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A critical discourse analysis of face masks and its association with health construction in medical education

Une analyse critique du discours sur le port du masque et la notion de gestion de sa santé dans l'éducation médicale

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Introduction

Throughout history and across the globe, face masks have been playing various roles.¹ They disguise, protect, signal values and membership in groups, and render profit. By integrating these roles together, the COVID-19 pandemic has made masks an intricate object constructed through the uptake of varied and sometimes controversial discourses.^{2,3}

In addition to learning and teaching, medical education research is in part about “making sense” of how discourses of health and illness, living and dying,⁴ underpin curricular processes and goals. The way medical schools construct and portray face masks is fundamental in shaping trainees’ perception of face masks in the medical field. By examining the discourses surrounding the face masks in the medical school’s public domain communications to trainees, the effect and relations of language expose the intentions and practices in medical education.^{5,6}

Our project proposes to critically analyze the discourse of the face masks in medical education, to reveal how contemporary assumptions, values, and societal norms related to face masks are linked to health care education and practices. The face mask serves as a discursive object that is the sum of networks of meaning constructed through language and social actions.⁷ This analysis will subsequently be juxtaposed with the discourses in the

general public’s context. Specifically, we will explore socio-political framings of face masks in relation to health protection, security, privacy, culture, fashion during the pandemic.⁸

There are many publications on the efficacy of face masks from a disease-preventing perspective,⁹ yet no research has investigated face masks as a discursive object. This study’s goal is to investigate how the face mask is being discursively employed both in medical education and among the public during the COVID-19 pandemic.

Method

We use a Foucauldian approach to critical discourse methodology by looking for key phrases and themes related to face masks that repeat with regularity and can be linked to specific social and educational practices.¹⁰ We focus on describing how the discourses of face masks are portrayed by both medical schools in their communications to trainees, and in the broader media. Text sources include school newsletters, handbooks, and policies. Media include broadcasters, newspapers, and major outlets. The Canadian context will be the primary focus. The authors will search for keywords like face mask, medical education, healthcare professional, etc., on search engines including Google and Baidu. Relevant texts will be selected. The archive will be delimited to texts published during Phase 1 of the Canadian pandemic (March 2020 – July 2020), and

have an upper limit of 200 texts which will allow us to track patterns and trends in public domain discourse related to masks. We will include English language and Mandarin texts, in order to explore how discourses in Canada relate to discourses of mask use in China, where the pandemic was initially observed.

In text analysis, we will identify the perceived role the face mask by noting the speaker, the language, and the purpose of referencing masks in the text, and then compare the perceptions of face masks across different texts to see how their uptake is rationalized and what practices/processes this uptake makes possible or impossible.

Summary

COVID-19 has ignited public discussion¹¹ of illness, health, and has drawn renewed attention to face masks. Key themes related to face masks emerged from our preliminary research, including protection for self and others, moral conflicts in scarcity and profit, and the implication on anonymity and liberty. The pandemic likely has long-lasting impacts with a looming second wave.¹² By examining the effect of discourses in the first phases of the pandemic and describing lessons learned, we aim to provide insights on values in medical education, identify gaps and incoherence, and offer suggestions for discursive responses in upcoming pandemic waves.

Conflicts of Interest: The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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