-digital-report-2021/>
- Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). London: Sage Publications.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. London: Sage Publications.
- Santiago Jr., C.S., Ulanday, M.L.P., Centeno, Z.J.R., & Bayla, M.C.D. (2021). Access, skills and constraints of barangay officials towards the use of information and communications technology (ict). *International Journal of Knowledge Content Development & Technology*, 11(2), 37-54. DOI:10.5865/IJKCT.2021.11.2.037
- Serageldin, I., & Dasgupta, P. (Eds.). (2000). *Social Capital: A Multifaceted Perspective*. Washington: World Bank.

- Siboro, M. D., Surjoputro, A., & Budiayanti, R. T. (2021). Faktor-faktor yang mempengaruhi penggunaan layanan telemedicine pada masa pandemi covid-19 di pulau jawa. *Jurnal Kesehatan Masyarakat (undip)*, 9 (5), 613-620. DOI: 10.14710/jkm.v9i5.30762
- Song, X., Liu, X., & Wang, C. (2020). The role of telemedicine during the COVID- 19 epidemic in China—experience from Shandong province. *Critical Care*, 24(178), 1-4.
- Spitzberg, B. H. (2006). Preliminary development of a model and measure of computer-mediated communication (cmc) competence. *Journal of Computer-Mediated Communication*, 11(2), 629–666. DOI: 10.1111/j.1083-6101.2006.00030.x
- Sulistya, A. B. (2012). *Faktor-Faktor Yang Berpengaruh Pada Pemanfaatan Layanan Medical Check-Up Di RSPAD Gatot Subroto*. (Disertasi Magister, Universitas Indonesia, 2012). Retrieved from <https://lib.ui.ac.id/file?file=digital/20314683-T31765-Faktor-faktor.pdf>
- Sundmaeker, H., Guillemin, P., & Friess, P. (Eds.). (2010). *Vision and Challenges for Realising the Internet of Things*. Brussels: Publications Office of the European Union.
- Taber, Ph.D., J. M., Leyva, B.A, B., & Persoskie, Ph.D., A. (2014). Why do people avoid medical care? a qualitative study using national data. *J Gen Intern Med* 30(3), 290–7. DOI: 10.1007/s11606-014-3089-1
- Thurlow, C., Tomic, A., & Lengel, L. (2004). *Computer mediated communication*. London: SAGE Publications.
- Tongco, M. D. C. (2007). Purposive sampling as a tool for informant selection. *Ethnobotany Research and Applications*, 5, 147.
- Turolla, A., Rossetini, G., Viceconti, A., Palese, A., & Geri, T. (2020). Musculoskeletal physical therapy during the covid-19 pandemic: is telerehabilitation the answer? *Physical Therapy*, 100(8), 1260–1264. DOI: 10.1093/ptj/pzaa093
- Weinsten, MD, R. S., Lopez, MD, MPH, A. M., Joseph, MD, B. A., Erps, K. A., Holcomb, BS, M., Barker, PhD, G. P., & Krupinski, PhD, E. A. (2014). Telemedicine, telehealth, and mobile health applications that work: opportunities and barriers. *The American Journal of Medicine*, 127(3).
- Wijayanti, N., Fiqih, F. T. N., Pratama, M. R. A., Setyaningsih, R., & Syafitri, D. U. (2018). Eksplorasi jenis permasalahan klien konsultasi online: Potensi pengembangan media digital dalam pelayanan kesehatan mental. *Jurnal Psikologi Ilmiah*, 10 (3), 277–283.
- Wilson, Brent. G. (1996). *Constructivist Learning Environments: Case Studies in Instructional Design*. Englewood Cliffs, USA: Educational Technology Publications.
- World Health Organization. (1998). A Health Telematics Policy. *Paper dipresentasikan dalam WHO Group Consultation on Health Telemedic*. Geneva: WHO.
- World Health Organization. (2010). *Telemedicine: Opportunities and Developments in Member States*. Geneva, Switzerland: World Health Organization.
- Yunus, M. M., Nordin, N., Salehi, H., Embi, M. A., & Salehi, Z. (2013). The use of information and communication technology (ict) in teaching esl writing skills. *English Language Teaching*, 6(7).
- Zhou, MMH, X., Snoswell, PhD, MPH, BPharm, C. L., arding, DipMLS, L. E., Bambling, PhD, M., Edirippulige, PhD, S., Bai, PhD, X., & Smith, PhD, MEd, BN, RN, A. C. (2020). The role of telehealth in reducing the mental health burden from covid-19. *TELEMEDICINE and e-HEALTH*, 26(4), 1-2. DOI: 10.1089/tmj.2020.0068