

Effect of Mask on Doctor–Patient Relationship during COVID-19: Indian Perspective

An effective doctor–patient relationship is integral when providing and receiving healthcare services. Doctors with good communication skills prevent more medical crises and provide better support for their patients leading to more positive outcome.^[1] Doctor–patient interactions are both verbal and non-verbal. Body-language, gestures, and facial expressions play a key role in nonverbal communication.^[2] Moreover, inspection of facial features might shed light on the diagnosis of patients with neurological and psychiatric disorders. Currently, due the COVID-19 pandemic, face masks have become the norm to contain the spread of the novel coronavirus. The use of face masks by doctors and patients has created a physical barrier in seeing facial expressions. This could negatively impact their relationship as doctor’s expressions of empathy and compassion are missed during consultations.^[3] Therefore, the aim of this survey is to investigate whether wearing masks have affected doctor–patient relationship during the pandemic.

Ethics committee approval was obtained and all participants signed written informed consent form. This survey was conducted at a single, tertiary care neuroscience-hospital. Data were collected by interviewing patients from the out-patient department while doctors were asked to complete an online survey. All views were gathered using the Consultation and Relational Empathy measure which is a five-point Likert scale consisting of 10 questions.^[4]

A total of 130 patients and 32 doctors (neurologists, neurosurgeon, and neuropsychiatrist) were interviewed for this survey. The mean age of the patients was 51 years. The ratio of male and female were 78:52. Doctors believed (56% somewhat agree) that their capability of making patients feel at ease was reduced due to masks while patients felt the opposite (52% strongly disagree). At large, patients felt that doctor’s capability of letting them share their “story” did not reduce (53% strongly disagree, 33% somewhat disagreed) but doctor’s felt the opposite (41% somewhat agreed). The reaction regarding the capability of doctors showing care and compassion reduction was comparable (59% doctors and 67% patients strongly disagreed) as described in Table 1. Doctors believed face-mask had reduced their capability of explaining things (34% somewhat agreed) as well as making treatment plan (44%) to some extent. Maximum doctors (94%) felt that mask has reduced the work speed in the clinical setting while examining the patients.

In this pandemic, the usage of mask is absolutely necessary but it undoubtedly affects doctor-patient interactions. This survey observed perception of doctors and patients regarding usage of facemasks during daily consultations.

Table 1: Perception of patients and doctors regarding usage of face-mask during clinical consultation

Questions	Responses				
	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
While wearing a face mask has:					
Doctor’s ability to make patient feel at ease reduced	Doctors 13%	Doctors 56%	Doctors 13%	Doctors 16%	Doctors 3%
Doctor’s ability to let patient tell their “story” reduced	Patients 2%	Patients 11%	Patients 2%	Patients 33%	Patients 52%
Doctor’s ability to really listen to patients reduced	Doctors 16%	Doctors 41%	Doctors 0%	Doctors 34%	Doctors 9%
Doctor’s interest in patients as a whole reduced	Patients 0%	Patients 8%	Patients 0%	Patients 32%	Patients 59%
Doctor’s ability to fully understand patient concerns reduced	Doctors 13%	Doctors 9%	Doctors 3%	Doctors 25%	Doctors 50%
Doctor’s capability of showing care and compassion reduced	Patients 0%	Patients 5%	Patients 3%	Patients 25%	Patients 64%
Doctor’s capability of being positive reduced	Doctors 6%	Doctors 25%	Doctors 0%	Doctors 9%	Doctors 59%
Doctor’s capability to clearly explain things reduced	Patients 1%	Patients 2%	Patients 4%	Patients 37%	Patients 56%
Doctor’s ability in helping patients to take control reduced	Doctors 6%	Doctors 34%	Doctors 16%	Doctors 33%	Doctors 59%
Doctor’s ability to make a plan of action with patient reduced	Patients 9%	Patients 16%	Patients 19%	Patients 38%	Patients 52%
	Doctors 9%	Doctors 6%	Doctors 3%	Doctors 44%	Doctors 38%

Patients did not feel much hindrance in explaining their concern to the doctors. But doctors had difficulty during practice and occasionally felt the urge to remove the masks for the sake of detailed clinical examination. Previous studies suggested a significant negative impact on the patient's perceived empathy and diminish the positive effects of relational continuity which differs from our study finding possibly due to cultural differences across countries.^[5] Although, future research with a large sample size could compare the cross-cultural difference and further explain this complex observation, but the authors sincerely hope that we will see the end of the pandemic soon and use of mask during routine clinical interaction becomes optional.

Financial support and sponsorship

Research costs were covered by the Institute of Neurosciences Kolkata research fund.

Conflicts of interest

There are no conflicts of interest.

Sattwika Banerjee, Banashree Mondal, Vaishali Bagrodia, Souvik Chakraborty¹, Praveen Kumar¹, Subrata Naskar¹, Purba Basu, Supriyo Choudhury, Hrishikesh Kumar

Departments of Neurology and ¹Neuro-Psychiatry, Institute of Neurosciences Kolkata, Kolkata, West Bengal, India

Address for correspondence: Dr. Hrishikesh Kumar, Head, Department of Neurology, Director of Research, Vice Chairman, Institute of Neurosciences Kolkata, 185/1 AJC Bose Road, Kolkata - 700 017, West Bengal, India.
E-mail: rishi_medicine@yahoo.com

REFERENCES

1. Stewart MA. Effective physician-patient communication and health outcomes: A review. *CMAJ* 1995;152:1423-33.
2. Pamungkasih W, Sutomo AH, Agusno M. Description of patient acceptance of use of mask by doctor at poly out-patient care Puskesmas, Bantul. *Review of Primary Care Practice and Education (Kajian Praktik dan Pendidikan Layanan Primer)*. 2019;2(2):70-75.
3. Tang JI, Shakespeare TP, Zhang XJ, Lu JJ, Liang S, Wynne CJ, *et al.* Patient satisfaction with doctor-patient interaction in a radiotherapy centre during the severe acute respiratory syndrome outbreak. *Australas Radiol* 2005;49:304-11.
4. Mercer SW, Maxwell M, Heaney D, Watt G. The consultation and relational empathy (CARE) measure: Development and preliminary validation and reliability of an empathy-based consultation process measure. *Fam Pract* 2004;21:699-705.
5. Wong CK, Yip BH, Mercer S, Griffiths S, Kung K, Wong MC, *et al.* Effect of facemasks on empathy and relational continuity: A randomised controlled trial in primary care. *BMC Fam Pract* 2013;14:1-7.

Submitted: 02-Jun-2021 **Accepted:** 03-Jun-2021 **Published:** 14-Oct-2021

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

DOI: 10.4103/aian.aian_504_21