








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

Henrietha C. Adandom¹  | Henry C. Nwankwo²  | Israel I. Adandom³  |
 Olayinka Akinrolie⁴  | Adesola C. Odole⁵  | David R. Scott⁶  |
 Oluwagbohunmi A. Awosoga¹ 

¹Faculty of Health Sciences, University of Lethbridge, Lethbridge, Alberta, Canada

²Warwick Medical School, University of Warwick, Coventry, United Kingdom

³Department of Kinesiology, University of Alabama, Tuscaloosa, Alabama, USA

⁴Applied Health Science, Faculty of Graduate Studies, University of Manitoba, Winnipeg, Manitoba, Canada

⁵Department of Physiotherapy, College of Medicine, University of Ibadan, Ibadan, Nigeria

⁶Library, University of Lethbridge, Lethbridge, Alberta, Canada

Correspondence

Henry C. Nwankwo, Warwick Medical School, University of Warwick, A035, Coventry, UK.
 Email: Henry.Nwankwo@warwick.ac.uk

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

This is an open access article under the terms of the [Creative Commons Attribution-NonCommercial-NoDerivs](https://creativecommons.org/licenses/by-nc-nd/4.0/) License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2024 The Authors. *Health Science Reports* published by Wiley Periodicals LLC.

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 extraver* or extrover* or introver* 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, SAFE, 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.

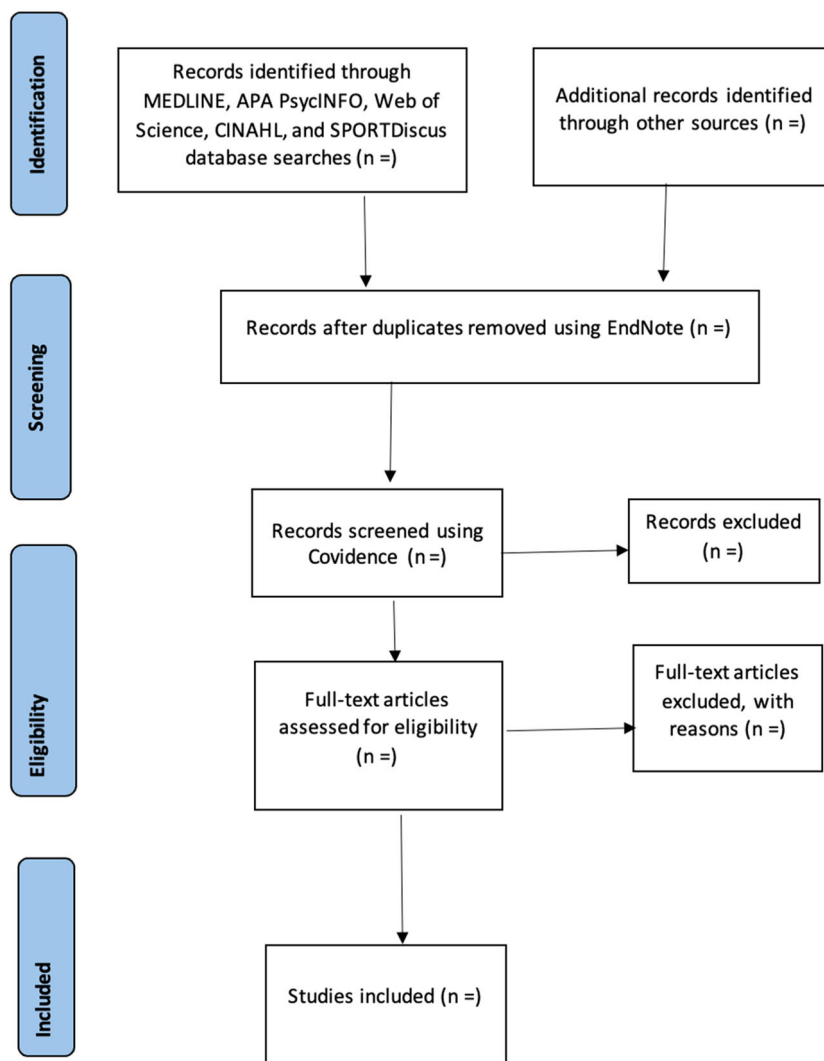
2.6 | Stage 5: Collating, summarizing, and reporting the results

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 Akinrolie:** 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.

ORCID

Henrietha C. Adandom  <http://orcid.org/0000-0002-9643-3462>


Henry C. Nwankwo  <http://orcid.org/0000-0001-7401-1923>

Israel I. Adandom  <http://orcid.org/0000-0002-5232-4299>

Olayinka Akinrolie  <http://orcid.org/0000-0002-3974-7035>

Adesola C. Odole  <http://orcid.org/0000-0003-1517-9499>

David R. Scott  <http://orcid.org/0000-0002-1295-5053>

Oluwagbohunmi A. Awosoga  <http://orcid.org/0000-0003-3523-5435>

REFERENCES

- Bergen G, Stevens MR, Burns ER. Falls and fall injuries among adults aged ≥ 65 years—United States, 2014. *Morb Mortal Wkly Rep*. 2016;65(37):993-998. <http://www.cdc.gov/mmwr/volumes/65/wr/mm6537a2.htm>
- Billette JM, Janz T. *Injuries in Canada: Insights from the Canadian Community Health Survey [Internet]*. Statistics Canada; 2015:82-624. Report No.: Catalogue no. 82-624-X. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2011001/article/11506-eng.htm>
- Ambrose AF, Paul G, Hausdorff JM. Risk factors for falls among older adults: a review of the literature. *Maturitas*. 2013;75(1):51-61. <https://linkinghub.elsevier.com/retrieve/pii/S0378512213000546>
- Florence CS, Bergen G, Atherly A, Burns E, Stevens J, Drake C. Medical costs of fatal and nonfatal falls in older adults. *J Am Geriatr Soc*. 2018;66(4):693-698. <https://onlinelibrary.wiley.com/doi/10.1111/jgs.15304>
- World Health Organization. Falls: Key Facts. 2021. <https://www.who.int/news-room/fact-sheets/detail/falls>
- Beck Jepsen D, Robinson K, Oglari G, et al. Predicting falls in older adults: an umbrella review of instruments assessing gait, balance, and functional mobility. *BMC Geriatr*. 2022;22(1):615. <https://bmgeriatr.biomedcentral.com/articles/10.1186/s12877-022-03271-5>
- Mielenz TJ, Durbin LL, Hertzberg F, Nobile-Hernandez D, Jia H. Predictors of and health- and fall-related program outcomes resulting from complete and adequate doses of a fall risk reduction program. *Transl Behav Med*. 2017;7(2):330-340.
- Xue QL. Prediction of risk of falling, physical disability, and frailty by rate of decline in grip strength: the women's health and aging study. *Arch Intern Med*. 2011;171(12):1119. <http://archinte.jamanetwork.com/article.aspx?doi=10.1001/archinternmed.2011.252>
- Hughes CC, Kneebone II, Jones F, Brady B. A theoretical and empirical review of psychological factors associated with falls-related psychological concerns in community-dwelling older people. *Int Psychogeriatr*. 2015;27(7):1071-1087.
- Moore DS, Ellis R. Measurement of fall-related psychological constructs among independent-living older adults: a review of the research literature. *Aging Ment Health*. 2008;12(6):684-699.
- Payette MC, Bélanger C, Léveillé V, Grenier S. Fall-related psychological concerns and anxiety among community-dwelling older adults: systematic review and meta-analysis. *PLoS One*. 2016;11(4):e0152848.
- Pearson C, St-Arnaud J, Geran L. *Understanding Seniors' Risk of Falling and Their Perception of Risk [Internet]*. Statistics Canada; 2014:1-11. Report No.: Catalogue no.82-624-X. <https://www150.statcan.gc.ca/n1/pub/82-624-x/2014001/article/14010-eng.pdf>
- Schoene D, Heller C, Aung YN, Sieber CC, Kemmler W, Freiberger E. A systematic review on the influence of fear of falling on quality of life in older people: is there a role for falls? *Clin Interv Aging*. 2019;14:701-719. <https://www.dovepress.com/a-systematic-review-on-the-influence-of-fear-of-falling-on-quality-of-peer-reviewed-article-CIA>
- Byun M, Kim J, Kim JE. Physical and psychological factors contributing to incidental falls in older adults who perceive themselves as unhealthy: a cross-sectional study. *Int J Environ Res Public Health*. 2021;18(7):3738.
- Gale CR, Westbury LD, Cooper C, Dennison EM. Risk factors for incident falls in older men and women: the English longitudinal study of ageing. *BMC Geriatr*. 2018;18(1):117. <https://bmgeriatr.biomedcentral.com/articles/10.1186/s12877-018-0806-3>
- MacKay S, Ebert P, Harbidge C, Hogan DB. Fear of falling in older adults: a scoping review of recent literature. *Can Geriatr J*. 2021;24(4):379-394. <https://cgjonline.ca/index.php/cgj/article/view/521>
- Chen WC, Li YT, Tung TH, Chen C, Tsai CY. The relationship between falling and fear of falling among community-dwelling elderly. *Medicine*. 2021;100(26):e26492.
- Digman JM. Personality structure: emergence of the five-factor model. *Annu Rev Psychol*. 1990;41(1):417-440. <https://www.annualreviews.org/doi/10.1146/annurev.ps.41.020190.002221>
- Kloseck M, Hobson S, Crilly R, Vandervoort A, Ward-Griffin C. The influence of personality on falling and engagement in daily activities by community-dwelling older adults. *Phys Occup Ther Geriatr*. 2007;26(1):1-17.
- Kloseck M, Crilly RG, Gibson M. Can personality theory help us understand risk of falls? *J Rehabil Res Dev*. 2008;45(8):1125.
- Stephan Y, Sutin AR, Canada B, Terracciano A. Personality and frailty: evidence from four samples. *J Res Pers*. 2017;66:46-53.
- Mann R, Birks Y, Hall J, Torgerson D, Watt I. Exploring the relationship between fear of falling and neuroticism: a cross-sectional study in community-dwelling women over 70. *Age Ageing*. 2006;35(2):143-147.
- Canada B, Stephan Y, Sutin AR, Terracciano A. Personality and falls among older adults: evidence from a longitudinal cohort. *J Gerontol Ser B*. 2020;75(9):1905-1910.
- Joseph ED, Zhang DC. Personality profile of risk-takers: an examination of the big five facets. *J Individ Differ*. 2021;42(4):194-203. <https://econtent.hogrefe.com/doi/10.1027/1614-0001/a000346>
- Rolison JJ, Hanoch Y, Wood S, Liu PJ. Risk-taking differences across the adult life span: a question of age and domain. *J Gerontol Ser B*. 2014;69(6):870-880. <https://academic.oup.com/psychogerontology/article-lookup/doi/10.1093/geronb/gbt081>
- Feldman F, Chaudhury H. Falls and the physical environment: a review and a new multifactorial falls-risk conceptual framework. *Can J Occup Ther*. 2008;75(2):82-95.
- Hajek A, Kretzler B, König HH. Relationship between personality factors and frailty. A systematic review. *Arch Gerontol Geriatr*. 2021;97:104508.
- Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol*. 2005;8(1):19-32. <http://www.tandfonline.com/doi/abs/10.1080/1364557032000119616>

29. Munn Z, Peters MDJ, Stern C, Tufanaru C, McArthur A, Aromataris E. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Med Res Methodol*. 2018;18(1):143. <https://bmcmedresmethodol.biomedcentral.com/articles/10.1186/s12874-018-0611-x>
30. Joanna Briggs Institute *The Joanna Briggs Institute Reviewers' Manual 2015: Methodology for JBI Scoping Reviews [Internet]*. Joanna Briggs Institute; 2015. <https://repositorio.usp.br/bitstreams/5e8cac53-d709-4797-971f-263153570eb5>
31. Tricco AC, Lillie E, Zarin W, et al. PRISMA Extension for Scoping Reviews (PRISMA-ScR): checklist and explanation. *Ann Intern Med*. 2018;169(7):467-473. <https://www.acpjournals.org/doi/10.7326/M18-0850>
32. Sutin AR, Stephan Y, Luchetti M, Artese A, Oshio A, Terracciano A. The five-factor model of personality and physical inactivity: a meta-analysis of 16 samples. *J Res Pers*. 2016;63:22-28. <https://linkinghub.elsevier.com/retrieve/pii/S0092656616300368>
33. Peters MDJ, Marnie C, Tricco AC, et al. Updated methodological guidance for the conduct of scoping reviews. *JBI Evid Synth*. 2020;18(10):2119-2126. <https://journals.lww.com/10.11124/JBIES-20-00167>
34. Nussbaumer-Streit B, Klerings I, Dobrescu AI, et al. Excluding non-English publications from evidence-syntheses did not change conclusions: a meta-epidemiological study. *J Clin Epidemiol*. 2020;118:42-54. <https://linkinghub.elsevier.com/retrieve/pii/S0895435619306572>
35. Beyer FR, Wright K. Can we prioritise which databases to search? A case study using a systematic review of frozen shoulder management. *Health Info Libr J*. 2013;30(1):49-58. <https://onlinelibrary.wiley.com/doi/10.1111/hir.12009>
36. Bramer WM, Rethlefsen ML, Kleijnen J, Franco OH. Optimal database combinations for literature searches in systematic reviews: a prospective exploratory study. *Syst Rev*. 2017;6(1):245. <https://systematicreviewsjournal.biomedcentral.com/articles/10.1186/s13643-017-0644-y>
37. Clemson L, Stark S, Pighills AC, et al. Environmental interventions for preventing falls in older people living in the community. *Cochrane Database Syst Rev*. 2023;3(3):CD013258. doi:10.1002/14651858.CD013258.pub2
38. Kendrick D, Kumar A, Carpenter H, et al. Exercise for reducing fear of falling in older people living in the community. *Cochrane Database Syst Rev*. 2014;2014(11):CD009848. doi:10.1002/14651858.CD009848.pub2
39. Akbari M, Seydavi M, Jamshidi S, Marino C, Spada MM. The Big-five personality traits and their link to problematic and compensatory Facebook use: a systematic review and meta-analysis. *Addict Behav*. 2023;139:107603. <https://linkinghub.elsevier.com/retrieve/pii/S0306460322003690>
40. McGowan J, Sampson M, Salzwedel DM, Cogo E, Foerster V, Lefebvre C. PRESS peer review of electronic search strategies: 2015 guideline statement. *J Clin Epidemiol*. 2016;75:40-46. <https://linkinghub.elsevier.com/retrieve/pii/S0895435616000585>

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.21848