

Challenges and Strategies for MRSA Control: A Case of Hospitals in Karachi

Syed Uzma Paiam Bukhari¹, Fariha Aziz², Mehwish Shamim³, Imtiaz Ali Kalhoro⁴,
Kawish Ali⁵, Asifa Perveen⁶ and Irsa Abid Jawaidd⁷

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Abstract

The attitudes and beliefs of health care workers (HCWs) influence the measures used to stop the spread of drug-resistant infections like methicillin-resistant Staphylococcus aureus (MRSA). One of the most important aspects of fostering a safe clinical setting for care is identifying obstacles and difficulties with suggested practices. The research aims to identify the perceived challenges and barriers for effective MRSA control from the perspective of health care workers. A qualitative grounded theory approach is used. A criterion sampling technique is used to select the sample. Data is collected through semi-structured interviews by following the BERA framework for ethical consideration protocols. Data is analyzed inductively through thematic analysis. The results highlighted that the high cost of MRSA screening, ineffective departmental communication, and staff education are the major challenges that contribute to MRSA infections. The key strategies are proposed to deal with the challenges. The findings revealed that the problems encountered by physicians in both public and private hospitals are similar. The expense of screening for MRSA is exorbitant. Efficient control of MRSA involves evaluating risks, following specific hygiene measures, and performing positive steps towards containment and infection mitigation. Human behavior, microbial epidemiology, and resource constraints are the core issues that face both public and private healthcare systems. The results confirm that consistent implementation of evidence-based practices, strong organizational systems, and a safety culture are more important for effective MRSA control than the ownership model.

Keywords: Challenges, Strategies, MRSA Control, Hospitals, Health Care Workers.

Introduction

Over the past 50 years, healthcare-adapted methicillin-resistant Staphylococcus aureus (MRSA) has infected hospitals all over the world (Young, 2021). Other MRSA strains that can infect otherwise healthy people and spread throughout the community have surfaced in more recent times. MRSA's morbidity and mortality rates are still high, and managing it in both community and healthcare settings has proven difficult (Vena, 2023).

¹PhD Scholar and Assistant Professor, Indus University of Health Sciences, Karachi, Pakistan.

Corresponding Author Email: uzmazmat@gmail.com

²GBSN Scholar, Indus University of Health Science, Karachi, Pakistan.

³Lecturer, Modern College of Nursing & Allied Health Sciences, Karachi.

⁴Senior Lecture, Indus University of Health Sciences, Karachi.

⁵Post RN BSN Scholar, Indus University of Health Sciences, Karachi.

⁶Infection Control Nurse, Infection Control Department, Faisalabad Institute of Cardiology.

⁷M.A English, GBSN, Dow University of Health Sciences, Karachi.



One tactic to prevent the spread of methicillin-resistant *Staphylococcus aureus* (MRSA) in healthcare settings is to implement active surveillance cultures and contact precautions (Xiao, 2024). Given the possible negative effects of contact precautions on patients, there is scientific and ethical debate over whether to remove this strategy and only use standard infection control measures or to routinely screen and isolate inpatients with MRSA in non-outbreak (endemic) settings. It has been argued that active surveillance to identify patients who are asymptotically colonized with MRSA and place them in contact precautions is unfair to these patients in several ways, hence supporting the use of conventional precautions exclusively. resistant to methicillin One of the most common multidrug-resistant organisms (MDROs) is *Staphylococcus aureus* (MRSA), which can infect humans with a variety of illnesses, such as pneumonia, cellulitis, and endocarditis (Boyce, 2024). Human nose, skin, and other tissues are frequently home to the bacteria, which can spread illness when it enters the body through the skin (Paul, 2024). Although direct skin-to-skin contact is the main way that MRSA is transferred, it can also be indirectly conveyed via shared items like clothing and bedding, as well as by environmental surfaces and devices like catheters. Hospitalizations and other risk factors related to health care have historically been linked to MRSA infections.

Literature Review

Methicillin-resistant *Staphylococcus aureus* (MRSA) epidemiology has a major influence on hospital patient outcomes and healthcare-associated infections (HAIs). One of the main causes of HAIs, MRSA raises morbidity, mortality, and lengthens hospital stays. Effective infection control requires an understanding of its risk factors and dynamics of transmission. According to Bankar et al. (2024), MRSA infections are common in hospitals and are frequently made worse by rapid patient turnover, overcrowding, and insufficient infection control procedures.

Patient-related (comorbidities) healthcare-related (invasive treatments), and environmental factors are important risk factors (Bankar et al., 2024). According to Tadros et al. (2013), MRSA pneumonia is a prevalent symptom with a 30-day mortality rate of 28%. The risk of death is greatly increased by conditions such as diminished vancomycin susceptibility and multiorgan failure. Compared to community-acquired cases, HA-MRSA patients had longer hospital stays and need more antibiotics (Thakkar et al., 2023). By precisely focusing treatments, genomic epidemiology helps detect MRSA outbreaks, improve infection prevention techniques, and improve patient outcomes (Blane et al., 2024). On the other hand, some contend that concentrating just on MRSA would ignore other newly discovered diseases, which could result in an inefficient use of resources in infection control initiatives (Samia et al., 2022).

Healthcare Burden

There are major financial and medical system costs associated with the rising incidence of Methicillin-Resistant *Staphylococcus aureus* (MRSA). MRSA infections put additional burden on the already scarce healthcare resources by increasing rates of morbidity and mortality, lengthening hospital stays, and raising treatment expenses (Pal, 2024). Patients with MRSA usually spend an excessive amount of time—between 6 and 14 days—which drives up healthcare cost (Chong, 2025). In addition to direct medical expenses, patients' productivity is impacted, and higher morbidity raises societal costs (Inayat, 2024). The necessity of extended hospital stays and intensive treatment for MRSA patients takes resources away from other vital healthcare requirements (Kumar, 2024). Management efforts are complicated by MRSA transmission, which is further worse by high patient turnover and poor adherence to infection control procedures

(Bankar et al., 2024). Excessive use of antibiotics leads to the development of resistant strains, which makes treatment plans more difficult and raises medical expenses. Despite the significant financial and medical costs associated with MRSA, some contend that efficient infection control initiatives might reduce these expenses, showing that preventative actions may result in long-term savings and better patient outcome.

Role of Nurses

In healthcare settings, nurses have a vital and diverse role in preventing and controlling Methicillin-resistant *Staphylococcus aureus* (MRSA) infections. To lower MRSA transmission and enhance patient outcomes, nurses play a crucial role in putting infection control procedures into place, educating patients, and taking part in antimicrobial stewardship initiatives. Research indicates that following hand hygiene guidelines can cut hospital-acquired illnesses by 35% (Al-Ghraiyyah, 2024; Bukhari, 2025). According to research, structured aseptic technique instruction is related with a 40% decrease in catheter-associated infections (Ji, 2024).

Improved cleaning procedures can reduce infection rates by 30%. (Täubel, 2024), nurses are essential in teaching patients about infection prevention, which has been associated with a 15% decrease in HAIs. Identification and mitigation of MRSA hazards require ongoing observation and monitoring of infection control procedures (Kaushik, 2024). The importance of nurses in antimicrobial stewardship, which involves keeping an eye on antibiotic use and taking part in treatment rounds, is becoming more widely acknowledged. Even though nurses make a substantial contribution, problems like high patient turnover and poor adherence to infection control procedures still exist, making continued training and institutional support necessary to improve their efficacy in preventing MRSA (Albergoni, 2024).

Research Objectives

1. To identify the perceived challenges and barriers to effective MRSA control from the perspective of nurses.
2. To understand the strategies and practices nurses propose to control MRSA transmission.

Research Questions

- Q1. What are the perceived challenges to controlling MRSA infection?
Q2. What are the strategies to control MRSA transmission?

Problem Statement

MRSA has posed a danger to Karachi's public and private hospitals despite the existence of numerous MRSA management tactics and established infection control measures (Abbas, 2025; Bukhari et al. 2025). As frontline healthcare professionals, nurses may offer their firsthand knowledge of the gaps in effective MRSA control (Ilunga, 2024). By investigating the difficulties and methods of MRSA control based on their personal experiences, this study seeks to close this gap. This study aims to fill this gap by exploring the challenges and strategies of MRSA control from their lived experiences

Methodology

Research Design

The research design was qualitative. Grounded theory was used in the study. This design strategy's main goal is to develop or "ground" a theory in the environment where the phenomenon being

studied takes place. Every datum of everyday life experience that the theory aims to explain is closely related to the theory that it develops. This approach uses an inductive method to derive concepts, constructions, relationships, and principles to comprehend and explain a phenomenon, which is comparable to other naturalistic designs. According to Charmaz (2015), grounded theory is a qualitative research design that uses an inductive technique to develop a model or theory from the data.

Population

The criteria sampling technique was used for the sampling. In-depth semi-structured interviews with MRSA-affected patients were used to collect the data. Criterion sampling is a qualitative research technique where the researcher selects participants based on predetermined criteria to guarantee that the sample accurately matches the study's objectives. To put it another way, the study only selects participants who have particular characteristics or experiences that are relevant to the research subject. It involves selecting situations that meet a preset set of significance criteria (Moser 2018). The experienced healthcare providers from public and private hospitals of Karachi were selected through a criterion sampling technique.

Data Collection

Ethical Consideration

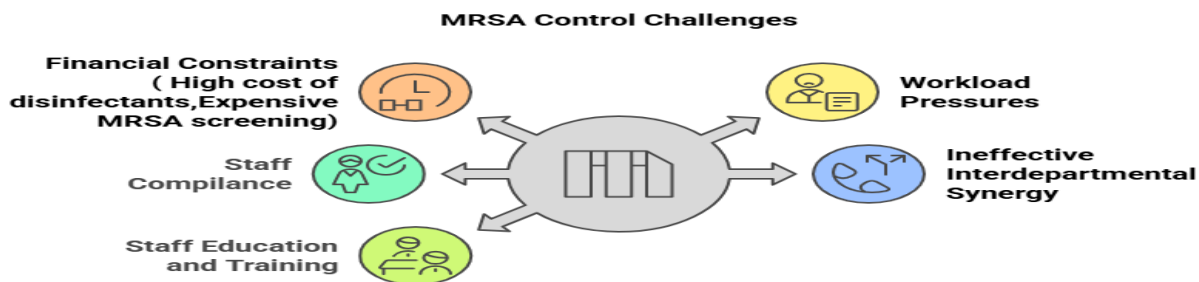
Every pertinent ethical rule outlined in the BERA Framework was scrupulously adhered to. The sample provides both verbal and written consent. The sample signed the written consent paperwork. Ethical concerns are essential in qualitative research to guarantee that the study is carried out ethically and that everyone's privacy was protected. Ethical considerations were carefully observed in research because of the delicate nature of the topics and the possibility of fragility. The individual gave their voluntary and informed agreement to participate in the study. Before obtaining their agreement, the subject was informed of the purpose of the study.

Data Analysis

Thematic Analysis

The data is analyzed by using the ground theory approach inductively. Both inductive and iterative techniques were used in the investigation. Data gathering and analysis were carried out simultaneously. Healthcare workers who had prior experience with MRSA patients were interviewed. A methodical strategy was used to assess the data and develop themes. To make sense of the data, it was first read and reread several times before being coded. In GT research, qualitative interviews with individual participants are the most widely employed techniques for gathering data.

Figure 1: Uzma's Graphical representation of MRSA control challenges



Financial Constraints

The adoption and application of MRSA control measures in hospital settings are strongly impacted by the expenses related to MRSA screening and equipment. Numerous studies draw attention to the financial effects of various screening techniques, which can help or impede efficient MRSA management. The adoption and application of MRSA management measures in Pakistani healthcare settings are strongly impacted by the expenses related to MRSA screening and equipment (Altaf, 2021; Sabir, 2024). Hospitals may be discouraged from implementing thorough MRSA control measures due to the high costs associated with screening techniques, especially universal screening. Targeted screening can drastically save costs, especially in high-prevalence situations (Tamanna, 2023).

P2: The main challenges in preventing MRSA spread include the high cost of essential supplies like disinfectants, gloves, and masks, making it difficult to use them as frequently as needed.

P1: We face challenges like lack of resources.

Although PCR tests provide quick findings, their high price can be prohibitive, particularly in low-endemicity areas where their widespread use could not be financially viable (Chakraborty, 2024). The cost of MRSA screening may restrict funds for other urgent medical requirements, which could affect patient care as a whole (Popovich, 2021). Budgets may be strained by rising infection control item prices, however, initiatives such as ARIP have demonstrated the ability to lower costs by promoting better infection control procedures (Chong, 2024).

Notwithstanding the financial difficulties, some research indicates that by lowering MRSA infections, efficient screening can result in long-term savings, highlighting a difficult trade-off between initial expenses and possible gains.

P3: Due to the high cost of strong disinfectants, cleaning might not always be as thorough as needed. Only high-risk patients are tested for MRSA since routine screening for all patients is too expensive.

P4: The limited availability of affordable resources makes it difficult to fully prevent MRSA from spreading. The hospital does its best, but gaps remain due to financial constraints.

It is noted from the data that the major constraint is a lack of resources. The high cost of disinfectants, Screening tests delay diagnosis and MRSA infection control. This issue needs prompt attention by making effective budget and cutting down the prices of MRSA related supplies.

Ineffective Interdepartmental Synergy

In healthcare settings, ineffective interdepartmental communication can seriously impede MRSA control initiatives (Kaushik, 2024). Poor communication between departments and during care transitions has been shown to increase the risk of MRSA transmission by causing non-compliance with infection control protocols (Andrew, 2024). Improving overall patient safety and infection control protocol adherence require effective communication techniques. Poor communication during patient transfers may result in misconceptions about a patient's infectious condition, which could cause them to disregard the measures that are required (Soori, 2024). Timely MRSA interventions may be hampered by delays in microbiologists' and clinical units' exchange of antimicrobial resistance data (Muyassarova, 2025). One of the healthcare providers highlighted ineffective departmental communication for MRSA control in efficacy.

P1: Communication and coordination between departments are poor, which hinders our efforts to control MRSA.

During patient transfers, it has been demonstrated that using checklists and color-coded cues improves adherence to infection control procedures (Weaver, 2024). Infection rates have been successfully decreased by more than 80% through multihospital partnerships that exchange MRSA surveillance data (Feng, 2024; Sitharam, 2024). Inadequate IT integration and disruptions in specimen logistics make it difficult for clinical units and microbiology labs to communicate effectively. Poor comprehension of the areas of competence in each department might make communication problems worse and hinder efforts to steward antibiotics (Vaughn, 2024).

P2: Different departments communicate poorly about MRSA cases; there is room for improvement. While staff members share information, delays sometimes occur because of time constraints or the need to prioritize urgent tasks, which can slow down proper infection control measures.

Interdepartmental communication can improve the efficacy. To conduct thorough infection control measures, healthcare workers must collaborate, which is fostered by effective communication. In addition to enhancing protocol adherence, this partnership makes it easier to respond quickly to infection outbreaks, which eventually improves patient outcomes.

Because different departments cooperate to guarantee consistent procedures, interdisciplinary teamwork improves adherence to infection control protocols (Alkhorem et al., 2024). Quick Reaction to Epidemics: Faster detection and treatment of MRSA patients is made possible by open lines of contact, which lowers the risk of widespread transmission (Alkhorem et al., 2024). Better communication and management of infected patients are demonstrated by hospitals that use efficient identification systems for MRSA status at several patient care phases (admission, stay, and discharge) (Hue et al., 2019). By working together, including through health information exchanges, hospitals can exchange vital information about patients who have a history of MRSA, improving preventive interventions (Doebbeling et al., 2013).

Staff Compliance

The prevalence of Methicillin-resistant *Staphylococcus aureus* (MRSA) in healthcare environments is greatly impacted by noncompliance with infection control procedures (SWATHI, 2024). MRSA can spread more easily when these guidelines are not followed, which raises infection rates and the related costs of healthcare (O'Hara, 2024). Due to increased patient-provider contact and thus elevated infection rates, these settings boost the likelihood of MRSA transmission (Vittorakis, 2024).

P1: Hand hygiene practices are currently inadequate. Improvements could be made by increasing access to hand sanitizer, providing regular training on proper hand hygiene techniques, and monitoring compliance.

P2: Hand hygiene practices in the hospital are generally followed, but compliance can be inconsistent due to workload and resource limitations. To improve this, hand sanitizers should be more accessible in all patient areas, and frequent reminders or audits should be conducted to reinforce good hygiene habits among staff.

Increased MRSA infections are directly correlated with noncompliance with recognized practices, such as hand hygiene and wearing personal protective equipment (Provenzano, 2025).

Research showing better results after the adoption of thorough protocols has demonstrated that enhanced adherence to infection control measures considerably reduces MRSA infection rates (Basfr, 2024). In order to effectively manage MRSA, healthcare personnel must maintain high adherence levels, which can only be achieved through ongoing training and feedback systems (Donà, 2025).

Staff Education

The successful application of MRSA control procedures in hospitals depends heavily on ongoing staff education (Blane, 2024). In order to lower the prevalence of MRSA infections, healthcare personnel must get ongoing training to stay current on best practices. Healthcare professionals are better equipped to respond to emerging health hazards when they get ongoing education that keeps them up to date on changing MRSA guidelines and infection control procedures (Frenk, 2022). Nursing staff adherence to MRSA control procedures has significantly improved as a result of educational interventions; post-intervention compliance rates increased from 32.5% to 75% (Elsayed, 2022).

P1: Adherence to infection control guidelines can be improved by providing regular training and education, conducting audits to monitor compliance, and addressing any knowledge gaps or misconceptions among healthcare workers.

P2: Adherence to infection control guidelines can be improved through regular training, on-the-spot reinforcement of good practices, and stronger supervision by infection control teams. Ensuring staff have enough time and resources to follow protocols without feeling rushed is also crucial.

P6: Educational programs focusing on MRSA prevention, infection control, and hand hygiene would be beneficial for staff. These programs should be regular, interactive, and include practical training.

P3: Training programs on MRSA prevention should focus on practical, hands-on sessions about hygiene practices, proper PPE use, and environmental cleaning. Frequent refresher courses, short video tutorials, and visual reminders in work areas can help reinforce key points.

The reduction of MRSA transmission is greatly impacted by staff education, which is essential to the application of infection control procedures. By improving healthcare professionals' knowledge and abilities, educational interventions increase adherence to infection control procedures. Research indicates that educational initiatives greatly improve healthcare professionals' comprehension of infection management, filling in knowledge gaps that lead to hospital-acquired infections (HAIs) (Rahman & Bhaumik, 2024). Training programs encourage employees to adopt better hygienic habits, which are crucial in halting the spread of MRSA (Koota et al., 2024). A 50% decrease in HAIs was the outcome of a nursing education program in a neonatal intensive care unit (NICU), proving the value of focused instruction on infection control procedures (Khan

et al., 2024). The long-term advantages of staff education were demonstrated by a NICU quality improvement project during the COVID-19 pandemic, which reduced the number of invasive MRSA infections from 0.131 to 0 per 1000 patient days (Barrett et al., 2023).

Workload Pressure

The efficiency of MRSA control methods is greatly impacted by how nurses manage the pressure of their workload. According to research, reducing nurse workloads and maintaining ideal staffing levels are essential for lowering MRSA acquisition rates in hospital environments. This connection emphasizes how crucial it is to deal with workload concerns in order to improve infection control tactics. According to one study, MRSA acquisitions might drop by 21% with a nurse-to-patient ratio of 2:1 and 65% with a nurse-to-patient ratio of 1:1 (Johnson, 2024). In contrast, a greater ratio of 6:1 was linked to a 348% rise in MRSA infections, underscoring the negative consequences of understaffing (Mengistu, 2024).

According to a study conducted in a neurology intensive care unit, increased workloads among nurses were associated with higher rates of multiresistant bacterial infections (MRB+) (Lucchini, 2024). Increased infection rates in neonatal intensive care units were closely linked to changes in nursing staffing levels brought on by high sick leave rates, highlighting the necessity of steady staffing to successfully control outbreaks (Miedaner, 2024).

P2: Staff are often handling multiple tasks at once, which can lead to missed hygiene steps. Some employees may not fully comply with protocols, especially when they are in a hurry.

P5: To implement effective MRSA control strategies, resources such as additional staffing, improved infrastructure, and adequate equipment would be needed.

A systematic assessment of hospital practices found that sufficient staffing and management structures are necessary for effective infection control programs (Gastaldi, 2024). Workload management, according to the review, is essential to lowering infections linked to healthcare, particularly MRSA (Mengistue, 2024). The emphasis on nurse workload is important, but it's also important to take into account other elements like hospital structure and resource availability, as these might have an equal impact on MRSA control efforts. Comprehensive infection management solutions require striking a balance between these factors.

Strategies to MRSA Control

A diversified strategy is necessary to successfully stop the spread of MRSA infections in medical environments. This involves strict adherence to infection prevention and control (IPC) protocols, which have been demonstrated to enhance healthcare worker compliance and dramatically lower healthcare-associated infections (HAIs). Maintaining good hand hygiene is essential to preventing the spread of MRSA. Research shows that healthcare personnel who follow hand hygiene guidelines can significantly reduce infection rates (Erdem et al., 2024). Enhancing adherence to hand hygiene measures requires training programs, frequent observation, and feedback systems (Erdem et al., 2024).

P6: Educational programs focusing on MRSA prevention, infection control, and hand hygiene would be beneficial for staff. These programs should be regular, interactive, and include practical training.

P3: Training programs on MRSA prevention should focus on practical, hands-on sessions about hygiene practices, proper PPE use, and environmental cleaning. Frequent refresher courses, short video tutorials, and visual reminders in work areas can help reinforce key points.

Educational programs, along with compliance surveillance, can improve the transmission of MRSA. Research shows that there is a need for educational programs for complete healthcare workers including lower staff to give them basic awareness about hygiene practices.

P1: Adherence to infection control guidelines can be improved by providing regular training and education, conducting audits to monitor compliance, and addressing any knowledge gaps or misconceptions among healthcare workers.

P2: Adherence to infection control guidelines can be improved through regular training, on-the-spot reinforcement of good practices, and stronger supervision by infection control teams. Ensuring staff have enough time and resources to follow protocols without feeling rushed is also crucial.

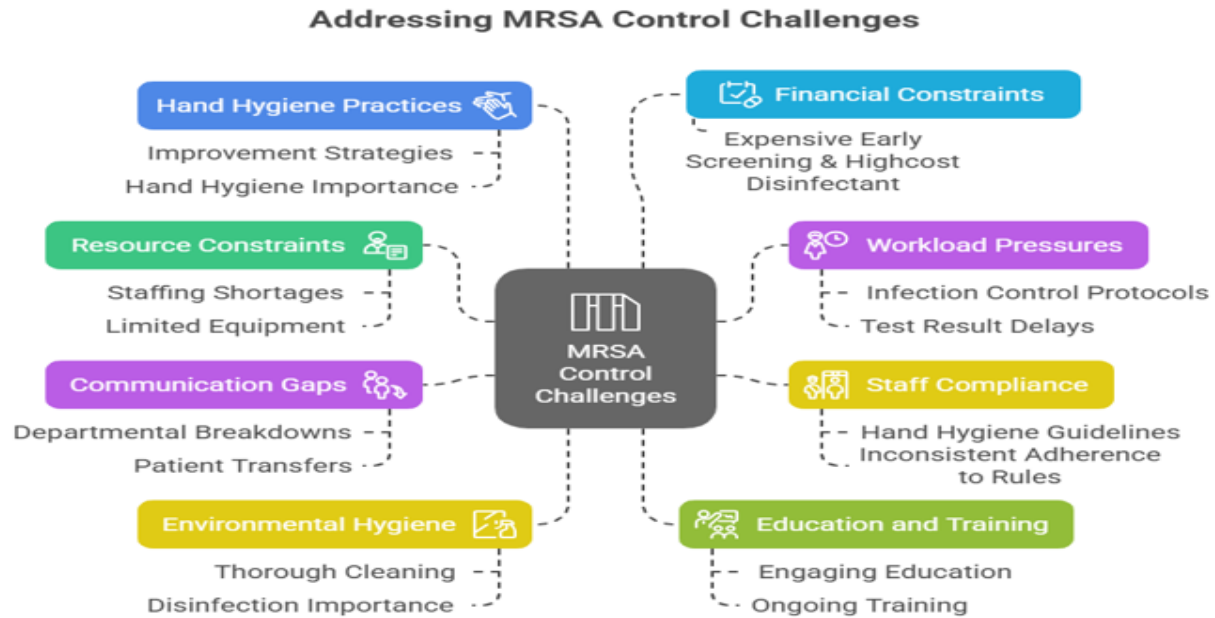
Regular audits of infection controls can help in the improvement of compliance rate to infection control guidelines

PPE effectively reduces the spread of MRSA through direct and indirect contact (Alomari et al., 2024; Wen & Lei, 2024). However, as excessive PPE use might cause discomfort, it is important to take into account the psychological effects on patients and healthcare personnel (Alomari et al., 2024). To eradicate MRSA from surfaces, hospital settings must be regularly cleaned and disinfected (Wen & Lei, 2024). Another important factor in infection control is the implementation of stringent procedures for the sterilization of medical equipment (Wen & Lei, 2024).

P1: Key areas for improvement include hand hygiene practices, environmental cleaning, adherence to infection control guidelines, and staff education and training. Addressing these areas would significantly enhance MRSA prevention and control efforts in this hospital.

P2: Key areas for improvement in MRSA prevention include increasing access to necessary resources, strengthening staff compliance with hygiene protocols, improving communication between departments, and enhancing environmental cleaning efforts. More regular training and reinforcement of infection control measures would also help create a safer hospital environment.

The key strategies that emerged from the data are staff education and strict compliance to infection control guidelines, which can be achieved by hawk-eye surveillance practice. MRSA equipment and screening should be budget friendly.

Figure 2: Uzma's Graphical Representation of Strategies to Control MRSA Infection

Findings

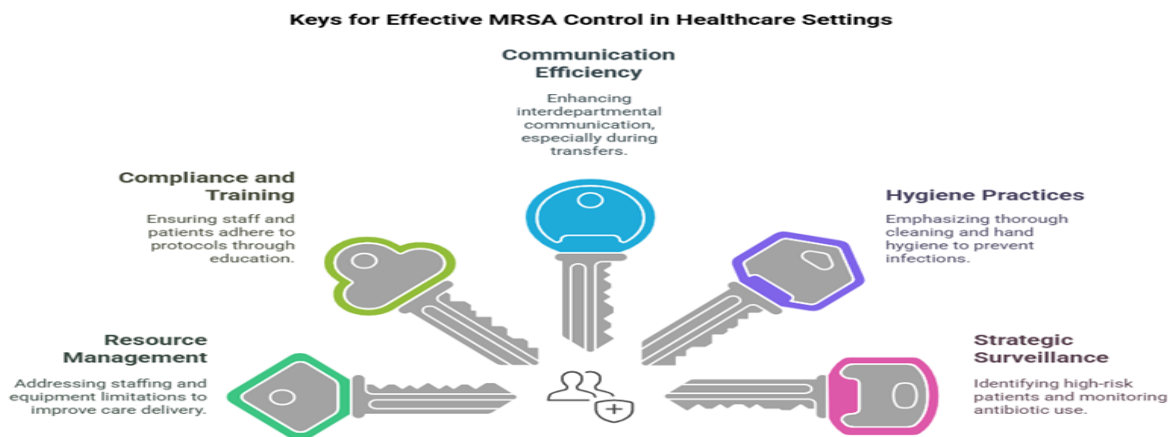
The results indicate that the difficulties in managing MRSA are generally the same in public and private hospitals. Fundamentally, MRSA's spread follows the rules of Germ theory which was presented by Louis Pasteur and Robert Koch. Regardless of the institution's ownership or funding, the bacterium takes advantage of vulnerable hosts and transmission pathways (such as direct contact and contaminated surfaces) in both public and private hospital settings. MRSA's transmissibility, indicated by its basic reproductive number (R_0), is consistent across healthcare environments (Zhao, 2025). Similar baseline transmission risks are caused by factors such as patient density, staff-to-patient ratios (which may vary but still present opportunities for transmission), and the prevalence of *Staphylococcus aureus* in the human population. Healthcare workers are prone cognitive biases and heuristics regardless of their work environment (Giaume, 2025). For example, the availability heuristic may result in an excessive dependence on recent, memorable cases rather than thorough data, or optimism bias may result in an underestimation of personal risk. The concepts of heuristics and cognitive biases were primarily developed by Daniel Kahneman and Amos Tversky. This may have an effect on behavioral challenge in following infection control procedures, such as hand hygiene. It takes work and overcoming inertia to maintain consistent compliance, even with training. This problem, which has its roots in human psychology, affects employees of both public and private organizations.

Although the general cultures of public and private hospitals may differ, there are frequently similarities between their infection control subcultures (Nakano, 2024). Workload demands, blame-related anxiety, poor communication, and differing degrees of leadership involvement are a few examples. More than public or private ownership, these cultural factors affect employee conduct and protocol compliance. The conclusion that MRSA screening is "too expensive" draws attention to the universal economic principle of scarcity (Siddique, 2025). Budgetary restrictions affect even well-funded private hospitals, and the cost-benefit analysis of mass screening is a real

factor. This is not exclusive to public healthcare; private organizations also aim to allocate resources as efficiently as possible. The intricacy of infection control as a system is highlighted by the requirement for a multimodal approach (risk assessment, hygiene, and interventions). There is no magic bullet in a single intervention. Effectively coordinating these disparate strategies is difficult and calls for strong leadership, interdisciplinary teamwork, and ongoing assessment—complications that arise in any sizable organization, whether it be public or private.

The results show that the challenges faced by public and private hospital healthcare staff are more or less the same. MRSA screening is too expensive. Methicillin-resistant *Staphylococcus aureus* (MRSA) infections must be managed with a multimodal strategy that incorporates different tactics designed for use in healthcare environments. To lower transmission and infection rates, effective MRSA control measures include risk assessment, adherence to hygiene guidelines, and focused interventions. Hospitals can create customized infection control plans by using MRSA risk assessments to determine infection burdens and transmission hazards. One of the best ways to stop the spread of MRSA is to follow stringent hand hygiene guidelines. Although its cost-effectiveness is still up for question, routine screening of patients upon admission and release can aid in identifying carriers and preventing outbreaks. Maintaining compliance and knowledge requires ongoing training for healthcare professionals on MRSA prevention and control strategies.

Figure 3: Uzma's Keys for MRSA Control



Conclusion

The results unequivocally show that, despite differences in funding models or operational structures, the difficulties in managing Methicillin-resistant *Staphylococcus aureus* (MRSA) are strikingly similar in public and private hospital settings. This universality results from the basic epidemiological principles that control the spread of MRSA, the intricacies of human behavior with regard to maintaining hygiene, and the pervasive economic realities of healthcare resource allocation. When developing comprehensive control strategies, public and private institutions must contend with resource scarcity and opportunity costs due to the high cost of widespread MRSA screening. As a result, hospital ownership does not determine effective MRSA control; rather, a multimodal approach is required, with a focus on thorough risk assessment, strict adherence to hand hygiene protocols, ongoing staff education, and focused interventions. The results highlight

that consistent application of evidence-based practices, supported by strong organizational structures and a deeply ingrained culture of safety that places a high priority on infection prevention in all healthcare settings, whether they are public or private, is essential for successful MRSA mitigation.

Recommendations

1. The infection control team requires hawk -eye surveillance to attain strict adherence to infection control guidelines.
2. Standardized communication protocols should be followed to improve interdepartmental communication.
3. Healthcare staff must receive thorough and consistent training in Hand hygiene and proper use of PPE.

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