



FACIAL MASK: AN UNWANTED IMPACT ON COMMUNICATION IN PEDIATRIC DENTISTRY- A REVIEW ARTICLE

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ABSTRACT:

The face is responsible for communicating thoughts, ideas, and emotions. Facial expressions are the most noticed entity on an individual's face during communication. They animate the feelings, intentions, and rapid responses of the person. The necessity of the facial mask as a protective shield against the covid-19 virus and to reduce the risk of the droplet and airborne transmission has obstructed the heart of communication. Obstruction of the facial expressions in this pandemic gives particular challenges to a pedodontist and a child patient. Many studies have been shown that a smile is an essential component of facial expression that activates a part of the brain. Mainly talking about a smile as a crucial conversational tool between a pedodontist and a child patient, a smile delivers a sign of calmness and friendliness to the child: facial expressions and gestures help build a firm trust between them. The present article gives us an idea about different communication challenges due to obstruction of facial expressions by a mask faced by pedodontist with standard and special child and people with hearing impairment in the operatory while briefing the patient about the procedure and treatment.

KEYWORDS:

COVID-19, MASK, FACIAL EXPRESSION, COMMUNICATION, PEDODONTIST, SPECIAL CHILD, ALTERNATIVE METHODS.

INTRODUCTION

Being able to communicate meaningfully is one of the essential life skills. The ones with sound and practical interpersonal skills are strong verbal and non-verbal communicators. They are "good with people" individuals. Communication is defined in ordinary language as transferring information to produce a greater understanding. Good communication includes an actual transaction between two individuals using visual actions,

body language, facial expressions, and voice tone. Communications skills, however, are more critical in the healthcare sector.^[1] The essential use of various facial masks in this covid-19 viral pandemic has led to a mistaken and misdeed impact on multiple ways and skills of communication. It obstructs the most crucial part of the human face and ultimately creates a curtain to facial expressions. Every age group of ordinary people, as well as every medical profession, is affected. The pediatric dentist is especially facing different communication challenges

with masks. It obstructs their facial expressions, especially their smile, which comforts regular and special children with defective hearing and mental illness. The current article focuses on how the communication has been affected between pedodontists and their child patients who are extensively affected by the immense use of facial masks who rely on facial expressions to engage their patients and overcome their fear.^[2]

ROLE OF FACIAL EXPRESSION IN COMMUNICATION WITH CHILD PATIENT

Preventive measures to secure and prevent the spread of the COVID-19 virus has completely changed the paradigm when it comes to facial expressions and everyday gestures with the

Pediatric patients. Facial expressions are important content when considering a child patient and convincing them for the purposeful and effective treatment for their betterment. Facial expressions rely on emotion. Facial expressions create a bond of trust between the clinician and child, forecasting their situations and comfort level. Smiling and grimacing are two typical facial expressions: lips, mouth, and cheeks. Facial expressions help the clinician to understand the confusion, discomfort, and emotions of the childlike lack of trust—Vice versa, the child also element the facial expressions of the clinician, giving more comfort and understandable conversation. While wearing the face mask, the most essential middle and lower third of the face is covered, ultimately obstructing everyday facial expressions. To some extent, the upper third portion of the face is also pivotal for words, but they are limited to some time. Due to such obstruction, pediatric clinicians face many challenges with communication in child patients.^[3]

COMMUNICATION OBSTRUCTION BETWEEN PEDODONTIST AND NORMAL CHILD PATIENT

Better communication with the Pediatric patient is itself a challenging process. A pedodontist should be confident in their communication skills and should possess a calming, relaxing, and cheerful body language and attitude when working, convincing, and treating a child. There are multiple modes of communication with an average child in the operatory like: vocally through verbal exchanges, media like books, magazines, and videos, and visual concepts like photographs. Non-verbally using body language and gestures, images are used as a communication pathway. Pitch and tone of voice also matter when a pedodontist works with a child patient. Due to this necessary use of facial masks as a preventive measure, there is a significant obstruction to the verbal exchange and facial expressions, leading to misconceptions about the child for specific dental procedures. The patient feels feared and forced for the methods, ultimately giving negative behavior during the treatment.

COMMUNICATION OBSTRUCTION BETWEEN DENTIST, SPECIAL CHILD AND PEOPLE WITH HEARING LOSS

In everyday language, a child or people who need special care and help because of physical and mental disability is considered in this category. For these people with hearing impairment, it is more difficult for the dentist and the patient to understand the crucial steps of the procedure. Ultimately it leads to miscommunication, lack of trust of the patient towards the dentist, and un-cooperation of the patient in the operatory. A special child with autism spectrum disorder is compassionate to touch, often feels shame and shy, and has impaired communication. The child also may have poor visual perception skills, making it odd to accurately read and understand another person's facial expression. With such a child, while wearing the facial mask, the most effective mode of communication (facial expression) is obstructed, making it more challenging to communicate with the child. While wearing the mask, the only facial part visible is the eyes. Still, as autistic patients have poor eye contact, it is difficult to gain their confidence and co-operation in the operatory for their essential treatment. As earlier mentioned, such patients are susceptible to touch. This facial mask with different elastics and fabrics and tight contact to the face gives a sensation of airway restriction and the damp smell of the material. All this adds to the irritation to the patient making it difficult for the pedodontist to work in the oral cavity.^[4]

For patients with hearing loss or hearing impairment, it is a challenging job as the mask already muffles the sound and lowers the tone, which makes it more challenging to hear. The environmental noise, particularly of the compressor in the clinical operatory, adds to the unwanted voice and the discomfort of such patients to hear correctly. The dentist needs to raise their voice in such a condition, which may negatively impact the patient.

APPLICATION OF PERI-PANDEMIC PROTOCOL FOR EFFECTIVE COMMUNICATION

Multiple alternative modes can be concluded suitable for an individual to adapt while wearing the facial mask.^[5] They are as follows-

In general,

- The communication partner's attention should be secured towards you before you communicate.
- Maintain good eye contact.
- Speak at a slightly high tone and a slower pace but never yell.
- Use shorter and everyday ordinary language words.
- Rephrase the sentence rather than repeat it.
- Use gestures.
- Make your body language calm and use hand

movements.

- Use clear words.
- If the sound or voice is not clear, use smartphones or pen and paper.
- If possible, make the surrounding operatory noise a little less while communicating.
- Observe the patient and demonstrate your respect with your eyes.^[6]

While communicating with standard as well as special children,

- Use transparent panel masks or face shields.
- The approach of the other staff members in the operatory should be calming and welcoming to the patient.
- Videos, photographs, or graphical language can help make a child understand the procedure and instrumentation.
- Wear the mask, surgical caps, and scrubs with prints of cartoons or animals.
- The Pediatric dental chair with the background and walls prints of animals, birds, or cartoons.
- Gain trust and confidence of the patient with the relaxing body language and tone.^[4]
- Appreciate and, if possible, reward patients after the treatment for their appropriate behavior in the operatory.^[7]

TABLE 1 - DO'S AND DON'T'S WHILE COMMUNICATING WITH FACIAL MASK

| • DO'S | • DON'T'S |
|---|---|
| • secure attention | • Never start the communication without the attention |
| • good eye contact | • eye coverings |
| • high pitch and louder voice | • high pitch and louder voice |
| • short and expressible words | • avoid long and misunderstanding words |
| • rephrase the sentence when needed | • don't repeat the sentence |
| • maximum use of body language and handgestures | • don't try to avoid the communication or use very louder pitch |

ANCIENT TRADITION

Though we have faced many challenges in the operatory while wearing the mask since ancient times, some

religions follow such traditions to avoid respiratory infections. For instance, Jain monks cover their nose and mouth with a cloth known as Muhpatti, which especially prevents the microorganisms in the air from entering into the airway and getting killed. In some temples, devotees cover their mouths while receiving blessings from the monks. In Muslim culture, the burqa and other types of veils have been used as a tradition since pre-Islamic times.

CONCLUSION

Covid-19, as we all know, is spreading from the respiratory droplets. In this pandemic situation, face masks are essential protective attire. Though we face many challenges in the operatory, while wearing the mask, getting adapted to the new normal is necessary. Keeping all the alternatives, pedodontists should try to make their patients more comfortable and communicate well with the patient. Adapting to the situation and finding the fundamental alterations which suit the situation most can help us effectively communicate with the patients.

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