The Prevalence of Hand Dermatitis in Nurses: A Narrative Review Highlighting the Importance of Prevention

Abstract

Hand dermatitis (HD) is a bodily reaction that occurs when the skin becomes inflamed, characterised by red swelling and tiny blisters that form a crust. The clinical aspect varies in accordance with the clinical phases: acute, sub-acute or chronic. Redness, swelling, weeping and blistering are characteristic of the acute phase, when early detection and proper treatment are crucial to prevent it becoming severe or prolonged. Occupational hand eczema is common in “wet work” occupations, especially in the nursing profession, and even more frequent in workplaces where workers have to wash their hands continually. The literature suggests that the prevalence of HD in nurses varies around the world, as is evident from the summary table (below, with references) showing figures for the decade 2005-2015.

The main preventative recommendations are: adequate hand hygiene and glove wearing, regular application of emollients, use of alcohol rubs where appropriate, educational programmes concern the control of skin infections and appropriate hand washing as a routine part of hand care. Regular monitoring in the occupational medical service is essential for primary, secondary and tertiary prevention.

Keywords: Dermatitis; Wet work; Emollients; Inflammation of the skin; Eczema

Introduction

Occupational skin disease is any disorder of the skin that is caused or made worse by workplace activity [1]. This term includes occupational hand dermatitis, a condition that occurs frequently in nurses. In current terminology, the term “dermatitis” is used synonymously with “eczema” and describes inflammatory reactions in the skin with a spectrum of clinical and histopathological characteristics [2]. As its suffix suggests, dermatitis refers to “inflammation of the skin”, a reaction that occurs when the skin becomes inflamed and it takes on a red, swollen appearance with tiny blisters that form a crust.

The clinical aspect varies depending on the clinical phases. These are: acute, sub-acute and chronic. Redness, swelling, weeping and blistering are characteristic signs of the acute phase. During the sub-acute phase, redness, dry flaky skin, cracks and crusty exudes are evident. Chronic hand dermatitis is characterized by flaking, scaling, cracking and hand thickening. In line with the clinical evolution, the earlier the condition is detected the better, so as not to allow the progression through the pathological clinical phases.

Occupational hand eczema (OHE) is common in “wet work” occupations [3-5], the hands being the part of the body mainly affected in the majority of cases, especially in the nursing profession, and even more frequently in workplaces where employees are obliged to wash their hands continually in order to prevent infections. This occurs in workplaces such as intensive care units (ICUs) [4], emergency care, isolation wards, transplant wards, oncology, etc.,.

The main objective of this study is to describe and compare the prevalence of HD as reported by articles published during the decade 2005-2015. The paper also sets out to emphasise the importance of prevention and hand care measurements.

Method

The literature from 2005 to 2015 was reviewed. The main search was carried out during a research training period at the Occupational Health Department of the Education Centre, Guy’s and St Thomas’ NHS Trust and King’s College London, UK, June 2015. The literature search was carried out using PubMed and the terms were: dermatitis, dermatoses, eczema, hand and nurses.

The search formula used on PubMed was: (hand dermatoses [MeSH Terms] and nurses [MeSH Terms])

“dermatitis” and “eczema” and “hand” and “nurses”. The inclusion criteria were that the abstract had to be in English and published during the period of study (2005-2015). Articles that analysed care professions other than nurses were excluded.

Results

Table 1 shows the prevalence of HD in the literature published in the period 2005-2015. The table includes the year of the
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Table 1: Hand dermatitis prevalence in literature published 2005-2015.

<table>
<thead>
<tr>
<th>Year</th>
<th>Main Author</th>
<th>Title and Journal</th>
<th>Study Type</th>
<th>Country/Sample Size</th>
<th>How Dermatitis is Measured</th>
<th>Prevalence %</th>
<th>Other Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Campion KM</td>
<td>A survey of occupational skin disease in UK health care workers</td>
<td>Questionnaire-based survey</td>
<td>HCWs from United Kingdom, including 232 nurses</td>
<td>A brief skin questionnaire modified from NOSQ self-completion</td>
<td>In nurses, skin disease: 20%; Eczema: 40%; Redness: 60%</td>
<td>Nurses who attended vaccine clinics during October-November 2013</td>
</tr>
<tr>
<td>2014</td>
<td>Visser et al.</td>
<td>Wet work and hand eczema in apprentice nurses; part I of a prospective cohort study</td>
<td>A prospective cohort study</td>
<td>The Netherlands 721 apprentice nurses</td>
<td>Designed diary cards recording wet work exposure and HE symptoms</td>
<td>1st Y: 23%; 2nd Y: 25%; 3rd Y: 31%</td>
<td>Underlined the importance of skin protection in vocational education</td>
</tr>
<tr>
<td>2013</td>
<td>Lee et al.</td>
<td>Occupational hand eczema among nursing staffs in Korea: Self-reported hand eczema and contact sensitization of hospital nursing staffs</td>
<td>Self-administered questionnaire</td>
<td>Korea (General Hospital) Nursing staff 500/700 nurses completed the study</td>
<td>Questionnaire (75% response rate)</td>
<td>Symptom-based HE: 75.6%; Self-reported HE: 31.0%</td>
<td>HE was less prevalent among frequent users of hand moisturisers (&gt; 3-4/day)</td>
</tr>
<tr>
<td>2012</td>
<td>Wilke et al.</td>
<td>Long-term effectiveness of secondary prevention in geriatric nurses with occupational hand eczema: the challenge of a controlled study design</td>
<td>Controlled study design</td>
<td>Germany 102 geriatric nurses with occupational HE</td>
<td>Standardised questionnaire and compared baseline (T0), three month follow-up (T1) and six years after intervention (T2)</td>
<td>Morphological signs (vesicles) CG: 40%; IG: 12.8%</td>
<td>Cite: “The high prevalence of occupational dermatitis” Interdisciplinary prevention programme (IG,CG medically treated by dermatology</td>
</tr>
<tr>
<td>2012</td>
<td>Wilke et al.</td>
<td>Sustainability of interdisciplinary secondary prevention in patients with occupational hand eczema: a 5-year follow-up survey.</td>
<td>Cohort study in a interdisciplinary secondary prevention programme</td>
<td>Germany Wet work occupations 134 patients</td>
<td>Self-reported T0 Baseline T1 9 months T2 5 years</td>
<td>Prevalence and severity of self-reported OHE were significantly reduced compared to T0</td>
<td>An outpatient skin protection seminar comprising dermatological and educational interventions No measurable change in the use of skin care products</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Authors</th>
<th>Study Title/Details</th>
<th>Type of Study</th>
<th>Study Population/Location</th>
<th>Methodology</th>
<th>Findings/Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>Nai-Ming T &amp; Luk et al. [7]</td>
<td>Hand eczema among Hong Kong nurses: a self-report questionnaire survey conducted in a regional hospital Contact Dermatitis</td>
<td>Self-reported questionnaire survey</td>
<td>Hong Kong regional Hospital 1,240 nurses</td>
<td>HE among respondents was 22.1%</td>
<td>More than 90% had moderate-severe HE. Psychosocial impact also determined. Preventive measures should be emphasised.</td>
</tr>
<tr>
<td>2011</td>
<td>Cheng-Chen Lan et al. [20]</td>
<td>Hand dermatitis among university hospital nursing staff with or without atopic eczema: assessment of risk factors. Contact Dermatitis</td>
<td>Observational study</td>
<td>Kaohsiun Medical University Hospital 1,132 Nurses</td>
<td>Associations between different risk factors and HD were documented</td>
<td>248/1,132 with HD (21.90%). Only 17% had atopic eczema. Try also to identify behavioural risk factors.</td>
</tr>
<tr>
<td>2011</td>
<td>Kurpiewska et al. [5]</td>
<td>A survey of work-related skin diseases in different occupations in Poland. Int Jorn of Occup Safe and Ergonom</td>
<td>Cross-sectional study</td>
<td>Poland (different work populations) 581 healthcare workers</td>
<td>Self-reported skin symptoms on hand and forearm</td>
<td>51% of nurses reported skin disorders. 67% of midwives and 41% of physicians reported skin disorders.</td>
</tr>
<tr>
<td>2008</td>
<td>Dulon et al. [15]</td>
<td>Prevalence of skin and back diseases in geriatric care nurses Int Arch Occup Environ Health</td>
<td>Cross-sectional study</td>
<td>Germany 1,309 nurses and nurses' aides</td>
<td>Underwent clinical examinations of their hands, and answered a questionnaire.</td>
<td>The prevalence of HE was 18.0%.</td>
</tr>
<tr>
<td>2008</td>
<td>Kromark et al. [19]</td>
<td>Health indicators and preventive behaviour of older employees in geriatric care. Gesundheitswesen</td>
<td>Cross-sectional study</td>
<td>Germany 2,149 nurses working in home care</td>
<td>Questioned in written form and dermatological investigation. HE was not more prevalent in older nurses.</td>
<td>The older nurses participated more in advisory sessions on skin protection and applied cream to hands more frequently.</td>
</tr>
<tr>
<td>2009</td>
<td>Skudlik et al. [27]</td>
<td>Hand eczema in geriatric nurses in Germany--prevalence and risk factors Contact Dermatitis</td>
<td>Cross-sectional study</td>
<td>Germany 1,375 Geriatric Nurses from 86 nursing homes</td>
<td>Investigated by 41 occupational physicians.</td>
<td>HE in 243 nurses 18% prevalence. 2/3 HE developed after starting their profession. Most chronic (85%). Tendency for dry skin.</td>
</tr>
<tr>
<td>2009</td>
<td>Stutz et al. [18]</td>
<td>Nurses' perceptions of the benefits and adverse effects of hand disinfection: alcohol-based hand rubs vs. hygienic handwashing: a multicentre questionnaire study with additional patch testing by the German Contact Dermatitis Research Group. British Journal of Dermatology</td>
<td>A pilot study (PS), followed by a modified multicentre study (MC)</td>
<td>Germany five hospitals</td>
<td>Self-administered questionnaire survey. HD in the MC was 13.4% by self-diagnosis and 22.4% by symptom-based questions.</td>
<td>Concordance between the symptom-based diagnosis and the self-diagnosis was limited. Nurses perceive ADI as more damaging.</td>
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<tr>
<td>Year</td>
<td>Authors</td>
<td>Methodology</td>
<td>Country</td>
<td>Setting</td>
<td>Prevalence</td>
<td>Risk Factors</td>
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<tr>
<td>2007</td>
<td>Flyvholm et al.</td>
<td>Questionnaire study</td>
<td>Denmark</td>
<td>Hospital (middle size) employees</td>
<td>HE in the previous 12 months</td>
<td>23% overall HE frequency. 30% in nurses 7-50% HE in surgical wards HE more frequent in women and in younger age groups</td>
</tr>
<tr>
<td>2007</td>
<td>Lampe et al.</td>
<td>Cross-sectional study</td>
<td>United States</td>
<td>Inpatient nurses at hospital</td>
<td>Visited twice by a single physician, questioned and diagnosed</td>
<td>55% had HD</td>
</tr>
<tr>
<td>2005</td>
<td>Smith et al.</td>
<td>Cross-sectional study</td>
<td>Japan</td>
<td>1,162 clinical nurses</td>
<td>Questionnaire (Response rate 74%)</td>
<td>The overall HD rate was 53.3%</td>
</tr>
<tr>
<td>2005</td>
<td>Szepietowski &amp; Salomon</td>
<td>Cross-sectional study</td>
<td>Poland</td>
<td>Hospital nurses</td>
<td>Incidence of self-reported and self-examination HD</td>
<td>About 70% of respondents declared the presence of symptoms of HD within the last 12 months; 46% had skin lesions at the moment of self-examination. Almost 75% of employees with hand dermatitis had observed the worsening of skin problem. 48% of hospital employees with hand eczema reported psychological distress caused by their skin lesions.</td>
</tr>
<tr>
<td>2005</td>
<td>Jungbauer et al.</td>
<td>Continuous observation</td>
<td>Germany</td>
<td>45 randomly chosen nurses from different wards during a morning shift</td>
<td>Labour observation techniques</td>
<td>No prevalence results. Wet work in ICU accounted for 24% of morning shift duration</td>
</tr>
<tr>
<td>2005</td>
<td>Schurer et al.</td>
<td>Prospective controlled study (3 months)</td>
<td>Germany</td>
<td>209 geriatric nurses</td>
<td>102 (IG) secondary individual prevention 107 (CG)</td>
<td>Upon entry 89% (IG) 90% (CG) Upon study completion 59% (IG) was free of OSD After 3 months questionnaires revealed skin lesions in 53% (IG) and 82% (CG)</td>
</tr>
</tbody>
</table>
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Discussion

The main objective of this study is to describe and compare the prevalence of HD as reported by academic articles during the decade 2005-2015. Table 1 set out the results of a 10-year review of HD prevalence in nurses.

According to the literature, the prevalence of HD in nurses varies considerably around the world, with reports of 17.7% in mainland China [6], 20% in the United Kingdom [1], 22.1% in Hong Kong [7], 30% in Denmark [8], 31% in the Netherlands [9], 31% in South Korea [10], 40% in Germany [3], 46% in Poland [11], 50% in Australia [12], 53.3% in Japan [13] and 55% in the United States [14]. It also varies according to the way HD is detected (self-reported, appearance of symptoms or clinical observation, or formal diagnosis by a clinician). For example, Campion reports figures of 20% (diseased skin), 40% (eczema) and 60% (redness); Lee et al. [10] report a frequency of 75.6% for symptom-based OHE and 31.0% for self-reported OHE [10]. The workplace is another factor to consider: the wetter hands tend to become, the greater the prevalence. Thus Dulon et al. [15] report 18% of geriatric nurses suffering from OHE, whereas Lampel [14] mentions an HD prevalence of 65% among ICU nurses [14].

In addition there are endogenous conditions, atopic and vesicular HD being cases in point. Nurses with pre-existing atopic dermatitis are 5.3 times more likely to suffer from HD compared to nurses without this condition [6]. For the latter group, the early detection and reporting of OHE in the initial stages of the disease is of the utmost importance for the effectiveness of secondary prevention, as Wilke et al. [3] point out in their follow-up study [3]. In these cases it is essential that the professionals turn to the occupational health service, so that the service can arrange a reasonable adjustment or redeployment and specific programmes in the case of severe OHE [3]. The occupational health service may recommend temporary restriction from clinical work with immuno-compromised patients after a risk assessment. Visits to the occupational health service are also important in order to manage the cause of irritation or allergy as a means of controlling the exposure. The service will also make an assessment of the most suitable protective clothing, inspecting the affected skin at regular intervals as a matter of ongoing health monitoring. Furthermore, in some countries there may be a legal obligation to detect and notify HD in nurses as a “professional disease” and other issues of tertiary prevention.

Another factor to take into account in the prevalence of HD is the age and training level of nurses. Thus HD rates vary in accordance with the nursing students’ progress in their studies [16]. In their prospective cohort study of 721 apprentice nurses, Visser et al. [9] show a progressively increasing prevalence of HE among their subjects: 23% in the first year, 25% in the second year and 31% in the third year of the follow-up study. They
mention frequent hand washing during the traineeships, frequent hand washing at home and having a subsidiary job involving wet work as independent risk factors for this condition. The authors recommend paying more attention to skin protection in vocational education. Proper preventative programmes and suitable education are also suggested [10].

Most of the tools used to monitor the incidence of HD and skin health are based on questionnaires or clinical observations. There have also been attempts to use biomarkers such as transepidermal water loss [17]. The observations of the nurses themselves remain important however. At least one article suggests that nurses perceive disinfection with alcohol as more damaging than hygienic hand washing [18].

Among the risk factors reported for HD are youth, having a history of atopic dermatitis, frequent hand washing (>20 times/day) and the prolonged wearing of gloves (>5 minutes) [10]. On the other hand, appropriate use of moisturiser is a protective factor, with the pathology being reported less frequently among regular users (>3-4 times/day) [10]. Age and appropriate training are thus variables to consider when designing a preventative programme. Kromark et al. [19] report that older nurses participate in advisory sessions on skin protection more and apply cream to their hands more frequently [19].

A complementary objective of this review is to note the prevention and hand care measures that have been put forward by the authors concerned. Some practical recommendations in this regard include proper and reasonable use of gloves, adequate hand hygiene and washing techniques, avoiding having wet hands (whether frequently or for long periods), avoiding coming into direct contact with chemicals that cause dermatitis, regular application of emollients, the use of alcohol rubs when appropriate, application of emollients, the use of alcohol rubs when appropriate, and the prolonged wearing of gloves (>5 minutes) [10]. Age and appropriate training are thus variables to consider when designing a preventative programme. Kromark et al. [19] report that older nurses participate in advisory sessions on skin protection more and apply cream to their hands more frequently [19].

In conclusion, it is evident that HD prevalence differs in accordance with such variables as the way it is measured, the age of the subjects, and the characteristics of the workplace. The high prevalence reported by some studies calls for more attention to be paid to this condition and for educational programmes that employ a multifaceted strategy; they also highlight the central role of occupational health services in the early detection of HD and the implementation of preventative measures, including education in a routine aimed at improving hand care in wet work occupations such as nursing.

Acknowledgement

None.

Conflicts of Interest

The author declared that there are no conflicts of interest.

References

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