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# Beyond the barrier: Public and healthcare professionals' attitudes towards non-sterile glove use in Welsh healthcare settings

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The authors have no competing interests to declare.

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## Executive summary

This report explores attitudes towards single use non-sterile gloves (referred to as gloves here on in) in healthcare settings across Wales, specifically how and when different population groups perceive it appropriate for them to be used. It draws on two large surveys conducted across Wales in 2025: one with members of the public aged 16 years and over (1,402 respondents) and one with healthcare professionals (1,245 respondents). Key findings and recommendations are presented below.

## Key findings

### Public attitudes

- 58% support healthcare professionals using washed hands without gloves when guidance says gloves aren't needed. 14% oppose this; 28% are neutral.
- 52% always trust healthcare professionals to make the right hand hygiene decisions; 43% sometimes trust them.

### Healthcare professional attitudes

- Many report glove use increased during Covid-19 pandemic which became habitual, especially for those trained during the pandemic.
- 53% would confidently accept clinical guidance that gloves aren't always necessary and that hand hygiene can be more effective. 19% prefer to wear gloves regardless of guidance.
- 61% somewhat or strongly support doing procedures with washed hands and no gloves where Infection Prevention and Control (IPC) guidelines suggest gloves are not needed.
- Healthcare professionals often find it acceptable to wear gloves for low risk tasks where guidance says they aren't needed (e.g., taking blood pressure, helping patients eat, moving patients, giving eye drops).
- Staff express concerns about safety, personal protection, poor hand hygiene, and patient expectations, while also recognising glove overuse.

### Public and healthcare professionals' views on glove use and perceived benefits of reducing that use

- Both public and health professionals agreed gloves are important for high risk procedures (e.g., intimate exams, wound care).
- For both groups, the top benefit of reducing glove use was reducing infection risk, followed by reducing staff skin problems and reducing waste.
- Cost savings consistently ranked least important for both groups, suggesting glove reduction is viewed as a quality and safety issue rather than a financial one.

## Key recommendations

A coordinated, multi-level approach to safely reduce inappropriate glove use in healthcare settings is needed. Drawing on the evidence collected on this topic and wider work undertaken by the Improvement & Innovation Hub, the following recommendations are proposed:

- **Policy, clinical guidance and leadership:** Local policies should clearly state when gloves are required and when they are not, aligned with national and international guidance. Leaders should visibly support and model appropriate glove use.

- **Education:** Short, targeted training should reinforce that gloves do not replace hand hygiene, and all clinical training should include when glove wearing is appropriate. It should address post Covid-19 pandemic habits and build staff confidence in evidence-based practice.

- **System changes:** Reducing visual prompts for glove use (such as gloves at the bedside), improving access to handwashing facilities, and strengthening procurement controls can support behaviour change.

- **Monitoring, audit and feedback:** Improved data, shared dashboards, and regular feedback to teams to track progress and sustain change.

- **Public reassurance, incentives and champions:** Clear communication can maintain trust and help patients understand when gloves are not needed. Staff should be supported to explain glove decisions to patients. Champions can model best practice and share key messages.

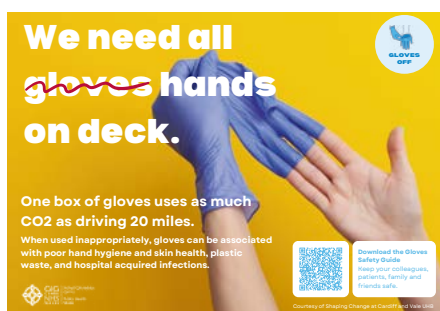
## Introduction

Infection prevention within health and care settings is essential for healthcare workers, patients and their carers who may be vulnerable to risk of infection. One line of defence to reduce risk of contamination to healthcare workers, patients and the wider public is through wearing examination gloves. Many of these gloves are single use non-sterile gloves. However, their use should be limited to activities that may involve exposure to blood or other body fluids (including contact with mucous membranes and non-intact skin) and hazardous drugs or chemicals. Glove use should always be complemented by hand hygiene practices<sup>1-3</sup>.

With an NHS drive towards value-based healthcare and environmental sustainability, inappropriate glove use represents a waste of health and care resources. Inappropriate use can increase cross-contamination and non-compliant hand hygiene<sup>4-7</sup>. Members of the public have also observed inappropriate glove use and have reported to be uncomfortable with their use for some personal tasks<sup>8</sup>. There is also the increased risk of dermatitis to the wearer<sup>9-12</sup>.

Within NHS Wales, the quality statement for Infection Prevention and Control (IPC) sets out Welsh Government's expectations for proportionate, evidence-based IPC practice across health and care services that reduce avoidable harm and sustain public trust<sup>13</sup>. Reducing inappropriate non-sterile glove use and reinforcing effective hand hygiene supports the quality statement's focus on safe, compassionate care that is delivered efficiently and sustainably.

Organisations such as Great Ormond Street Hospital launched their 'Gloves Off' campaign as early as 2018 to address the overuse of non-sterile gloves in healthcare settings<sup>14</sup>. However, the Covid-19 pandemic increased the use of gloves and reasons for their increase and continued use has been driven by several factors<sup>15</sup>. During the Covid-19 pandemic, health professionals' fear of contracting the virus along with protocols focusing upon Personal Protective Equipment (PPE) and disrupted routine practices often dominated decision-making and reinforced glove use<sup>16</sup>.



There was a lack of clear information or a misunderstanding among some staff about when gloves were necessary, leading to them being worn for routine duties like giving oral medication or pushing trolleys, contrary to guidelines<sup>1,2,17</sup>. A recent study has shown that some student nurses had limited awareness of the national infection prevention and control best practice procedures<sup>17</sup>. This has led to the use of gloves for many procedures, even when not clinically indicated.

Issues surrounding inappropriate glove use extend beyond infection prevention—they also have significant environmental implications. Healthcare delivery must increasingly be aligned with climate-friendly practices. Although estimates vary, there is consistent evidence that emissions associated with procured goods, including PPE, are particularly high across the NHS, due in no small part to the demands of the Covid-19 pandemic<sup>16</sup>. For instance, between February 2020 and February 2021, more than 8.7 billion items of PPE were supplied to health and social care services in England, compared with approximately 2.4 billion items in 2019<sup>18</sup>.

To meet environmental sustainability targets and reduce waste within the NHS—while still minimising infection risks and ensuring the best possible patient experience—it is essential to address the inappropriate use of non-sterile gloves. Reducing unnecessary glove use not only cuts waste and expenditure but also supports NHS Wales in becoming more sustainable and environmentally responsible. When managed effectively, these improvements can also enhance the quality of patient care.

However, understanding the true scale of glove use across NHS Wales remains challenging due to inconsistent procurement processes, data collection, and reporting. Available figures from NHS Wales Shared Services Partnership suggest that more than 230 million non-sterile gloves were ordered across NHS Wales organisations in 2024. Public Health Wales (PHW) alone ordered over 1.4 million non-sterile gloves in the 12-month period up to July 2024.

In response, the PHW Improvement and Innovation Hub was asked to identify opportunities to reduce glove use across the organisation. To do this effectively, understanding public and healthcare professionals' attitudes towards glove use was essential. As such, two surveys were conducted—one involving members of the public and one involving healthcare professionals—to explore perceptions and behaviours related to glove wearing in healthcare settings.



## 1. Public survey on attitudes to glove wearing

The public survey was conducted using PHW's Time to Talk Public Health (TTPH) population panel. TTPH has recruited a pool of over 2,500 participants aged 16 or older from representative communities across Wales (age, sex, deprivation, ethnicity, and health board). Participants were invited to complete a survey either online, via telephone or through face-to-face interviews.

Additional targeted recruitment took place with every survey to reach typically underrepresented population groups; this was conducted through face-to-face interviews and social media advertising. Throughout June 2025 we ran a survey on glove use as part of the panel of questions. A total of 1,402 participants completed the survey which included questions on the use of gloves in healthcare settings. The data presented from this survey is weighted to the population of Wales based on age, sex, and deprivation quintile. A full copy of the findings is available in the TTPH report<sup>19</sup>.

## 2. Healthcare professionals' survey on attitudes to glove wearing

The healthcare professionals' survey was launched at the NHS Wales Sustainability conference on 20 June 2025. A snowball sampling technique was used in which participants from existing health and care networks were contacted via email and encouraged to both complete and share the survey with colleagues. The anonymous survey, available in English and Welsh, closed on 20 September and received 1,245 responses. This survey had closed questions and open text responses and data is presented as frequency and thematic analysis, respectively.

# Results

## 1. Public attitudes to healthcare professionals wearing gloves

Over three quarters of respondents (79%) were already aware that healthcare professionals may wear gloves or have washed hands and no gloves for different procedures, however, 21% did not know. The majority of respondents (58%) were supportive of healthcare professionals doing procedures with washed hands and no gloves where guidance suggests gloves are not needed (28% neither supported nor opposed). However, 14% opposed this approach.

Respondents were asked if they were to receive 12 different procedures, would they find it acceptable for the procedure to be done by a healthcare professional wearing gloves, washed hands and no gloves, or either (Table 1). The majority of participants were happy for hands to be washed and gloves not to be worn for tasks related to public health activities e.g., mammography (for breast screening), abdominal exam (for abdominal aortic aneurysm screening) and giving an injection (e.g., flu or Covid-19 vaccination campaigns).

**Table 1: Proportion of public responders indicating which approach they considered acceptable for each procedure.**

	Washed hands and no gloves	Either	Gloves	Prefer not to say
Taking blood pressure	65%	28%	7%	Less than 1%
Helping a patient to eat	54%	28%	18%	1%
Changing bed linen	47%	30%	22%	1%
Carrying out routine examination (e.g., abdominal exam)	47%	32%	21%	1%
Mammogram (i.e. x-ray of the breast)	41%	33%	19%	8%
Giving out oral medication	40%	28%	31%	1%
Giving eye drops	37%	27%	35%	1%
Giving an injection	35%	27%	38%	Less than 1%
Helping a patient to wash	31%	30%	38%	1%
Taking blood	20%	25%	55%	Less than 1%
Checking a wound	7%	16%	76%	1%
Carrying out an intimate examination	3%	12%	84%	Less than 1%

Respondents were asked to rank the perceived benefits of reducing glove use among healthcare professionals in order of importance. Responses were ranked from one, most important to four, least important. Table 2 shows a clear hierarchy of perceived benefit of reducing glove use. Identified as most important was reduction in the spread of infection with 58% categorising it as most important. The second highest benefit was reducing hand or skin conditions to healthcare professionals, with 47% categorising it as such. The third and lowest ranked benefits were reduced waste (37%) and reduced cost (37%), respectively.

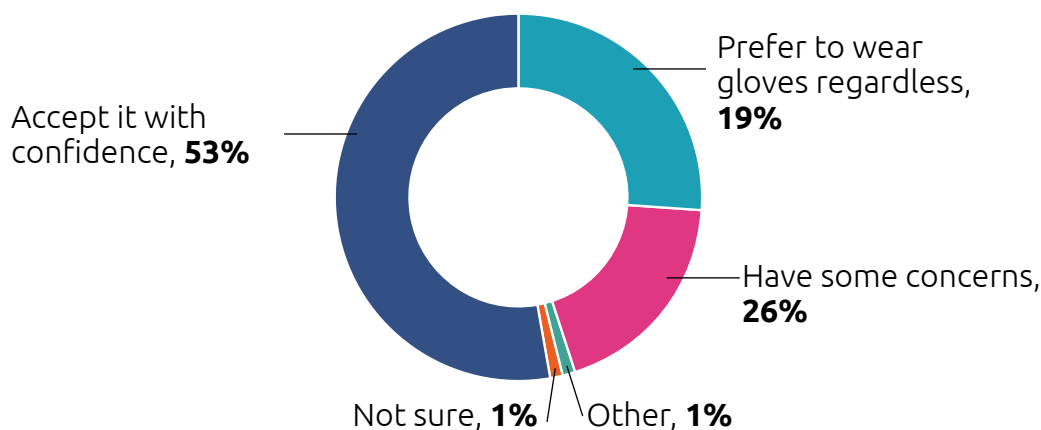
**Table 2: Public ranked order of importance for the benefits of reducing the number of gloves used by healthcare professionals.**

	1 - Most important	2	3	4 - Least important	Prefer not to say
Reduces the spread of infection	58%	10%	9%	18%	4%
Reduces hand or skin conditions for healthcare professionals	10%	47%	20%	19%	4%
Reduces waste	18%	20%	37%	21%	4%
Reduces cost	9%	20%	30%	37%	4%

## Healthcare professionals' survey on attitudes to glove wearing

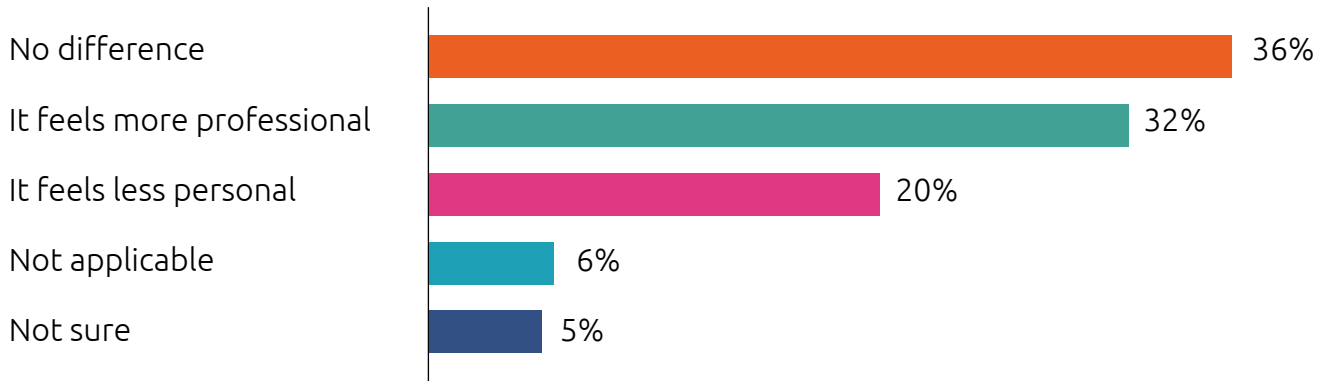
Of the 1,245 responses, 82% reported they regularly wear gloves in their role. Nearly a quarter of respondents (23%) oppose healthcare professionals doing procedures with washed hands and no gloves even where guidance suggests gloves are not needed. A further 14% did not support or oppose, whilst 63% supported the clinical guidance. If told that evidence suggests that gloves are not always necessary and that hand hygiene is more effective, 53% of respondents said they would accept it with confidence, 26% would have some concerns, while 19% would prefer to wear gloves regardless (Figure 1).

**Figure 1: Healthcare professionals' attitudes when clinical guidance suggests gloves are not necessary and hand hygiene is more effective.**



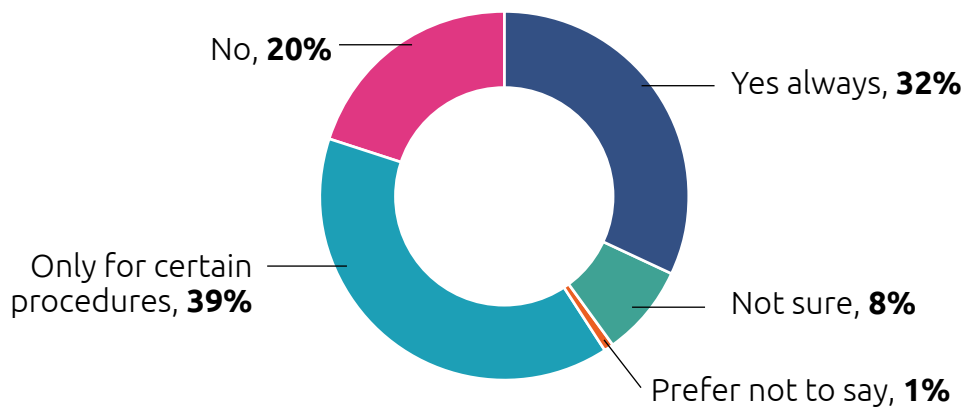
A third of respondents (32%) felt wearing gloves makes the care they provide feel more professional, while a fifth (20%) felt it makes the care provision feel less personal (Figure 2).

**Figure 2: Attitudes to how wearing gloves affects how it feels to provide care.**



A third (33%) of respondents felt they should always explain to patients when they choose not to wear gloves, and 39% said they should explain only for certain procedures (Figure 3).

**Figure 3: Healthcare professionals should explain to patients when they chose not to wear gloves.**



**Table 3: Comparison of public trust in healthcare professional's hand hygiene decisions, and healthcare professional's perceptions of that trust.**

	Public	Healthcare professionals
Yes	52%	23%
Sometimes	43%	64%
No	5%	12%

Over a fifth (23%) of healthcare professionals thought the public always trusted them to make the right decision about hand hygiene practices, whilst 64% thought the public sometimes trusted them. A total of 12% of healthcare professionals thought the public did not trust them to make the right decision about hand hygiene practices (Table 3).

Comparing healthcare professionals to the public's responses, 52% of respondents always trusted healthcare professionals to make the right choice about hand hygiene practices (e.g. when gloves are or are not needed to be worn); 43% sometimes trusted healthcare professionals to make the right decisions. Only 5% never trust healthcare professionals to make the right choice about hand hygiene practices (Table 3).

When healthcare professionals were asked about which procedures they would find acceptable to be done by a healthcare professional wearing gloves, washed hands and no gloves, or either, responses ranked very similarly to those provided by members of the public (compare Table 1 and Table 4). Washed hands and no gloves was deemed the most appropriate for undertaking procedures where there is no perceived risk such as taking blood pressure (87%), helping a patient to eat (82%), doing a mammogram examination (68%) and giving eye drops (63%), whereas the majority felt that gloves should be worn for perceived higher risk procedures such as checking a wound (87%) and carrying out an intimate examination (95%, Table 4).

**Table 4: Proportion of healthcare professionals indicating which approach they considered acceptable for each procedure.**

	Washed hands and no gloves	Non-sterile gloves or washed hands and no gloves	Non-sterile gloves	Don't know
Taking blood pressure	87%	10%	3%	less than 1%
Helping a patient to eat	82%	10%	8%	less than 1%
Moving a patient (e.g., in a bed or wheelchair)	76%	12%	12%	less than 1%
Helping a patient to dress	71%	14%	14%	less than 1%
Supporting a person having a mammogram	55%	13%	26%	less than 7%
Giving eye drops	50%	13%	36%	less than 2%
Giving an injection	42%	18%	39%	less than 2%
Helping a patient to wash	35%	16%	47%	less than 2%
Taking blood	19%	18%	62%	less than 1%
Checking a wound	4%	8%	87%	less than 1%
Carrying out an intimate examination	1%	3%	95%	less than 1%

When healthcare professionals were asked to rank the benefits of reducing glove usage, the order was identical to that provided by the public in the TTPH survey. The percentage distribution of responses was very similar across the public and healthcare professional's surveys (compare Table 2 with Table 5).

**Table 5: Healthcare professional ranked order of importance for the benefits from reducing the number of gloves used by healthcare professionals.**

	1 - Most important	2	3	4 - Least important
Reduces the spread of infection	56%	17%	12%	15%
Reduces hand-related skin conditions for healthcare professionals	14%	43%	22%	21%
Reduces waste	23%	22%	42%	13%
Reduces cost	8%	18%	25%	49%



## Thematic Analysis: healthcare professionals' attitudes to non-sterile gloves

When asked if they had any additional comments, there were 379 free text comments from healthcare professionals regarding attitudes toward non-sterile glove usage in clinical practice. This data was then inductively analysed.

The main seven key themes that evolved from this analysis are that healthcare professionals generally feel **gloves are overused, often used inappropriately** and this is due in part to a post **Covid-19 habit**. There is a strong belief that handwashing is generally a better alternative to wearing gloves when they are not necessary for infection prevention, although staff feel there may be **poor hand hygiene practice** within clinical settings. **Staff generally recognise when it is appropriate to wear gloves** but there are some procedures where staff feel they would prefer to wear gloves even if the guidance suggests they are not warranted (e.g., mammograms). There is discrepancy between staff who feel that wearing gloves affects **patient dignity**, providing less compassionate care and those who are concerned about touching patients due to their **poor personal hygiene**. Although the purpose of the Gloves Off campaign (reducing inappropriate glove use where Infection Prevention and Control (IPC) guidance suggests gloves are not needed) has its roots in **environmental sustainability** and is recognised by staff, some see it as an inappropriate **cost cutting initiative**. The seven key themes in detail are:

**1. Overuse and inappropriate use.** Gloves are often worn for routine tasks (taking observations, feeding patients, pushing wheelchairs) and are based more on habit or social pressures, rather than evidence. *"Far too many people are wearing them wandering around the hospital, most of the time they aren't in contact with a patient"* and *"It's very much overused in all clinical areas and people falsely believe the gloves are protecting them"*.

**2. Covid-19 pandemic impact.** Increased glove use during Covid-19 may have become normalised with many students trained during Covid-19 preferring to wear gloves for all procedures. *"We started using for additional procedures e.g., abdominal palpation in Covid and it feels strange to go back"* and *"I think it will be difficult to break the habit of wearing gloves especially since Covid-19 pandemic stressed how important PPE was"*.

**3. Hand hygiene.** Concerns were expressed about staff's compliance with good hand hygiene and that gloves may reduce handwashing compliance. *"I've seen people wear gloves instead of washing hands or using hand gel"* and *"If people wash their hands properly that's great. But many don't"*.

**4. Professional protection and safety.** Context dependent decision making. Many healthcare professionals feel that glove wearing should be made on a case-by-case basis using dynamic risk assessments and should be a professional choice in non-essential situations. *“As someone who suffers with constant broken skin the gloves help my skin not to become infected”*. There was significant anxiety and opposition to reducing glove use among some healthcare professionals. *“If gloves are removed from wards I would give up my job”* and *“I’m not doing personal care without gloves, if so, I will simply not do it”*.

**5. Patient dignity, patient and staff comfort.** It was noted that gloves can feel impersonal for patients or may even make patients feel “unclean” or stigmatised. Equally, skin-to-skin contact can be comforting but concerns about poor patient hygiene and cleanliness were also noted. *“Gloves don’t impact on how I feel providing care, but I think it can feel impersonal for the patient at times”* and *“Who is thinking about the healthcare professional here? No one! Yes, we wash our hands, do the patients wash regularly? Are they clean? NO!”*

**6. Environmental and economic concerns.** There was recognition of the environmental impact and waste generated from the inappropriate use of gloves, but some saw saving money as the main purpose for the campaign. *“I would welcome reducing the amount of gloves used, as I think they are an enormous problem to the environment”* and *“Protect your staff not your pocket!”*

**7. Education and culture change needs.** A cultural shift is needed for both staff and patients as it can be difficult challenging healthcare professionals. *“Patients and families need to be aware that handwashing rather than gloves is better all round”* and *“It is very difficult telling other colleagues that they do not need gloves when they believe they do”* and *“If you provide a definitive list where staff are supported by the Health Board not to use gloves but give freedom to use if they feel appropriate, I think staff will feel more confident in not wearing gloves where not required and can cite the Health Board guidance if challenged by a patient”*.

## Discussion

### Appetite for change

The responses received to the two national surveys suggest there is an appetite for engagement in this topic with a range of strongly held opinions. When asked to rank the benefits of reducing glove use, both public and healthcare respondents listed reducing the spread of infection as the most important and reducing cost as the least. This finding implies attempts to reduce glove use are not perceived as being purely economic, especially given pressures on healthcare budgets, but more related to protecting health and minimising environmental impacts<sup>20</sup>. A significant number of healthcare professionals commented that gloves are used inappropriately, and this can be linked to behaviours formed during and after Covid-19<sup>16,18</sup>.

### Public trust and need for staff training on when gloves are appropriate

The majority of the public respondents reported that they trust healthcare professionals to make the right decisions about glove use. However, further work is needed to increase confidence among those who answered “sometimes” or “no.” Notably, when comparing the two surveys, the public expressed higher levels of confidence and trust in healthcare professionals’ decisions about glove use than healthcare professionals believed the public would have (Table 3).

Both groups generally agreed on when gloves should be worn. The National Infection Prevention and Control Manual for Wales (NIPCM) recommends that ‘gloves must be worn when exposure to blood, body fluids, non-intact skin, lesions and/or vesicles, mucous membranes, hazardous drugs and chemicals is anticipated or likely’<sup>3</sup>. The three procedures where risk of contact with blood and bodily fluids may occur (i.e. carrying out an intimate examination, checking a wound, taking blood) were the procedures rated highest by the respondents as only being accepted to be delivered with gloves. However, there is still a sizeable proportion of the public who prefer glove wearing for activities where gloves are not routinely required (e.g., helping a patient to eat, changing bed linen).

Having launched the PHW Gloves Off campaign with Diabetic Eye Screening Wales where gloves are now no longer used for the administration of tropicamide (eye drops to dilate pupils), it was noted that 64% of respondents would be happy for eye drops to be given with washed hands (i.e. 37% with washed hands only, and 27% with either gloves or washed hands).

Where comparable, members of the public were also slightly less likely to prefer glove use across all procedures compared to healthcare professionals — except for helping a patient to eat and taking blood pressure, which are considered lower risk activities. Otherwise, both groups indicated that the more “risky” or “invasive” a procedure is, the stronger the preference for gloves (Tables 1 and 4).

These findings reinforce the need for healthcare professionals to receive updated training on appropriate glove use and to provide reassurance to patients when gloves are or are not needed.

Healthcare professionals should be encouraged to follow evidence-based guidance rather than assume that glove wearing is always expected by the public. Clear explanations of good hand hygiene practices—especially during procedures where gloves are not recommended—could also help shift the views of the 42% of public respondents who did not report supporting procedures being performed with washed hands and no gloves.

## Guidelines for glove wearing supported by leadership and education

Education on this subject will be vital for public and professionals alike. For example, in a study conducted in Neonatal Intensive Care Unit departments in Swansea Bay University Health Board, an educational intervention involving a video and guideline posters led to a significant decrease in glove use as staff were better able to identify when they were appropriate to use<sup>18</sup>. In our national staff survey, 61% somewhat or strongly support healthcare professionals doing procedures with washed hands and no gloves where IPC guidelines suggest gloves are not needed. Thus, there is a knowledge gap between current practice and guidelines. This finding underlines the need for more work with peer groups and senior leaders to educate staff and build confidence in appropriate hand hygiene and glove use.

The comments provided by healthcare professionals revealed the reasons for wanting to wear gloves contrary to IPC guidelines are varied and range from anxiety due to the risk of infection, mental health or immunological conditions, legacy effects from Covid-19 practices or to avoid touching patients who might appear to have poor personal hygiene. This need for better guidance to reduce glove use due to personal preference has previously been reported<sup>7</sup>: *“Infection control policy needs to be much clearer in directing how and when gloves should be used and not used so that there is less room for ‘personal preference’ and more support for challenging inappropriate use”* (ref 7., p131).

## Wider coordinated approach

NHS Wales could share best practice and data. For instance, Cardiff and Vale University Health Board have produced a dashboard for glove procurement and use within their health board departments - [Introducing the new Gloves Off Data Dashboard](#). Our initial work has highlighted the need for accurate and transparent procurement data. A national, verifiable dashboard would provide helpful metrics to managers, frontline staff and financial partners in the wider campaign to reduce single use PPE and non-sterile gloves. This data could monitor glove procurement and help in evaluating the impact of any campaigns for reducing glove use. Cardiff and Vale University Health Board has also produced an implementation guide and resources, advice, and tools needed to support adoption of this glove reduction campaign in other departments. A collaborative approach within NHS Wales could be coordinated to support this work with a national focus on improvement and sustainability.

## Waste

Beyond reducing glove wearing, there are wider considerations around glove waste management that could mitigate some of the environmental concerns but were not identified in the surveys. Identifying appropriate waste streams has the potential for a better environmental impact by recycling and repurposing waste. For example, recent research shows the benefits from transforming some clinical waste into other reusable products like concrete<sup>22</sup>.

## Conclusion

The wide-ranging work that we have conducted with the public and healthcare professionals has revealed how complex the topic of glove use is in healthcare. There are large areas of consensus but there are also deep divisions and strongly worded resistance to change, with a few staff threatening to resign if gloves were ever removed.

This work therefore reflects an ongoing need for leadership, education and awareness-raising (both for staff and public) about appropriate glove use and the associated benefits to staff, patients and the environment. To change habits and meet sustainability targets, clearer guidelines and policies, education and awareness-raising sessions with staff (both clinical and non-clinical) and the public about the risks to themselves and the environment of unnecessary glove use is vital. Equally this is important for student training and links should be made with higher education settings to support this work. Coupled with good hand hygiene, support from leaders and clear up to date policies grounded in the evidence would also support this change.

In addition to training and advocacy, there is a clear need for better data collection on glove procurement. Data and regular feedback to staff will be a central feature of supporting ongoing behaviour change and build momentum across teams and departments. To further support the work, centralised dashboards to monitor progress which point to where support is needed would ensure that changes were sustained and only wearing gloves for high-risk procedures became normal rather than it being normal to universally wear gloves.



## Recommendations

Reducing inappropriate glove wearing will require intervention at several levels.

### A. Policy, clinical guidance and leadership

- Local glove policy that mirrors national guidance: list exactly when gloves are required and when they are not. This would enable staff to have clear guidance on when gloves do not need to be worn and discourage their use for personal preference as appropriate e.g., single page easy to access guide.
- Strong leadership within services to model and support any changes in glove wearing habits, clearly explaining rationale for change and championing work within local organisations with sustainability, better skin health, good use of resources and compassionate patient care as the drivers for change<sup>23</sup>.

### B. Education

- Short teaching moments for why not to wear gloves unless indicated; demonstration of appropriate glove donning/doffing and hand hygiene. Link to hand hygiene and glove usage audits with benefits to staff/patient health and the environment identified.
- Visible prompts<sup>24</sup>: pocket cards, posters with a brief algorithm (“Is contact with blood/body fluids/non-intact skin/mucous membranes likely? — Yes: gloves. No: hand rub/handwash.”).

### C. System changes

- Remove visual cues that encourage glove overuse: e.g., stop placing gloves at every bedside for routine observations; instead locate in cupboards/medical rooms where procedures are done.
- Make hand washing facilities and hand rub widely available and ensure dispensers are accessible at point of care.
- Procurement controls: stock visibility, reporting on glove usage.

### D. Monitoring, audit and feedback

- Point-prevalence audits and/or direct observation of hand hygiene and glove events. Provide regular feedback on outcomes.
- Clearer procurement and usage data with health board and trust responsibilities aligned to produce a national dashboard of ordering and usage.
- Use dashboards for improvement teams and monthly reports to senior management.

### E. Public reassurance, incentives and champions

- Clear communication can maintain trust and help patients understand when gloves are not needed. Staff should be supported to explain glove decisions to patients.
- Identify champions to role model correct practice and brief new starters<sup>25</sup>.
- Ward sisters/lead nurses/screeners serving as local champions sharing key messages<sup>26</sup>.

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