

Mindful Hand Hygiene to
Reduce Infections Among
Veterans While Enhancing
Provider Well-Being

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Data Analysis Plan

Differences in hand hygiene adherence and duration between intervention and control groups will be assessed using Fisher's exact test and t-test, as appropriate. Differences in adherence to duration of hand hygiene will be calculated for both intervention and control groups. As a secondary outcome for Aim 1, the investigators will assess changes and differences in hand hygiene perception based on responses to select questions from the PSHW. For Aim 2, mindfulness will be based on responses to the FFMQ and well-being will be based on responses to the WBI. Survey scales will be scored according to the published algorithms. Descriptive statistics will be used to summarize participant scores from baseline and post-intervention, as well as 6-month post-intervention (sustainability) follow-up assessments. Within-group paired-samples t-tests will be used to test for improvement in participant scores across the baseline, post-intervention (~14 days for physicians and 1-month for nurses), and 6-month post-intervention (sustainability) follow-up periods, for the intervention and control groups separately. Participants not completing all surveys will still be included in any analysis for which they provide data. Listwise deletion for observations containing less than 85% complete responses for the FFMQ or WBI items will be used. Missing values for observations with at least 85% responses for the FFMQ or WBI items will be imputed using the average value obtained from non-missing values within each respective subscale. Multilevel linear mixed regression models will be used to assess changes in mindfulness and well-being across groups and the effectiveness of the intervention. Mixed models account for correlation between repeat measurements on the same participant and accommodate missing data across time points. Random effects will be modeled to account for clustering of survey responses at the clinician level. All models will be adjusted for fixed effects for clinician role (physician/nurse) and intervention fidelity. For all analyses, p-values less than 0.05 will be considered significant and all tests will be two-tailed.