

Official Title:

The Effect of Hand Hygiene Education With Cognitive Behavioral Therapy on Hospital Infection Awareness: a Randomized Controlled Trial

NCT Number:

Not yet assigned (pending registration at [ClinicalTrials.gov](https://clinicaltrials.gov))

Document Type:

Informed consent form

Document Date:

12 Aug 2025.

We would like to invite you to participate in a research study, the details of which are provided below. The decision to participate or not is entirely yours. Before deciding whether or not to participate, it is important that you understand why the research is being conducted, how your information will be used, what the study involves, its potential benefits and risks, or any aspects that may cause discomfort. Please take the time to read the following information carefully. If you decide to participate in the study, please sign the Study Participation Consent Form. You are free to withdraw from the study at any time. You will not be paid for participating in the study, nor will you be asked to make any financial or material contribution. All materials used in the research and all expenses incurred will be covered by us, the researchers.

SUBJECT AND PURPOSE OF THE STUDY:

The aim of our study is to increase the effectiveness of hand hygiene training and to develop correct hand hygiene behaviour by utilising cognitive behavioural therapy to raise awareness of hospital infections. With this study, we will investigate the effect of hand hygiene training using cognitive behavioural therapy techniques on beliefs and attitudes towards hospital infections.

STUDY PROCEDURES:

In this study, we will conduct a face-to-face survey on hospital infection beliefs and attitudes before and after hand hygiene training.

WHAT ARE THE POTENTIAL BENEFITS OF PARTICIPATING IN THE STUDY?

There are two potential benefits to participating in this study. The first is developing awareness of hospital infections, and the second is acquiring proper hand hygiene behaviour.

HOW WILL MY PERSONAL INFORMATION BE USED?

We will evaluate your personal information for scientific research purposes and will not share it with third parties. Persons to contact for questions and problems 24 hours a day/Mobile:

Dr Ayşegül TURAN, Assistant Professor

GSM: 05363228524

Volunteer's Consent to Participate in the Study:

I have discussed the above information in detail with the relevant researcher, who has answered all my questions. I have read and understood this informed consent form. I agree to participate in this research and sign this consent form of my own free will. This consent does not invalidate any relevant laws or regulations. The researcher has provided me with a copy of this document for my safekeeping, which also includes points I should pay attention to during the study.

<i>Volunteer¹ First Name Last Name:</i>		<i>Date and Signature:</i>
<i>Tel:</i>		

<i>Parent or Guardian (if applicable) First Name Last Name:</i>		<i>Date and Signature:</i>
<i>Tel:</i>		

<i>Researcher² First Name Last Name:</i>	<i>Dr Ayşegül TURAN,</i> <i>Assistant Professor</i>	<i>Date and Signature:</i>
<i>Address and Telephone Number:</i>	<i>Kırşehir Ahi Evran University</i> <i>Faculty of Health Sciences</i> <i>Tel: 05363228524</i>	

1: The person who witnesses the entire process of informing the volunteer from start to finish

2: The person informing the volunteer about the research