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## EFFECT OF THE MASK ON COMMUNICATION: A PERSPECTIVE OF THE SCENARIO OF COVID-19

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**DOI: 10.5958/2249-7315.2022.00033.8**

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### ABSTRACT

*The COVID-19 pandemic has radically altered our way of life, and it has become the "new normal" for us. The wearing of a facemask in public areas has now become a requirement. Many people used to cover their faces in public places for a variety of reasons, but it was not considered proper etiquette at the time. In the past, wearing a mask was considered unsuitable in many situations due to concerns about safety and identification. This has changed. Even though the vaccine for COVID-19 has already begun, and COVID-19 may be eradicated within a few years, wearing a mask will continue to be a part of everyday life for a variety of reasons. A new pandemic is expected at any time as a result of pollution, and we have observed and scientifically shown that viral infections have decreased significantly since we began wearing masks in public places. Specifically, the problem of face-to-face communication while wearing a face mask will be investigated in this research. The movement of the muscles on the face is very significant in the process of communication since it conveys a lot of information. When we wear a mask, the lower sections of our faces, including the part of the nose, the corners of our mouths, the corners of our jaws, and the insides of our cheeks, are hidden. The movements of the muscles in these areas of the face are critical in the communication process because they convey significant information. It is necessary to speak the messages that would otherwise be delivered through facial expressions. The use of facial expressions to complement spoken communication has been phased out. The real question is how communicators will navigate their way out of this dilemma.*

**KEYWORDS:** *Face-To-Face Communication, Facial Mask, Facial Expression.*

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### 1. INTRODUCTION

Everything changed when the COVID-19 (Severe Acute Respiratory Syndrome Coronavirus 2) pandemic struck, and many people lost their lives as a result. It was necessary for people to adapt the way they interacted with one another. As a result of the precautionary measures taken to minimise the spread of the virus, there has been a shift in the way people communicate, particularly when it comes to handshakes and greetings. As a result of the new conditions, people were compelled to adopt salutations that did not include physical contact, such as the "peace sign," "hand on heart," and "namaste" (Aubrey, 2020) [1]. Telecommuting has also gained prominence,

with corporate meetings and conferences increasingly taking place virtually through social media platforms such as Zoom, Google Meet, Skype and Microsoft Teams. This is due to the fact that personal space and social separation have become increasingly vital for staying secure.

As a result of the epidemic, face-to-face communication was severely restricted. To restrict the transmission of the infection, face masks were essential, and their use had a substantial impact on interpersonal communication and interaction. Facial expressions and gestures are incredibly significant in interpersonal communication because they aid in the interpretation and delivery of the desired messages. As a consequence, wearing a face mask affected one's capacity to observe and interpret others' facial expressions during talks, as well as the impact of the information given.

Dealing with the COVID-19 pandemic has had a big influence on how people connect with one another. To ease the virus's symptoms, protective measures such as social isolation and face masks are required. However, these measures revealed challenges in face-to-face communication in our daily lives. Face masks, in particular, mute sounds and hide facial expressions, making it easier to comprehend what is being said during the live conversation (Mheidly et al., 2020) [2]. Face masks are becoming more and more popular. Despite the fact that wearing a mask is a convenient technique to prevent disease spread, it is critical to understand how the mask impacts our ability to interact with people through facial expressions. Do our facial expressions alter when we meet a friend while wearing the mask versus when we aren't wearing it? We were particularly interested in the impact of wearing a face mask on one's facial expression, particularly around the eyes. Wearing a mask increases the frequency with which individuals communicate by smiling their eyes, leading to the conclusion that wearing a mask increases the frequency with which people communicate by smiling their eyes. In other words, we can use the smiley-face technique on our eyes to communicate excitement and happiness even when we are wearing a mask (Okazaki et al., 2021) [3].

The purpose of this research is to demonstrate and analyse the importance underlying facial expressions during communication, but also how adopting a face mask may lead to interpersonal disputes. Furthermore, it would make an effort to present a few coping strategies and skills that may be useful to us in order to communicate more successfully while wearing face masks during the current and future pandemics.

Face expressions, which are among the most significant parts of human communication, are the primary means by which people communicate. The face is responsible for not just transmitting thoughts and ideas, but also for communicating emotions. One or more actions or postures of the muscles beneath the skin of the face that is visible to the viewer are characterised as a facial expression. Facial expressions are a sort of nonverbal communication in nonverbal communication. COVID-19 had the greatest impact on face-to-face communication by far face-to-face contact was severely hampered as a result of the high demand for face masks, which was a vital defensive measure to prevent the virus from spreading. Interpersonal communication, comprehension, and message transmission are all aided by facial expressions and gestures. It was difficult to see and understand people's facial emotions when they were wearing face masks during conversations. Face masks have a two-fold adverse effect on speech fear. The amount of critical visual speech signals produced by the mouth is reduced when wearing a mask. Masks also have the capacity to change the acoustic qualities of the voice signal that is being conveyed. The audibility of someone with normal hearing can be reduced by 30%.

## **2. LITERATURE REVIEW**

People felt social isolation, psychological tension, and unpleasant feelings such as fear, wrath, and despair as a result of the lockdown. People reported a variety of anxiety and sadness symptoms in general (Brooks et al., 2020 [4]; Luo et al., 2020 [5]; Xiong, 2020 [6]; Wong et al., 2013 [7]). The limitations also had a significant influence on people's lifestyles, societal attitudes, and trust in

government institutions.” Individual responses to psychological distress, on the other hand, may vary depending on psychological traits such as affective temperament and attachment characteristics, as well as subjective interpretations of information about the pandemic and its consequences obtained from institutions and scientific panels, as well as media and social media (Moccia et al., 2020) [8]”. Even though the COVID-19 epidemic severely reduced interpersonal (physical) connection due to imprisonment and social isolation, people were exposed to highly emotional imagery and narrations, as well as knowledge of others' behaviours and emotional reactions (Cinelli et al., 2020) [9]. This was made feasible by the media and social media during the epidemic. Furthermore, the general public had access to information about the epidemic and the lives of people who had been infected with COVID-19. Individuals may connect with others not just vocally, but also nonverbally, due to a variety of ways for sending audio and multimedia sessions across internet protocol networks (IP networks) (relatives, colleagues, and friends). Nonetheless, during the quarantine period, the vast majority of people maintained physical spaces with their family and kin, most commonly for a longer length of time than in prior living arrangements. As a result, the physical separation did not necessarily imply emotional isolation during the COVID-19 pandemic.

It's uncertain if wearing masks promotes or diminishes interpersonal trust on a wide basis. On the one hand, masks can communicate prosocial behaviour (Betsch et al., 2020) [10], increasing perceived trustworthiness. On the other side, masks can be used to conceal illegal activity (Barclay, 2004) [11]. SARS-CoV-2 infection is not life-threatening for the majority of patients (Clark, 2020) [12], but many persons infected with SARS-CoV-2 are asymptomatic or presymptomatic, and hence do not appear to be unwell (Moghadas, 2020) [13]. In the case of an outbreak, masks are often used to protect others from becoming ill (Cheng, 2020) [14]. Large portions of the face are obscured by face masks, making it harder to recognise people and hiding critical expressions in establishing trustworthiness and creating confidence (Carbon, 2020 [15]; Freud, 2020 [16]; Grundmann, 2021 [17]). Masks have also been a polarising and politically fraught subject in recent years (Bir, 2021 [18]; Taylor, 2021 [19]). Lazarus (2020) [20] observed that perspectives on preventative measures vary substantially even within the same culture. Wearing a mask can also indicate the number of members of an opposing ideological group, decreasing perceived trustworthiness even before people are recognised (Moya, 2020) [21]. “In order for the decision to wear a mask to elicit fundamentally different emotions among members of society, it is necessary to redefine who can be trusted and who cannot be trusted (Tanis, 2005) [22]”. COVID-19's possible personal implications, as well as one's own ideas and attitudes towards mask-wearing, should be addressed when considering the mask's meaning as a prosocial or ideological symbol. As a result, their impacts on risk group membership and personal mask-wearing normative attitudes may be easily assessed.

How could researchers measure people's psychological functioning when they were under lockdown and face-to-face interviews were forbidden? According to recent research by Moccia et al. (2020) [8] conducted across the country, online surveys were widely employed in the Italian context. When compared to more standard sample collection approaches, this methodology may provide the benefits of faster data gathering, larger samples, and reduced expenses (postal or telephone). Questionnaires allow people to record subjective and clear descriptions of their own mental states (Scarpina et al., 2018) [23]. To the highest possible standard, no other study has used a digital channel task to measure socially isolated persons' psychological functioning. “During the COVID-19 pandemic lockdown, an Italian sample was subjected to an online version of an implicit facial expression recognition task concentrating on the emotion of dread (Scarpina et al., 2018) [23]”. The subjects' behaviour was recorded while they were exposed to scary expressions in this experiment.

“Distress, anxiety, and other psychological problems are associated with pandemic suffering (Luo et al., 2020 [5]; Xiong et al., 2020 [6])”. When interpersonal communication is hampered, as it is with facial coverings, communication stress arises. One effect is a significant reduction in the patient-doctor relationship's continuity (Wong et al, 2013) [7]. “The "McGurk" effect can also happen when visual and auditory information isn't synchronised, causing the brain to misunderstand the information (Magnotti and Beauchamp, 2017) [24]”. In pandemic circumstances, face masks are a relatively understudied type of communication stress in susceptible groups. Because non-transparent face masks make communication more difficult, sign language users still need to be able to see the mouth. Face masks are divisive, and their overall value is questionable, especially because the term "mask" has evolved to apply to any face covering, regardless of efficacy (Nobrega et al., 2020) [25]. The opinions of health professionals on the usage of masks have been misconstrued and are occasionally inconsistent. Wearing a mask can prevent the virus from spreading by up to 30%, according to a new study done by the University of Washington's Institute for Health Metrics and Evaluation (IHME), which some think is sufficient evidence for requiring its use. Because it featured data on respirators and surgical masks, the findings of this study were only relevant to healthcare personnel and not to the general population (International Health and Medical Engineering, 2020). The World Health Organization (WHO) issued a meta-analysis on masks in June 2020, but its results were ambiguous (WHO, 2020) [26]. The Parliamentary Office of Science and Technology (POST) in the United Kingdom quickly pointed out that while "a review of several studies published in *The Lancet* revealed that masks and eye protection can help minimise COVID-19 exposure," the "confidence of the evidence" is "low." The majority of the studies in this study, according to POST (2020) [27], concentrated on different coronaviruses, and none of the COVID-19 trials was conducted in community settings. Surgical masks offer less protection to the wearer and less transmission outward than other mask kinds. In essence, the World Health Organization (WHO), the International Health and Medical Education Organization (IHME), and other recent studies are all concurred on this (Marasinghe, 2020 [28]; Dugré et al., 2020 [29]).

Greenhalgh et al. [30] advise that politicians use the "precautionary principle" to urge people to wear face masks, stating that "we have nothing to lose and maybe plenty to gain from this policy (2020)." To begin with, this appears to be a weak basis for a broad societal intervention with unpredictable negative consequences. Despite the absence of proof that masks are useful in preventing sickness, the necessity to wear them is diminishing people's motivation to participate in disease prevention in general. People may reject not just masks, but also distance, natural ventilation, tracking, and voluntary isolation restrictions and suggestions, and they may become belligerent and resistant to any COVID-19 health measures imposed on them in general. Authorities must preserve the "illusion-in-part" that wearing a mask will prevent them from catching the sickness since people are more motivated to defend themselves than to protect others. Cost, availability, cleanliness, and the force with which the mask is spoken, among other factors, all have a significant influence on the efficacy that has been demonstrated for most mask materials thus far. Wilson et al. (2020) [31] developed a computer model to evaluate the risk of inhalation infection from various mask materials. The following were the main author's thoughts: "The proper use of masks is critical. While we've been discussing masks that protect the wearer, it's also vital to remember that they protect people around you if you become ill".

Qualitative observation is inherently naturalistic, taking place in the natural setting under investigation with the observer remaining discreet and unobtrusive, not altering or controlling the circumstance (Mays & Pope, 1995) [32]. A technique for systematic text analysis is qualitative content analysis (Mayring, 2000) [33]. Content analysis is described as the application of a repeatable and reliable approach for drawing certain conclusions from the text (Krippendorff, 2018) [34]. It can be used on its own or in combination with other techniques. Field notes, medical

records, transcripts from interviews, and documents such as books are all examples of recorded communication that can be exploited.

Content analysis is a well-known and widely utilised qualitative research approach and a form of data analysis that has seen a lot of application in recent years in health studies (Hsiu-Fang & Shannon 2005) [35]. Choosing the unit of analysis is one of the most crucial basic decisions to make when utilising content analysis. In literature, the unit of analysis can refer to a wide range of objects of study, such as a person, a classroom, an organisation, a programme, or a hospital, as well as a community, a state, or an entire nation (Patton, 2002) [36]. The whole text of the unit of analysis, which in this case is an "article" in relation to this study, can be kept in mind as a context in the analysing process of the meaning unit. Meaning units are words in statements, phrases, and paragraphs that have content and context in common. Condensation is the process of shortening a meaning unit while keeping the main point intact.

Convenient sampling is often referred to as unintentional sampling or chance sampling. The study includes participants who are simple or convenient to approach. The strategy is useful when the target audience is defined in terms of a broad category. Girls and boys, men and women, the affluent and the poor, and so on might all be part of the target group. This strategy entails addressing any available member of the target demographic at the moment. He or she is welcome to participate in the research. If the subject gives their approval, the inquiry is over. Because the sample is quick and easy to approach, this has the benefit of needing fewer efforts, being less expensive, and consuming less time (Etikan et al., 2016) [37].

### **IMPORTANCE OF FACIAL EXPRESSIONS IN EFFECTIVE COMMUNICATION**

Interpersonal communication and the transfer of emotions between people are heavily influenced by facial expressions. People read each other's facial expressions, which helps them anticipate events and situations as well as build responses to them (Isaacowitz et al., 2007) [38]. "Each of the three areas of the face (the top, middle, and lower portions) plays a critical role in conveying an individual's sentiments and moods, and each of these parts can be divided into three sections: upper, middle, and lower portions (Guarnera et al., 2015) [39]". Lips, cheeks, and other regions of the mouth, all of which are commonly addressed in our daily talks, are examples of lower facial structures engaged in behaviours such as grinning and grimacing.

The Facial Action Coding System, which classifies human facial movements according to how they appear on the face, associates action units, or basic changes in facial appearance, with certain emotions. A group of facial muscles work together to form these expressions (Ekman, 2002) [40]. The "nose wrinkle," which folds and pulls the skin upward along the sides of the nose, is used to show disdain in the centre of the face (Gagnon, 2014) [41]. The bottom face includes motion components such as the "chin raiser," "lip stretching," "lip tightener," "lips part," and "jaw drop". "Each action unit is linked to a set of facial muscles that expresses a particular emotion, and each is linked to a set of facial muscles that expresses a particular emotion (Ekman, 2002) [40]". The "chin raiser" raises the chin boss and lower lip, while the "lip tightener" shrinks the lips; both action units are employed to express fury (Gagnon, 2014) [41]. Both the "lips stretcher" and the "lips part" are used to portray dread by stretching the lips horizontally and separating them to a limited extent (Gagnon, 2014) [41]. Aside from that, the "jaw drop" is a way of expressing surprise by splitting the lips and revealing the area between the teeth (Ekman, 2002) [40].

"When it comes to emotional recognition, the middle and lower faces are thought to have a large degree of effect and Kestenbaum (1992) [42] studied how children perceive emotional expression and determined that the lips may be utilised to recognise a neutral expression and is the most effective for recognising delight". Information from the upper, middle, or lower face, according to Gagnon et al. [41], can help children distinguish between fear, surprise, disgust, and fury. They discovered that, among other things, children can discern between fear, surprise, and rage by

utilising lower-face expressions and disgust by using middle-face expressions (Gagnon et al., 2014 [41]). The significance of the middle and lower faces cannot be emphasised, despite the fact that the top face plays a significant part in the development of emotional emotions.

### **3. METHODOLOGY**

The data for the present paper is gathered through the review of existing literature, through surveys and also through the researcher's personal observation. In order to understand the real-life problems and obstacles faced, on a daily basis when communicating with others face-to-face while wearing facial masks, samples were interviewed. The samples were google forms to fill, for the said purpose. The objective of this was to determine the type and intensity of communication difficulties that people are experiencing in this 'new normal' situation. The questionnaire was produced and distributed to several social groups, with the request that they distribute it to the greatest number of individuals possible. This study did not collect any information about the participants' names or contact information.

### **4. METHODS OF DATA COLLECTION**

For this work, both primary and secondary data were gathered. Questionnaires, interviews, and the researcher's qualitative observations were the primary sources of data collection. Official documents, past research and reports, newspapers, books, and journals were used as secondary data sources. Secondary data was extensively evaluated before primary data was collected. The secondary data had been subjected to content analysis.

### **QUESTIONNAIRES**

This was used in this paper to elicit responses from the participants. The form of questionnaires was semi-structured (i.e., the combination of structured and unstructured) in nature to elicit the respondent's opinion. The questions were mostly designed in the open-ended style and a few in the close-ended style.

The justification for asking such questions was that one may expect more truthful responses. The best of both worlds was achieved by using both open-ended and closed-ended questions. Closed responses were simple to count, but open responses supplied more information. Respondents contributed descriptive replies to open-ended questions, which provided valuable information into their attitudes that could not be obtained from a simple 'yes' or 'no' response. A pre-test using open-ended questions was conducted at the initial stage of questionnaire design to identify adequate answer categories for the close-ended questions before designing close-ended questions.

The researcher primarily used this study to review the current literature on prior studies on facial communication and its impact on the general population. Official publications, past studies and reports, media and journals are examples of secondary data sources. Various online journals, such as the British Medical Journal (BMJ), Pubmed Central, Jestor, Sage Publishing, Family Health Journal, Google Books, and others, will also be explored. Multiple search engines, as well as core keywords and phrases linked to the research topics, were employed to gather data.

The following inclusion and exclusion criteria were used in the data search method to find the articles that were chosen. Articles that are written in the English language, have public-oriented content, are applicable to both male and female genders (gender-inclusive articles), and are relevant to the study topic and questions are all considered for inclusion. Articles in other languages, content not centred on public practise, gender-specific articles, and irrelevant articles not related to research issues are all exclusion criteria.

### **FINDINGS**

Following the receipt of replies, verification was done, to check for any missing information or responses that could have resulted in mistakes in the study. Respondents' replies were imported

into Microsoft Office Excel and cross-checked against each other. The final step in the data analysis process is to use Microsoft Office Excel. When in public settings, approximately 94 per cent of those who responded to the survey do so with a facial mask. In public areas, about 5 per cent of people do not always use face masks, and this number is increasing. In public locations, less than one per cent of those polled indicate they do not wear a mask. This demonstrates that people are aware of the significance of wearing a mask in order to avoid contracting the COVID-19 virus. As many as 71 per cent of those who answered the survey believe that wearing a mask is a barrier to face-to-face conversation, while only 4 per cent believe that it is not a barrier to communication at all. Face masks, according to approximately 25 per cent of respondents, might be a hindrance to face-to-face communication at times. As a result, it is apparent that people who wear face masks find it difficult to interact with one another.

The following are the primary difficulties that respondents identified.

- Can't communicate correctly
- I am unable to hear properly.
- Because I am unable to observe lip movements, I am unable to comprehend correctly.
- Because I am unable to comprehend the facial expression, I am unable to comprehend the message effectively.

When it comes to face-to-face contact, more than 81 per cent of those who answered the survey felt that viewing the entire face is vital. As a result, it demonstrates that facial expression is a significant role in face-to-face direct communication between people. It may come as a surprise to learn that 51 per cent of those polled said they talk less when they are wearing a mask as opposed to when they are not wearing one. This demonstrates the difficulty of talking while wearing a facial mask. As a result, people prefer to remain silent rather than initiate a discussion, owing to the additional effort required to converse while wearing a facial mask. And the following statement lends credence to this assumption. When asked if they were spending more energy while conversing while wearing a face mask, over 76 per cent of respondents said they were. Eighty-eight per cent of those who answered the survey felt that wearing a face mask makes their emotions invisible to others. More than 81 per cent of those who answered the survey said they were unable to recognise the emotions of others. The two lines above demonstrate again that emotions, which are the result of facial expressions, are critical components of effective communication.

Although the majority of individuals believe that wearing a mask makes face-to-face communication more difficult, the majority of people continue to do so in the new normal world, according to the survey. Face-to-face communication is made more difficult by the use of facial masks, which make it more difficult to express and understand thoughts, mostly because they are less audible and because they are unable to observe lip movements and facial emotions. Facial motions and expressions, as well as other nonverbal communication, account for the vast bulk of our entire communication. The eyes and lips are two of the most significant organs for analysing other people's faces. Face mask wearers tend to focus more on their eyes in order to decipher the facial expressions that are displayed. When people utilise words, they may communicate more directly. However, humans also rely extensively on non-verbal clues such as the tone of voice, gestures, touch, body language, and facial expressions to make decisions and communicate effectively. The face is the primary route via which the most detailed emotional states are communicated. The mask has now become a permanent fixture on the face, impeding our capacity to express and recognise one another's facial emotions by dividing them into two halves: the

visible top half and the unseen bottom half, making them difficult to express and recognise. As a result, we are significantly limited in our ability to discern emotions based on facial expressions.

### **COMMUNICATION DIFFICULTIES WITH A MASK**

The face mask, despite its crucial protective purpose, makes ordinary face-to-face interaction difficult. The sharing of information between two or more persons through spoken or physical (gesture) interactions is referred to as interpersonal communication. When wearing the protective mask correctly, it is required to cover the mouth and nose, which muffles sound and makes a speech and some higher-pitched noises difficult to distinguish. Face masks also limit the emotional expression functions of the middle and lower faces by making the middle and lower faces' action units invisible to the person wearing the mask. Positive facial expressions, for example, can significantly reduce a patient's anxiety when a physician is speaking with them (Nobilo, 2020) [43].

Wearing face masks, as a result, has a detrimental influence on the doctor-patient interaction. Covering one's face makes it difficult to judge the patient's moods and emotions, as well as the physician's capacity to respond calmly and sensibly to the circumstance (Nobilo, 2020 [43]). A patient's inability to recognise a physician's expression of empathy is a common occurrence. Furthermore, people with special needs and hearing impairments communicate with one another and with others through sign language. Covering the lower half of their face (nose, cheeks, lips, teeth, nose, and chin) makes them feel handicapped and alone, and it limits their capacity to understand what is being said. Emotional perception is diminished as a result of this reduction, and the role of the upper face in emotional expression is increased.

Facial expressions and gestures, for example, account for 55 per cent of our whole communication (Mohammadi, 2020 [44]). The eyes and lips are the two fundamental organs that aid in the comprehension of other people's faces. Face mask users are more inclined to concentrate on their eyes in order to comprehend the facial emotions sent to them. Eye contact may be used to show empathy and care for others, as well as to control emotions, communicate attention, and improve communication. Extended eye contact, on the other hand, maybe unsettling for certain people (Mohammadi, 2020 [44]), since it might exaggerate genuine interest in the issue or convey aggressive symptoms.

For religious or cultural reasons, many individuals throughout the world prefer to hide their faces (Ong, 2020) [45]. "Since the early twentieth century, surgical or cloth face masks have been worn in a number of East Asian nations, primarily China". Face masks were often used all across the world during the 1918 influenza pandemic, which originated in the United States. Due to firestorms, intense smoke, and ash in the air, face masks were also required during Japan's Great Kanto Earthquake in 1923. "Flu pandemics struck Singapore and Hong Kong in the 1950s and 1960s, respectively, while the SARS epidemic in the early 2000s wreaked havoc in China, Hong Kong, and Taiwan, among other locations". Wearing a face mask has become a social covenant and a cultural signal of respect throughout time. However, additional adaptation will be necessary owing to the lack of the nose, mouth, and cheek muscles while interacting with individuals face to face in Western culture.

### **EFFECTS ON THE PATIENT**

Because they conceal a substantial portion of the face, masks have the potential to generate a significant psychological barrier to the establishment of therapeutic contacts (Seale et al., 2014) [46]. When you put in all of the extra PPE that is normally required to properly administer therapy, such as visors, hairnets, and robes, it becomes practically hard to tell one physician from another. According to Ridd et al. (2009) [47], longitudinal care strengthens the patient-clinician



connection, with regularity rather than frequency being the most important factor in establishing and maintaining trust and esteem. Patients' health behaviours have been shown to be influenced by positive patient-clinician interactions (Berry et al., 2008) [48], which has implications for medication compliance and, ultimately, clinical outcomes. "When prosopagnosia and other forms of facial recognition problems are already frequent, wearing a face mask may exacerbate visual identification challenges in individuals with cognitive disabilities, such as those with acquired brain injuries (Valentine et al., 2006) [49]". Finally, a lack of perceived regularity in patient-clinician interactions may sabotage the favourable benefits of relationship continuity. In addition to visually homogenising the wide range of professional positions accessible in the ward environment, which may be a considerable challenge in of itself, the inability to consistently recognise a physician may have an impact on the amount of rapport developed with that clinician. "In addition to official diagnoses of depression and anxiety, persons in the clinical community who fail to distinguish between therapists and experience disorientation as a result of this might feel lonely and alone (Alsawy et al., 2020) [50]". Therapeutic engagement may be harmed as a result of the aforementioned endemic discomfort, putting the productivity and authenticity of collaborative interactions critical for shared decision-making in patient-centred care at risk. Patients, contrary to common thought, prefer employees who wear masks, indicating that they are more comfortable with them, especially in the field of dentistry. According to the study's findings, some patients believe that this practice is directly associated with infection control measures and that it is beneficial to their personal safety as a result of this perception (Shulmand and Brehm, 2001) [51]. If patients and caregivers understand the need for face-covering in the context of the COVID-19 outbreak, they may have more trust, respect, and regard. It may also have a favourable influence on the patient-clinic relationship's degree of involvement. A determined effort should be made to aid in the acknowledgement of individual doctors as the cornerstone for healthy and effective therapeutic interactions, regardless of the patient's abilities, attitudes, or preferences.

### **EFFECT OF HEALTHCARE WORKERS**

The art of connecting with patients has been extensively studied (Ha and Longnecker, 2010) [52], and it is generally understood that in the healthcare environment, a good therapeutic relationship is crucial for service engagement and patient satisfaction (Danzl et al., 2012) [53]. In order to create rapport and enhance coproduction in goal formulation and intervention, it is critical to have good patient-clinician communication and positive interactions. To compensate for the impact of mask usage on patients, a therapist must now commit more time and effort than ever before in establishing acceptable communication channels. Doctors wearing masks have been shown to be a sign of the formation of "barriers" between them and their patients. Masks, they feel, are also connected to worse patient connections, restricting their capacity to give gold-standard treatment. As a result, doctors' views of accomplishment, and hence their job happiness, may suffer. Patients' perceptions of mask-wearing have been a source of concern for clinical research study personnel, with some fearing that their participation will make them feel "like lepers" Clinicians are constantly challenged with ethical dilemmas, both intrinsic and extrinsic, which can be difficult to overcome. As a result, it's vital that teams have open dialogues with the purpose of providing peer support and prompt access to appropriate psychiatric therapy if necessary.

Face-covering has had a significant impact on the feasibility of conducting standardised testing and administering specialised clinical treatments in particular contexts. Because the ability to see the clinician's lips and face is frequently crucial during SLT (Selective Laser Trabeculoplasty) procedures, the impacts of wearing a mask have had the broadest ramifications. The validity of standardised cognition and communication tests when the assessor is wearing a mask has been questioned due to the reduced clarity of the auditory stimuli offered as a result of the reduced clarity of the stimuli presented. "According to auditory phonological analysis evaluations such as

the Psycholinguistic Assessments of Language Processing in Aphasia (PALPA): tests 1–5, wearing a mask can assist doctors "avoid lip-reading." (Kay et al., 1992) [54]”.

Clinicians rely on nonverbal information emerging from the face to communicate meaning and feelings on a social-emotional level. In order to create trust and rapport between patients and their healthcare practitioners, facial expressions and body language are used to convey comfort, confirmation, and empathy to them. “With only a piece of their faces visible, doctors are forced to think of new and innovative ways to engage with patients in order to form the strong ties that are required for successful therapeutic outcomes (Marler & Ditton, 2021) [55]”. Because wearing a mask limits the number of nonverbal cues that can be utilised to add depth to communication, doctors' language and tone are scrutinised even more closely. The constant need to explain difficult, sensitive information that could be easily misinterpreted in the absence of nonverbal cues could cause clinician anxiety and hardship, as well as increased effort. This could lead to cumulative avoidance behaviours, which could compromise the safety and equity of healthcare delivery. As a result, evenly distributing a load of care among practitioners is crucial.

## **5. CONCLUSION**

In today's environment, people's capacity to recognise and communicate their emotions and intentions through their facial expressions is crucial. In the aftermath of the COVID-19 epidemic, direct face-to-face interaction has been badly impacted. To keep the virus at bay, protective measures such as face masks are required, but they make it difficult to maintain regular contact with people. Face masks, muted sounds, hidden facial emotions, and lip movements can all be employed to increase comprehension and communication in face-to-face conversation. (Krumhuber, 2007 [56])

Face masks will be worn for the foreseeable future as part of our ongoing efforts to stop SARS-CoV-2 from spreading. Nonetheless, in order to more effectively adjust to the new norm, it is important to address the concerns and challenges that obstruct constructive communication when wearing face masks. Furthermore, acquiring coping skills and abilities that make it easier to converse while wearing face masks will be important in our efforts to limit the COVID-19 pandemic, as well as any future pandemics.

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