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Dear Dr. Chapman and Dr. Grdisa,

Re: Chronic Hand Eczema Is a Significant Occupational Health Concern for Canadian Nurses

Unified in our commitment to advancing the health and safety of our profession, we are writing to you as leaders of Canadian nursing associations to bring to your attention the underrecognized and underestimated issue of chronic hand eczema (CHE) among nurses in Canada. A recent national survey of the impact of CHE on Canadian nurses has revealed startling findings that warrant immediate national attention and action.

Chronic hand eczema (CHE) is a common, inflammatory, multifactorial, and challenging skin condition characterized by persistent hand dermatitis that lasts for over 3 months or recurs at least twice a year. Nurses are among the occupations identified as high-risk groups. A 2024 publication in the Medical Journals of Sweden estimates that the prevalence of hand eczema among nurses may reach 30% and often goes unreported. (1)

CHE Reaching Epidemic Proportions as Nurses Suffer in Silence

"Working at the hospital, where I had to apply cream, protection and then gloves was so terrible, frequently the blisters were popping, it got very bad with open sores. When at work I would try to get my gloves on it was like acid burning my hands, cherry red palms up to my wrist, it looked like I was burned by acid." (Nurse Living with CHE)

Chronic hand eczema is not a minor inconvenience; it is a serious occupational condition that directly impacts the physical and emotional well-being of nurses, as well as socioeconomic conditions and health human resource capacity. According to a 2025 multinational study including Canada, CHE affects approximately 5% of the general adult population. The prevalence among Canadian nurses is significantly higher, estimated to be 30%, reflecting their constant exposure to wet work, soaps, sanitizers, and the use of gloves. (2)

In the pan-Canadian ***"Nurses Chronic Hand Eczema Survey Impact Report"*** conducted from October to December 2024 (3):

- 75% of nurses reported dry skin, and 64% reported ***itching on most days.***
- 80% of nurses said CHE symptoms get worse by ***unavoidable job-related triggers*** such as hand sanitizers and frequent hand washing.
  "My job was the disease trigger, constant friction, repetitive sanitizing and the chemical in the latex gloves."
- Nearly half ***experienced anxiety, frustration***, or embarrassment due to their symptoms.
- 68% rated CHE as having a moderate to very high ***impact on their quality of life***, with 75% reporting a ***significant impact on their work*** performance.
- Over half indicated that current treatments had little to no benefit, leaving them struggling with persistent pain, fissures, and open wounds that ***increase the risk of infection*** transmission.

"The trial and error of creams, ointments and other therapies causes expense…it changes your life, had to take sick days to heal my hands, impacted my work, parenting, activities and food choices." (Nurse Living with CHE)

These results highlight not only the personal burden borne by nurses but also the occupational health and safety risks associated with frontline providers working with compromised skin.

CHE Costs: A High Human and Systemic Burden

Beyond the physical discomfort, CHE erodes job satisfaction, contributes to reduced productivity, and undermines the resilience of Canada's nursing workforce. Left unmanaged, it can become debilitating, leading to absenteeism, presenteeism, and in some cases, loss of capacity to work in clinical care roles. Given the current pressures on our health system, we cannot afford to overlook this issue.

In a five-year follow-up study of the CARPE registry in Germany, 1281 people living with chronic hand eczema were followed over several years, finding 35.3% of patients reported taking sick leave in the past twelve months, and 5.4% of patients gave up or changed their occupation due to CHE. (4) Similarly, a 2023 study of the occupational impact and work absenteeism of CHE, by France's Eczema Association, revealed 20.5% of participants missed work due to CHE, emphasizing the burden of CHE on workplace productivity. They also discovered that one in five respondents had to change their careers due to the condition. (5)

"I have had huge financial considerations as I had to go casual at the hospital to allow my hands to heal and therefore did not get WCB. Eventually had to leave my high paying hospital career with great promise for a job in research." (Nurse Living with CHE)

Navigating the Path Forward: Prevention, Protection, and Early Intervention

We strongly believe that protecting the skin barrier of nurses is a matter of workplace safety and should be addressed through coordinated national action. Based on current evidence and best practices, we respectfully recommend the following priorities:

1. **Workplace Education and Awareness**: Develop and implement national hand health education programs for nurses, integrated into occupational health and safety standards.
2. **Preventive and Protective Measures**: Ensure an available and accessible supply of safe, gentle, alternative sanitizing products and emollients in all healthcare settings, and understand the occupational risks.
3. **Early Recognition and Support**: Equip occupational health teams with training and protocols for early detection, proper diagnosis, and timely referral to appropriate treatment of CHE, critical to decreasing disease severity and number of flares.
4. **Research and Policy Development**: Support further Canadian research into CHE prevalence, treatment outcomes, and effective interventions, while embedding CHE into broader healthcare workplace safety policy frameworks. Recognize high rates of CHE among healthcare workers as a pressing issue to be considered among policymakers.

CHE: A Need for Concerted Action

CHE represents a significant burden among Nurses in Canada, substantially impacting their physical and mental health, quality of life, and ability to work. Notably, 98% of survey respondents reported experiencing some impact on their nursing-related work, and 67% of nurse respondents want more support from their workplace's occupational health team. (3)

Canadian nurses should not have to choose between protecting their patients and preserving their own skin health. As Chief Nursing Officer, your leadership is vital in advancing policies that safeguard our workforce and promote a healthy, sustainable nursing profession.

"More needs to be done for nurses and respiratory therapists, for their retention, need to support nurses' health and safety, we need to address these issues and look after them."

"It is affecting people, hand eczema, it is a problem and not getting enough attention, people suffer silently and would benefit from more support and better treatments with less side effects."

We respectfully urge that chronic hand eczema be recognized as a significant occupational health issue and that Health Canada and the Canadian Nurses Association champion initiatives that prioritize prevention, protection, earlier intervention, and appropriate care for nurses across the country.

Thank you for your leadership in supporting Canada's nursing workforce. We look forward to your response.

Sincerely

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CANADIAN ASSOCIATION OF CRITICAL CARE NURSES

ASSOCIATION CANADIENNE DES INFIRMIÈRES ET DES INFIRMIERS EN SOINS CRITIQUES

CANADIAN ASSOCIATION OF NeonatalNurses

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Resources

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NURSES CHRONIC HAND ECZEMA (CHE) IMPACT REPORT KEY FINDINGS

CHE presents a significant burden among nurses in Canada and has a substantial impact on their physical and mental wellbeing, quality of life (QoL), and ability to work. The findings of the survey identified the need for greater education and support from the nurses' healthcare professionals and occupational health and safety team.

Over half of the nurses shared that they experienced **itchy** (64%, n=37) and **dry skin** (75%, n=43) either on **most days or frequently**

Nurses rated feelings of **anxiety and stress** (45%, n=26), **frustration** (48%, n=28) and **embarrassment** (43%, n=25) as some of the most significant emotional impacts of CHE

> 80%

shared that their CHE symptoms get worse by unavoidable job-related triggers such as **hand sanitizers** and **frequent handwashing**

68% (n=38) and **75%** (n=42) of the nurses rated that the impact of CHE on their QoL and work, respectively was **moderate to very high**

56% (n=32) of respondents reported that their current treatment and management practices had **no to minimal impact** in controlling their CHE

67% (n=39)

of the nurses reported that they would want more support from their workplace **occupational health and safety team**, while 59% (n=33) shared that they would like to get more support from their **healthcare professional** to control their CHE symptoms