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Multidisciplinary Management Of Addiction And Personality Disorders In Acute And Surgical Settings: Collaborative Roles Of Clinical Psychologists, Nurses, And Operating Room Technicians

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Abstract
Substance use disorders and personality disorders are increasingly encountered in acute medical and surgical settings, where they significantly complicate clinical decision-making, perioperative safety, staff–patient interactions, and postoperative outcomes. Patients with addiction or maladaptive personality traits frequently present with pain management challenges, behavioral dysregulation, nonadherence, and heightened risk of perioperative complications. Traditional biomedical models are insufficient to address these complexities, necessitating a coordinated multidisciplinary approach. This review examines the collaborative roles of clinical psychologists, nurses, and operating room technicians in managing addiction and personality disorders within acute and surgical environments. Emphasis is placed on behavioral assessment, risk stratification, perioperative communication, de-escalation strategies, infection control, and staff safety. By integrating psychological expertise, nursing continuity, and operating room workflow adaptation, this review proposes a pragmatic framework to enhance patient outcomes, reduce adverse events, and improve healthcare worker resilience in high-stress clinical settings.

Keywords Addiction; substance use disorder; personality disorders; acute care; surgical patients; clinical psychology; nursing; operating room technicians; perioperative safety; multidisciplinary care.

Introduction

Addiction and personality disorders represent two of the most challenging psychiatric conditions encountered in acute and surgical healthcare environments. Their prevalence among hospitalized patients has risen steadily, driven by the global burden of substance use disorders, increasing survival with chronic psychiatric illness, and expanded access to surgical and interventional care for medically complex populations [1]. Acute care teams are therefore increasingly required to manage not only the physiological consequences of illness and surgery but also the behavioral, emotional, and interpersonal dimensions that accompany these psychiatric conditions.

Substance use disorders—including opioid, alcohol, stimulant, and sedative dependence—exert profound effects on perioperative care. Patients with addiction frequently present with altered pain thresholds, opioid tolerance, withdrawal syndromes, impaired judgment, and increased risk of

postoperative complications such as infection, delirium, and prolonged hospitalization [2]. Similarly, personality disorders—particularly borderline, antisocial, and narcissistic personality disorders—are associated with emotional dysregulation, impulsivity, mistrust of healthcare providers, and challenging interpersonal behaviors that can destabilize acute care environments [3]. These factors place significant strain on nursing staff, disrupt operating room workflows, and increase the likelihood of conflict, nonadherence, and adverse events.

In surgical and operating room settings, the stakes are particularly high. Effective teamwork, precise communication, and adherence to standardized protocols are essential for patient safety. Behavioral volatility, manipulation, aggression, or noncooperation—features that may accompany addiction or personality pathology—can undermine these safeguards if not proactively addressed [4]. Operating room technicians, though often overlooked in psychiatric care models, are directly exposed to these risks through their role in patient preparation, instrument handling, positioning, and intraoperative support. Their situational awareness and adherence to protocol are critical to maintaining sterile fields, preventing procedural delays, and ensuring staff safety.

Historically, psychiatric conditions in surgical patients have been managed reactively, with consultations requested only after behavioral crises emerge. This approach is increasingly recognized as inadequate. Contemporary models emphasize early identification, risk stratification, and proactive multidisciplinary collaboration. Clinical psychologists bring expertise in behavioral assessment, diagnostic clarification, crisis intervention, and staff support. Nurses provide continuous bedside monitoring, therapeutic communication, and coordination across care transitions. Operating room technicians contribute operational insight, environmental control, and procedural consistency within high-risk contexts. Together, these professionals form a frontline defense against escalation, error, and burnout [5].

Global health organizations, including the World Health Organization, have highlighted the need to integrate mental health care into general hospital services, particularly for patients with comorbid medical and psychiatric conditions [6]. In acute and surgical settings, this integration must be practical, workflow-sensitive, and safety-oriented. It must also acknowledge the ethical complexities of autonomy, consent, capacity, and stigma that frequently arise when managing patients with addiction or personality disorders.

This review aims to synthesize current evidence and best practices related to the multidisciplinary management of addiction and personality disorders in acute and surgical environments. By focusing on the collaborative roles of clinical psychologists, nurses, and operating room technicians, the review highlights how coordinated care can mitigate risk, improve patient outcomes, and support healthcare workers operating in high-stress, high-stakes settings.

Table 1. Key Challenges of Addiction and Personality Disorders in Acute and Surgical Care

Domain	Clinical Impact
Pain management	Opioid tolerance, withdrawal
Behavior	Aggression, manipulation, nonadherence
Communication	Conflict, mistrust
Perioperative safety	Delays, protocol breaches
Staff wellbeing	Burnout, moral distress

Epidemiology, Neurobehavioral Foundations, and Risk Stratification of Addiction and Personality Disorders in Acute and Surgical Care

1. Epidemiology in Acute and Surgical Settings

Addiction and personality disorders are substantially overrepresented among patients admitted to emergency departments, acute medical wards, and surgical units compared with community prevalence estimates. Substance use disorders—particularly opioid, alcohol, benzodiazepine, and stimulant dependence—are common among patients presenting with trauma, infections, gastrointestinal emergencies, and pain-related surgical conditions [7]. Hospital-based studies consistently demonstrate

higher rates of postoperative complications, prolonged length of stay, readmissions, and in-hospital adverse events among patients with active substance use disorders [8].

Personality disorders, while less frequently coded, exert a disproportionate impact on acute care dynamics. Borderline and antisocial personality disorders are most commonly encountered in emergency and perioperative contexts, often manifesting through emotional dysregulation, impulsivity, mistrust, and confrontational behaviors [9]. These presentations complicate consent processes, pain management, adherence to perioperative instructions, and interactions with staff, increasing the risk of escalation and care disruption.

Importantly, addiction and personality disorders frequently co-occur. Comorbidity amplifies clinical risk, as substance use may intensify behavioral instability, while personality pathology may undermine engagement with addiction treatment and perioperative planning [10]. In surgical settings, this intersection demands early recognition and proactive management rather than reactive crisis response.

2. Neurobiological and Behavioral Foundations Relevant to Acute Care

Understanding the neurobehavioral underpinnings of addiction and personality disorders is essential for effective management in high-acuity environments. Addiction is characterized by dysregulation of reward, stress, and executive control circuits, particularly involving dopaminergic pathways and the prefrontal cortex [11]. In acute care, this dysregulation manifests as impaired impulse control, heightened threat perception, and compulsive drug-seeking behaviors, especially during pain, stress, or withdrawal.

Personality disorders involve enduring patterns of maladaptive cognition, affect regulation, and interpersonal functioning. Borderline personality disorder is associated with heightened emotional reactivity and impaired distress tolerance, while antisocial personality disorder is characterized by diminished empathy, rule violation, and increased risk-taking [12]. In surgical contexts, these traits can translate into difficulty adhering to perioperative restrictions, resistance to authority, and volatile reactions to perceived invalidation or loss of control.

From a behavioral standpoint, acute illness and surgery act as powerful stressors that exacerbate underlying vulnerabilities. Sleep deprivation, pain, unfamiliar environments, and loss of autonomy can precipitate behavioral crises even in patients with previously stable psychiatric conditions [13]. Recognizing these mechanisms allows care teams to anticipate risk and tailor communication, monitoring, and environmental controls accordingly.

3. Clinical Implications for Acute and Surgical Care

The interaction between neurobiology and the acute care environment has direct implications for patient safety and workflow integrity. Patients with addiction may experience withdrawal syndromes that mimic or exacerbate surgical complications, such as autonomic instability, delirium, and agitation [14]. Inadequate recognition of withdrawal can lead to misdiagnosis, inappropriate restraint use, or escalation to security interventions.

Similarly, patients with personality disorders may exhibit splitting behaviors, pitting staff members against one another, or engaging in repeated demands that disrupt operating room schedules and nursing workflows [15]. Without a unified team approach, these behaviors increase staff distress and undermine consistency of care.

Operating room settings introduce additional complexity. Strict time pressures, sterile field requirements, and limited tolerance for behavioral disruption mean that preoperative assessment and planning are critical. Failure to identify psychiatric risk factors preoperatively can result in last-minute cancellations, unsafe inductions, or postoperative conflicts that compromise recovery [16].

4. Risk Stratification in Emergency and Surgical Pathways

Risk stratification is a cornerstone of safe multidisciplinary management. Early identification of patients with addiction or personality disorders allows teams to implement preventive strategies, including tailored pain plans, withdrawal prophylaxis, behavioral contracts, and psychological support. Screening tools for substance use and brief personality assessments, when embedded into admission or preoperative workflows, improve detection and facilitate timely intervention [17].

Effective risk stratification is not about exclusion from care but about matching resources to need. High-risk patients benefit from early involvement of clinical psychology, clear nursing care plans, and

operating room adaptations that minimize triggers and maximize predictability. This proactive approach aligns with patient safety frameworks promoted by organizations such as the World Health Organization, which emphasize integrated mental health care within general hospitals [18].

Table 2. **Risk Factors for Adverse Events in Acute and Surgical Patients with Addiction or Personality Disorders**

Risk Factor	Clinical Consequence
Active substance use	Withdrawal, delirium
Opioid tolerance	Inadequate analgesia
Emotional dysregulation	Behavioral escalation
Poor impulse control	Nonadherence
Staff inconsistency	Conflict, splitting

5. Ethical and Safety Considerations

Risk stratification must be conducted within an ethical framework that respects patient dignity and avoids stigmatization. Labeling patients solely by diagnosis can reinforce bias and undermine therapeutic relationships. Instead, risk assessment should focus on observable behaviors, clinical history, and current needs, communicated clearly and respectfully across the care team [19].

Balancing patient autonomy with staff and patient safety is a recurring ethical challenge. Informed consent, capacity assessment, and use of restrictive interventions require careful multidisciplinary deliberation, particularly in perioperative contexts where time-sensitive decisions are common. Clinical psychologists and nursing leaders play key roles in guiding these processes and supporting staff faced with moral distress [20].

The Role of Clinical Psychologists in Managing Addiction and Personality Disorders in Acute and Surgical Care

1. Clinical Psychologists as Risk Interpreters in High-Acuity Settings

Clinical psychologists play a pivotal role in acute hospitals by translating complex psychological presentations into actionable, safety-oriented care strategies. In emergency departments, surgical wards, and perioperative pathways, their contribution extends beyond diagnosis to include risk interpretation, behavioral formulation, and rapid intervention. Patients with addiction or personality disorders often present with overlapping symptoms—such as agitation, impulsivity, mistrust, or pain amplification—that can be misattributed to willful noncooperation if not properly contextualized [21]. Psychologists help teams understand these behaviors as manifestations of underlying neurobehavioral dysregulation, thereby reducing stigma and guiding proportionate responses.

In surgical settings, where timelines are compressed and tolerance for disruption is limited, psychologists provide essential preoperative insights. Early psychological assessment can identify triggers for escalation, predict adherence challenges, and inform perioperative planning. This anticipatory role is critical for preventing last-minute cancellations, unsafe inductions, and postoperative behavioral crises that compromise recovery and staff safety [22].

2. Assessment and Diagnostic Clarification

Accurate assessment is foundational to effective multidisciplinary management. Clinical psychologists employ structured interviews, behavioral observation, and validated screening tools to evaluate substance use patterns, withdrawal risk, emotional regulation capacity, and personality traits relevant to acute care [23]. In contrast to lengthy outpatient evaluations, acute-care assessments are necessarily focused, prioritizing risk stratification and functional impact over exhaustive diagnostic labeling.

For patients with suspected personality disorders, psychologists emphasize formulation rather than categorical diagnosis, outlining how core traits—such as fear of abandonment, impulsivity, or antagonism—may manifest during hospitalization. This formulation approach supports consistent team responses and reduces the likelihood of staff splitting or inconsistent boundary setting [24]. For patients

with addiction, psychologists assess readiness for change, coping strategies, and withdrawal risk, informing both immediate management and longer-term referral planning.

3. Crisis Intervention and De-Escalation

Behavioral crises are common in acute and surgical settings involving patients with addiction or personality disorders, particularly during pain episodes, withdrawal states, or perceived loss of control. Clinical psychologists are trained in evidence-based de-escalation techniques that prioritize verbal containment, emotional validation, and restoration of patient agency [25]. These interventions can prevent escalation to physical restraint, chemical sedation, or security involvement, all of which carry ethical and safety risks.

In perioperative contexts, psychologists may support preoperative anxiety management through brief cognitive-behavioral interventions, grounding techniques, and expectation setting. Postoperatively, they assist in managing distress, anger, or withdrawal-related agitation, working closely with nursing staff to maintain a calm and predictable environment [26]. Their presence during or shortly after critical incidents also supports rapid stabilization and debriefing.

4. Consultation-Liaison and Team Support

A core function of clinical psychologists in acute hospitals is consultation-liaison work—advising medical, nursing, and operating room teams on behavioral management strategies. Psychologists provide guidance on boundary setting, communication style, and response consistency, which are particularly important when managing patients with personality disorders [27]. Clear, unified messaging reduces confusion and limits opportunities for manipulation or conflict.

Psychologists also play a crucial role in supporting staff wellbeing. Repeated exposure to aggression, manipulation, or moral conflict can lead to compassion fatigue and burnout, especially among nurses and operating room personnel. Through staff consultations, reflective practice sessions, and informal debriefings, psychologists help teams process emotional responses and maintain professional resilience [28]. This supportive function is increasingly recognized as essential to patient safety and workforce sustainability.

5. Ethical Guidance and Capacity Assessment

Ethical dilemmas frequently arise when managing addiction and personality disorders in surgical settings, particularly around consent, capacity, and use of restrictive interventions. Clinical psychologists contribute expertise in capacity assessment, helping determine whether patients can understand, appreciate, and reason about treatment decisions under conditions of pain, intoxication, or withdrawal [29].

Psychologists also advise on ethically proportionate responses to risk, balancing patient autonomy with the duty to protect staff and other patients. Their involvement supports adherence to ethical standards and aligns with integrated mental health care principles advocated by organizations such as the World Health Organization [30].

Table 3. Core Contributions of Clinical Psychologists in Acute and Surgical Care

Domain	Contribution
Risk assessment	Identify behavioral and withdrawal risks
Formulation	Translate diagnosis into care strategies
Crisis intervention	De-escalation and stabilization
Team consultation	Communication and boundary guidance
Staff support	Burnout prevention and resilience

6. Integration into Surgical Pathways

For maximal impact, clinical psychologists should be integrated early into surgical pathways for high-risk patients. Preoperative psychological consultation enables proactive planning, while postoperative follow-up supports recovery and reduces readmission risk. Embedding psychologists within

multidisciplinary rounds and perioperative briefings ensures that psychological considerations are incorporated into surgical decision-making rather than addressed reactively [31].

The Role of Nurses in Managing Addiction and Personality Disorders in Acute and Surgical Settings

1. Nurses as the Frontline of Behavioral and Clinical Containment

Nurses occupy the most continuous and intimate role in the care of patients with addiction and personality disorders in acute and surgical environments. Their sustained presence at the bedside positions them as the primary observers of behavioral change, withdrawal symptoms, pain escalation, and emotional dysregulation. In contrast to episodic physician encounters, nursing care involves ongoing therapeutic engagement, making nurses the cornerstone of early detection, de-escalation, and continuity of care [32].

In patients with substance use disorders, nurses are often the first to recognize emerging withdrawal syndromes, escalating analgesic requirements, or drug-seeking behaviors that may signal inadequate symptom control rather than intentional manipulation. Similarly, in patients with personality disorders, nurses frequently manage intense emotional reactions, boundary testing, and interpersonal conflict. Their ability to respond consistently and therapeutically directly influences patient stability, staff safety, and ward functioning.

2. Therapeutic Communication and Boundary Setting

Effective communication is central to nursing management of addiction and personality disorders. Therapeutic communication techniques—such as validation without reinforcement of maladaptive behavior, clear expectation setting, and calm limit enforcement—are essential for preventing escalation [33]. Inconsistent responses or emotionally reactive interactions can inadvertently intensify behavioral dysregulation, particularly in patients with borderline or antisocial personality traits.

Boundary setting is not punitive but protective, safeguarding both patients and staff. Nurses must balance empathy with firmness, ensuring that care plans are followed consistently across shifts. Multidisciplinary agreement on behavioral expectations, documented clearly in the care plan, reduces confusion and prevents staff splitting, a common challenge in managing personality disorders [34].

3. Monitoring, Withdrawal Management, and Pain Control

Nurses play a critical role in monitoring physiological and psychological parameters in patients with addiction. Regular assessment using validated withdrawal scales, vigilant observation for delirium or autonomic instability, and timely escalation to medical teams are essential to prevent complications [35]. Inadequate withdrawal management is a major contributor to agitation, aggression, and adverse surgical outcomes.

Pain management presents a particular challenge in this population. Opioid tolerance, hyperalgesia, and fear of undertreatment complicate standard analgesic protocols. Nurses must advocate for balanced pain management strategies that address legitimate suffering while minimizing risk. Close collaboration with physicians and pharmacists ensures that pain is managed safely and effectively, reducing behavioral escalation driven by untreated symptoms [36].

4. De-Escalation and Safety Management

Behavioral escalation in acute and surgical settings poses significant safety risks. Nurses are often the first responders to agitation or aggression and must employ de-escalation strategies that prioritize verbal containment and environmental modification. Techniques such as reducing stimuli, offering choices, and maintaining a calm presence have been shown to reduce the need for restraints and security intervention [37].

When restrictive interventions are unavoidable, nurses play a key role in ensuring their ethical and proportionate use. This includes continuous monitoring, documentation, and advocacy for timely review and de-escalation. Nursing leadership is critical in fostering a culture that prioritizes safety while respecting patient dignity.

5. Coordination Across Care Transitions

Transitions of care—such as movement from emergency department to ward, ward to operating room, or postoperative recovery—are high-risk moments for patients with addiction or personality disorders. Nurses facilitate continuity by communicating behavioral risks, withdrawal status, and effective management strategies to receiving teams [38]. Poor handover is a well-documented contributor to adverse events and escalation.

In perioperative settings, nurses collaborate closely with operating room technicians and anesthetic teams to ensure that behavioral and safety considerations are addressed in procedural planning. This coordination supports smoother workflows and reduces last-minute disruptions.

Table 4. Core Nursing Responsibilities in Acute and Surgical Psychiatric Complexity

Domain	Nursing Role
Continuous monitoring	Detect behavioral and withdrawal changes
Communication	Therapeutic engagement and boundaries
Safety	De-escalation and risk mitigation
Pain management	Advocate for balanced analgesia
Care transitions	Ensure continuity across units

6. Emotional Labor and Burnout Prevention

Managing patients with addiction and personality disorders places substantial emotional demands on nurses. Repeated exposure to aggression, manipulation, or moral conflict increases the risk of burnout, compassion fatigue, and turnover [39]. Institutional recognition of this emotional labor is essential. Access to psychological support, reflective practice, and adequate staffing levels mitigates these risks and sustains workforce resilience.

7. Integration into Multidisciplinary Care Models

Nurses function most effectively when supported by cohesive multidisciplinary frameworks. Collaboration with clinical psychologists enhances behavioral management, while coordination with operating room technicians ensures safety during procedures. Nurses also act as advocates, ensuring that psychological insights are operationalized in daily care rather than confined to consultation notes [40].

The Role of Operating Room Technicians in Managing Addiction and Personality Disorders in Surgical Settings

1. Operating Room Technicians as Guardians of Procedural Safety

Operating room (OR) technicians play a critical yet often underrecognized role in the management of patients with addiction and personality disorders undergoing surgical procedures. Their responsibilities—instrument preparation, maintenance of sterile fields, patient positioning, and intraoperative support—place them at the intersection of technical precision and patient interaction. In cases involving psychiatric complexity, OR technicians are exposed to heightened risks related to agitation, noncooperation, impulsive movements, and breaches of sterility, all of which can compromise patient and staff safety [41].

Unlike ward-based care, the operating room environment demands strict adherence to protocols, minimal tolerance for disruption, and rapid response to unexpected events. Patients with substance use disorders may present with withdrawal symptoms, altered pain responses, or intoxication, while those with personality disorders may exhibit resistance, mistrust, or hostility toward staff. OR technicians must therefore operate with heightened situational awareness, adapting workflows to maintain procedural integrity without escalating conflict.

2. Preoperative Preparation and Risk Anticipation

Preoperative preparation is a key phase in mitigating intraoperative risk. OR technicians contribute to safety by participating in multidisciplinary briefings, reviewing behavioral risk alerts, and ensuring that

equipment and instrumentation are prepared to minimize delays. Delays are particularly destabilizing for patients with addiction or personality disorders, as prolonged waiting increases anxiety, withdrawal discomfort, and agitation [42].

Technicians also play a role in environmental control, ensuring that the operating room is organized, predictable, and free from unnecessary stimuli. Predictability and structure reduce perceived threat and loss of control, which are common triggers for behavioral escalation. Clear role delineation among OR staff further reduces confusion and enhances coordinated responses to emerging challenges.

3. Intraoperative Safety and Sterility Maintenance

During surgery, OR technicians are responsible for maintaining sterile technique under conditions that may be complicated by patient movement, verbal outbursts, or resistance to positioning. Patients with personality disorders may react negatively to physical restraint or perceived coercion, while patients with addiction may exhibit restlessness related to withdrawal or inadequate analgesia [43]. Technicians must remain vigilant to prevent breaches of sterility and sharps injuries, particularly during moments of unexpected movement.

Close collaboration with anesthesiology and nursing staff is essential. When technicians are aware of behavioral risk profiles and anesthetic plans, they can anticipate positioning challenges and prepare protective strategies. This proactive stance reduces procedural interruptions and enhances overall surgical safety.

4. Communication and Team Coordination

Effective communication is a cornerstone of safe surgical care, especially in high-risk cases. OR technicians contribute to team coordination by promptly reporting concerns related to patient behavior, equipment readiness, or environmental safety. In the presence of psychiatric complexity, clear and respectful communication reduces misunderstandings and supports rapid problem-solving [44].

Technicians also benefit from understanding the behavioral management plans developed by clinical psychologists and nurses. Consistent messaging across the surgical team prevents mixed signals that could escalate patient distress or resistance. Participation in pre- and post-procedure briefings ensures that technicians' observations inform ongoing care.

Table 5. Operating Room Technician Responsibilities in Psychiatric Complexity

Domain	Contribution
Preoperative setup	Anticipate delays and risks
Sterility	Maintain sterile field under stress
Safety	Prevent sharps and movement-related injury
Communication	Report behavioral and procedural concerns
Workflow integrity	Minimize disruptions

5. Occupational Safety and Staff Wellbeing

OR technicians face occupational hazards that are amplified in the context of addiction and personality disorders. Aggressive behavior, sudden movements, and noncooperation increase the risk of sharps injuries, contamination, and emotional distress. Institutions must recognize these risks and provide training in situational awareness, de-escalation principles, and personal safety [45].

Psychological support and inclusion in multidisciplinary debriefings are equally important. OR technicians are often excluded from formal mental health support structures despite exposure to high-stress situations. Integrating them into staff support initiatives aligns with comprehensive safety and wellbeing frameworks advocated by organizations such as the World Health Organization [46].

6. Integration into Multidisciplinary Surgical Pathways

For optimal outcomes, OR technicians should be integrated into multidisciplinary planning for high-risk surgical patients. Awareness of addiction and personality disorder-related risks allows technicians to adapt workflows proactively rather than reacting to crises. Their operational insights contribute to

safer, more efficient surgical care and complement the clinical expertise of psychologists and nurses [47].

Integrated Multidisciplinary Model, Ethical Considerations, Discussion, and Conclusion

1. An Integrated Multidisciplinary Model for Acute and Surgical Care

Effective management of addiction and personality disorders in acute and surgical settings requires a deliberately coordinated model that aligns psychological insight, nursing continuity, and operating room (OR) operational discipline. Fragmented or siloed approaches—where psychiatric issues are addressed reactively or relegated to consultation after escalation—are consistently associated with poorer patient outcomes, increased staff injury, and disruption of surgical workflows [48].

In an integrated model, clinical psychologists provide early behavioral assessment, risk formulation, and crisis intervention; nurses ensure continuous monitoring, therapeutic communication, and care-plan consistency; and OR technicians safeguard procedural integrity through workflow adaptation, environmental control, and sterility maintenance. Each role is distinct yet interdependent. The effectiveness of psychological formulation depends on nursing implementation, while safe surgical execution relies on anticipatory communication across all disciplines.

This model emphasizes early identification, shared situational awareness, and consistent team responses. Multidisciplinary briefings before surgery and structured handovers across care transitions reduce ambiguity and prevent behavioral escalation. Such approaches align with patient safety principles and integrated care frameworks endorsed by the World Health Organization [49].

Table 6. Multidisciplinary Roles in Acute and Surgical Psychiatric Complexity

Discipline	Core Contribution	Safety Impact
Clinical psychologists	Risk formulation, de-escalation	Prevent escalation
Nurses	Continuous monitoring, communication	Stability & continuity
OR technicians	Workflow and sterility control	Procedural safety
Team integration	Shared planning	Reduced adverse events

2. Ethical and Legal Considerations

Acute and surgical care for patients with addiction and personality disorders raises complex ethical and legal issues, particularly around autonomy, capacity, consent, and use of restrictive interventions. Patients may present under conditions of intoxication, withdrawal, or emotional dysregulation that impair decision-making capacity. Multidisciplinary collaboration is essential to ensure that capacity assessments are timely, defensible, and patient-centered [50].

Clinical psychologists support capacity evaluations and ethical deliberation, while nurses ensure that consent processes are conducted respectfully and consistently. OR technicians must rely on clear legal and ethical guidance when procedures involve restraint, sedation, or modified workflows. Documentation of decision-making processes is critical to protecting patient rights and staff accountability.

Balancing safety with dignity is a recurring challenge. Ethical care requires avoiding stigmatization and recognizing that behavioral dysregulation is often a manifestation of illness rather than intentional misconduct. Institutional policies should reflect this understanding while providing clear escalation pathways to protect staff and other patients [51].

3. Implementation Strategies in Acute and Surgical Systems

Translating multidisciplinary principles into routine practice requires system-level support. Key implementation strategies include embedding mental health screening into admission pathways, establishing rapid access to clinical psychology services, and including OR technicians in behavioral risk briefings. Training programs focused on de-escalation, trauma-informed care, and interprofessional communication improve team confidence and reduce adverse events [52].

Leadership commitment is essential to sustain these initiatives. Adequate staffing, protected time for multidisciplinary meetings, and access to staff support services mitigate burnout and moral distress.

Institutions that invest in integrated care models report improvements in patient satisfaction, staff retention, and surgical efficiency.

This review demonstrates that addiction and personality disorders profoundly influence outcomes in acute and surgical settings, not solely through medical complications but through their impact on behavior, communication, and team dynamics. Traditional models that isolate psychiatric care from surgical workflows fail to address these realities. Instead, proactive multidisciplinary collaboration offers a pragmatic and ethically sound pathway to safer care.

Clinical psychologists, nurses, and OR technicians each bring indispensable expertise to this model. When aligned, their contributions transform potentially destabilizing situations into manageable clinical challenges. The evidence synthesized here supports a shift from reactive crisis management to anticipatory, integrated care grounded in mutual respect and shared responsibility.

5. Conclusion

Addiction and personality disorders are increasingly prevalent in acute and surgical healthcare environments, where they pose significant risks to patient safety, staff wellbeing, and procedural integrity. This review highlights the necessity of a multidisciplinary approach that integrates clinical psychology, nursing care, and operating room technology into a cohesive framework. Early identification, consistent communication, and shared ethical commitment are essential to improving outcomes. By adopting integrated care models, healthcare systems can enhance safety, reduce burnout, and deliver more compassionate, effective care to this complex patient population.

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