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Impact of Face Mask Wearing on Patient-Doctor Communication, and Associated Physical Side Effects

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Abstract

Background: Our study investigated the effect of face masks on communication between doctors and patients ...and the physical side effects associated with prolonged mask use. (of)

Methodology: This cross-sectional study was conducted at Jordan University hospital (Hospital) outpatient clinic between October 2021 and February 2022. Some 415 patients completed a self-administered questionnaire developed by the researchers based on their clinical observation and literature review. The questionnaire consisted of three main parts which assessed general sociodemographic information, the effect of mask-wearing on patient-doctor interaction, and common physical side effects of mask-wearing.

Results: This study shows that wearing face masks had a significant impact on communication between doctors and patients, making it more difficult for patients to understand what the doctor was explaining to them. This poor communication could lead to non-compliance by patients and negatively affect treatment outcomes. Additionally, the study found other negative physical side effects of wearing face masks, such as the appearance of new or worsened acne, breathing difficulties, new-onset headaches, and an increase in the severity and frequency of pre-existing chronic headaches.

Conclusion: Suggestions for future research would be to focus on measuring the extent to which poor communication during a consultation affects compliance and treatment outcomes. We also emphasize the importance of bringing these communication difficulties to the attention of healthcare professionals to avoid poor management and direct efforts towards finding solutions that ensure adequate healthcare for patients.

Keywords: Acne, communication skills, Covid-19, facemasks, headache, patient care

INTRODUCTION

Communication between the doctor and the patient is a crucial component of patient care, including the two dimensions of both verbal and non-verbal communication. If these forms of communication are inconsistent or contradictory, the non-verbal messages tend to override the verbal messages [1]. While verbal communication conveys our conscious thoughts rather than hidden emotions, non-verbal communication, on the other hand, might have the same, if not more,

impact on building rapport and in establishing a good doctor-patient relationship [2–4]. However, non-verbal communication is harder to analyze, flows throughout the whole consultation even during periods of silence, conveys more hidden and subconscious thoughts, signals impulsive cues, and is the best portal for sharing hidden emotions, feelings and (feeling, and) attitudes [5, 6]. Both verbal and non-verbal communication can be affected greatly by face coverings, while wearing masks, such as face masks, tends to cover many facial expressions and affect the quality and loudness of the voice [7, 8]. Since the COVID-19 pandemic, medical encounters and consultation, as with all other face to face (face-to- face) aspects, have changed tremendously. People across the world were obliged to wear masks, which created new challenges for achieving good doctor-patient communication and hence impacted the achievement of satisfactory therapeutic goals. Experts recommended wearing masks as the first line of defense against COVID-19 (COVD-19) [9], at least until the discovery of an effective (effective) treatment and vaccination, and so it was expected to be the 'new normal' in the meantime. Consequently, patient-doctor communication was affected by wearing masks, as the quality and loudness of the voice might be affected, while lip movements and facial expressions for both the patient and physician were obscured [7].

The communication difficulties underlying the use of face masks are evident in almost all age groups; a study that interviewed four hundred and sixty of the general population by snowball sampling mentioned that 'Face coverings affect communication in various ways for everyone' [8]. However, it is presumed that the pediatric as well as geriatric age groups, might experience greater communication deficits, partly because of the speech difficulties associated with these age groups that were previously compensated by non-verbal cues [2]. Face masks can also elicit fear in children, adding another challenge to managing this age group [10]. Pediatricians believe that wearing a mask interferes with their ability to interact with children and that youngsters are more afraid of medics who wear masks [10, 11]. Expressions of pain, melancholy, and confusion can also go unnoticed by doctors. Special attention is given to the elderly as they tend to suffer from diseases that further impair their communication abilities, such as Alzheimer's disease, dementia, stroke, Parkinson's disease, brain tumors, and most importantly, hearing problems [2]. This group particularly relies on expressions and lip movements to understand what they cannot hear from their doctors. Even a smile or serious expression can be a sign of good or bad news and can make a difference.

In addition to the evident effect of face masks on communication, wearing masks for prolonged periods can also lead to physical side effects.

Evidence suggests that some patients suffered from a drop in O2, rise in CO2, headache, respiratory troubles and rise in temperature. [12, 13]. In addition, skin problems may arise, with acne may be worsened by a moist, humid environment and prolonged facial irritation from mask usage (factors which are all correlated with wearing a face mask). It is hypothesized that 'mask' is indeed one of the many side effects correlated with masks [14].

The current study aimed to determine the impact of face mask-wearing on patient-doctor communication, and to note the possible side effects of mask-wearing for long periods, as in the case of treating physicians. This will help to shed light on the communication defects associated with mask-wearing, in the hope of further exposing the difficulties faced by health workers and patients.

METHODOLOGY

Settings

This was a cross-sectional study conducted at Jordan University The study was conducted at the hospital's outpatient clinic between October 2021 and February 2022. The study was approved by the institutional review board (IRB) of Jordan University Hospital and conducted according to the declaration of Helsinki's latest update.

Participants

The sample size was calculated based on a 95% confidence interval, with a margin of error (alpha error) of ±0.05% and an expected sample proportion of 0.5. A minimum sample size of 385 was calculated to be sufficient. Researchers approached a convenience sample of patients who attended the family medicine outpatient clinic during the study period. After explaining the study's purpose, patients who consented to participate were asked to complete a self-administered questionnaire. Inclusion criteria included any patient aged 18 years and above, who attended the clinic for various reasons on the stated dates; patients who were illiterate or unable to self-complete the questionnaire due to sight issues were offered help reading the questionnaire by one of the researchers [2, 5–8, 12–14]. A total of 415 patients fully completed the questionnaire.

Variables

Data were collected using a self-administered questionnaire developed by the researchers based on their clinical observations and literature review. The questionnaire was reviewed by two professors and an associate professor of family and community medicine. All points were discussed until consensus on the final version was agreed. The questionnaire consisted of three main parts; part one asked about the general sociodemographic of the participant, including age, gender, education, and employment; part two mainly explored the effect of mask-wearing on patient-doctor interaction, with the first part asking the patient to respond to four statements using choices of agree, disagree or neutral. The statements were: as a result of the doctor wearing a mask, it became more difficult to understand what he/she was explaining to me, I am more likely to need the doctor to repeat their questions, I am more likely to need the doctor to repeat their explanation about the diagnosis and/or management, I am more likely to need the doctor to raise their voice, not seeing the doctor's face negatively affects my understanding of the treatment plan, I tend to repeat my questions more than once, I tend to ignore some of my queries, I tend to need more time to explain myself, I tend to need more time to understand what I am told and not seeing the doctor's face makes it less likely to feel their empathy. The third part of the questionnaire addressed some of the common physical side effects of mask-wearing. The patient was asked to rate the physical symptoms as no effect, slightly, immediately, to a great extent, and not applicable for questions that do not apply. For physical symptoms, we mainly asked about the appearance of new acne or an increase in existing acne, breathing difficulties, new onset headache, increased severity of pre-existing chronic headache, and increased frequency of pre-existing headache

Infectious control measures were applied when handling and recollecting the questionnaire and ethical approval was obtained for the relevant bodies before commencing data collection.

Statistical analysis

We used IBM SPSS Statistics for Windows, v. 26.0 (IBM Corp., Armonk, N.Y., USA). In our analysis, we used mean (± standard deviation) to describe continuous variables. We used count (frequency) to describe other nominal variables.

RESULTS

A total number of 415 participants filled out the study questionnaire fully. Table 1 shows the sociodemographic of the sample, 250 of whom were female (60.2%). In terms of education, more than half of the studied sample held bachelor's degrees (54.5%), followed by 21.2% who had a primary school certificate, 12.8% of whom had finished secondary school, and 11.6% who held a postgraduate degree. Some 168 of the participants (40.5%) were full-time workers at the time of the study, 16.6% were housewives, and around 18% were unemployed.

Table 1. Sample characteristics

		Count (%)
Gender	Male	165 (39.8%)
	Female	250 (60.2%)
Education	Elementary school	88 (21.2%)
	Secondary school	53 (12.8%)
	Bachelor's degree	226 (54.5%)
	Postgraduate	48 (11.6%)
Profession	Full-time employee	168 (40.5%)
	Part-time employee	14 (3.4%)
	Freelance/ Owner	24 (5.8%)
	Retired	64 (15.4%)
	Housewife	69 (16.6%)
	Unemployed	76 (18.3%)

Table 2 describes the effect of mask-wearing on the consultation. The questionnaire asked about the potential impacts of the doctor a wearing mask by answering yes, no, or neutral.

Some 181 participants (43.6%) found that patients found it more difficult to understand the doctor's explanations, while another 202 (48.7%) found that wearing a mask made it more likely to need the doctor to repeat the question asked. A very similar percentage (47.2%) also answered that wearing a mask made it more likely that they needed the doctor to repeat the explanation about the management or diagnosis. In addition, around two-thirds of the participants (65.5%) said it became more likely that they needed the doctor to raise their voice for them to hear.

Table 2. Effect of mask-wearing on consultation

Statement	Yes (%)	Neutral (%)	No (%)
It became more difficult to understand what he/she is explaining to me	181 (43.6%)	63 (15.2%)	171 (41.2%)
I am more likely to need the doctor to repeat their questions	202 (48.7%)	67 (16.1%)	146 (35.2%)
I am more likely to need the doctor to repeat their explanation about the diagnosis and/or management	196 (47.2%)	62 (14.9%)	157 (37.8%)
I am more likely to need the doctor to raise their voice	272 (65.5%)	46 (11.1%)	97 (23.4%)

Table 3 demonstrates the effect of mask-wearing on patient-doctor interaction. In comparison to the previous visits, prior to the COVID-19 and mask-wearing obligation. More than a fifth of the patients (28%) agreed that not seeing the doctor's face negatively affected their understanding of the treatment plan, while 45.5% agreed that they needed to repeat their question more than once. More than one-third (39.3%) agreed that they tended to ignore some of their queries, while some 160 and 161 agreed that they needed more time to express themselves and tended to need more time to understand what they were told, respectively. Some 173 of the participants (41.7%) agreed that mask-wearing and not seeing the doctor's face made it less likely for them to feel the doctor's empathy.

Table 3. The effect of mask-wearing on patient-doctor interaction

Statement	Yes (%)	Neutral (%)	No (%)
Not seeing the doctor's face negatively affects my understanding of the treatment plan	116 (28%)	90 (21.7%)	209 (50.4%)
I tend to repeat my question more than once	189 (45.5%)	81 (19.5%)	145 (34.9%)
I tend to ignore some of my questions	163 (39.3%)	70 (16.9%)	182 (43.9%)
I often need more time to express myself during the consultation	160 (38.6%)	68 (16.4%)	187 (45.1%)
I tend to need more time to understand what I am told	161 (38.8%)	68 (16.4%)	186 (44.8%)
Not seeing the doctor's face makes it less likely to feel empathy	173 (41.7%)	79 (19%)	163 (39.3%)

The physical side effects of wearing the masks are shown in Table 4. Just under half of the participants had acne problems related to masks, as when asked if mask-wearing led to new acne or worsening of pre-existing acne, 22.2% answered slightly, 16.9% immediately, and 8% to a great extent. Regarding breathing difficulty, 44 participants (10.6%) felt no effect, 97 (23.4%) felt a slight effect, 147 and 127 (35.4% and 30.6%) felt an intermediate to great effect, respectively, of wearing masks on their breathing. Almost 60% noticed some new onset headache, while another 129 noticed increases in the severity of pre-existing headaches, 13.3% noticed a slight increase, 11.3% noticed an intermediate increase, and 6.5% noticed a marked increase. Similar numbers also noticed an increase in the frequency of pre-existing headaches.

Table 4: Side effects of wearing masks

Item	Never (%)	Mildly (%)	Moderately (%)	Severely (%)	Not applicable (Q3-4) (%)
The appearance of new acne or increase in existing acne	220 (53.0%)	92 (22.2%)	70 (16.9%)	33 (8%)	-
Breathing difficulties	44 (10.6%)	97 (23.4%)	147 (35.4%)	127 (30.6%)	-
New onset headache	164 (39.5%)	112 (27.0%)	82 (19.8%)	57 (13.7%)	-
Increase severity of pre-existing chronic headache	101 (24.3%)	55 (13.3%)	47 (11.3%)	27 (6.5%)	185 (44.6%)
Increase frequency of pre-existing headache	117 (28.2%)	47 (11.3%)	35 (8.4%)	26 (6.3%)	190 (45.8%)

DISCUSSION

Our study aimed to find out how and to what extent wearing a face mask affects communication between doctor and patient. It also aimed to assess the physical side effects associated with the long-term wearing of face masks such as the appearance of acne, breathing difficulty, and new onset or worsening of pre-existing headaches. Results showed a negative effect of wearing a face mask on this communication as well as on developing new or worsening pre-existing physical side effects.

Results clearly showed the negative implications of the doctor wearing a face mask on the quality of the consultation. For instance, 43.6% of our participants agreed that it became more difficult to understand what the doctor was explaining to them, 48.7% reported the need to repeat questions by their doctors, 47.2% said that they were more likely to need the doctor to repeat their explanation about the diagnosis and/or management, and 65.5% reported being more likely to need the doctor to raise their voice. Similarly, a study in Chennai, India asked patients whether doctors wearing masks and PPE made it more difficult to interact; 39.3% agreed, 29.2% somewhat agreed, 6.1% were neutral, 0.6% somewhat disagreed, and 24.8% disagreed [15]. These results emphasize that wearing face masks hinders the flow of communication and understanding between doctor and patient. This could be attributed to the fact that wearing a face mask affects the quality and loudness of the doctors' voices and mask their facial expressions and lip movements.

The present study showed that more than a fifth of the patients (28%) agreed that not seeing the doctor's face negatively affected their understanding of the treatment plan. This was slightly less than reported in another study, in which almost two-thirds of patients (65.5%) agreed and slightly agreed on the statement that 'Due to the physical distance and PPE, we were unable to understand the instructions of the doctors' [15]. Patients gave surgeons a higher rating for offering understandable explanations when they wore a clear mask, which is a see-through mask that enables patients to see the doctor's facial expressions. Doctors using a clear mask received a rating of 95% for understandable explanations, while doctors using conventional opaque masks received a lower

rating (78%) [16, 17].

Due to the use of facemasks, 45.5% of the patients in our study agreed that they needed to repeat their questions more than once. This was probably due to the decreased audibility, in addition to the lost benefit of lipreading. A previous study showed that surgical masks considerably reduced the speech perception threshold in noise by 1.6 dB (95% confidence interval CI 1.0–2.1) when averaged over all noise signals, whereas an N95 mask dramatically reduced it by 2.7 dB (95% CI, 2.2–3.2) [7].

Another important finding of this study is that patients found it easier to ignore some of their queries, with 39.3% agreeing that they tended to ignore some of the questions they had. One key finding for us in terms of having a significant negative impact on clinical encounters was the correct diagnosis finding and proper management planning [18]. Similar numbers (160 and 161, respectively) agreed that they needed more time to express themselves and tended to need more time to understand what they were being told. The latter could elicit a communication gap as not all patients would readily ask the doctor to clarify. This is illustrated by a qualitative study performed in Bantul, Indonesia, which studied patients' acceptance of facemasks. The study reported one patient saying during their interview, 'I just guess. I hesitate to ask' (Participant 7) [19].

This study showed that 173 of the participants (41.7%) agreed that mask-wearing and not seeing the doctor's face made it less likely for them to feel the doctor's empathy. Not surprisingly, this was also found by other researchers, for example in a study performed in North Carolina which compared the use of normal vs. transparent facemasks. It found that patients rated their surgeons higher for displaying empathy when surgeons wore a clear mask (see-through mask). Doctors wearing transparent face masks were given a rating of 99% for empathy, while those using normal face masks received a lower rating of 85% [17].

As for physical side effects, in this study, just under half the participants reported acne problems related to masks. When asked if the mask-wearing had led to the appearance of new acne or worsening of pre-existing acne, 22.2% answered slightly, 16.9% immediately, and 8% to a great extent. Skin reactions to mask-wearing have been anticipated in the literature [14]. Acne was the most common adverse skin reaction discovered in the study, followed by face rashes and itching [14].

On the other hand, when asked about the new onset of headache, a great proportion of our patients reported no effect (39.5%) or a slight effect (27.0%) with only 19.8% and 13.7% reporting intermediate and great effects, respectively. Furthermore, only 11.3% of our patients reported an intermediate effect of wearing a face mask on increasing the severity of their pre-existing headache and only 6.5% answered to a great extent. In contrast to our findings, a study conducted on 158 healthcare workers in Singapore found that 81% of its participants developed new headaches as a result of wearing PPE. Out of those with pre-existing headaches, 91.3% either agreed or strongly agreed that the increased PPE usage had affected the control of their background headaches, which affected their level of work performance [20]. The discrepancy in these findings could be attributed to the fact that the study conducted in Singapore was on medical professionals working in high-risk hospital areas such as the emergency department and isolation wards. Therefore, the use of the tight-fitting/thick N95 face mask and the longer duration of wearing it could be why healthcare workers developed new headaches or had worse pre-existing ones [20]. In contrast, our study participants wore reduced

thickness/loose-fitting surgical masks for a shorter period.

Based on this study and the available literature, it is very clear that face masks do pose a challenge to effective communication in the healthcare system and due efforts should be directed to lower the communication gap. In light of some efforts made in this direction, a study published by the University of Lapland, Finland, demonstrated how they created two types of interactive facemasks: a mouthy mask, where a neutral expression is indicated by a straight horizontal line, and a smile is indicated by a curved horizontal line, and a Smiley Mask that shows two emojis, a happy face and a sad face [21]. Newly developed transparent facemasks also seem to mitigate better understanding of facial and nonverbal cues and could replace conventional face masks in the future [16, 17, 21]. Perhaps smart technologies could help dissipate the challenges and introduce new solutions. The main limitation of our study is that it was conducted in a single center in Jordan. Future studies should consider a multicenter approach to improve the generalizability of the results.

In conclusion, this study shows that wearing face masks significantly affected the communication between doctor and patient in many ways, but most importantly by making it more difficult for patients to understand what the doctor was explaining. Poor understanding and communication will inevitably lead to non-compliance by the patient and therefore act as an obstacle to achieving the desired therapeutic outcomes. Suggestions for future research would be to study and accurately measure to what extent poor communication during a consultation affects compliance and the ability to achieve certain desired outcomes in these patients. Nevertheless, these communication difficulties should be brought to the awareness of all health professionals to avoid the outcome of poor management, and personal effort should be directed to producing appropriate solutions to ensure the delivery of adequate healthcare to patients.

One of the limitations of the study is that the data were collected early in the COVID pandemic, when many people might have opted to avoid attending clinics in hospital settings; this may have affected the sociodemographic of our sample and thus the results. Also, due to the same constraints of early COVID and the limitations on patient numbers visiting clinics, a pilot study was not conducted, which could have strengthened the study.

It is worth noting that this research represents one of the earliest studies to explore the effects of mask-wearing on patient-doctor communication. Despite these limitations, our study provides important insights into the impact of mask-wearing during the pandemic and highlights the need for further research to examine the long-term effects of this public health measure.

Declaration

Ethical approval and consent to participate

Verbal approval was obtained from each patient after explaining the study's purpose and design. Patients who agreed to participate in the study were asked to complete a self-administered questionnaire. The respondents were told about the purpose of the study and briefed regarding the questionnaire provided to them. Care was taken to ensure privacy and confidentiality. Each questionnaire was then reviewed by the investigator to ensure it had been completed.

The study was approved by the institutional review board (IRB) of Jordan University Hospital and conducted according to the declaration of Helsinki's latest update (22).

Availability of data and material

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that they have no competing interests

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Authors' contributions

The authors confirm contributions to the paper as follows: study conception and design: Ruba J; data collection: Mira A, Esra'a J, Hiba A, Dana A; analysis and interpretation of results: Mohammad A; draft manuscript preparation: Ruba J, Mira A, Esra'a J, Hiba A, Dana A. All authors reviewed the results and approved the final version of the manuscript.

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ارتداء قناع الوجه. التأثير على التواصل والآثار الجانبية الجسدية ؛ دراسة مقطعية

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الملخص

المنهجية والأهداف : إن ارتداء الكمامات او الأقنعة قد يؤثر بشكل او بآخر على التواصل بين المريض والطبيب من ناحية ايصال المعلومات والشروحات عن المرض او العلاج، لذلك هدفت هذه الدراسة إلى استكشاف كيفية ومدى تأثير ارتداء كل من الطبيب والمريض للاقنعة على قدرتهما على التواصل ومدى التأثيرعلى سير العملية العلاجية، كما هدفت هذه الدراسة إلى الاستطلاع على الآثار الجانبية الجسدية المرتبطة باستخدام الأقنعة على المدى الطويل كظهور الحب على الوجه وغيرها وهذه الدراسة مقطعية وقد أجريت في العيادات الخارجية بمستشفى الجامعة الأردنية في الفترة ما بين تشرين الأول (أكتوبر) 2021 وشباط (فبراير) 2022 ، حيث أكمل 415 مريضًا (شريطة أن يكون عمره فوق ال 18 عامًا) استبيانًا ذاتيًا، تم تطويره من قبل الباحثين في هذا البحث بناءً على خبرتهم السريرية وبالرجوع الى أبحاث سابقة حول نفس الموضوع. يتكون الاستبيان من ثلاثة أجزاء رئيسية: الجزء الأول يتكون من أسئلة عن المعلومات الاجتماعية والديموغرافية العامة للمرضى، والجزئ الثاني عن تأثير ارتداء القناع على التفاعل بين المريض والطبيب، وأما الجزء الثالث فعن الآثار الجانبية الجسدية الشائعة لارتداء القناع.

النتائج: أظهرت هذه الدراسة أن ارتداء أقنعة الوجه له تأثير سلبي على التواصل بين الأطباء والمرضى، وبالأخص على فهم المريض لشرح الطبيب له. وبذلك من الممكن أن يؤدي هذا الضعف في التواصل إلى عدم التزام المريض بخطة العلاج وبالتالي يؤثر سلبًا على نتائج العلاج. بالإضافة إلى ذلك، وجدت هذه الدراسة أن هناك آثارًا جانبية جسدية سلبية لارتداء أقنعة الوجه، مثل ظهور حب الشباب الجديد أوالمتزايد، وصعوبات التنفس، والصداع الجديد، أو زيادة في شدة أوتكرار الصداع المزمن الموجود مسبقا

الاستنتاجات : اقتراحات للبحوث المستقبلية حول هذا الموضوع من الممكن أن تركزعلى القياس الدقيق لمدى تأثير ضعف التواصل ما بين الطبيب والمريض على التزام المرضى بالخطة العلاجية ونتائجها. بالنهاية، شددت هذه الدراسة على أهمية لفت انتباه كل المختصين في الرعاية الصحية إلى هذه الصعوبات في التواصل من أجل الحصول على أفضل نتائج علاجية للمرضى.

الكلمات الدالة: حَبُّ الشَبَاب؛ مهارات التواصل؛ كوفيد -19 أقنعة صداع؛ رعاية المرضى