



Understanding the Persistence of Methicillin-Resistant Staphylococcus aureus (MRSA) in Hospital Settings: Challenges, Prevention Strategies, and Implications for Healthcare Practice

By ¹ DR. SHAIKH ABDULLA XEC

Author's Affiliation

First Author : Dr. Shaikh Abdulla Xec | Azteca University Mexico



RESEARCH ABSTRACT

Methicillin resistant Staphylococcus aureus (MRSA) is a major healthcare associated pathogen that poses significant challenges due to its resistance to multiple antibiotics. This study examines the factors contributing to the persistence of MRSA infections in hospital settings and explores effective strategies for preventing its transmission. Using a mixed-methods approach, data were collected through a literature review and surveys of healthcare professionals. Findings indicate that antibiotic misuse, inadequate infection control practices, environmental contamination, and limited compliance with preventive measures contribute to the spread of MRSA. The study identifies hand hygiene, isolation precautions, environmental cleaning, antimicrobial stewardship, and staff training as key strategies for reducing transmission.

RESEARCH KEYWORDS

MRSA, Methicillin Resistant Staphylococcus aureus, Antibiotic Resistance, Hospital Acquired Infections, Infection Control, Antimicrobial Stewardship, Healthcare-Associated Infections, Hand Hygiene, Patient Safety, Healthcare Management.

RESEARCH INTRODUCTION

Methicillin resistant Staphylococcus aureus (MRSA) is one of the most significant antimicrobial-resistant pathogens affecting healthcare systems worldwide. As a strain of Staphylococcus aureus resistant to multiple antibiotics, MRSA poses serious challenges to infection treatment, patient safety, and hospital management. The growing prevalence of MRSA infections has increased concerns regarding healthcare-associated infections, prolonged hospital stays, higher treatment costs, and increased morbidity and mortality rates.

Hospital settings provide favorable conditions for the transmission of MRSA due to frequent patient contact, invasive medical procedures, overcrowding, and the extensive use of antibiotics. Although advances have been made in infection prevention and antimicrobial therapy, MRSA continues to persist as a major public health concern. The ability of the organism to develop resistance mechanisms and survive in healthcare environments has limited the effectiveness of conventional treatment approaches, making rapid eradication difficult.

Previous studies have identified several factors contributing to the spread of MRSA, including inadequate hand hygiene, environmental contamination, inappropriate antibiotic use, and insufficient adherence to infection control protocols. While considerable research has focused on treatment and prevention strategies, challenges remain in achieving sustainable control of MRSA within healthcare facilities. Understanding these challenges is essential for developing effective interventions and improving patient outcomes.

This study examines the factors responsible for the persistence of MRSA infections and explores strategies for preventing its transmission in hospital settings. By analyzing healthcare professionals' knowledge, experiences, and infection control practices, the research aims to contribute to the ongoing efforts to reduce the burden of MRSA and strengthen infection prevention measures within healthcare institutions.

RESEARCH OBJECTIVES

To examine the factors contributing to the persistence of Methicillin-resistant *Staphylococcus aureus* (MRSA) infections and identify effective strategies for preventing its transmission in hospital settings.

Secondary Objectives

1. To analyze the causes of antibiotic resistance associated with MRSA infections.
2. To assess healthcare professionals' knowledge and awareness of MRSA prevention and control measures.
3. To identify the major transmission pathways of MRSA within healthcare facilities.
4. To evaluate the effectiveness of existing infection control practices in preventing MRSA transmission.
5. To examine the role of antimicrobial stewardship and staff training in reducing MRSA-related infections.
6. To recommend practical strategies for improving infection prevention and patient safety in hospital settings.

The objectives of this study were developed to provide a comprehensive understanding of the factors influencing the persistence of MRSA infections in healthcare settings. By examining the relationship between antibiotic resistance, infection control practices, and healthcare professionals' awareness, the research seeks to identify critical areas that require improvement.

Understanding these factors is essential for developing evidence-based strategies that can effectively reduce the transmission of MRSA and enhance patient safety within hospitals. Furthermore, the study aims to generate practical recommendations that can support healthcare administrators, policymakers, and clinical practitioners in strengthening infection prevention programs.

Through the evaluation of existing control measures and antimicrobial stewardship initiatives, the research contributes to the broader effort of combating antimicrobial resistance and promoting sustainable healthcare practices. The findings are expected to support informed decision-making and encourage the implementation of more effective MRSA prevention and management strategies across healthcare institutions.

LITERATURE REVIEW

Emergence and Evolution of MRSA

Methicillin-resistant *Staphylococcus aureus* (MRSA) emerged shortly after the introduction of methicillin in the early 1960s. The bacterium developed resistance through genetic adaptations that enabled it to survive exposure to beta-lactam antibiotics. Over time, MRSA evolved from a predominantly hospital associated pathogen to a widespread public health threat affecting both healthcare facilities and communities. The rapid evolution of resistant strains has increased the complexity of infection management and highlighted the growing challenge of antimicrobial resistance worldwide.

Mechanisms of Antibiotic Resistance

The primary mechanism of antibiotic resistance in MRSA is the acquisition of the *mecA* gene, which produces an altered penicillin-binding protein (PBP2a) with reduced affinity for beta-lactam antibiotics. This genetic adaptation allows MRSA to survive treatments that are effective against non-resistant strains. Additional resistance mechanisms include biofilm formation, genetic mutations, and horizontal gene transfer, which enhance bacterial survival and reduce the effectiveness of available antimicrobial therapies.

Healthcare-Associated MRSA Infections

Healthcare-associated MRSA (HA-MRSA) infections occur primarily in hospitals, long-term care facilities, and other healthcare environments. Patients with weakened immune systems, invasive medical devices, surgical wounds, and prolonged hospital stays are particularly vulnerable. HA-MRSA is associated with bloodstream infections, surgical site infections, pneumonia, and other serious complications. The transmission of MRSA within healthcare settings remains a significant concern due to close patient contact and frequent exposure to contaminated surfaces and equipment.

Challenges in MRSA Treatment

The treatment of MRSA infections is complicated by the organism's resistance to multiple antibiotics. Although drugs such as vancomycin and linezolid remain effective in many cases, the emergence of strains with reduced susceptibility has raised concerns regarding future treatment options.

Delayed diagnosis, inappropriate antibiotic use, biofilm associated infections, and the limited development of new antimicrobial agents further contribute to treatment difficulties. These challenges increase healthcare costs, prolong hospitalization, and negatively affect patient outcomes.

Infection Prevention and Control Strategies

Effective prevention and control of MRSA require a comprehensive infection management approach. Hand hygiene remains the most important preventive measure for reducing transmission.

Additional strategies include patient isolation, environmental cleaning and disinfection, routine surveillance, use of personal protective equipment, and adherence to infection control guidelines. Studies consistently demonstrate that healthcare institutions implementing strict infection prevention protocols experience lower rates of MRSA transmission and healthcare associated infections.

Antimicrobial Stewardship Approaches

Antimicrobial stewardship programs play a critical role in combating antibiotic resistance and controlling MRSA infections. These programs promote the appropriate use of antibiotics through evidence based prescribing practices, monitoring of antimicrobial use, and education of healthcare professionals. Effective stewardship reduces unnecessary antibiotic exposure, limits the development of resistant organisms, and improves patient outcomes. Integrating stewardship initiatives with infection prevention programs is widely recognized as an essential strategy for managing MRSA in healthcare settings.

Economic and Public Health Burden of MRSA

MRSA infections impose a substantial economic burden on healthcare systems worldwide. Increased hospitalization periods, additional diagnostic procedures, prolonged antibiotic therapy, and intensive infection control measures contribute significantly to healthcare expenditures. Furthermore, MRSA-associated morbidity and mortality place additional pressure on healthcare resources and workforce productivity. The growing prevalence of antibiotic-resistant infections has made MRSA a critical public health concern requiring coordinated interventions at institutional, national, and global levels.

Role of Healthcare Workers in MRSA Prevention

Healthcare professionals play a central role in preventing the transmission of MRSA within hospital environments. Compliance with hand hygiene protocols, proper use of personal protective equipment, adherence to isolation procedures, and responsible antibiotic prescribing practices are essential components of infection prevention.

Studies have shown that continuous education, regular training programs, and institutional support can significantly improve healthcare workers' compliance with infection control measures and reduce the incidence of healthcare associated MRSA infections.

Future Directions in MRSA Research and Management

Recent advances in molecular diagnostics, genomic surveillance, and antimicrobial development offer promising opportunities for improving MRSA management. Rapid diagnostic technologies can facilitate early detection and targeted treatment, while ongoing research into novel antibiotics and alternative therapies may help address growing resistance concerns.

RESEARCH QUESTIONS

1. What factors contribute to the persistence and transmission of Methicillin-resistant *Staphylococcus aureus* (MRSA) in hospital settings?
2. How does antibiotic resistance affect the treatment and management of MRSA infections among hospitalized patients?
3. What infection prevention and control measures are most effective in reducing MRSA transmission within healthcare facilities?
4. How can antimicrobial stewardship programs and healthcare worker training improve the prevention and control of MRSA infections in hospitals?

RESEARCH METHODOLOGY

Research Design

This study adopted a mixed methods research design to examine the factors contributing to the persistence of Methicillin resistant *Staphylococcus aureus* (MRSA) and to identify effective strategies for preventing its transmission in hospital settings. The research combined a review of existing literature with quantitative survey data collected from healthcare professionals. This approach enabled a comprehensive understanding of MRSA related challenges, infection control practices, and antibiotic resistance within healthcare environments.

Study Population

The study population consisted of healthcare professionals working in hospital settings, including physicians, nurses, and other healthcare personnel involved in patient care and infection prevention activities. These participants were selected because of their direct exposure to MRSA-related cases and their involvement in implementing infection control measures within healthcare facilities.

Sampling Technique

A purposive sampling technique was employed to select participants with relevant knowledge and experience regarding MRSA prevention and management. Healthcare professionals who were actively engaged in clinical practice and infection control activities were invited to participate in the study. This sampling method ensured that respondents could provide informed perspectives on MRSA transmission and prevention strategies.

Data Collection Instruments

Data were collected using a structured questionnaire designed to assess participants' demographic characteristics, knowledge of MRSA, perceptions of transmission pathways, infection control practices, antibiotic stewardship, and training experiences. The questionnaire consisted of close-ended questions that enabled systematic data collection and quantitative analysis.

Data Analysis Procedures

The collected data were analyzed using descriptive statistical techniques, including frequencies and percentages, to summarize participant responses and identify trends related to MRSA awareness, infection control measures, and prevention practices. The findings were presented through tables and graphical illustrations to facilitate interpretation.

Ethical Considerations

Ethical principles were observed throughout the research process. Participation in the study was voluntary, and respondents were informed about the purpose of the research before providing their responses. Confidentiality and anonymity of participants were maintained, and no personal identifying information was disclosed. Data collected for the study were used solely for academic purposes and handled in accordance with accepted research ethics standards.

equality across 24 languages. These examples highlight not only the technical but also the political dimensions of legal language, demonstrating that law cannot be fully understood without attention to its cultural and linguistic contexts.

DATA ANALYSIS

Demographic Analysis of Participants

The demographic analysis revealed that the majority of respondents were between 26 and 35 years of age, representing the largest age group in the study. Female participants slightly outnumbered male participants, reflecting the workforce composition commonly observed in healthcare settings. Nurses constituted the largest occupational category, followed by physicians and other healthcare professionals. Most respondents possessed between 0 and 10 years of healthcare experience, indicating that the study captured perspectives from both early-career and experienced professionals involved in patient care and infection prevention activities.

Awareness and Knowledge of MRSA

The findings indicated varying levels of awareness regarding the history and characteristics of MRSA among healthcare professionals. While respondents generally demonstrated an understanding of MRSA as an antibiotic-resistant pathogen, a considerable proportion reported limited knowledge of its historical development and epidemiological significance. Nevertheless, the majority recognized MRSA as a major healthcare concern and acknowledged the importance of infection prevention and control measures in reducing its spread within hospital settings.

MRSA Transmission Pathways

Participants identified direct contact with infected individuals as the most common route of MRSA transmission. Contaminated surfaces and medical equipment were also recognized as significant sources of infection. Although some respondents believed airborne transmission could occur, the majority considered direct contact and environmental contamination to be the primary pathways. These findings highlight the importance of maintaining strict hygiene standards and environmental sanitation within healthcare facilities.

Infection Control Practices

The analysis demonstrated strong recognition of infection control measures among healthcare professionals. Hand hygiene was identified as the most frequently implemented preventive strategy, followed by isolation precautions, environmental cleaning, and antimicrobial stewardship initiatives. Most respondents perceived existing infection control measures as moderately to highly effective in reducing MRSA transmission. However, variations in adherence suggest that continuous monitoring and reinforcement of infection prevention protocols remain necessary.

Antibiotic Stewardship and Resistance

A majority of participants agreed that inappropriate antibiotic use contributes significantly to the development of antimicrobial resistance and the persistence of MRSA infections. The findings support

existing evidence that antibiotic misuse accelerates resistance development and limits treatment options. Respondents emphasized the importance of antimicrobial stewardship programs in promoting responsible prescribing practices and reducing unnecessary antibiotic exposure within healthcare settings.

Training and Compliance Assessment

The study found that most healthcare professionals had received training on infection prevention and MRSA control measures. Despite this, compliance with recommended practices varied among respondents, with many indicating only occasional adherence to infection control protocols. Participants identified additional education, regular training programs, improved staffing levels, and better access to resources as important factors for strengthening compliance and enhancing MRSA prevention efforts in hospitals.

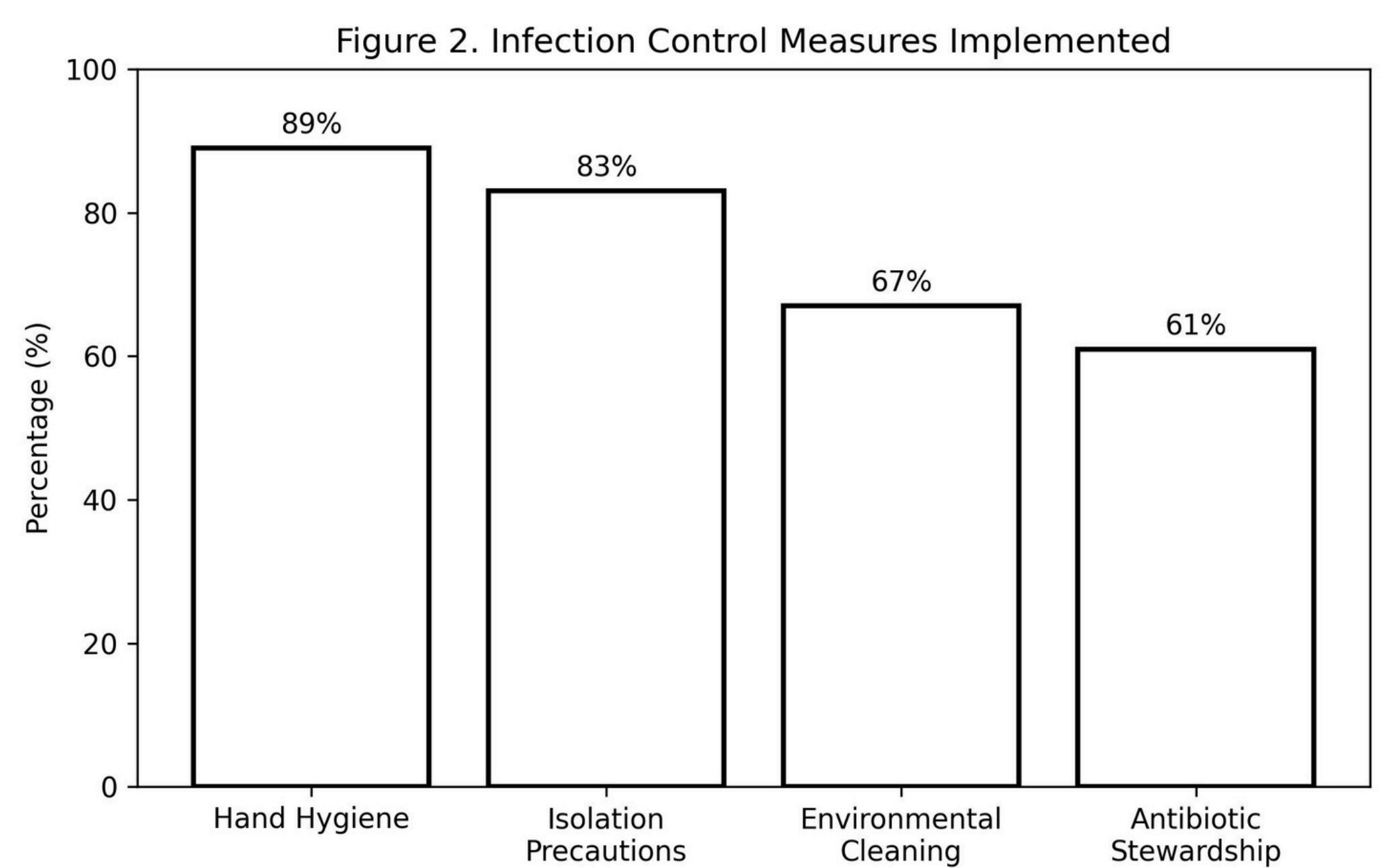
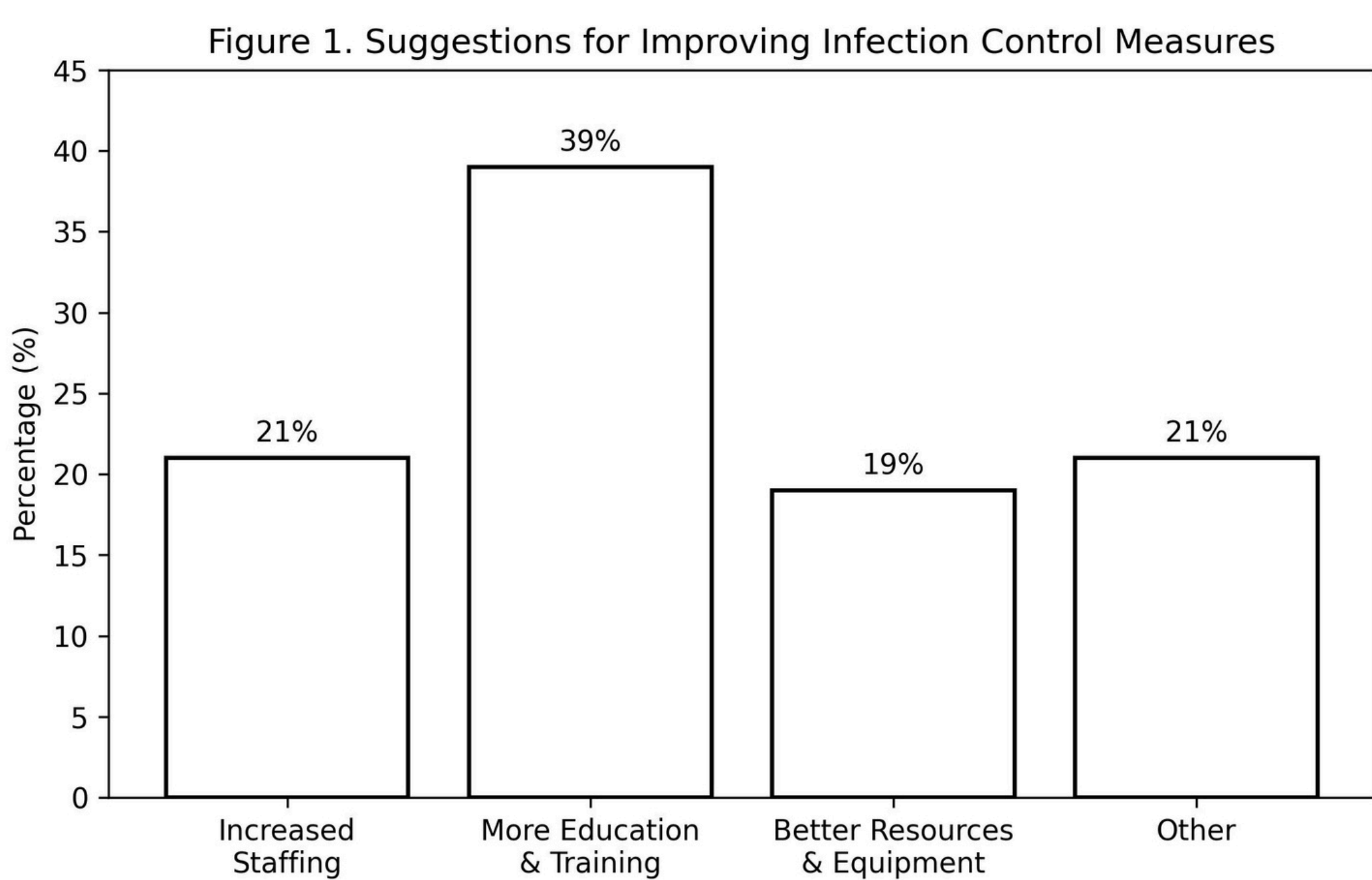


Figure 1 presents healthcare professionals' suggestions for improving infection control measures to reduce the transmission of MRSA in hospital settings. The findings indicate that the most frequently recommended strategy was providing more education and training (39%), highlighting the importance of continuous professional development in infection prevention and control. Increased staffing and other interventions were each identified by 21% of respondents, suggesting the need for adequate workforce capacity and additional institutional support. Better resources and equipment were recommended by 19% of participants, emphasizing the role of infrastructure and resource availability in effective infection control. Overall, the results demonstrate that strengthening staff education, improving workforce support, and enhancing healthcare resources are critical components for reducing MRSA transmission and improving patient safety within healthcare facilities. Figure 2 presents the infection control measures implemented in hospital settings to reduce the transmission of MRSA. The findings indicate that hand hygiene was the most widely adopted preventive measure, reported by 89% of respondents, followed by isolation precautions at 83%. Environmental cleaning was implemented by 67% of participants, while 61% reported the use of antimicrobial stewardship programs. These results demonstrate a strong emphasis on basic infection prevention practices within healthcare facilities. The high implementation rates of hand hygiene and isolation precautions reflect their recognized effectiveness in controlling healthcare-associated infections. However, the comparatively lower adoption of environmental cleaning and antibiotic stewardship initiatives suggests areas where hospitals can further strengthen their infection control programs. Overall, the findings highlight the importance of maintaining comprehensive infection prevention strategies to reduce MRSA transmission and improve patient safety.

RESEARCH DISCUSSION

The findings of this study indicate that MRSA remains a significant challenge within healthcare settings due to its resistance to commonly used antibiotics and its ability to spread rapidly among patients. Healthcare professionals demonstrated a reasonable level of awareness regarding MRSA transmission and prevention; however, variations in knowledge and compliance were observed. Hand hygiene, isolation precautions, and environmental cleaning were identified as the most frequently implemented infection control measures. The results suggest that while healthcare institutions recognize the importance of MRSA prevention, continuous efforts are required to strengthen compliance and improve overall infection control effectiveness.

Factors Contributing to the Absence of a Quick Cure

One of the primary factors contributing to the absence of a quick cure for MRSA is its ability to develop resistance to multiple antibiotics. The misuse and overuse of antimicrobial drugs have accelerated the emergence of resistant strains, reducing the effectiveness of traditional treatments. In addition, MRSA can survive on environmental surfaces and form biofilms, making eradication more difficult. Delayed diagnosis, inappropriate antibiotic prescribing, and inconsistent infection control practices further complicate treatment efforts and contribute to the persistence of MRSA infections in healthcare settings.

Hospital-Based Prevention Strategies

The study highlights the importance of implementing comprehensive infection prevention strategies within hospitals. Hand hygiene emerged as the most effective and widely adopted preventive measure, followed by patient isolation and environmental disinfection. Antimicrobial stewardship programs were also recognized as valuable tools for reducing inappropriate antibiotic use and preventing the development of resistance. Regular staff training, surveillance programs, and adherence to established infection control guidelines can significantly reduce the risk of MRSA transmission and improve patient outcomes.

Comparison with Previous Studies

The findings of this research are consistent with previous studies that identified antibiotic resistance, inadequate infection control practices, and environmental contamination as major contributors to MRSA transmission. Similar studies have emphasized the effectiveness of hand hygiene and antimicrobial stewardship programs in reducing healthcare-associated infections. The current study further supports existing evidence by demonstrating that healthcare professionals acknowledge the importance of these measures while also identifying areas where compliance and institutional support can be improved. These findings reinforce the need for sustained and evidence-based approaches to MRSA prevention and management. The results of this study have important implications for healthcare policy and hospital management. Policymakers should prioritize the development and enforcement of infection prevention guidelines, strengthen antimicrobial stewardship initiatives, and allocate adequate resources for staff training and infection control programs. Healthcare institutions should promote continuous professional education and establish monitoring systems to ensure compliance with infection prevention protocols. By integrating policy support with effective clinical practices, healthcare systems can reduce the burden of MRSA infections, improve patient safety, and contribute to broader efforts aimed at combating antimicrobial resistance.

RESERCH CONCLUSION

This study examined the factors contributing to the persistence of Methicillin resistant Staphylococcus aureus (MRSA) infections and explored effective strategies for preventing its transmission in hospital settings. The findings revealed that antibiotic resistance, inappropriate antibiotic use, environmental contamination, and inconsistent adherence to infection control practices are major factors influencing the continued spread of MRSA. Healthcare professionals recognized the importance of hand hygiene, isolation precautions, environmental cleaning, and antimicrobial stewardship programs as essential measures for controlling MRSA transmission. The study also highlighted the need for continuous education and institutional support to strengthen infection prevention efforts within healthcare facilities. This research contributes to healthcare practice by providing insights into the challenges associated with MRSA management and identifying practical approaches for reducing infection rates. The findings emphasize the importance of integrating infection prevention strategies with antimicrobial stewardship initiatives to improve patient safety and healthcare outcomes. The study also offers evidence that can assist healthcare administrators and policymakers in developing more effective infection control programs and strengthening resistance prevention efforts within hospitals.

Based on the findings, healthcare institutions should strengthen hand hygiene compliance, enhance environmental cleaning procedures, and expand antimicrobial stewardship programs. Regular training and awareness programs should be conducted to improve healthcare professionals' knowledge and adherence to infection control protocols. Hospitals should also establish continuous surveillance systems to monitor MRSA infections and evaluate the effectiveness of preventive measures. Furthermore, policymakers should allocate adequate resources to support infection prevention initiatives and antimicrobial resistance management programs.

Future research should investigate the long term effectiveness of specific infection control interventions and antimicrobial stewardship strategies in reducing MRSA transmission. Studies involving larger and more diverse healthcare populations may provide broader insights into MRSA prevention and management. Additionally, further research is needed to explore emerging treatment options, rapid diagnostic technologies, and innovative approaches for combating antibiotic-resistant pathogens. Such investigations will contribute to the development of more effective strategies for controlling MRSA and improving public health outcomes. The study demonstrates that MRSA remains a persistent healthcare challenge despite significant advancements in medical treatment and infection prevention technologies. The findings suggest that controlling MRSA requires a long-term commitment from healthcare institutions rather than reliance on a single treatment or intervention. Effective prevention depends on the combined efforts of healthcare professionals, administrators, policymakers, and patients. The results further highlight the critical relationship between antimicrobial resistance and healthcare quality. As antibiotic resistance continues to evolve, healthcare facilities must adapt their prevention and treatment strategies to address emerging challenges. Strengthening antimicrobial stewardship programs will be essential for preserving the effectiveness of existing antibiotics and minimizing the development of resistant bacterial strains.

Another important finding is the role of organizational culture in infection prevention. Hospitals that promote

continuous education, accountability, and adherence to evidence-based practices are more likely to achieve successful infection control outcomes. Creating a culture of patient safety can encourage healthcare professionals to consistently follow recommended infection prevention protocols.

The study also emphasizes the importance of resource allocation in supporting infection control efforts. Adequate staffing levels, access to protective equipment, and investment in training programs can significantly improve compliance with infection prevention measures. Healthcare institutions should view these resources as strategic investments that contribute to improved patient outcomes and reduced healthcare costs.

Furthermore, the findings suggest that public awareness and patient engagement can complement hospital-based infection prevention initiatives. Educating patients and visitors about hand hygiene, antibiotic use, and infection prevention practices may help reduce the risk of MRSA transmission both within healthcare settings and in the broader community.

Overall, this research reinforces the need for a comprehensive and multidisciplinary approach to managing MRSA infections. By integrating effective infection control measures, responsible antibiotic use, continuous professional education, and supportive healthcare policies, hospitals can reduce the burden of MRSA and contribute to global efforts aimed at combating antimicrobial resistance.

PLAGIARISM **7%**

According to the Turnitin report, the paper shows a 7% similarity index: 3% from internet sources, 3% from publications, and 1% from student papers.

The research paper titled **“Understanding the Persistence of Methicillin Resistant Staphylococcus aureus (MRSA) in Hospital Settings: Challenges, Prevention Strategies, and Implications for Healthcare Practice”** examines the growing threat posed by MRSA as one of the most significant antimicrobial-resistant pathogens affecting modern healthcare systems. Using a mixed methods research approach supported by an extensive review of existing literature and survey based data collected from healthcare professionals, the study investigates the factors responsible for the persistence and transmission of MRSA within hospital environments. The findings reveal that antibiotic resistance, inappropriate antimicrobial use, environmental contamination, and inconsistent adherence to infection control measures continue to contribute to the spread of MRSA. The research identifies hand hygiene, isolation precautions, environmental cleaning, antimicrobial stewardship programs, and continuous professional training as essential strategies for reducing transmission and improving patient safety. The study further highlights that the absence of a quick cure for MRSA is largely attributed to the bacterium’s ability to adapt to antimicrobial therapies and survive in healthcare settings. The paper concludes that a comprehensive approach integrating infection control, responsible antibiotic use, surveillance systems, and healthcare policy interventions is necessary to reduce the burden of MRSA infections. This paper has been accepted for publication in the *Jadetimes Journal of Universal Studies* (E-ISSN 3066-9421).

REFERENCES

1. Allegranzi, B., Bagheri Nejad, S., Combescure, C., Graafmans, W., Attar, H., Donaldson, L., & Pittet, D. (2011). Burden of endemic health care-associated infection in developing countries: Systematic review and meta-analysis. *The Lancet*, 377(9761), 228–241.
2. Ammerlaan, H. S., Kluytmans, J. A., Berkhout, H., & Buiting, A. G. (2009). Eradication of methicillin-resistant *Staphylococcus aureus* carriage: A systematic review. *Clinical Infectious Diseases*, 48(7), 922–930.
3. Bishara, J., Goldberg, E., Lev, S., et al. (2002). Failure of vancomycin treatment of methicillin-resistant *Staphylococcus aureus* infections to eradicate nasal carriage. *Infection Control & Hospital Epidemiology*, 23(1), 43–46.
4. Boyce, J. M., & Pittet, D. (2002). Guideline for hand hygiene in health-care settings. *American Journal of Infection Control*, 30(8), S1–S46.
5. Centers for Disease Control and Prevention. (2006). Management of multidrug-resistant organisms in healthcare settings. Atlanta, GA: CDC.
6. Cimolai, N. (2009). Methicillin-resistant *Staphylococcus aureus* in Canada. *Canadian Journal of Infectious Diseases & Medical Microbiology*, 20(2), 45–52.
7. Cosgrove, S. E., Sakoulas, G., Perencevich, E. N., Schwaber, M. J., Karchmer, A. W., & Carmeli, Y. (2003). Comparison of mortality associated with MRSA and MSSA bacteremia. *Clinical Infectious Diseases*, 36(1), 53–59.
8. Davey, P., Brown, E., Charani, E., et al. (2013). Interventions to improve antibiotic prescribing practices for hospital inpatients. *Cochrane Database of Systematic Reviews*, (4), CD003543.
9. DeAngelis, G., Kantor, M., & Lautenbach, E. (2012). Hospital-acquired infections. In *Harrison's Principles of Internal Medicine* (18th ed.). McGraw-Hill.
10. Dhar, S., Marchaim, D., Tansek, R., et al. (2014). Contact precautions: More is not necessarily better. *Infection Control & Epidemiology*, 35(3), 213–221.
11. Donlan, R. M. (2001). Biofilms and device-associated infections. *Emerging Infectious Diseases*, 7(2), 277–281.
12. Fraise, A. P. (2002). Biocide abuse and antimicrobial resistance—a cause for concern? *Journal of Antimicrobial Chemotherapy*, 49(1), 11–12.
13. Gandra, S., Barter, D. M., & Laxminarayan, R. (2014). Economic burden of antibiotic resistance. *Clinical Microbiology and Infection*, 20(10), 973–980.
14. Gbaguidi-Haore, H., Dumartin, C., L'Heriteau, F., et al. (2006). Risk factors for infection and death in MRSA bacteremia. *Journal of Hospital Infection*, 62(2), 245–252.
15. Gould, I. M. (2008). Antibiotic policies to control hospital-acquired infection. *Journal of Antimicrobial Chemotherapy*, 62(Suppl 1), i3–i4.
16. Gupta, K., Martinello, R. A., Young, S. A., et al. (2008). Community-onset MRSA in a university hospital. *Journal of Hospital Infection*, 70(2), 175–181.
17. Harbarth, S., Sax, H., & Gastmeier, P. (2003). The preventable proportion of nosocomial infections. *Journal of Hospital Infection*, 54(4), 258–266.
18. Harris, A. D., Bradham, D. D., Baumgarten, M., et al. (2004). Quasi-experimental studies in infectious diseases. *Clinical Infectious Diseases*, 38(11), 1586–1591.
19. Harrop, J. S., Styliaras, J. C., Ooi, Y. C., et al. (2014). Antibiotic-resistant infections of the spine. *Journal of the American Academy of Orthopaedic Surgeons*, 22(11), 678–687.
20. Hawkey, P. M. (2008). The growing burden of antimicrobial resistance. *Journal of Antimicrobial Chemotherapy*, 62(Suppl 1), i1–i9.
21. Hidron, A. I., Edwards, J. R., Patel, J., et al. (2008). NHSN annual update on antimicrobial-resistant pathogens. *Infection Control & Hospital Epidemiology*, 29(11), 996–1011.
22. Huang, S. S., Septimus, E., Kleinman, K., et al. (2013). Targeted versus universal decolonization to prevent ICU infection. *New England Journal of Medicine*, 368(24), 2255–2265.