This research and report was initiated, funded and written by LEO Pharma UK. The British Skin Foundation and UK healthcare professionals reviewed and contributed to the research and report. The British Skin Foundation is working in collaboration with LEO Pharma to share the outputs of this report to improve healthcare support for people living with CHE.

CARING HANDS, COMPROMISED SKIN:

Uncovering the hidden cost of chronic hand eczema (CHE) on the NHS workforce



MAT-98094 | October 2026

EXECUTIVE SUMMARY

Hand eczema (HE) is a painful inflammatory skin condition affecting the hands and wrists.[1,2] It is characterised by itching, cracking and blistering, which lead to pain, and functional and psychosocial impairment.[1,3] Chronic hand eczema (CHE) is defined by the European Society of Contact Dermatitis (ESCD) guidelines as symptoms that last for more than 3 months, or relapses twice or more per year, meaning those affected may experience repeated cycles of flares that disrupt many aspects of their personal and professional lives.[1,4]

For healthcare professionals (HCPs), CHE is more than a personal health condition; it is an occupational workforce issue, shaped by the practices the role demands, such as frequent hand hygiene, prolonged glove use, and exposure to scrub solutions and cleaning agents.[1] In fact, HCPs are at a considerably higher risk of CHE than the general population.[5] The NHS has a statutory duty to provide health surveillance, screening staff undertaking wet work for hand dermatitis.[6]

A taskforce was initiated and funded by LEO Pharma to investigate the impact of CHE on the National Health Service (NHS) workforce and included representation from primary and secondary care physicians, and the British Skin Foundation. The taskforce commissioned a two-phase mixed-methods study.

The Taskforce



Prof. Anthony Bewley
Consultant Dermatologist, Barts Health NHS Trust Co-chair of Psychodermatology UK



Dr Felicity Ferguson
Consultant Dermatologist and Patch Testing Lead, Guys and St Thomas' NHS Foundation Trust



Dr Jason Williams
Consultant Dermatologist, and Director of the Contact Dermatitis Investigation Unit, Salford Royal Hospital NHS Foundation Trust



Dr Katrin Alden
Occupational Health Physician, The Working Skin Clinic



Sarah Thorne
Research Officer, British Skin Foundation

Thirteen in-depth qualitative interviews were conducted, followed by an online survey of 212 NHS HCPs living with CHE across the UK.

What the research reveals

- CHE typically begins or worsens after HCPs start working for the NHS, driven by infection control practices, glove use and workplace exposures that are unavoidable.
- Patient capacity is being lost; HCPs estimate they could deliver around 75 additional minutes of hands-on patient contact per week if they did not have CHE (based on a 40-hour working week).
- The impact of CHE goes far beyond the physical HCPs experience a significant emotional toll, loss of confidence with patients, and tendency to keep working through symptoms.
- Most HCPs self-manage CHE with basic skincare, with limited use of advanced therapies and under half having accessed specialist secondary care.
- Absenteeism captures only a fraction of the workforce impact; presenteeism (working through symptoms, delegating or avoiding tasks, switching to virtual or admin work) is the larger, hidden cost.
- CHE is reshaping NHS careers. Half of HCPs say it has impacted their career and 15% have considered leaving the NHS entirely.

The research shows clear, evidence-based opportunities for change, including embedding skin health in training, developing visible pathways to dermatology, making practical resources available as standard, and recognising CHE as an occupational workforce issue rather than something individual HCPs should manage alone.

KEY FINDINGS

There is a constant tension between infection control compliance and skin health

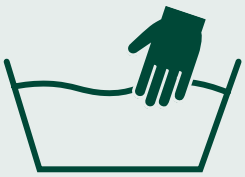
Key CHE triggers include:



Hand washing (82% of HCPs)

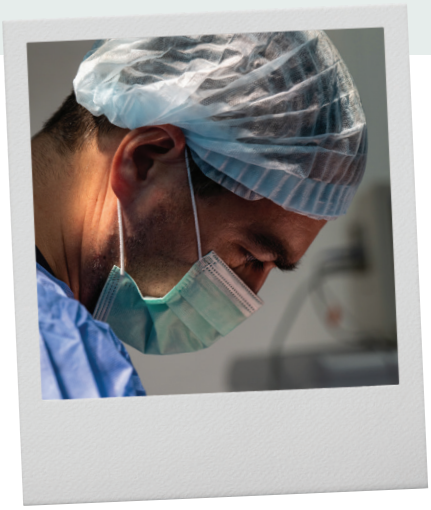


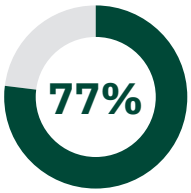
Alcohol gel (74% of HCPs)



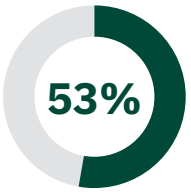
Chlorhexidine hand scrubs (52% of surgeons, n=33)

Most of the surveyed HCPs living with CHE rely on emollients, soap substitutes and mild topical corticosteroids to manage the signs and symptoms of their CHE





Say they cope **without formal support**



Have **never seen a secondary care HCP** for CHE

HCPs estimate they could see

19% **more patients per month**

on average if they did not have CHE



74%

feel obligated to **continue working, no matter how severe** their CHE

> "The NHS is under so much pressure... you just have to put your gloves on and get on with it. ~ ***Consultant Dermatologist***"



Over Half

of HCPs delegate usual clinical tasks to junior/trainee staff due to CHE

15%

of HCPs have considered leaving the NHS entirely due to CHE

Images for illustrative purposes only. Not actual HCPs.

CONTENTS

05 Research design

07 Patient capacity is being lost

08 Absenteeism is the visible cost of CHE, but presenteeism is the larger one

11 CHE typically begins or worsens during NHS training and practice

13 Workplace itself is the trigger

15 CHE is uniquely disabling because HCPs' hands are so important for their job

17 The burden goes beyond the skin

19 HCPs are not accessing the timely care their CHE needs

23 CHE is reshaping careers in the NHS

25 Who is most affected and where is the system impact greatest?

28 Barriers to seeking treatment for CHE are amplified by professional identity

30 Call to action

33 References

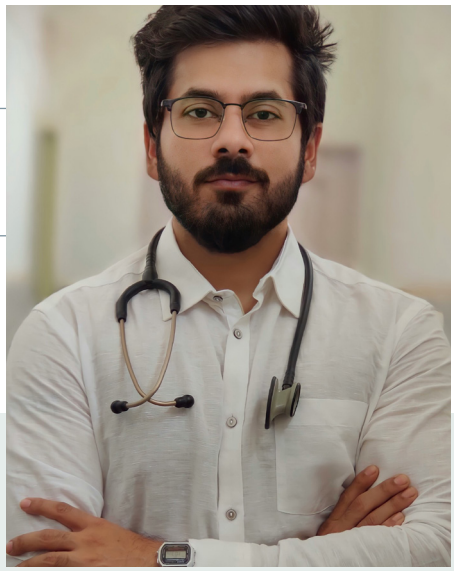


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RESEARCH DESIGN

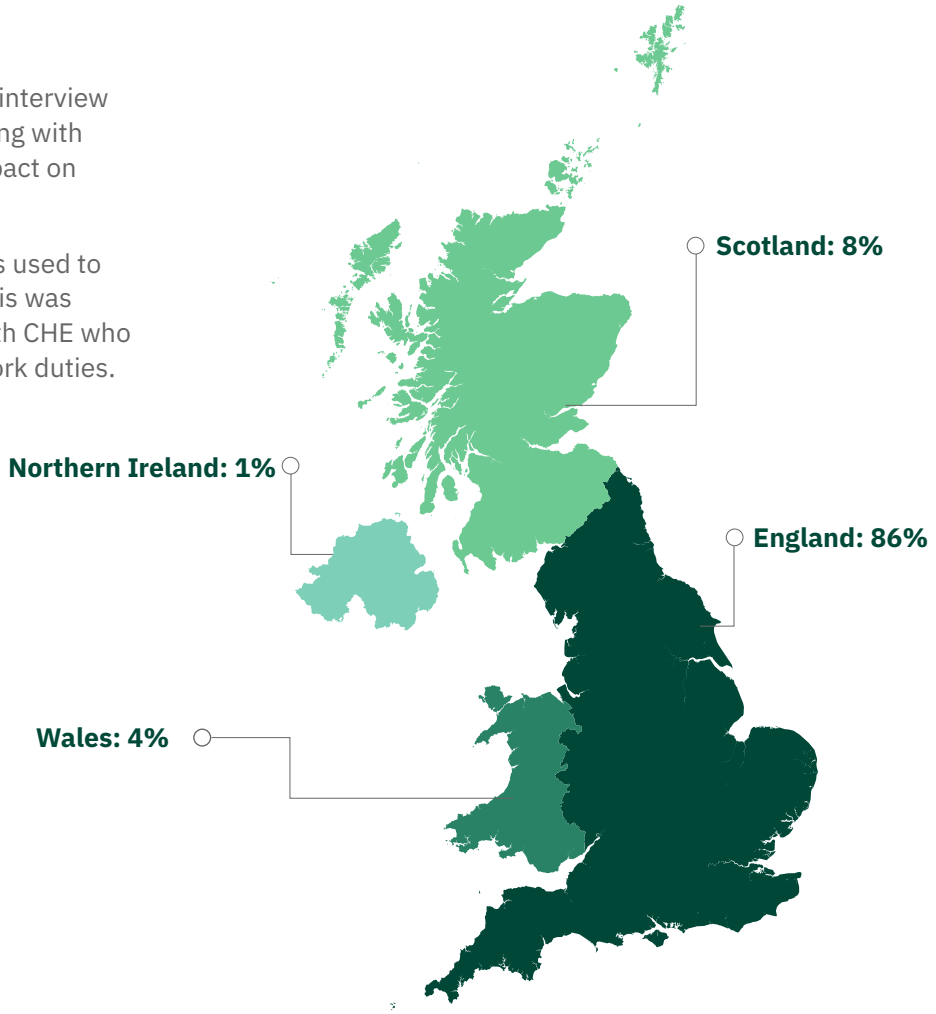
This research was designed and carried out by Synergy Healthcare Research.

LEO Pharma would like to thank everyone who contributed to this research project, including the expert taskforce, the British Skin Foundation and the NHS HCPs living with CHE who shared their personal and professional experiences within this project.

Sample

Phase 1: Initial 60-minute qualitative interview with 13 HCPs working for the NHS, living with CHE who reported some degree of impact on work duties.

Phase 2: The insight from Phase 1 was used to develop a 20-minute online survey. This was completed by 212 NHS HCPs living with CHE who reported some degree of impact on work duties.



Demographics

Quantitative phase (n=212)

Age:

- Mean: 40 years
- 18–30: 10%
- 31–40: 47%
- 41–50: 32%
- 51+: 11%

Gender Split:

2% prefer not to say



Male | Female

Work Setting - Mean % time	
NHS	93%
Private	7%

Ethnicity	
White	55%
Asian or Asian British	25%
Black, Black British, Caribbean or African	11%
Other Ethnic group	5%
Mixed or multiple ethnic groups	4%

51% senior/49% Junior



31 GPs



36 Secondary care doctors



33 Surgeons



41 Nurses in secondary care



15 Midwives



26 Dental staff



30 HCSWs

Areas of exploration

1. Physical and psychosocial impact

2. Impact on work and productivity

3. Management of CHE for HCPs

4. Barriers to seeking treatment

PATIENT CAPACITY IS BEING LOST



CHE is quietly draining clinical capacity across the NHS

For NHS HCPs living with CHE, the condition is not solely a personal health issue. It is a measurable, ongoing drain on the system's ability to see patients.

56% **Of HCPs estimate that they could see more patients per month if they did not have CHE**

On average, HCPs estimated that they could see **19% more** patients if they **did not have CHE**.

Time taken off due to CHE leads to appointment rescheduling and cancellation, further disrupts patient care

On average HCPs were absent for 3.1 days/year due to CHE. Absenteeism due to CHE amongst secondary care doctors resulted in 27% of affected appointments being rescheduled and 13% being cancelled, leading to many patients being disrupted.

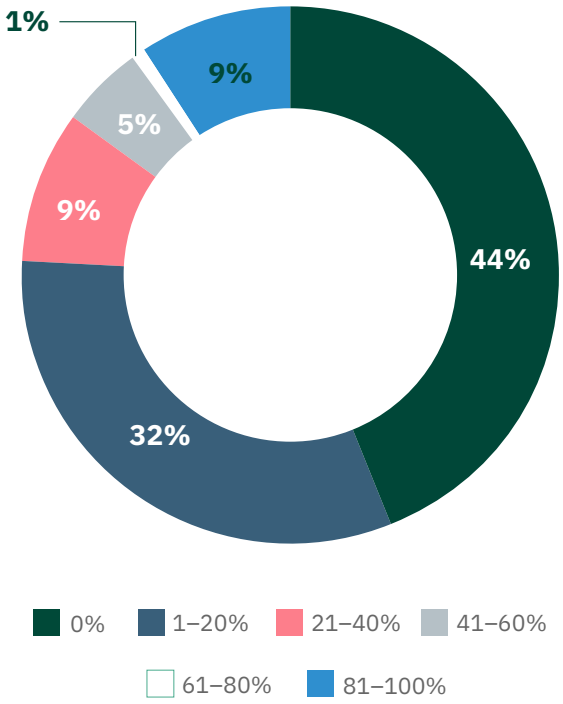
Respondents expressed a high level of self-imposed pressure to not let patients down:

> "[RE: taking time off] Can be an issue when your waiting list is over a year long and you can't operate [for] two weeks[...]that's quite challenging for a lot of people, a lot of patients and myself as well ~ ***Consultant Trauma & Orthopaedic Surgeon***"

The cost of CHE to the NHS, HCPs and their patients may be preventable

The capacity loss documented by this research is not an inherent cost of clinical work in the NHS. It is the consequence of a condition that is undertreated and under-reported.[7,8] The rest of this report sets out who is affected, what is driving the burden, and what HCPs felt could help address the physical and psychosocial implications of CHE.

If you did not have CHE, by what percentage do you think you could increase the number of patients you see overall?



On average HCP's estimated that without CHE they could increase hands-on patient contact by

+75 minutes per week*

*based on 205 HCPs estimating a 3.1% increase in hands-on patient contact and assuming a 40-hour working week.

Image for illustrative purposes only. Not an actual HCP.

ABSENTEEISM IS THE VISIBLE COST OF CHE, BUT PRESENTEEISM IS THE LARGER ONE

Considering absenteeism alone significantly underestimates the workforce impact of CHE. HCPs reported working through symptoms, modifying what they do and absorbing the burden quietly rather than taking time off.

Absenteeism results in additional NHS resource demands

When HCPs cannot work, the workload does not disappear.

For secondary care doctors and GPs, ~13% of absent days were covered as overtime and a further ~10% required locum support. For nurses and midwives, 55% of clinics/appointments required bank, locum or overtime cover. Overtime and locum shifts place additional physical, psychological, administrative and financial strain on the workforce and the wider NHS, as well as risking quality and continuity of patient care.[9–11]

Respondents commented how absenteeism led to additional pressures for overburdened colleagues and challenges for patients:

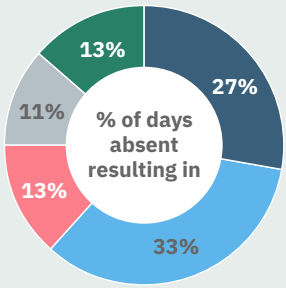
> When I developed an eczema problem, they were left with just five people [...] So ultimately there were two registrars who were very overburdened. ~ ***Registrar Orthopaedic Surgeon***

> First, the hospital will lose money. Second, the patient will be upset. Third, a lot of logistics will be affected. But obviously if I'm not well, if I'm not safe to work, I would not be doing it. ~ ***Consultant Cardiothoracic Surgeon***

How were clinics/appointments managed on days that were taken off due to CHE?

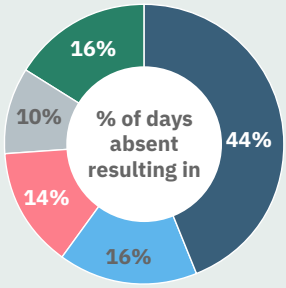
Secondary care doctors (n=17)

Mean 2.9 days absent due to CHE/12 months



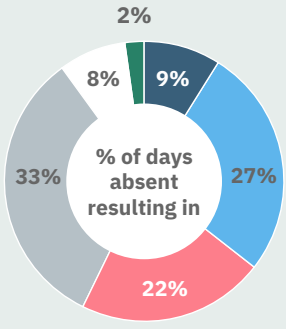
GPs (n=6)

Mean 5.0 days absent due to CHE/12 months



Nurses/midwives (n=34)

Mean 10.3 days absent due to CHE/12 months



- Cancelled
- Rescheduled
- Covered by colleagues during usual hours
- Covered by colleagues as overtime
- Covered by locums
- Nothing specific happened to cover the role

Presenteeism is the hidden burden of CHE

The majority of HCPs felt obliged to continue working and reported coping via workplace adaptations rather than escalation of CHE management.

74%

feel obligated to continue working no matter how severe their CHE feels (N=212)

85%

of the time HCPs continue working when symptomatic (n=12)†

†An average of 7.3 of 9 days/ month impacted.

56%

have not taken a day off due to CHE in the last 12 months (N=212)

Drawn from qualitative interviews and quantitative behaviours, presenteeism among HCPs with CHE manifests in:

- Delegation of procedures, often to junior or trainee staff
- Avoidance of certain clinics or procedures, particularly those requiring scrub or wet work
- Declining extra shifts, on-call duties or additional clinics
- Switching to virtual appointments or administration-based work during flares
- Rescheduling clinics rather than cancelling them

These coping strategies reduce the effective workforce and overall clinical activity and lead to consultants being unable to leverage their expertise. HCPs described how they attempt to minimise CHE exacerbation without taking time off (see quotes on the right).

> When they get bad, I tend to ensure that either I have an assistant, [or] I take a break and take my gloves off, and someone else can carry on doing parts of the operation. ~ ***Consultant Cardiothoracic Surgeon***

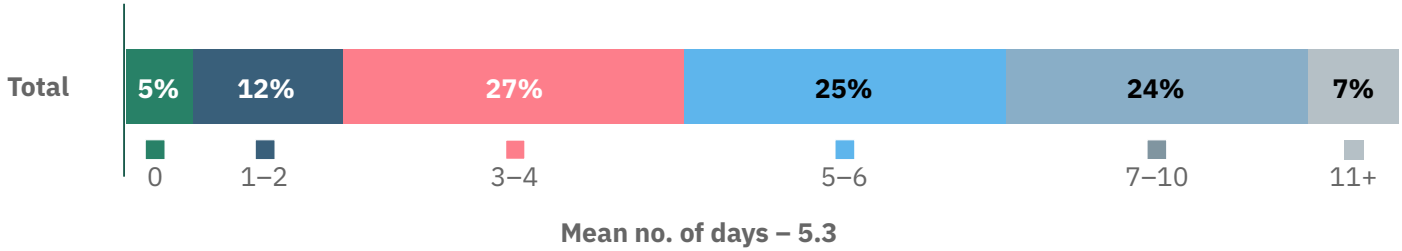
> If there was a call around my department to say, can anyone take on an extra theatre session or an extra clinic, I'm probably the last one likely to volunteer... because I tend to think... that's going to involve washing my hands 20 more times or spending the whole day wearing gloves. ~ ***Consultant Obstetrician and Gynaecologist***

Annual leave is leveraged to settle CHE symptoms but is often insufficient

Around one in three HCPs (30%) have deliberately scheduled annual leave to allow their hands to recover from work-related triggers. This rose to 48% among those at earlier stages of their career, and 53% among midwives.

HCPs were absent for an average of 3.1 days/year due to CHE; however, respondents noted that it takes on average 5.3 days to settle/improve, further indicating high levels of presenteeism and incomplete recovery.

When you take time away from work, how long does it usually take for your CHE to settle or improve?



Mean no. of days – 5.3

One respondent described how time off helps but leaves them in a cycle of managing, flaring, recovering and repeating:

> It gets better over the weekend. And I think 'this is good' and then I go back to work Monday, and it starts again as soon as I use that alcohol gel ~ ***Consultant Dermatologist***

46% **of HCPs say that their CHE never fully resolves during time away from work**

CHE TYPICALLY BEGINS OR WORSENS DURING NHS TRAINING AND PRACTICE

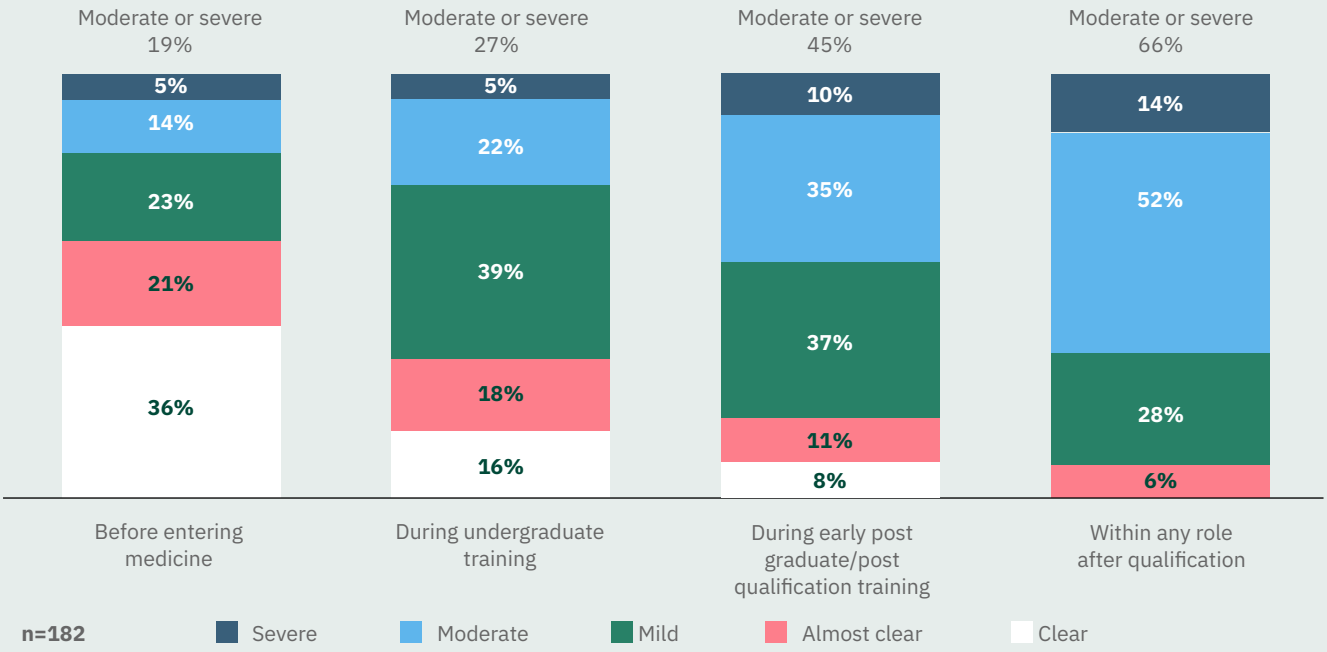
Of 212 HCPs with CHE, 30% described their current condition as moderate to severe

Moderate or severe CHE is associated with functional impairment and negative impact on quality of life.[12]

Insights from the qualitative stage of this study revealed that HCPs are likely to underplay the seriousness of their condition, so this may be an under-representation of true prevalence and severity of CHE amongst HCPs.

CHE severity tends to worsen throughout medical training and practice

How would you describe your CHE at each of the following points in your life?



Among HCPs with CHE, the proportion rating their severity as moderate or severe rose from 19% before entering medicine to 66% within their current role.

Among the 69 secondary care doctors and surgeons included in this study, there was a 26% increase in those reporting moderate to severe CHE during early postgraduate training vs during early undergraduate training.

Respondents shared their experiences of CHE at different stages of their medical training:

> [CHE flare] correlates to when you end up doing a lot more procedures independently and doing on-call shifts at night ~ ***Consultant Anaesthetist***

> [CHE] became more troublesome as a junior doctor working on the wards ~ ***Consultant Obstetrician and Gynaecologist***

Medical training is a period of significant clinical intensity transitioning to hands-on patient care.[13] This period is critical for HCPs to learn new skills. Impaired engagement in this phase can impact both immediate performance and long-term development.[13]

One respondent shared how they felt CHE had directly impacted their progression:

> I wasn't so experienced because I'd been avoiding theatres because of the hand washing, doing the surgical scrubs and... wearing gloves for a prolonged period of time, it was very, very uncomfortable. ~ ***Consultant Obstetrician and Gynaecologist***



Image for illustrative purposes only. Not an actual HCP.

THE WORKPLACE ITSELF IS THE TRIGGER



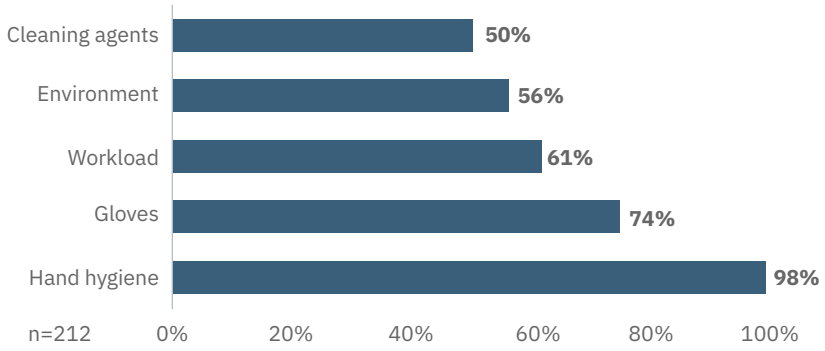
The everyday realities of NHS clinical practice, such as frequent hand hygiene, prolonged glove use, exposure to cleaning agents and scrub solutions, are the very things that can drive and sustain CHE symptoms.

Workplace triggers are dominated by hand hygiene and glove use

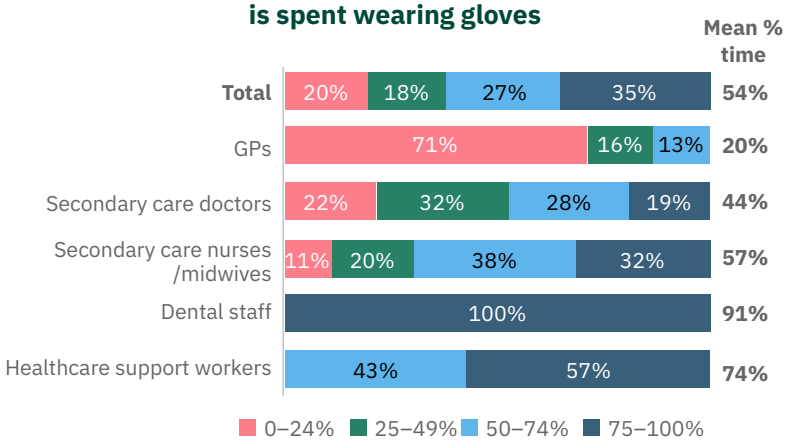
Hand hygiene dominates as a reported CHE trigger amongst HCPs. Frequent hand washing and alcohol gels/rubs were cited as common triggers (82% and 74%, respectively). Surgeons (n=33) in particular identified chlorhexidine (52%) and iodine scrubs (42%) as CHE triggers. These are mandatory in theatre and difficult to substitute.

Overall, gloves were reported as a trigger by 74% of HCPs and by 96% of those with eczema solely present on their hands. Gloves are an essential tool in clinical practice to protect both the patient and HCP from contamination and germ dissemination.[14]

Proportion of HCPs reporting as a CHE trigger at work



What percentage of your time at work is spent wearing gloves



There is a constant, unavoidable tension between infection control compliance and prioritising skin health

Although HCPs are aware of the triggers of CHE, infection control practices such as regular hand washing, frequent changes to work setting and the time-sensitive nature of patient care makes avoidance difficult.

On average, HCPs reported washing their hands 24 times/day at work and 54% of working time was spent wearing gloves. For 35% of HCPs, over 75% of their working time was spent wearing gloves.

Respondents were well aware of the conflicting nature of skin preservation and clinical requirements:



> Hand washing, gloves, infection control – these are just unavoidable in this profession so what can you do? ~ ***Dentist***

> You can get special towels, gloves, etc. but if there is an emergency, you can't say 'oh let me go get my special things'– you just get on with it. ~ ***Specialist ICU Nurse***

> We're aware of inspections [...] people walking through the wards doing undercover audits to see how many people are washing their hands before and after every patient contact. And it really makes you think it's important that I'm seen to be washing my hands all the time ~ ***Consultant Obstetrician and Gynaecologist***

Workplace allergens are likely underdiagnosed

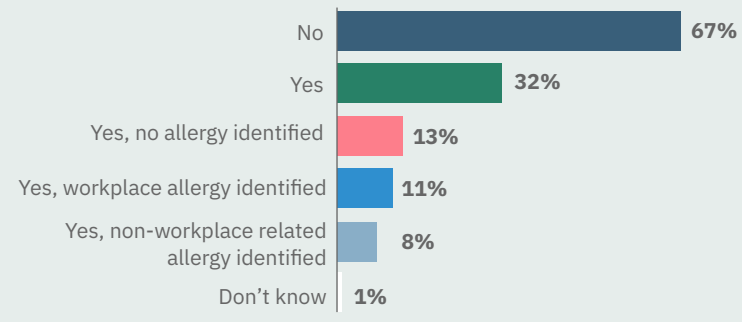
32% Despite the clear occupational pattern of triggers, only a third of HCPs (32%) in this study had ever been patch tested

Among those who were tested, approximately a third had a workplace related allergy identified, meaning specific causative allergens are likely going undiagnosed in this workforce.

Further identification of triggers may help to inform workplace adaptations that could be offered to minimise the exacerbation of CHE symptoms.



Have you ever been patch tested?



N=212

Images for illustrative purposes only. Not actual HCPs.

CHE IS UNIQUELY DISABLING BECAUSE HCPS' HANDS ARE SO IMPORTANT FOR THEIR JOB

As an HCP, hands are in constant use, visible and central to clinical work

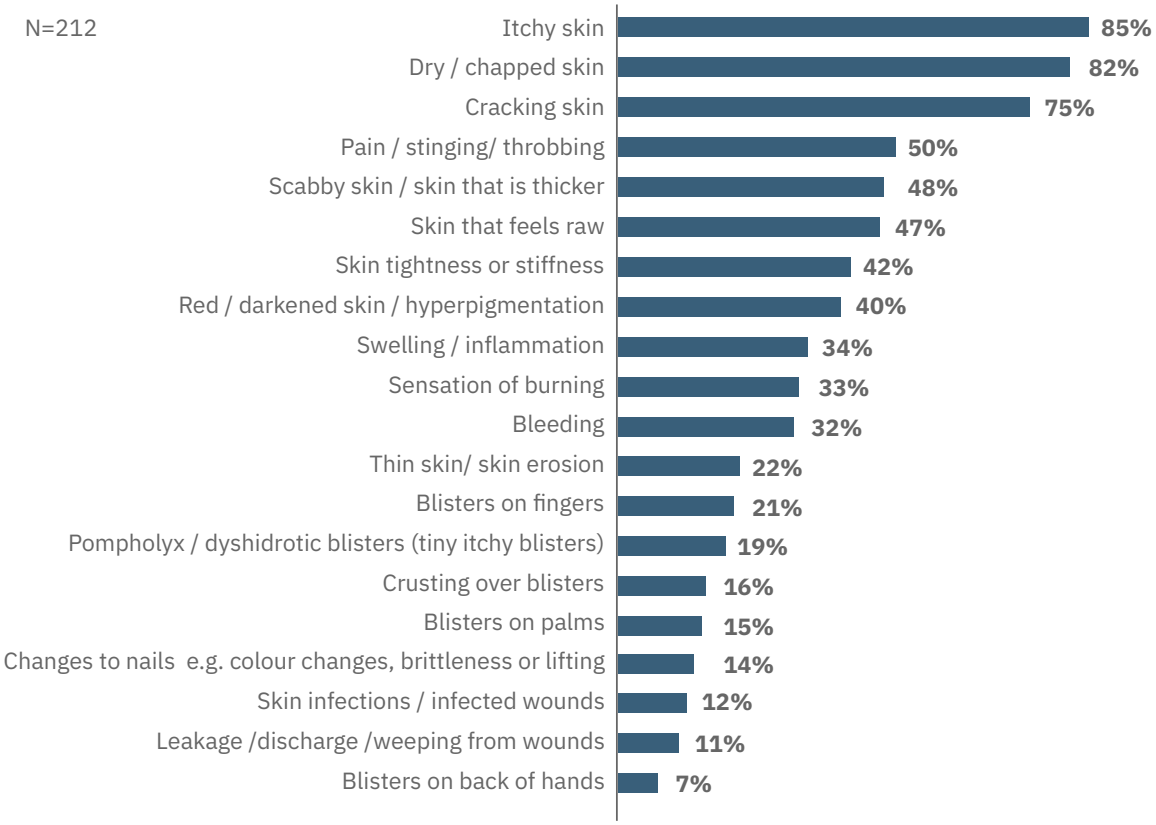
A CHE Patient Impact Report, published in 2024, noted that "*94% [of respondents] agreed to some extent that having eczema on the hands is harder than other body areas because they need to constantly use their hands.*"[15] For HCPs, this is amplified. Their hands are not just used for daily life, but the primary tool for their work.

In this study 36% of HCPs rated the impact of CHE on their working life as high (7–10/10; mean 5.2/10 overall)

Multiple physical symptoms of CHE were reported by HCPs

CHE is highly heterogeneous. The most common physical symptoms were itchy, dry and/or cracking skin. Almost a third of respondents reported bleeding (32%), 12% infections and 11% leakage or discharge, all of which necessitate a lack of direct patient contact. Wearing gloves to conceal these symptoms and contain the fluids can cause further worsening of the condition due to occlusion, sweating and heat.[16]

Which of the following physical symptoms of CHE do you experience?



Respondents recall taking evasive methods to avoid touching patients or drawing attention to their hands:

> If it's going to flare up and I know it's going to be a bad day... I put on my high-strength steroid cream and I try really hard then not to touch patients. Instead of touching their eyelids, I might use a cotton bud instead. ~ ***Specialist Nurse Ophthalmology***

> You feel like wearing gloves every time or keeping your hands in the pocket all the time to hide it... so just affects your confidence. ~ ***Specialist Nurse ICU***

Many HCPs suffer from persistent disease with high year-round symptom burden

Thirty-one percent of HCPs report continuous symptoms all year round, rising to 67% among those with severe CHE.

With often year-round, highly visible symptoms, it is unsurprising that the impact of CHE for HCPs stretches beyond solely physical aspects.

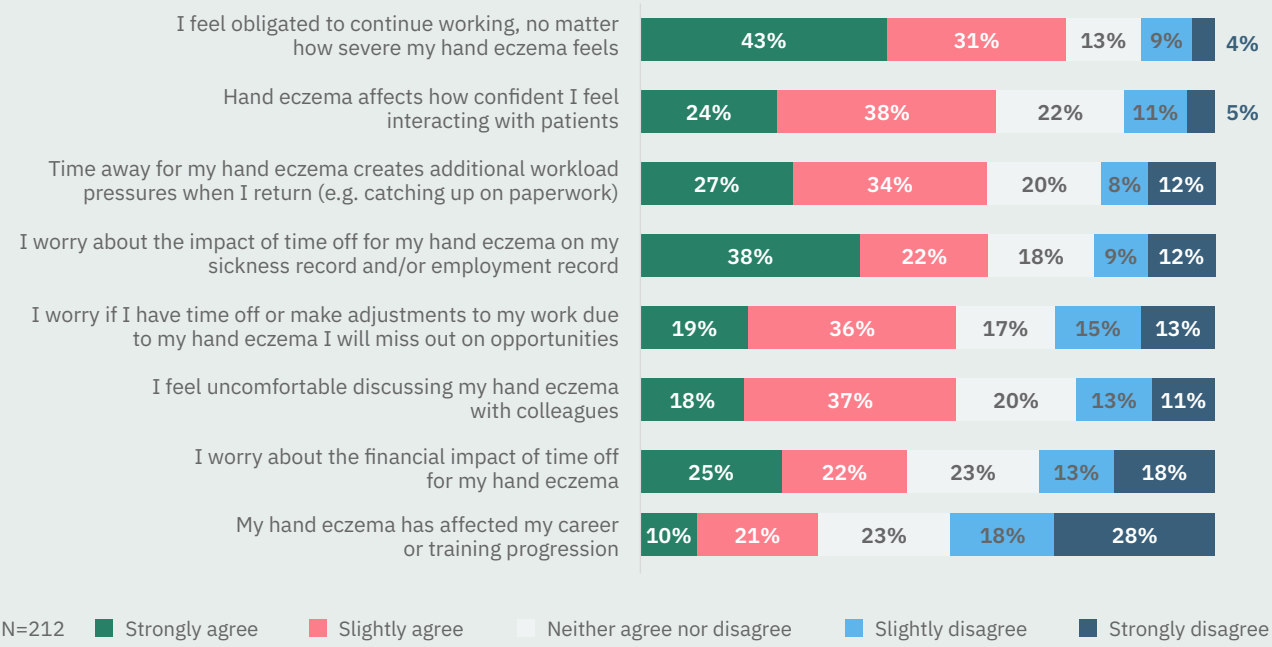
	Total	Clear	Almost clear	Mild	Moderate	Severe
		0	1	2	3	4
	N=212	N=26	N=44	N=78	N=58	N=6
Mean no. of months in the year hand eczema persists	**6.6**	3.4	5.9	6.5	8.3	10.3
Mean no. of times in a typical year hand eczema flares up or returns	**5.8**	3.1	5.4	6.7	6.3	9.0
Continuous symptoms all year round (% HCPs)	**31%**	23%	18%	32%	38%	67%

THE BURDEN GOES BEYOND THE SKIN

The impact of CHE on HCPs professional life is multifaceted

CHE not only impacts practical tasks, but also HCP confidence, workload and clinical progression.
62% say their CHE affects how confident they feel interacting with patients

To what extent do you agree or disagree with the following statements about the impact of hand eczema on you personally in the workplace?



Respondents often described concern surrounding what patients might think of their hands and loss of professional pride as they feel they cannot perform to their usual standards:



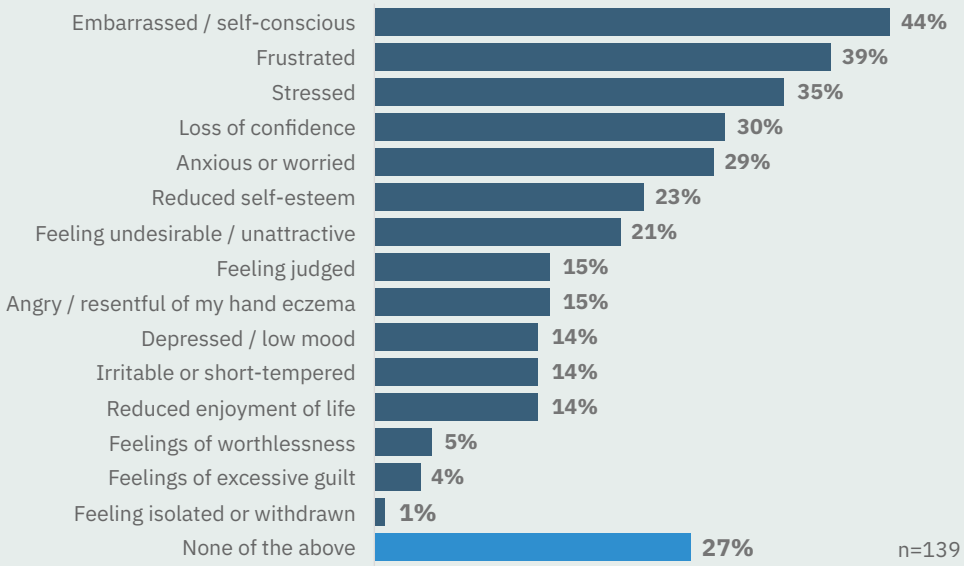
> If your hands are covered in sores and cuts and things, then I thought people might think I was having some contagious disease or something like that. I think a lot of it was all in my head though I was able to rationalise. But still it did affect my confidence. ~ ***Consultant Obstetrician and Gynaecologist***

> A few of my duties I have to cancel because of my eczema. I have to take time off. So definitely it affected my quality of work. ~ ***Registrar Orthopaedic Surgeon***

Image for illustrative purposes only. Not an actual HCP.

CHE can have a significant psychosocial impact which is under recognised

In which of the following ways, if any, does your hand eczema impact on your emotional well-being?



The physical symptoms of CHE are only part of the story. A 2024 CHE Patient Impact Report found that half of those living with CHE experienced anxiety or anger.[15]

The same pattern is seen in this study in HCPs. Living with a visible, painful and persistent skin condition while working in patient-facing roles carries a significant emotional toll, affecting quality of life, self-esteem and mental health.

29% **of HCPs rate CHE as having high impact (7–10/10) on their overall quality of life**

84% **of HCPs said CHE had an impact on their emotional well-being or stress levels**

> I'm embarrassed by the appearance of my hands and it's affected my confidence. ~ ***Consultant Obstetrician and Gynaecologist***

> It's bad and it's infected and cracked and weeping, it makes me feel really depressed [...] it never really goes away... expends unnecessary mental energy. ~ ***Consultant Intensivist***



Image for illustrative purposes only. Not an actual HCP.



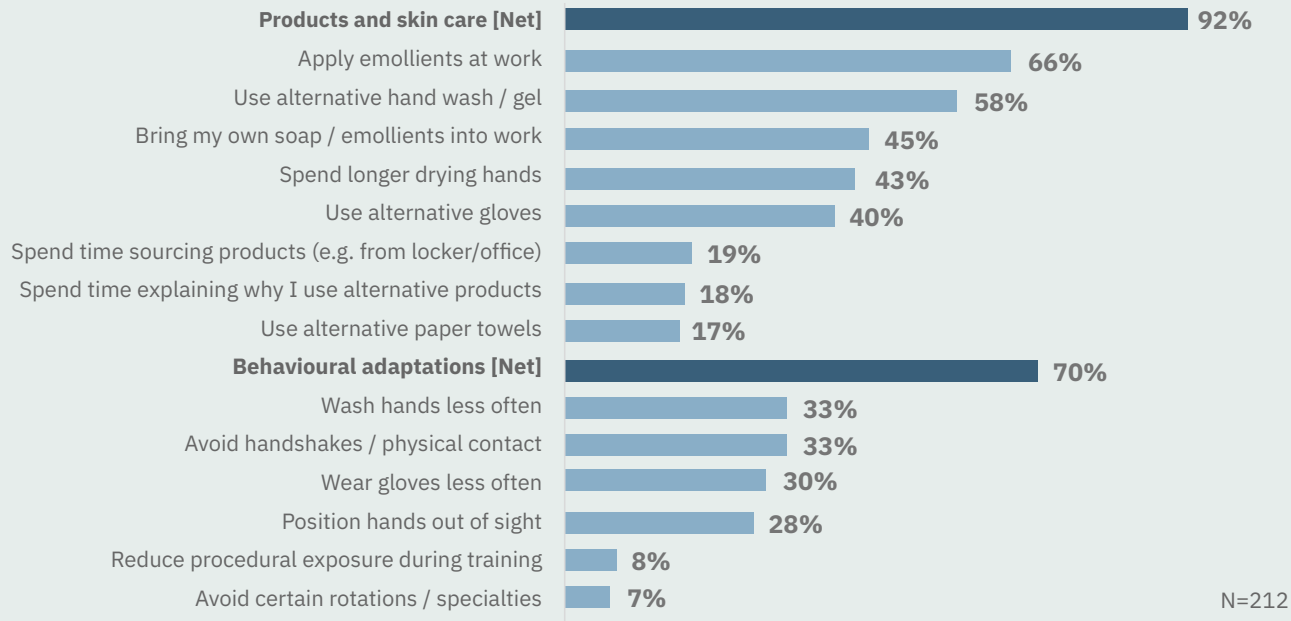
HCPS ARE NOT ACCESSING THE TIMELY CARE THEIR CHE NEEDS

Most HCPs manage CHE alone with basic skincare and topical steroids, with limited use of advanced therapies

Despite the severity, visibility and occupational exacerbation of their CHE, most HCPs relied on self-management via behavioural adaptations and basic skin care.

77% **say they cope without formal support**

Which, if any, of the following modifications or changes have you ever made to the way you work because of your hand eczema?



With regard to specific treatment, most HCPs rely on emollients (99%), soap substitutes (77%) and mild topical corticosteroids (70%).

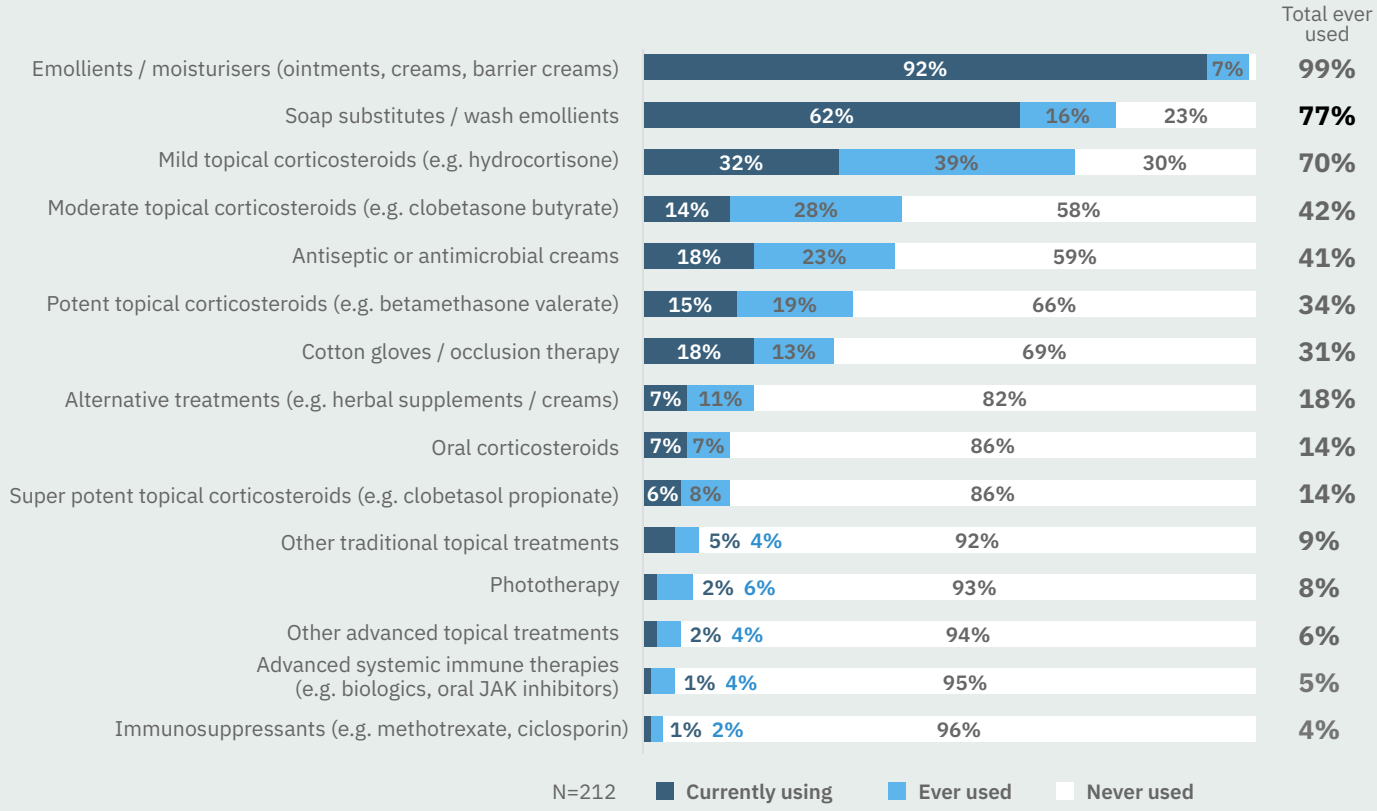
Use of more advanced therapies is limited. This is despite 30% of HCPs describing their current CHE as moderate or severe for which advanced therapies are approved. This suggests a gap between the day-to-day burden of CHE and the level of treatment being used.

<10%

of respondents have used advanced therapy

Images for illustrative purposes only. Not actual HCPs.

What treatments, if any, are you currently using for your CHE? And which have you ever used?



Seeking help is often delayed

In the 2024 CHE Patient Impact Report in the wider CHE population, people wait a median of 8 years before first seeking help.[15] The same was seen in the clinical community in this study.

Of HCPs who had been prompted to seek medical or Occupational Health support (57%), 41% delayed and 13% have yet to do so.

Respondents describe self-management of CHE and acknowledge that it may be insufficient:

HCPs who eventually sought help from Occupational Health did so on average

4 YEARS

After first NHS employment (mean 49 months)

For 11%, it took over 8 years (97+ months)

> So, I had been advised to seek some help, but I'm trying to manage it myself. ~ ***Consultant Obstetrician and Gynaecologist***

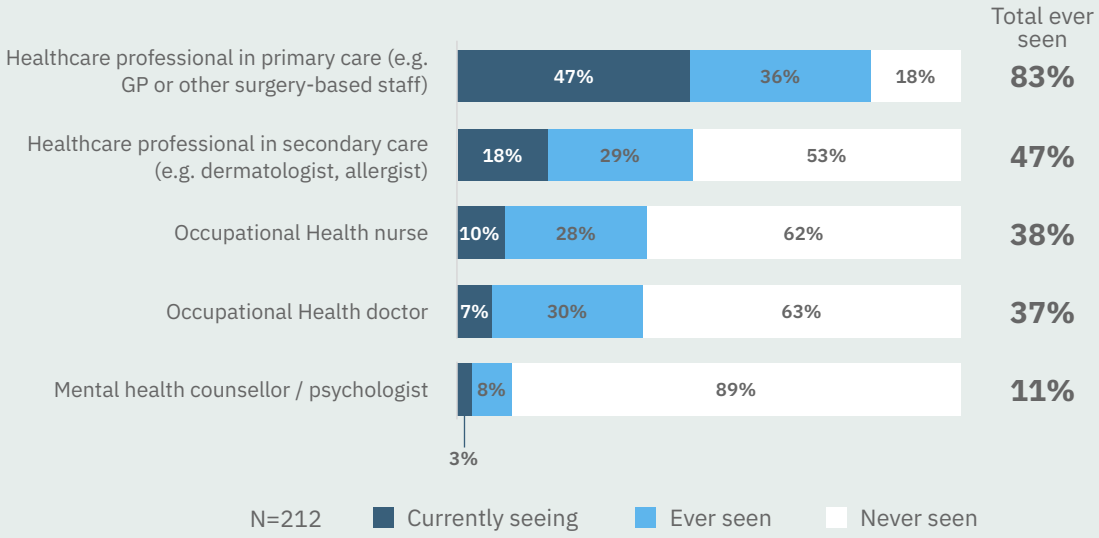
> I'm kind of... managing it myself. It sounds really bad, but it's just something I've got used to. ~ ***Specialist Nurse Ophthalmology***

Access drops sharply beyond primary care, with less than half ever having seen a dermatologist

Whilst most HCPs have sought medical help in some capacity in relation to their CHE, this is typically restricted to primary care.

53% **of HCPs had never engaged with secondary care for their CHE**

Which of the following healthcare professionals have you seen for your CHE (including face to face, virtual or phone contact)?



Overall, Occupational Health was underutilised, with 51% of HCPs having engaged with this resource. This pattern was seen in all sectors, with less than half of those who had ever sought support currently using it, indicating episodic and reactive care rather than sustained workplace support.

15% **of HCPs were engaging with Occupational Health at the time of the survey**



Occupational Health support focuses on skin care and product advice

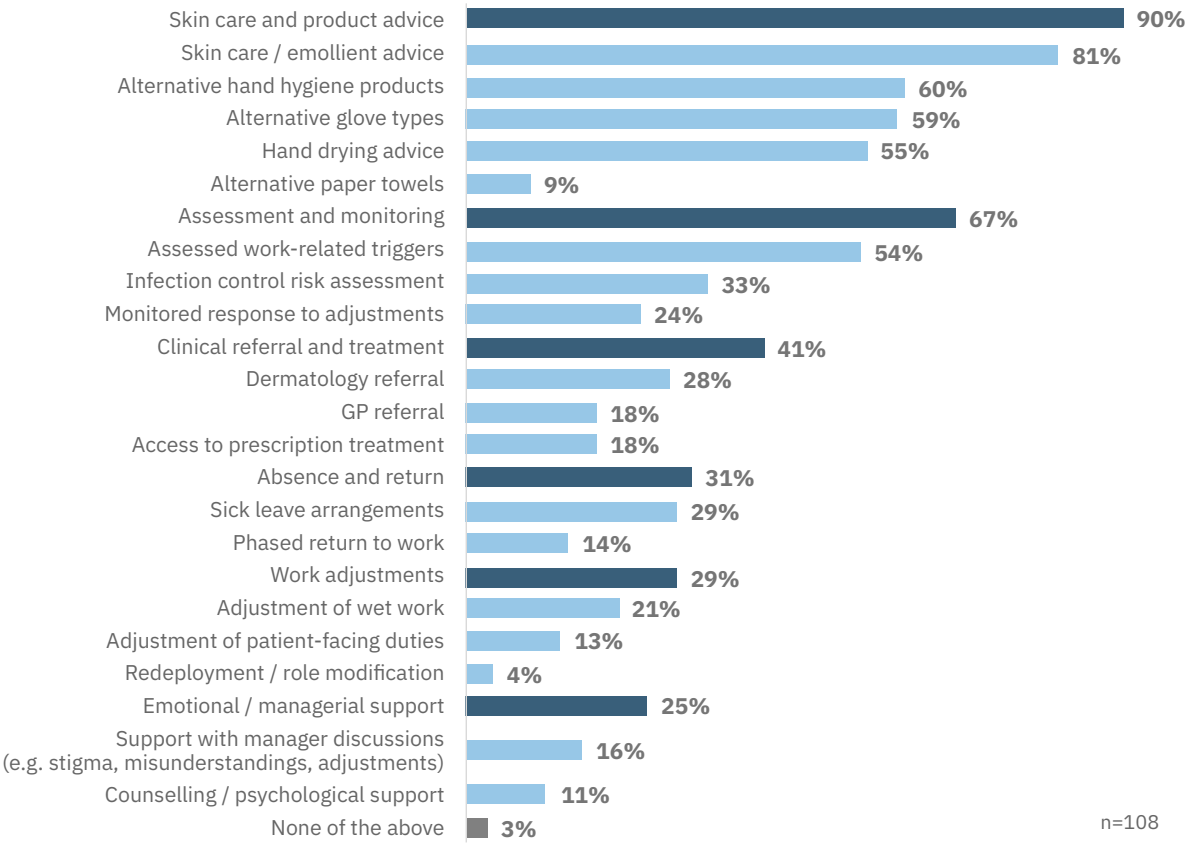
Of those who have engaged with Occupational Health (n=108), 90% had received skin care advice, and ~60% had received alternative hand hygiene products or gloves.

Less than one-third of HCPs had received referral to dermatology (28%), time off work (31%) or work adjustments (29%).

Whilst only 28% had received referral to dermatology, 84% of HCPs were positive about the prospect of fast-track dermatology referral via Occupational Health.

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What has Occupational Health done to support you in relation to your CHE?



Management needs to match the demands of the role

For a workforce that is unavoidably exposed to infection risk, wet work, gloves and scrub solutions, the standard care pathway for CHE deserves particular consideration.[5,17] Many respondents discussed the challenges with workplace adjustments, particularly for those who do not have seniority, and the often inadequate nature of regular use of alternative products due to time pressures and variable clinic setting:

> You cannot protect time for emollient application. I can hardly do that now, let alone as a less experienced GP. ~ ***GP***

> I'm not sure a junior would ever ask for adjustments, it just isn't done, there would be raised eyebrows. ~ ***Consultant Dermatologist***

> "I try and wash my hands with [an emollient] but that is such a faff that I kind of gave up after a while because you've got to carry it with you all the time. Change it from clinic room to clinic room. ~ ***Specialist Nurse Ophthalmology***



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CHE IS RESHAPING CAREERS IN THE NHS

In the 2024 CHE Patient Impact Report, 52% said that CHE shaped their career or education choice, with two interviewees describing that CHE specifically prevented them from pursuing healthcare careers.[15] This study in HCPs suggests that CHE continues to shape the careers of those already inside the NHS.

Beyond day-to-day symptoms, CHE is shaping longer-term career development

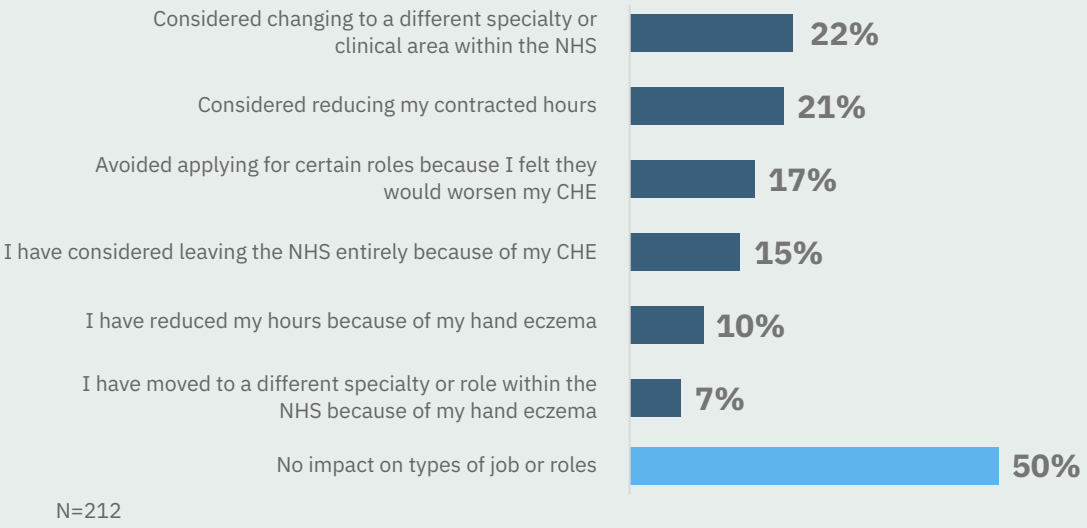
HCPs in this study reported that CHE can influence specialty choice, professional ambition and decisions about whether to remain in the NHS at all. For many, the condition has already changed the shape of their career.

Half of HCPs felt that their CHE had influenced their career choices and 15% have considered leaving the NHS entirely.

31% **agreed that CHE had affected their career progression.**

48% **said their job satisfaction had been affected.**

Has your CHE ever influenced the type of roles you have applied for or worked in within the NHS?



N=212

> I feel as if I'm deskilled. Like if I am constantly in the workplace I feel like my knowledge is increasing, I'm learning more and more, I'm gaining more skills. But if I stay a lot of time away then I don't feel good. ~ ***Registrar Orthopaedic Surgeon***

> It's held me back a little bit professionally. And I always wanted to be someone that did lots of operating, but I have perhaps not become the kind of doctor that I thought I would become. And I think that's largely because of eczema. ~ ***Consultant Obstetrician and Gynaecologist***

One respondent highlighted how severe symptoms would need to be for HCPs to make career-altering decisions:

> If someone has trained their whole adult life to do something, they probably won't want to stop doing it unless their hand eczema was really severe. ~ ***Consultant Dermatologist***

The hidden cohort: those who have already left

The 15% who have considered leaving the NHS may be an undercount of the true workforce impact. This figure captures only those still in post.



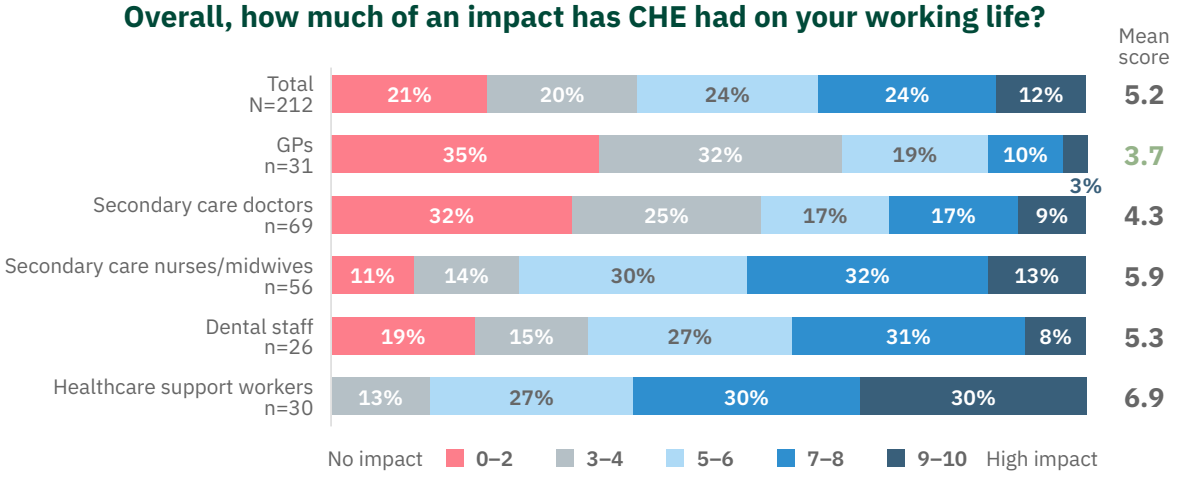
Images for illustrative purposes only. Not actual HCPs.

WHO IS MOST AFFECTED AND WHERE IS THE GREATEST SYSTEM IMPACT?

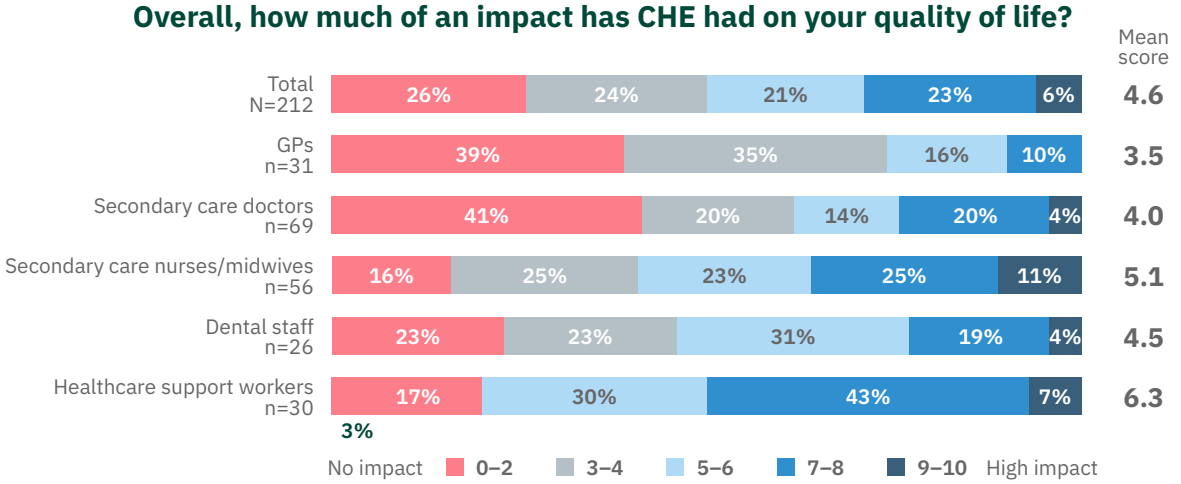
The burden is not evenly distributed

CHE affects the NHS workforce broadly, but the way it manifests, and the consequences for individuals and the system, vary significantly by role. Each group faces a distinct combination of exposure, autonomy and disclosure pressure.

Overall, how much of an impact has CHE had on your working life?



Overall, how much of an impact has CHE had on your quality of life?



Secondary care doctors (n=36)

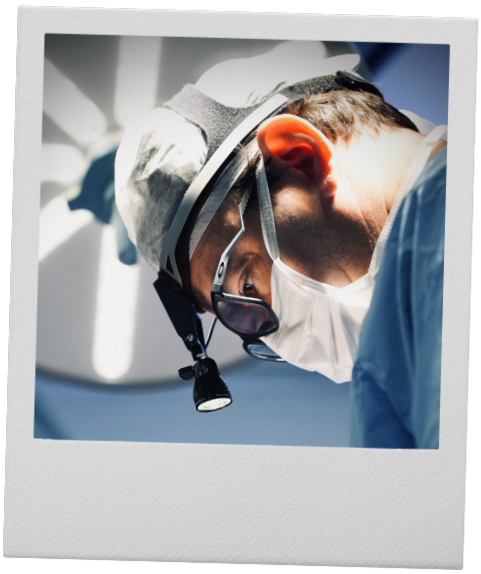
Presenteeism dominates; 97% continue working while symptomatic. They absorb the burden by delegating tasks, avoiding certain clinical types and taking on educational sessions. They report delegating 13% of clinical tasks on average.

Whilst 64% report moderate-to-severe symptoms in NHS roles, they are among the least likely to access workplace support (5.7/10 vs 6.0/10 overall).

> Senior colleagues had commented on my hands and suggested I should get some help about my behaviour, like avoiding, avoiding operating... so I had been advised to seek some help, but I'm trying to manage it myself... ~ ***Consultant Obstetrician and Gynaecologist***

Surgeons (n=33)

Surgeons face specific workplace triggers with mandatory scrubbing and prolonged glove use in theatre. A third of those surveyed (33%) reported that CHE affected their comfort/confidence at work to a great extent. Avoiding triggers directly limits time in theatre and capacity loss in this group might be irreplaceable in the short term. Surgeons in this study repeatedly mentioned delegation of tasks with their oversight in order to avoid exacerbation of symptoms.



> Any sort of patient facing activity... (...) all that will be delegated to my trainee that they do it. ~ ***Consultant Cardiothoracic Surgeon***

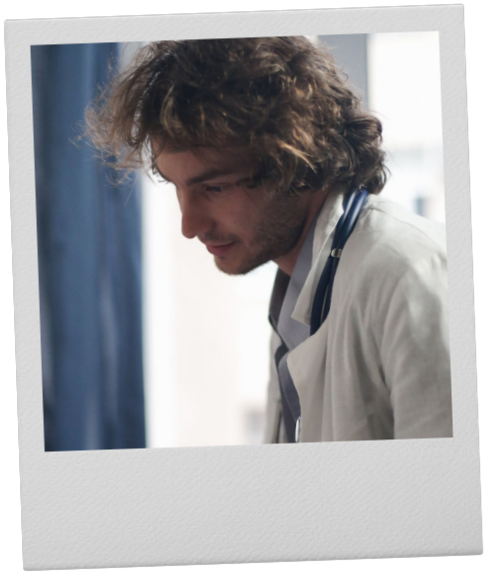
Secondary care nurses/midwives (n=56)

Nurses in advanced roles or midwives were one of the most affected groups in terms of impact on working life. Their role necessitates particularly high rates of hand washing / wet work (mean 38.6 times/day) and glove use.

Nurses tend to under-disclose CHE and many continue working through symptoms rather than risk anticipated consequences for their role. This group has the highest predicted productivity lift if they did not have CHE, estimating they could see 20% more patients on average, and are the most likely to have moved role due to CHE (18%).

> You would probably just carry on and maybe not give them the full story as to how bad it is because you'll be worried about repercussions of it. ~ ***Specialist Nurse Ophthalmology***

Junior and lower-autonomy HCPs (n=104)



Junior and lower-autonomy HCPs report higher current CHE severity (moderate-to-severe disease: 43% vs 18% senior), more absent days, and bigger confidence and career impact than senior counterparts. Thirty-eight percent have considered changing specialty, 27% have avoided applying for certain roles and 22% have considered leaving the NHS entirely. Over three-quarters (78%) have made workload changes and the same number want more support with their CHE. They are the second most likely group to access workplace support (6.9/10). This is a pipeline issue, as today's affected trainees are tomorrow's affected consultants.

> At one point I was considering (...) stopping working in my speciality as a surgical speciality. And I thought about giving it up because I didn't see a way that (...) I'd be able to progress because I found it so uncomfortable, embarrassing. ~ ***Consultant Obstetrician and Gynaecologist***

Images for illustrative purposes only. Not actual HCPs.

Healthcare support workers (n=30)

HCSWs carry the highest individual severity and exposure burden in this study. Eighty percent of HCSWs rate their CHE as moderate to severe after working for the NHS and 83% say CHE affects their job satisfaction. Almost half of respondents in this group (47%) have considered leaving the NHS due to CHE.

Emotionally they are highly affected and report feeling stigmatised due to their CHE risking limitation of their career progression. These groups also have the highest appetite for workplace support and the most to gain from change.

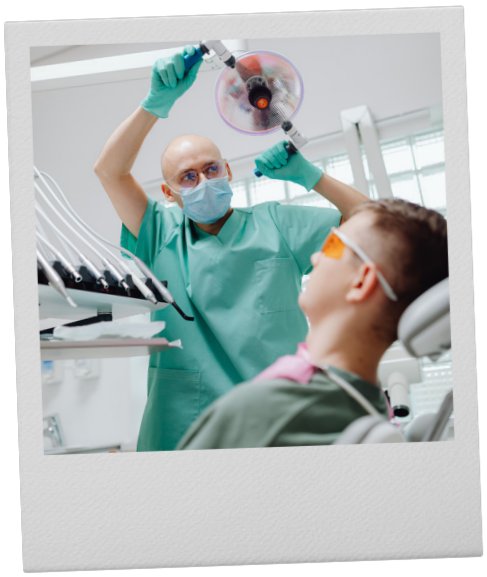
> I always wanted to be a nurse, since I was at school. I applied for nursing college, passed it all, but then I got to the medical and they denied me a place because of the eczema (...) I have downplayed it ever since. ~ ***Healthcare Support Worker***

GPs (n=31)

> If I visit a care or nursing home or somewhere that I don't normally work and I use a slightly different alcohol foam or alcohol gel I feel it to the point where I'm like, oh, I shouldn't have done that.
>
> ~ GP

GPs face variable triggers across multiple settings, such as surgery, home visits and care homes, with unpredictable humidity, paper towels and hand-washing products. Many switch to virtual or administration work during flares to manage exposure, with implications for continuity of patient care.

Dental staff (n=26)



Due to the nature of dental practice, dental staff reported the longest durations of glove use and the strongest glove related triggers (92%) vs other types of HCP. The emotional and perceived financial burden due to CHE was also high amongst dental staff with 65% feeling embarrassed or self-conscious and 96% worrying about the financial impact of time off for CHE. Dental staff reported high rates of presenteeism with 77% feeling that they had to keep working regardless of CHE severity and working whilst symptomatic 99% of the time. They expressed resignation to the fact that nothing could be done.

> Realistically, what can be done, there is little that can change to prevent this within dental practice.
>
> ~ Dentist

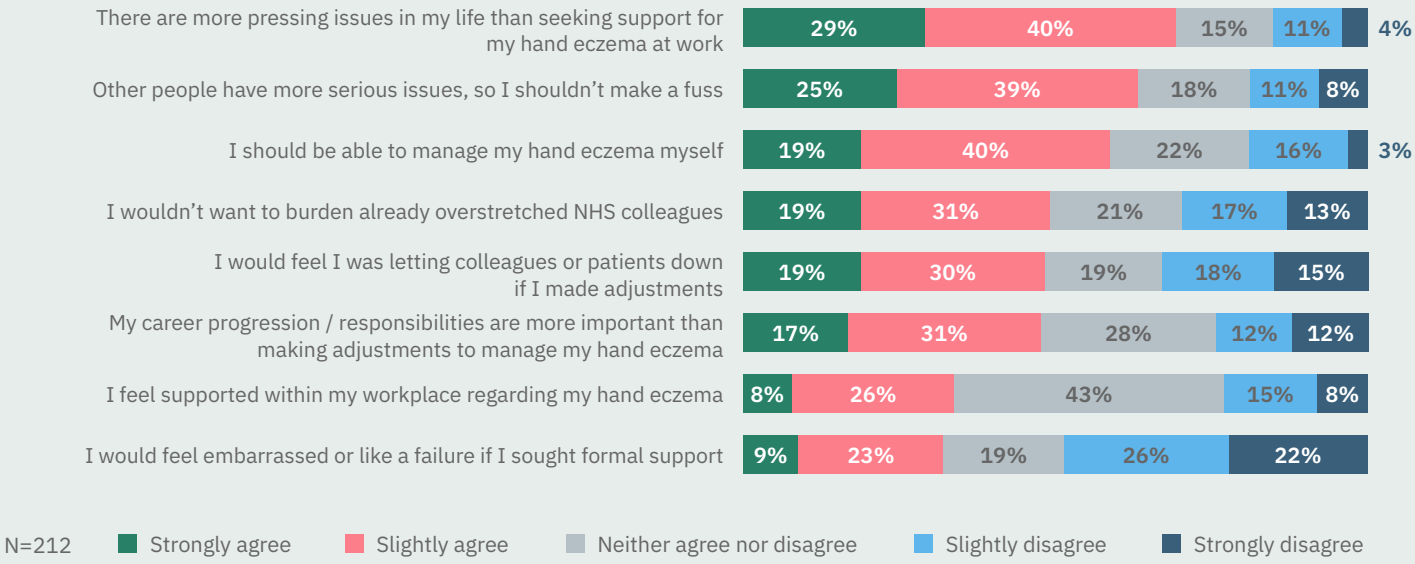
Images for illustrative purposes only. Not actual HCPs.

BARRIERS TO SEEKING TREATMENT FOR CHE ARE AMPLIFIED BY PROFESSIONAL IDENTITY

HCPs face the same self-blame as the wider CHE population, intensified by professional identity

The 2024 Patient CHE Impact Report stated the top reasons for delayed help-seeking to be that respondents "didn't think symptoms were severe enough" (35%) and "didn't want to make a fuss" (26%).[15] The same self-blame pattern also appears in this study, intensified by HCP identity and NHS workload pressure.

To what extent do you agree or disagree with the following statements?



Respondents highlight the contradiction that they feel being a caregiver and the sense of failure that they feel if they cannot self-manage as an HCP.

Other internally imposed barriers to seeking help were mentioned including pride and a fear that speaking up could impact opportunities and/or career progression.

61%

Say that time away for CHE creates additional workload pressures on their return

60%

Worry about the impact of time off for CHE on their sickness/ employment record

55%

Worry if they have time off or make adjustments they will miss out on opportunities

Workplace support may feel limited or difficult to access

Two-thirds of HCPs (67%) felt that additional support was needed in the workplace for CHE and 33% did not know where to go for support.

> Sometimes you just have to grin and bear it and do and know that it's going to be sore and what you do makes your hands worse, essentially... there is no alternative. ~ ***Consultant Intensivist***

> Overall, I don't think there is major support or help if you need it. ~ ***Consultant Anaesthetist***

Skin health is perceived as poorly understood and insufficiently recognised in the NHS



HCPs feel that there is a lack of understanding, recognition and support in the NHS for skin health. No HCPs in the qualitative study reported any skin health training in onboarding or routine training.

HCPs expressed concerns that prioritising skin health would not be taken seriously, especially if the symptoms were not widely visible:

> Sometimes people can misunderstand that, because you are present but you're not doing what your routine job is. That bit is still poorly understood from the NHS. It can be looked down upon. ~ ***Consultant Trauma and Orthopaedic Surgeon***

> I think it is seen as minor compared to other stuff people take time off with, even like back pain or stress [...] I don't think it is very well understood. ~ ***Healthcare Support Worker***

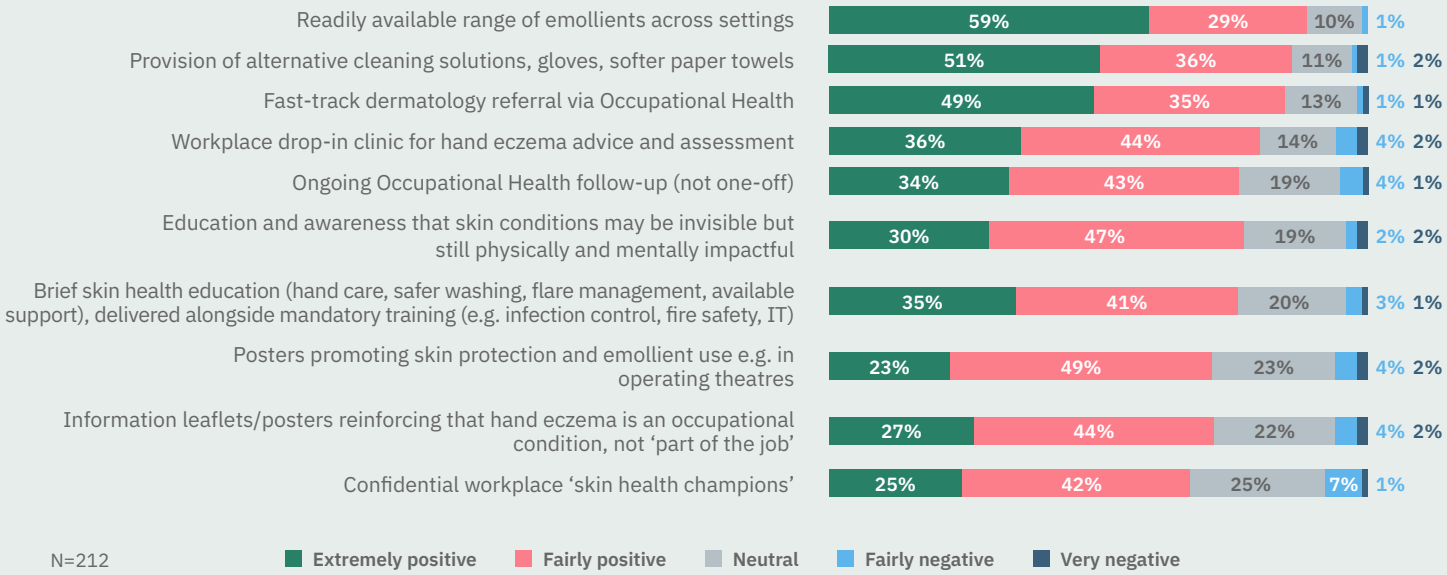
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CALL TO ACTION

What the workforce is asking for

The recommendations below are grounded directly in what HCPs say would help. The appetite for practical, visible, day-to-day support is clear.

How would you personally feel about the following forms of workplace support for your hand eczema, if they were introduced in your workplace?



Raise awareness about skin health and CHE

Skin health is not currently part of NHS onboarding or routine workforce training, but 75% of HCPs were positive about the provision of skin health education:

> I think it would be helpful if new staff members, new doctors, when they start in hospital, to have a 5–10-minute talk about skin health. ~ ***Consultant Obstetrician and Gynaecologist***

Position CHE as an occupational workforce issue

Cultural change requires visible, repeated, workplace-level signals that CHE is not 'part of the job' and that help is available.

Other internally imposed barriers to seeking help were mentioned including pride and a fear that speaking up could impact opportunities and/or career progression.

72% **are positive to posters reinforcing that CHE is not 'part of the job'**

72% **are positive to posters promoting skin protection and emollient use**

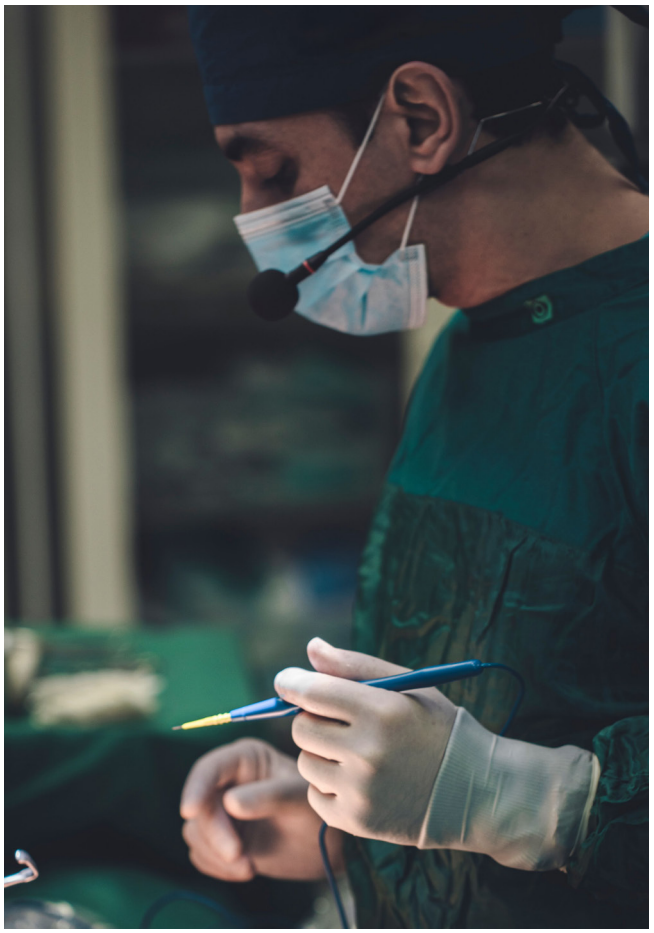
Implement skin health champions

Encouraging open discourse amongst HCPs could help to foster an environment of greater understanding and empathy. 55% of HCPs felt uncomfortable discussing their CHE with colleagues; however, HCPs who had made colleagues or managers aware of their condition described them as being very understanding and supportive. Skin health champions would provide an alternative, confidential source of support.

67% **Are positive to confidential skin health champions in the workplace**

One HCP expressed their enthusiasm for supporting others with CHE and sharing their experience:

> “I’ve seen a couple of resident doctors come through who’ve got really bad eczema and I literally make a beeline and go, right, can I have a chat about your eczema [...] Because I look at them and go, I know what it’s like – I’ve been there. ~ ***Consultant Intensivist***”



Make practical guidance and alternatives prominently available as standard

This is the most strongly endorsed area of support. Skin-friendly choices in cleaning agents, glove types and paper towel quality should be a procurement criterion, not an afterthought. Dermatology input into infection control guidance was specifically requested in the qualitative interviews.

Practical, exposure-reducing changes are within reach of most NHS settings and require organisational decision rather than individual effort. Those who have accessed the alternative provisions that Occupational Health can supply are positive about their impact; however, they note that many do not know about the guidance that is available.

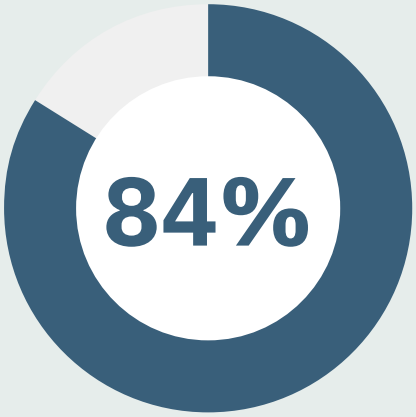
89% **are positive to readily available emollients**

86% **are positive to alternative cleaning solutions, gloves and softer paper towels**

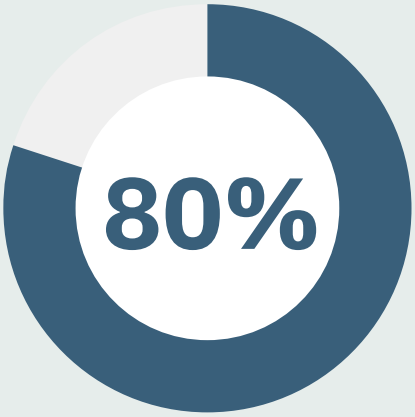
HCPs note that it would still be important to provide individualised support as CHE triggers and impact vary greatly.

Develop clear, visible pathways for CHE, including faster routes to dermatology

Currently, HCPs may be unsure where to turn, resulting in years of delay before accessing specialist care. A defined pathway, accessible via Occupational Health, would address both the access gap and the undertreatment of moderate-to-severe CHE.



are positive to fast-track dermatology referral via Occupational Health



are positive to workplace drop-in clinics

Messaging for HCPs should encourage

- Recognition of CHE as a workplace health issue, not a personal failing
- Seek help earlier, don't wait years
- Look out for colleagues who may be struggling in silence
- Use available pathways and ask for reasonable adjustments



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The full survey data is under DOF DERM 002 April 2026.

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