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The Experience of Wearing Masks in the Hospital: "We adapt quickly and just moved on."

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Background

The use of face masks have been shown to be effective in reducing the risk of infection of respiratory illnesses¹. As it became known the SARS-CoV-2 virus was spread through droplets, masks became a primary form of protection for the general public as well as in medical facilities. While masks themselves are not a new phenomenon in the health field, at UNMC they were not mandatory for all people prior to the pandemic. During the pandemic, mask mandates became more prevalent, leading to more interactions with people wearing masks.

Importance

Masks have been shown to have a strong preventative effect for respiratory disease¹. However, little is known about how masks may affect interactions between people. **Masks have become a "societal norm" in pandemic times, but are there effects on patient-provider interactions?**

What Effect Has Mask Wearing Had on Patient-Provider Interactions?

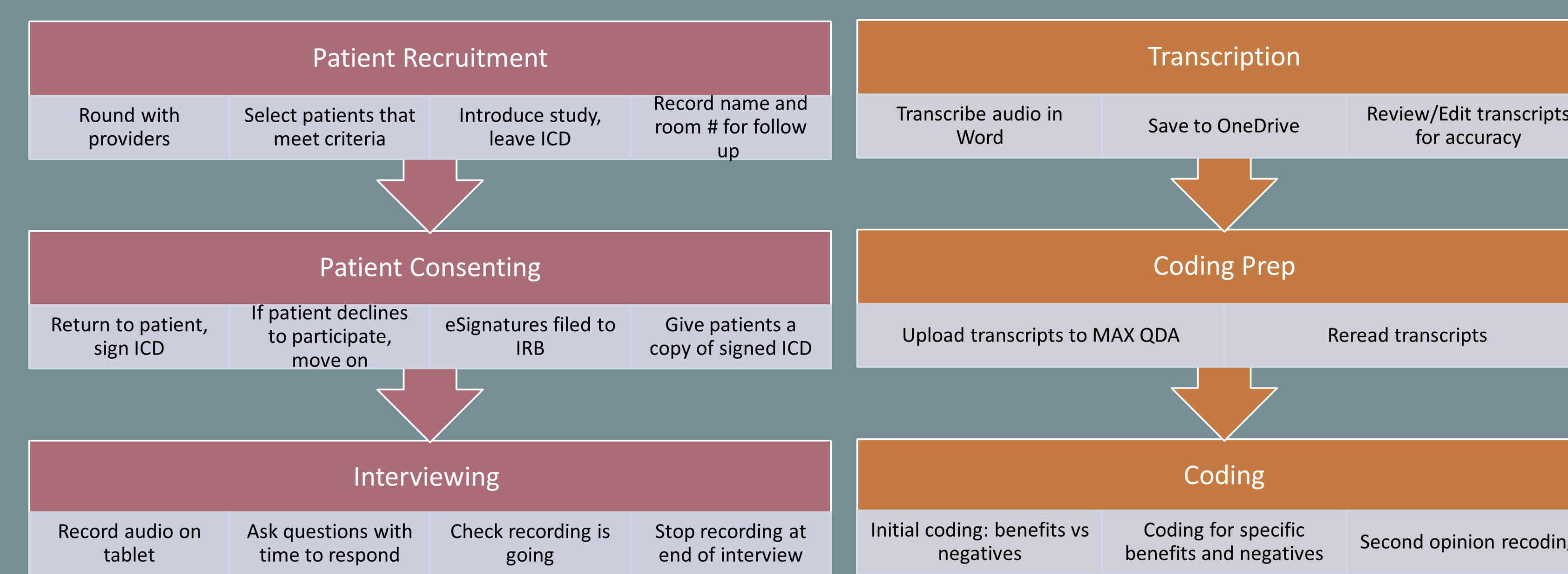


Methods

From a phenomenological standpoint, we used a hermeneutic approach in our interpretive process². As seen in Figure 2, the analysis process was the same for both parties once we had audio recordings from the interviews.

- Study was conducted in June-July 2021
- UNMC policy required all health care providers to wear masks in the hospital
- Patients were not required to wear masks in their rooms
- Interview questions for patients focused on interactions with providers wearing masks
- Patient recruitment was a convenience sample via hospital rounds, as seen in Figure 1
- Providers were randomly selected and contacted via hospital management for participation
- The consenting and interview process was similar for both parties (Figure 1).

Qualitative analysis of the recordings involved transcription into text and coding into common themes (Figure 2). With the coded information and themes identified, the data could be interpreted for concluding the experience of mask wearing in hospital interactions.



Limitations

- Older patient population in Internal Medicine
- Convenience sample of patients-whoever was in hospital at time of study
- Mask policy has changed over time; therefore, this study only examined when a provider is wearing a mask, but not the patient

Results

Sample (Internal Medicine)

- | | |
|--------------------|----------------------------------|
| Patients | Providers (Physicians, PAs, NPs) |
| • 5 Male: 4 Female | • 5 Male: 4 Female |
| • Age: 44-97 years | • Age: 31-61 years |

Results Summary

- Providers were concerned with patient communication issues; however, patients did not report a communication gap with providers
- Many providers reported relying on facial expressions and thought patients do as well; however, patients did not mention difficulty with communication due to lack of facial expressions
- No effect on quality of care noted by patients or perceived by providers
- Providers had several adaptations to better connect with patients (Figure 3).

Themes	Patients	Providers
Safety	"...it just makes sure that we're both safe. That they're safe and that I'm safe."	"Safety of the people and then safety of the people you love..."
Connection	"I can see the eyes, but the eyes don't tell you what the rest of the face is doing" "...they all came through very clearly and precise in what they were saying so, I feel good about it"	"I feel like the fact that half of my face is obliterated by a mask makes it both hard for me to show them who I am, but also hard for them to understand who I am." "...hearing is more difficult. Even people with good hearing it's harder to hear so..."

Figure 3. Provider Adaptations to Masks

Show face

"I've pulled my mask down and physically showed me with a big toothy grin and then put it back up."

"...that's one of the bigger things I try to do is when I introduce myself, I kind of hold my card up too to show them hey, this is me I do have a face without a mask."

Speak loud and clear

"...they (HCP) make sure that they talk clear and loud."

"I myself have adapted by trying to speak more loudly, more clearly, more slowly..."

More time with patients

"She (HCP) really takes the time to connect and make sure you understand everything"

"I try to spend more time elaborating to try to fix what the mask has created."

Be more expressive

"...showing more head and body language as opposed to facial expressions."

"...patients have to rely on the eye-smile..."

Conclusion

Overall, both patients and providers acknowledge and accept the **safety** the masks provide. While providers may have been concerned with patient communication, patients did not report a negative impact on communication or quality of care.

Providers developed a variety of **adaptations** to counteract perceived **connection** issues from wearing the mask, so this could account for the difference in perspectives.

Most providers and patients would favor retaining a mask policy in the hospital; however, some providers would like the ability to remove the mask in situations as they see fit (critical conversations, patient is hearing impaired or has dementia).

References

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