








Exploring the relationship between falls, fall-related psychological concerns, and personality traits in adults: A scoping review protocol

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Abstract

Background and Aims: Personality traits, such as neuroticism and extraversion, are emerging as important predictors of falls. Despite their significance, existing fall prevention programs often overlook these traits, creating a notable research gap. This study aims to conduct a comprehensive scoping review to explore the existing literature on the relationships among personality traits, falls, and fall-related psychological concerns (FrPCs).

Methods: This scoping review will adhere to the framework established by Arksey and O'Malley, incorporating extensions recommended by the Joanna Briggs Institute and using the PRISMA-ScR checklist. A thorough search strategy will be employed, aligning with the population, concept, and context (PCC) selection criteria. Electronic databases, including MEDLINE, APA PsycINFO, Web of Science, CINAHL, and SPORTDiscus, will be searched from their inception to the present. Additionally, a manual search of the reference lists of identified and relevant full-text articles will be conducted. Two independent reviewers will screen titles and abstracts, perform full-text reviews, and extract data from pertinent articles.

Discussion: Personality traits are increasingly recognized as influential predictors of falls and related psychological concerns. This review aims to make a substantial contribution to the existing literature by being the first to comprehensively explore and provide a descriptive synthesis of the relationship between personality traits and falls, as well as FrPCs in adults. It is hoped that the outcomes of this review will enhance our comprehension of the role of personality traits in falls, potentially informing future research and strategies for this critical area of study.

Scoping Review Registration: This scoping review protocol was registered with Open Science Framework (<https://doi.org/10.17605/OSF.IO/KR74X>).

KEYWORDS

balance confidence, Big Five, falls, fear of falling, personality, self-efficacy

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1 | INTRODUCTION

Falls are responsible for most unintentional fatal and nonfatal injuries in adults.^{1,2} Falls have a significant impact on both the economy and the healthcare sector due to a loss of functional independence and increased utilization of healthcare resources among vulnerable individuals.^{3–5} Factors such as frailty, muscle weakness, mobility problems, neurological impairments, and chronic conditions increase the risk of falling.^{6–8}

Fall-related psychological concerns (FrPC) is an umbrella term that encompasses the concepts of fear of falling (FOF), lack of fall self-efficacy (FSe), and lack of balance confidence (BC).^{9–11} These psychological concerns contribute to the risk of falling leading to decreased mobility, physical deconditioning, social isolation, anxiety, depression, and reduced quality of life.^{11–13} Research exploring physical and psychological risk factors associated with falls^{9,14–16} shows that physical factors may not fully explain why psychological concerns like FOF persist, as some individuals experience FOF even when they have not fallen before.^{9,13,17} One possible explanation for these differences in psychological concerns could be individual differences in personality.

The five major personality traits—neuroticism, extraversion, conscientiousness, agreeableness, and openness—have been identified as key factors in predicting individual risk-taking behavior and falls.^{18–21} Neuroticism is characterized by emotional instability, anxiety, and self-doubt.^{18,20} Those who score high in neuroticism may be more prone to fear, anxiety, and worry, leading to an increased fear of falling.²² Extraversion is an individual's level of sociability and assertiveness.^{18,20} Those with high extraversion scores tend to be more energetic, which may increase their likelihood of participating in social activities and physical tasks that carry a higher risk of falling.¹⁹ Conscientiousness relates to an individual's level of organization, responsibility, and self-discipline.^{18,20} High conscientiousness scores are associated with more careful, cautious, and diligent behavior, potentially reducing the risk of falling.^{23–25} Agreeableness reflects an individual's level of kindness, empathy, and cooperativeness.^{18,20} Those with high scores in agreeableness may prioritize the needs of others over their own safety, potentially increasing their risk of falling.^{20,24,25} Openness represents an individual's willingness to embrace new ideas, experiences, and ways of thinking.^{18,20} Individuals with high scores in openness to experience may be more likely to engage in risky behaviors, potentially increasing their risk of falling.^{24,25}

The risk-taking behavior of individuals is unique and often influenced by their physical abilities and immediate environment. For example, stepping on a stool to hang a picture may be low risk for someone with good lower limb strength and balance but high risk for someone with poor lower limb strength and balance.²⁶ While the relationship between the five major personality traits and frailty has been investigated in a previous review,²⁷ no studies have explored the connection between personality traits and falls or FRPC. A preliminary search of PROSPERO, MEDLINE, the Cochrane Database of Systematic Reviews, and Joanna Briggs Institute (JBI) Evidence

Synthesis revealed no existing scoping reviews or systematic reviews on this topic, indicating a research gap. Considering the evolving knowledge base and potential methodological variations, a scoping review methodology is deemed appropriate to address this gap. Thus, this study aims to provide an overview of the relationships between personality and falls or FrPC in adults.

2 | MATERIALS AND METHODS

2.1 | Review registration and approach

This scoping review will follow Arksey and O'Malley's five-stage methodological framework²⁸ and the JBI's extensions to this framework.^{29–31} The protocol for the scoping review includes identifying the research question, identifying relevant studies and search strategy, study selection, charting the data, and collating, summarizing, and reporting the results. This protocol was registered with the open science framework (<https://doi.org/10.17605/OSF.IO/KR74X>).

2.2 | Stage 1: Identifying the research question

Research questions were developed based on existing literature that links personality to falls and physical activity.^{19,21,23,32} A previous review only examined the relationship between personality and frailty²⁷; hence, further investigation is necessary to understand the relationship between falls, FrPC, and personality. The research questions are:

1. What is the current state of knowledge of the relationship between personality and falls or FrPC?
2. What are the key factors that mediate or moderate the relationship between personality and falls or FrPC, and how do these vary across different populations and settings?

2.3 | Stage 2: Identifying relevant studies and search strategy

The PCC (population-concept-context) framework, an adaptation of the PICO (population-intervention-comparator-outcome) framework used in systematic review search strategies, was utilized to develop the inclusion criteria for this scoping review, in accordance with JBI's recommendations.³³

2.3.1 | Population/type of participants

Individuals aged 18 years and older who have completed personality assessments.

2.3.2 | Concept

Investigating the relationship between personality and falls or FrPCs.

2.3.3 | Context

Studies were conducted in various settings, such as communities, hospitals, rehabilitation centers, or nursing homes.

2.3.4 | Inclusion criteria

In this review, studies will be included if they meet specific criteria. First, the studies must investigate the relationship between personality and falls or FrPCs. Second, the participants involved should be adults aged 18 years and older who have completed assessments of personality. Third, the studies should be empirical and published in peer-reviewed journals, with no restriction on the setting in which the research was conducted. Both quantitative and mixed-method research designs will be considered, and studies published in the English language will be included. Additionally, relevant grey literature will be considered in line with the research questions.

On the other hand, certain studies will be excluded from this review. Specifically, studies focusing on psychological conditions or disorders unrelated to FrPC will not be included. Studies that solely employ qualitative research designs without any quantitative component will also be excluded. Furthermore, studies primarily focused on the development or validation of measurement scales or instruments, without exploring the relationship between personality and falls or FrPC, will not be considered. Finally, studies published in languages other than English will be excluded from this review due to time constraints and limited language skills.³⁴

2.3.5 | Search strategy

A health sciences librarian (DS) will conduct searches in MEDLINE, APA PsycINFO, Web of Science, CINAHL, and SPORTDiscus. These databases were chosen to align with the study's emphasis on personality and health aspects of falls,³⁵ as they index a wide range of content, including health research and psychology specialization. Although duplicates may occur, they will be addressed through deduplication. Additionally, manual reference list searches will be conducted to supplement the search for grey literature.^{35,36}

The search terms were determined through collaborative discussions between the lead researcher and the librarian, along with a comprehensive examination of preliminary search outcomes encompassing titles and subject headings. Additionally, a thorough evaluation of titles and abstracts from five initial articles chosen by the lead researcher aided in this process. The search strategy also drew insights from search strings utilized in prior published reviews^{27,37–39} and underwent refinements based on feedback from

TABLE 1 Indicative search strategy for Medline on April 28, 2023.

Search line	Index terms/keywords/combinations	Records retrieved
1	exp Personality/[MeSH]	395,099
2	(personalit* or extravert* or extrovert* or introvert* or agreeab* or conscientious* or neuroti* or openness).tw.	94,634
3	(emotion* adj5	1748
4	("big five" or "five factor").tw.	5674
5	or/1-4	454,618
6	Accidental Falls/[MeSH]	27,945
7	Frailty/[MeSH]	8726
8	Frail Elderly/[MeSH]	14,907
9	(falls or faller* or frail*).tw.	74,220
10	((fear* or fright* or afraid or concern* or efficacy) adj5 fall*).tw.	3522
11	(ptophob*).tw.	2
12	(balanc* adj5 confiden*).tw.	1214
13	or/6-12	91,362
14	5 and 13	1765
15	limit 14 to English	1618

Note: MeSH = medical subject heading; exp = used with a MeSH term to include all narrower MeSH terms; .tw. = field codes for text word; adj# = search for records with terms within # words of each other; quotation marks (e.g., "five factor") indicate a phrase search; * after keyword indicates truncation (e.g., fall* will retrieve "fall", "falls", "falling", etc.)

another librarian who conducted an independent assessment using the PRESS checklist.⁴⁰ The initial search string was formulated for MEDLINE on April 28, 2023 (as illustrated in Table 1), and it will be adjusted accordingly for the remaining four databases, adhering to review guidelines.³⁰

When possible, subject headings from controlled vocabularies (e.g., MeSH) were used in the search. To increase sensitivity, concepts were also entered in the search string as keywords, with truncation (e.g., personalit*), and proximity operators (e.g., adj5) used when appropriate. Boolean operators connected subject headings and keywords, as shown in Table 1. No limits were placed on publication date, though results were limited to work written in English.

2.4 | Stage 3: Study selection

The records will be managed using an online systematic review manager such as Covidence and reference management software like EndNote. After duplicates have been removed, two reviewers (IA and HA) will individually screen the titles and abstracts of the retrieved

TABLE 2 Indicative charting form.

Citation details (e.g., author, country, year)	Setting/context (e.g., clinical or population-based)	Population characteristics (e.g., age, sex, FrPC)	Methods (e.g., study design/method)	Assessment of PT (e.g., Ten-Item Personality-Inventory [TIPI], Eysenck Personality Inventory [EPI], Midlife Development Inventory [MIDI])	Assessment of falls, FOF, FSe, BC (e.g., FES, mFES, ABC, CONFbal, MES, SAFFE, aFES, etc.)	Key results (e.g., ORs/IRR according to each relevant concept/outcome; adjusted/unadjusted models noted)	Summary of key findings (e.g., description of the key findings)	Study limitations (e.g., reported by authors or otherwise identified)	Identified knowledge gaps (e.g., reported by authors or otherwise identified)	Recommendation for future research (e.g., reported by authors or otherwise identified)

articles and exclude any that do not meet the inclusion criteria. If it is unclear from the title and abstract whether an article meets the criteria for inclusion or not, it will proceed to the next stage of full-text screening. In the subsequent step, two reviewers (OA and HN) will independently screen the full-text articles to ensure uniform application of the inclusion criteria. Any conflicts that arise during the screening process will be resolved by a third member of the research team.³³

2.5 | Stage 4: Charting the data

The research team will meet and develop the data form which captures relevant information to the research questions.³⁰ The following information will be extracted: PCC information, citation details, study approach/methodology, key results, a summary of key findings, study limitations, and identified knowledge gaps (Table 2). All authors will contribute to the interpretation of the information extracted, and any modifications to the charting forms or process will be detailed in the full scoping review.

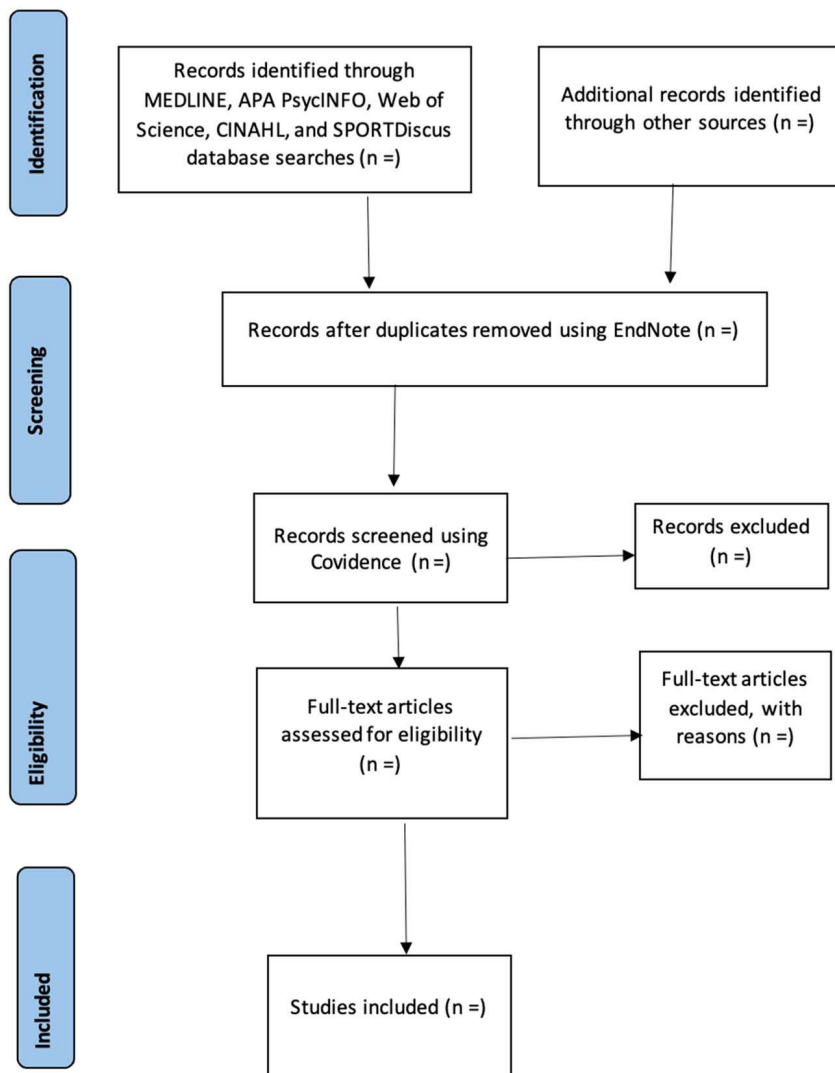
2.6 | Stage 5: Collating, summarizing, and reporting the results

Descriptive presentations in the form of figures, tables, and text will be used to report the results of the scoping review. A flow diagram (Figure 1) will be used to present the results of the database searches and screening process.³⁰ A summary of the process will be provided in the text. The characteristics of all included studies will be described in a table format and presented using textual data. Additionally, the main findings will be presented for each research question using a descriptive synthesis approach to highlight study limitations, knowledge gaps, and areas for future research relevant to the scoping review topic. A completed PRISMA-ScR checklist is included as supporting information (see Appendix S1).

3 | DISCUSSION

Understanding the role of personality in falls and FrPC is essential for developing effective fall prevention strategies and interventions. Personality, including factors such as neuroticism and extraversion, have been identified as important predictors of behaviors associated with falls. However, the integration of personality into current fall prevention programs is often limited, creating a research gap in this area. The scoping review aims to provide a comprehensive examination of the existing literature, mapping out the relationship between personality and falls, as well as FrPC in adults. By conducting this review, the authors seek to identify research gaps and generate a foundation for further inquiry and understanding of how personality influences falls and related psychological concerns. The findings of

FIGURE 1 PRISMA flow diagram for the scoping review.



this review have the potential to inform the development of personalized fall prevention strategies that consider individual differences in personality, ultimately improving outcomes and reducing fall risk in adults. As per scoping review guidelines, critical appraisals will not be performed on eligible studies,³³ but a summary of their strengths and limitations will be reported in the discussion. Ethics approval is not required for this scoping review.

4 | CONCLUSION

The proposed scoping review will provide a valuable contribution to the existing literature by being the first to explore and present a descriptive synthesis of the relationship between personality, falls, and FrPC in adults. The results of the review can prompt future systematic reviews and meta-analyses that can uncover connections and clarify mechanisms. The completed scoping review will be submitted for publication in a scientific, peer-reviewed journal and will be presented at relevant conferences to inform future research studies.

AUTHOR CONTRIBUTIONS

Henrietha C. Adandom: Conceptualization; methodology; writing—original draft; writing—review and editing. **Henry C. Nwankwo:** Writing—review and editing. **Israel I. Adandom:** Writing—review and editing. **Olayinka Akinroli:** Writing—review and editing. **Adesola C. Odole:** Supervision; writing—review and editing. **David R. Scott:** Methodology; writing—review and editing. **Oluwagbohunmi A. Awosoga:** Supervision; writing—review and editing.

ACKNOWLEDGMENTS

Henrietha C. Adandom acknowledges her supervisory committee members affiliated with the University of Lethbridge for their guidance and commitment to the project.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no data sets were generated or analyzed during the current study.

ETHICS STATEMENT

The authors acknowledge the importance of upholding ethical principles related to data usage, copyright compliance, and data privacy. The authors are committed to appropriately attributing sources, respecting copyright laws, and safeguarding data privacy. Even in the absence of direct involvement with human subjects, we will maintain transparency and ethical conduct in our research practices.

TRANSPARENCY STATEMENT

The lead author Henry C. Nwankwo affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

How to cite this article: Adandom HC, Nwankwo HC, Adandom II, et al. Exploring the relationship between falls, fall-related psychological concerns, and personality traits in adults: a scoping review protocol. *Health Sci Rep*. 2024;7:e1848. doi:10.1002/hsr.2.1848