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COMPARING PERCEPTIONS OF MRSA TRANSMISSION DYNAMICS IN DIVERSE HOSPITALS THROUGH PATIENT NARRATIVES

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Abstract

Methicillin-intolerant Staphylococcus aureus (MRSA) is the most prevalent multidrug-resistant bacterium linked to healthcare. Although acute care hospitals (ACHs) and intermediate- and long-term care facilities (ILTCFs) are interconnected, little is known about how MRSA spreads between different healthcare settings. Methicillin-intolerant Serious issues are caused by Staphylococcus aureus (MRSA) worldwide. PCC addresses patients' psychological and emotional needs, which affect health outcomes, and increases adherence to infection prevention procedures. Better adherence to treatment plans and hygienic habits results from PCC's encouragement of patients to participate in their care actively. PCC in MRSA is neglected area, to fill this gap the research aims to understand the transmission dynamics of MRSA through patients narratives. the qualitative research design is adopted to explore MRSA effected patients perception. Grounded theory is used inductively and data was collected from MRSA-affected patients. the sampling is done by criterion sampling technique. The data is collected via semi-structured in-depth interviews with MRSA-infected patients. All the ethical guidelines and protocols are rigorously adhered. The data is analyzed by thematic analysis. Two major themes emerged after rigorous coding and chunking of the collected data. The results lead to a comprehensive model.

INTRODUCTION

S. aureus, a commensal that lives on the skin and in the nose, throat, and perineum, has a resistant form called MRSA. Similar to other strains of Staphylococcus, it has a high mortality rate and can cause septicemia and pneumonia. By creating a nurturing environment that prioritizes patient engagement and education, patient-centered care (PCC) increases the efficacy of MRSA prevention and control methods. PCC addresses patients' psychological and emotional needs, which affect health outcomes, in addition to increasing adherence to infection prevention procedures. Better adherence

to treatment plans and hygienic habits result from PCC's encouragement of patients to participate in their care actively.PCC in MRSA is a neglected area.

Patient-centered care promotes patient engagement, education, and individualized care plans, it greatly increases the efficacy of MRSA prevention and control methods. By empowering patients to take an active role in their care, infection control measures, including wound care and hand hygiene, are better adhered to (Seale, 2016; Hackert, 2024) . To avoid MRSA transmission, it is also essential to identify high-risk patients and carry out focused interventions, which are made possible by individualized care plans that are customized to each patient's needs (Kraus, 2024) . To lower the risk of transmission, patient education is also essential since it gives people the information they need to comprehend and adhere to infection control procedures (Centeleghe, 2024) . Effective care coordination also guarantees smooth communication and prompt actions, reducing mistakes and improving patient education among healthcare practitioners. Patient education is a key component of patient-centered treatment and is essential to the prevention and control of MRSA (AlRawashdeh, 2024) . The risk of MRSA transmission can be decreased and treatment results can be enhanced by teaching patients about good hand hygiene, wound care, and infection control techniques (Ilunga, 2024) .To ensure that healthcare practitioners communicate and work together to deliver seamless treatment, effective care coordination is essential to patient-centered care. By lowering errors, strengthening patient education, and improving handovers, this helps stop the spread of MRSA. Additionally, care coordination lowers hospital readmissions and enables prompt treatments.

The value of health literacy in enabling patients to take charge of their own care is acknowledged by patient-centered care. In order for patients to comprehend and follow MRSA prevention and control strategies, healthcare personnel must convey complex information in a straightforward and succinct manner.Multidisciplinary teams of medical specialists collaborate to deliver comprehensive care as part of patient-centered care. By fostering cooperation and communication, this strategy lowers the possibility of MRSA spread and enhances patient outcomes.

Patient-centered care places a strong emphasis on patient-centered communication, which includes clear communication, empathy, and active listening. This strategy improves adherence to MRSA prevention and control measures by assisting healthcare providers in gaining patients' trust.In order to prevent transmission, isolation measures and MRSA screening are part of patient-centered care. This method enhances patient outcomes while lowering the danger of MRSA transmission,resistant to methicillin A number of risk factors linked to Staphylococcus aureus (MRSA) infections can have a substantial impact on patient outcomes. For management and preventative methods to be successful, it is essential to comprehend these variables. The common risk factors associated with MRSA infections are described in the sections that follow.

The risk of MRSA infections is increased by the presence of foreign bodies, such as catheters or prosthetic devices, especially when there is a shorter than 18-month gap between implantation and infection (Bouiller et al., 2024).

A higher risk of MRSA infection is linked to prior surgical procedures, particularly those that involve the skin (Bouiller et al., 2024). Comorbidities and Immunosuppressive Conditions Immunosuppression: MRSA colonization and infection are more likely to occur in patients with weakened immune systems, such as those with HIV or receiving chemotherapy (Hu et al., 2022)(Chng et al., 2024). According to Hu et al. (2022), skin blemishes and chronic illnesses also increase a person's vulnerability to MRSA. A history of recent hospitalization and previous antibiotic medication is a substantial risk factor for MRSA colonization and infection, according to Hu et al. (2022) in "Determining the Risk Factors Associated with MRSA", 2022. MRSA contamination in the household, particularly from pets, can serve as a reservoir for infection(Cotter et al., 2022).Some interconnected factors, such as antibiotic resistance, infections linked to healthcare, and insufficient infection control methods, are responsible for Pakistan's high prevalence of Methicillin-resistant Staphylococcus aureus (MRSA) infections. These

factors exacerbate public health issues by fostering an atmosphere that is favorable to MRSA's growth.

Overprescription and self-medication: In low- to middle-income nations like Pakistan, the widespread abuse of antibiotics without appropriate medical supervision has exacerbated antibiotic resistance (Mirha et al., 2024). Biofilm Formation: According to Ali and Riaz (2024), MRSA isolates have a notable capacity for biofilm formation, which increases their resistance to therapy and fuels chronic infections. MRSA is associated with a significant percentage of healthcare-associated infections (HAIs) in hospitals, especially among children and newborns, with Staphylococcus aureus being the most common pathogen (Mustafa et al., 2023).

Invasive Procedures: According to Mustafa et al. (2023), the use of invasive devices such catheters raises the risk of MRSA infections, underscoring the necessity of strict infection control procedures. Inadequate testing Techniques: According to Ashraf et al. (2024), traditional culture methods for MRSA testing are sluggish and less sensitive, which delays prompt intervention. Effective infection control requires the use of rapid detection techniques like PCR (Ashraf et al., 2024).Resistant to methicillin Worldwide, Staphylococcus aureus (MRSA) is the cause of major issues. According to alarming reports from Australia, the United States, South Africa, Brazil, Japan, China, and Europe, there is a threat to the healthcare system and individual patients.MRSA is a resistant strain of S. aureus, a commensal that lives on the skin and in the nose, throat, and perineum. It has a significant mortality rate and, like other Staphylococcus strains, can cause septicemia and pneumonia.

History of MRSA:

First identified in 1990, community-acquired methicillin-resistant S. aureus (CA-MRSA) infects people who do not have risk indicators for hospital-acquired MRSA infection. (bonesso, 2011) . Staphylococcus aureus is a significant pathogen. Therapy is more challenging and results are less favorable when methicillin-resistant S. aureus (MRSA) is the source of the infection. (Bessesen, 2024) . Resistant bacteria infections are severe, requiring significant medical resources and evaluating their impact on mortality and healthcare economics is crucial for developing effective infection control strategies and policies. (Hirabayashi, 2024) . Dermatologists have also suggested diluted bleach baths to reduce eczema flare-ups, most likely due to the fact that they lessen the amount of S. aureus that is present on the skin. (Kao, 2024) . S. aureus has continuously maintained its status as a leading infectious agent throughout history. The adaptability of this virus remains a defining characteristic of our modern period, which is marked by the issue of antibiotic resistance (Khatoon, 2024). Methicillin-resistant Staphylococcus aureus (MRSA) is a major global public health concern because of its high death rate. (Wong, 2023) . Surgical site infections (SSI) are a major complication in orthopedic surgery (Portais, 2024)

Since its initial description in the early 1960s, the name "MRSA" has been used to refer to this particular trait of antibiotic resistance in Staphylococcus aureus (Millar, 2007)

Methicillin-resistant Staphylococcus aureus (MRSA) has been regarded as the model for multi-resistant nosocomial pathogens. (Pantosti, 2009) Approximately 30% of the human population has S. aureus colonization in their anterior nares, making them one of the most often colonized locations (Alghamdi, 2023).

Prevalence of MRSA In Pakistan

One of the two recognized methods of MRSA transmission is the spread of pre-existing clones between people and animals, or between animals and humans, or the acquisition of the SSCmec element by horizontal gene transfer. (Shoaib, 2023) MRSA, a major nosocomial pathogen, poses a significant public health threat due to its increasing prevalence in hospitals, communities, and animals, transmission, infection rates, resistance, and therapeutic issues (Faires, 2009) .Reports exist about the clinical characteristics and results of SAB in Pakistani CKD patients. (Moin, 2024) Worldwide, the prevalence of CA-MRSA in pediatric subcutaneous abscesses is increasing, and more invasive infection cases are being documented in Pakistan (Sheikh, 2021) For Pakistan's public health and animal and human safety, it is imperative to address the high prevalence of MRSA strains and MDR S. aureus isolates. (Haq, 2024)

Health Care System In Pakistan

Because of institutional inefficiencies and budget constraints, Pakistan's healthcare system has a difficult time responding to MRSA outbreaks. Effective infection control techniques are hampered by the dual organization of public and private healthcare as well as insufficient infrastructure. The growing prevalence of antibiotic resistance makes matters worse by making treatment choices more difficult and making outbreaks more severe. Many people cannot afford private hospitals, and public hospitals frequently lack basic amenities (Khokhar et al., 2024).

According to Mirha et al. (2024), self-medication and overprescription lead to high rates of antibiotic resistance, which exacerbates MRSA breakouts Disparities in access and service quality result from an unfair allocation of healthcare resources (Khan et al., 2023).

Problem Statement

MRSA remains a chronic problem in healthcare settings despite improvements in infection control. Although epidemiological statistics and clinical standards offer important insights into MRSA transmission, they frequently ignore the vital viewpoint of the patients, who are the ones who are most immediately impacted. The acquisition, diagnosis, treatment, and aftereffects of MRSA on patients' lives are intricate and multidimensional, having social, emotional, and physical aspects. The "what" and "how" of MRSA transmission from a clinical standpoint are the focus of current study, but little is known about the "why" and "how it feels" from the viewpoint of the patient. The creation of really patient-centred therapies is hampered by this disparity. Diverse patient experiences may also result from differences in hospital environments, infection control procedures, and patient education tactics, although these differences are not well recognized. In order to identify important factors influencing patients' experiences and, ultimately, to inform strategies to improve patient care, education, and infection control practices, this study attempts to investigate and comprehend patient narratives of MRSA acquisition and management across various hospitals.

Research Objective

To understand the transmission dynamics of MRSA in different hospitals.

Research Question

What are the transmission dynamics of MRSA in different hospitals?

Methodology:

Research Design:

Qualitative research design was used. The research employed grounded theory approach. The primary purpose of this design strategy is to evolve or "ground" a theory in the context in which the phenomenon under study occurs. The theory that emerges is intimately linked to each datum of daily life experience that it seeks to explain. This strategy is similar to other naturalistic designs in its use of an inductive process to derive concepts, constructs, relationships, and principles to understand and explain a phenomenon. Grounded theory is qualitative research design which requires inductive approach to create model or theory out of the data (Charmaz, 2015).

Population:

The sampling was done through criterion sampling technique. The data was gathered via in depth semi structured interviews from MRSA affected patients. To ensure that the sample closely reflects the goals of the study, criterion sampling is a qualitative research technique in which the researcher chooses participants based on predefined criteria. In other words, only people who possess certain traits or have gone through specific experiences related to the research question are chosen for the study. In essence, it entails choosing cases that satisfy a predetermined set of criteria of importance (Moser, 2018). The 10 MRSA-affected Patients were taken as samples from 3 different hospitals. The data was collected from 2 private hospitals and one public hospital in Karachi. The sample includes MRSA survival patients, MRSA infected patients who died fighting with MRSA (their family related their stories) and the patients who are currently hospitalized. All of their detailed in – depth stories are jotted down and transcribed.

Inclusion Criteria
MRSA affected patients with in the age bracket of 20 to 35

Exclusion Criteria
Patients who never had MRSA. MRSA patients below 15 and above the age of 40

Data Collection:
Data was collected through in-depth semi-structured interviews. Qualitative interviews with individual participants are the most commonly used methods for data collection in grounded theory research (Ali, 2024; Sutton, 2015) . The researcher went to the hospitals with all the MRSA infection protocols in a completely covered robe to avoid infection transmission. Along with semi-structured interviews, the casual observations regarding MRSA infection control were noted as well. A semi-structured interview is a qualitative research technique that essentially blends aspects of both structured and unstructured interviews. The interviewer carried a list of predetermined topics to explore the research objectives, but the specific questions and their order was flexible, allowing for natural conversation and deeper exploration of the interviewee's responses through open-ended questions and probing techniques.A semi-structured interview in qualitative research offers the benefit of collecting rich, detailed data by allowing for a balance between predetermined topics and flexibility to explore emerging themes and participant perspectives deeply, providing a more nuanced understanding of complex issues while still maintaining a structured framework to ensure key areas are covered; essentially, it combines the strengths of both structured and unstructured interviews, enabling researchers to ask follow-up questions and probe for deeper insights.

Ethical Consideration
All the relevant ethical guidelines according to the BERA Framework were rigorously followed. The written and verbal consents are taken from the sample. The written consent forms were signed by the sample.To ensure that the study is conducted ethically and that everyone's privacy and pleasure are safeguarded, ethical considerations are crucial in qualitative research. Because of the potential for fragility and the delicate nature of the topics in qualitative research related to healthcare, ethical considerations need to be carefully considered. Informed consent was taken, and the participant agreed to join the study voluntarily. The objective of the research was shared with the participant before taking their consent. The participants were allowed to submit inquiries and were given the right to leave the research at any time. Participants were given power and comfort to share their experiences. As a whole, the BERA framework is followed rigorously for ethical consideration steps by the researcher.

Data Analysis:
Thematic Analysis:
The detailed narratives of MRSA strike patients were analyzed through thematic analysis. The study utilized both iterative and inducive processes. The data collection and data analysis is done concurrently. Interviews of the MRSA-affected patients were gathered. The data was analyzed, and themes were created by following a step by step approach. Firstly, data was read and re-read multiple times to make sense of the data, the data was then coded. Qualitative interviews with individual participants are the most commonly used methods for data collection in GT research.
The collected data was transcribed in English. The transcribed data was analyzed by coding and chunking. The two major themes are noticed after a rigorous coding and chunking process, which are personal experiences and hospital-related experiences. Personal experiences refer to the unique interactions or occurrences that have shaped an individual's worldview, values, and beliefs (Kozlova, 2024).

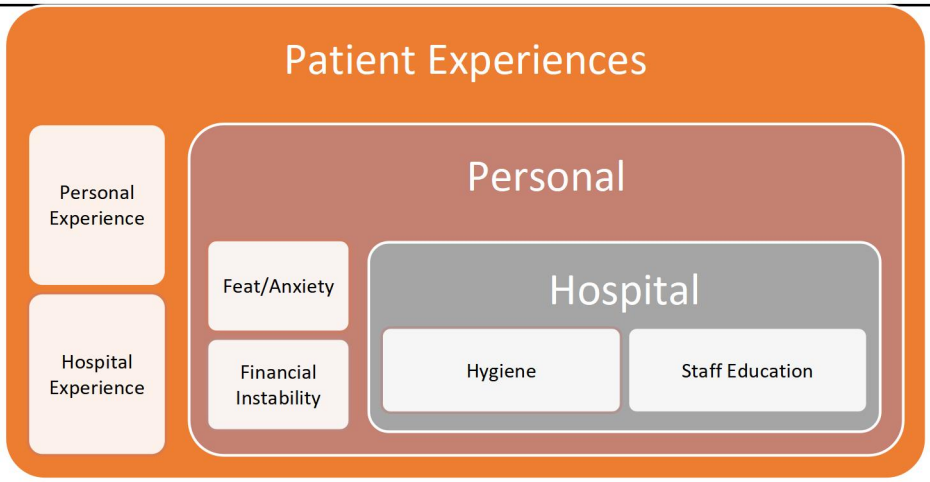

Fig 1: Graphical Representation of Themes

1. Personal Experiences

Personal experiences refer to the unique interactions or occurrences that have shaped an individual's worldview, values, and beliefs (Kozlova, 2024) .The participants personal experiences can give a probe into MRSA transmission to healthcare people which is generally overlooked (AlRawashdeh, 2024).

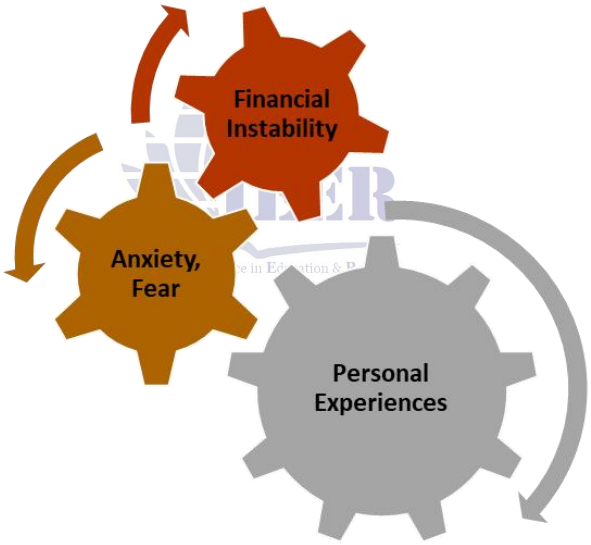

Fig 2: Graphical representation of Patients' personal experiences.

Fear and Anxiety

Anxiety and fear are emotional responses that can significantly impact the health of patients with methicillin-resistant Staphylococcus aureus (MRSA). Anxiety is characterized as the anticipation of future threats, while fear is the emotional response to real or perceived threats (Gavero, 2016). In MRSA patients, these emotions can exacerbate psychological distress, leading to increased levels of depression and anxiety, particularly during hospitalization and isolation (Pugliese & Favero, 2002). Because of the stigma and dread surrounding the illness, MRSA-positive individuals frequently have elevated anxiety (Pugliese & Favero, 2002).

According to Pugliese and Favero (2002), patients who have been isolated because of MRSA exhibit noticeably more anxiety and depression symptoms than patients who have not been isolated because of MRSA.When caring for patients with MRSA, caregivers may feel scared and anxious, which can have an impact on their emotional health and the standard of care they deliver (Andersson et al., 2012). According to Hicks and Raza (2005), ongoing anxiety can result in maladaptive behaviors that affect

general health and recuperation. (Abubakar and others, 2021).

One of the MRSA survival patient from private hospital told about his experience of MRSA transmission that how he was admitted in hospital for dengue treatment

P1: I feel really alone because in this disease we have to be isolated so we cant meet with our family and friends during hospitalization.

P2: To be honest, I was terrified when I found out I had MRSA. I had heard about the dangers of antibiotic-resistant infections, and I worried that I might not make it. I was also concerned about the potential long-term effects on his health, the condition was worst day by day.

P3 : we never listen about MRSA but when we know about MRSA, we feel terrified, we have listen that its multi resistance drug so we feel really worried about what will happen with us?

P4: I was extremely worried and anxious about my condition, especially since I had undergone surgery and was already in a vulnerable state. I was concerned about the severity of the infection and the potential complications.

It was noticed from the data that all types of patients either, MRSA survival or the one who is hospitalized or the one who expired felt lonely, they never were familiar with the word MRSA before catching this disease. Although all the patients were admitted in hospital because of different reasons which were, dengue, respiratory infection and road accidents.

Financial Stability

Financial stability has a complex effect on Methicillin-resistant Staphylococcus aureus (MRSA) prevalence and treatment in hospital settings, affecting both infection control strategies and treatment results. Lack of funds may result in insufficient resources for infection control, which raises the prevalence of MRSA and the related medical expenses. These elements are covered in more detail in the sections that follow.

According to Bankar et al. (2024), hospitals with little funding frequently find it difficult to put in place efficient infection control procedures, which increases the spread of MRSA.

Lack of funds may lead to insufficient staffing and training, which are essential for upholding hygienic standards and following procedures (Zhou et al., 2020). MRSA infections are linked to prolonged hospital stays, which raises medical expenses dramatically. For example, compared to methicillin-susceptible Staphylococcus aureus (MSSA) infections, MRSA infections can result in a 1.21-fold longer hospital stay (Hirabayashi et al., 2024). MRSA has a significant financial impact; hospital expenses associated with MRSA infections are higher than those associated with MSSA infections (Hirabayashi et al., 2024).

On asking how did they get this infection.They didn't have exact knowledge yet the themes hat erupted from their interviews highlighted that all of them had one thing common which is their frequent shifting to different hospitals.As they didn't have adequate financial stability so they were shifted from private to charity hospitals or public hospitals.

P1: no I have no idea, but yes after listen precaution related mrsa I feel , I visited two hospital before this for the treatment of dengue. Those hospital had not followed hygiene protocol properly may be I bring from there

Some of the patients gave blame to poor hygienic services in public hospitals. They also observed that in low budget hospitals hygiene practices are not being followed by healthcare workers and staff.

P2(attendent): I'm not entirely sure how he contracted the MRSA infection. he had been in another hospital for a while before diagnosis, and he may have picked it up through contact with contaminated surfaces or healthcare workers. But I do know that the hospital took immediate action to isolate him and prevent the spread of the infection to others.

P4 : I'm not entirely sure, but I suspect it might have been during my hospital stay after surgery. Perhaps it was through contact with contaminated surfaces, medical equipment, or healthcare workers who didn't follow proper hygiene protocols.

It is found from the data that financial instability lead patients to transfer of hospitals.In addition,the public and low budget hospitals are found more contaminated and hygiene protocols are not being religiously followed.Finacial stability of patient and hospitals both are found crucial for MRSA transmission.

2. Hospital Experience

Hygiene Adherence:

Methicillin-resistant Staphylococcus aureus (MRSA) prevalence in community settings is greatly impacted

by the application of hygiene protocols. It has been demonstrated that improved hygiene measures, especially in healthcare settings, lessen MRSA colonization and transmission, which lowers infection rates. Numerous studies that demonstrate the efficacy of environmental hygiene measures lend credence to this.According to a study, 33.33% of hospital environment samples had microbial growth, including MRSA, suggesting that hygiene protocols need to be enhanced (EMORUWA, 2024; Chakraverty, 2025; Fayaz, 2023).

According to systematic evaluations, changes made in healthcare settings significantly lower the number of multidrug-resistant organisms (MDROs), such as MRSA, and healthcare-associated infections (HAIs) (McCarthy, 2024; Cimen, 2025) . Dewi ,Mukherji and Huang in their studies highlighted that high-touch surfaces serve as CA-MRSA reservoirs, highlighting the significance of maintaining cleanliness in public places (Dewi, 2024; Huang, 2024; Mukherjee, 2024) .According to a controlled study, MRSA colonization upon hospital admission can be decreased and infections can be avoided with early diagnosis and decontamination in primary care (Basfr, 2024; Gussin, 2024).

The data highlighted major contrast in hygiene protocols of public and private sector hospitals.it was noticed that private sector hospitals were comparatively cleaner and staff adhered to the infection control guidelines. There is a serious danger of healthcare-associated infections at Karachi's public hospitals due to the extremely low staff adherence to infection control procedures and cleanliness standards. Research shows concerning numbers on medical equipment disinfection and hand hygiene compliance, underscoring the critical need for better education and awareness among healthcare professionals.

Even while 62.73% of medical professionals were aware of WHO guidelines, just 4.9% of them followed them, according to a study (Ahmed et al., 2020). There is a serious practice gap, as evidenced by the 12.3% compliance rate with hand disinfectant use before and after patient contact (Ahmed et al., 2020).

P2 : Yes, I have seen doctors and nurses wearing gloves and gowns while treating patients. However, I have also noticed some staff members not changing gloves between patients, which concerns me.

P3: There is no proper protocol and cleanliness in hospital

P4: I would rate the cleanliness as average. While the hospital appeared clean, I noticed that some areas, such as the bathrooms, could have been cleaner.

Participants complained that rooms, washrooms and visiting areas of public hospitals are found unhygienic. Staff of public hospital also didn't observe infection control protocols.

P1 :As the hospital organized the session for staff they should also organize the session for attendant and porter because I noticed that most of the attendant and porter not followed proper hygiene protocol

P2: Ensure all staff follow hand hygiene practices and increase cleaning frequency. Educate patients and attendants about infection control and provide more hand sanitizing stations in patient rooms and waiting areas.

P3:Infection control need to be aware, because hospital need this

P4 I suggest that the hospital implement more stringent infection control measures, such as regular cleaning and disinfection of surfaces, improved hand hygiene practices, and better staff training on infection prevention.

The data revealed that hygiene protocols are followed less in public hospitals than in private hospitals. It is also noticed that infection control guidelines are not fully observed by healthcare staff as well as the general staff. The private hospital environment is not completely hygienic either, according to the infection control guidelines.

Staff Education

To lower the frequency of MRSA transmission in healthcare settings, staff education is essential. Improved adherence to protocols and a reduction in MRSA infections can result from healthcare workers' (HCWs') increased understanding of infection control procedures and antibiotic resistance. The main points of how staff education affects MRSA transmission are described in the sections that follow. Training programs greatly improve HCWs' knowledge of infection control procedures and MRSA. For example, following a two-day training on antimicrobial resistance, knowledge levels increased from 60% to 90%, according to a research (Hanif et al. 2024).

Documentaries and instruction booklets are two examples of educational materials that work well for promoting best practices among employees (Hanif et al., 2024).

Staff members with higher levels of education are more likely to follow suggested infection prevention techniques, like hand washing and MRSA risk assessments, which are essential for limiting the spread of MRSA (Popovich et al., 2019). According to a nationwide assessment, hospital-onset MRSA infections significantly decreased in hospitals that used organized teaching interventions (Popovich et al., 2019). Research has indicated a correlation between reduced MRSA transmission rates and better staff education. For instance, a multi-center study discovered that when appropriate infection control measures were taken, transmission rates among healthcare workers were low (Konstantinovski et al., 2024).

Low transmission rates can be maintained by ongoing training and supervision of healthcare workers, particularly in high-risk settings like intensive care units (ICUs) (Corkran et al., 2024).

one of the MRSA survival patient told that

P4: I suggest that the hospital implement more stringent infection control measures, such as regular cleaning and disinfection of surfaces, improved hand hygiene practicees, and better staff training on infection prevention.

On the contrary the expired patients family revealed that he didn't receive any information regarding MRSA from the healthcare personell.He remained ignorant as he wasn't educated regarding MRSA infection consequently the patient died.

P2: I haven't received much direct information about infection prevention. I saw a few posters in the hospital, but no one specifically explained it to me. It would be helpful if staff provided some basic guidelines upon admission.

P3: No, we do not receive any information and education

It is noticed that staff is not fully educated. The general staff should be educated about the MRSA infection to avoid it.

P1 :As the hospital organized the session for staff they should also organize the session for attendant and porter because I noticed that most of the attendant and porter not followed proper hygiene protocol.

Conclusion:

The results concluded that to attain patient-centered care for MRSA. By attending to the individual needs and preferences of MRSA-infected individuals, patient-centered care greatly improves treatment outcomes. This method promotes greater emotional and social well-being in patients and their families in addition to increasing adherence to treatment plans. Infection control needs to revise its invigilation visit plans to maintain effective adherence to infection control guidelines. It's important to educate lower staff about MRSA to avoid pitfalls in the adherence protocols. Patients' mental health is highly important to cope with any disease, and stress is the root cause of all diseases. It is indispensable to maintain the mental health of the patient, which can be achieved by keeping open communication lines with the patients. Reduced hospital stays can have a dual benefit, it will be less heavy on the pocket of the patient at the same time, and patient exposure to contamination can be minimized. To address the underlying reasons of MRSA transmission in both clinical and community settings, some contend that while cleanliness practices are essential in lowering the prevalence of MRSA, the emphasis should also include more comprehensive public health initiatives, including education and community involvement.

The following model of patient-centered care is the result of rigorous data analysis, which is backed up with national and international research.

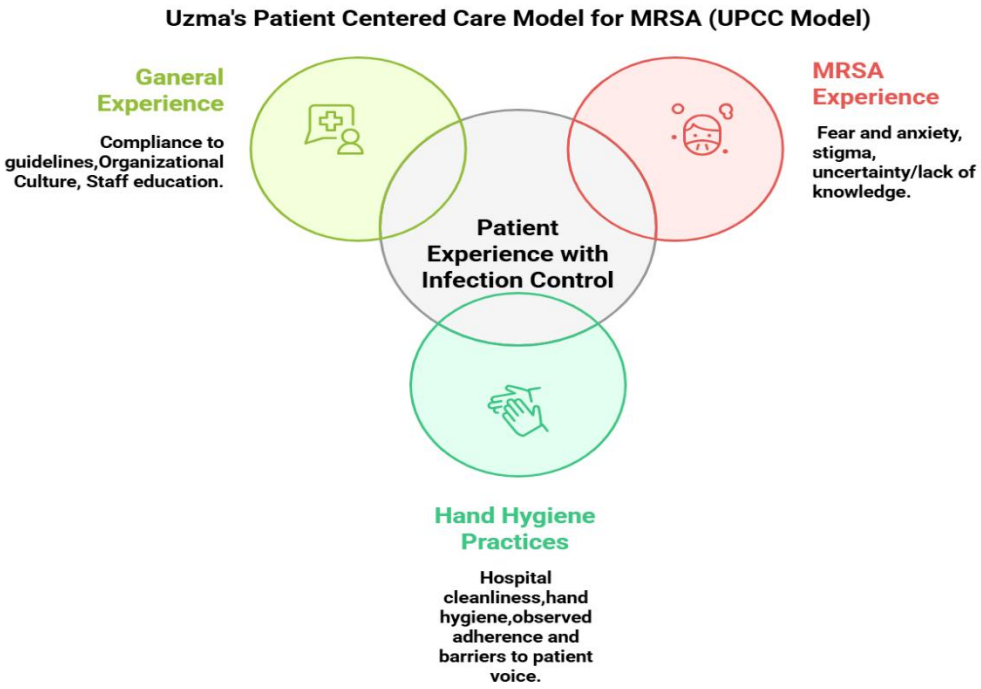

Fig 3: UPCC Model for MRSA

Recommendations:

1. Avoid prolonged hospital stays of patient.
2. Double check adherence of infection control guidelines.
3. Arrange workshops and seminars for hospital lower staff education.
4. Hospital charges should be monitored by surveillance team to avoid financial instability of patients.

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