

Person-centered care for hospitalized patients for fall prevention: a scoping review protocol*Cuidado centrado en la persona hospitalizada para la prevención de caídas: protocolo de revisión del alcance**Cuidado centrado na pessoa hospitalizada para prevenção de quedas: protocolo de revisão de escopo***Luciana Guimarães Assad^{1,2*}**

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This scoping review will aim to map the scientific evidence on the implementation of person-centred care for fall prevention among hospitalized adults and older adults in clinical settings. Considering the relevance of falls as a major adverse event and the need for more participatory preventive strategies aligned with patients' needs, this review will seek to understand how person-centred care has been implemented in this context. The review will be conducted in accordance with the JBI methodology and reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). Searches will be performed in national and international databases, as well as grey literature sources, without restrictions on language or publication dates. Additionally, the snowballing technique will be employed using the Citation Chaser tool. Sources of evidence will be screened in the Rayyan software by two independent reviewers, with a third reviewer involved in resolving disagreements according to the eligibility criteria. Data analysis and presentation will be conducted through narrative synthesis, organized according to the PCC framework (Population, Concept, and Context), using visual resources such as tables, charts, graphs, frequency diagrams, and thematic maps.

Descriptors: Accidental Falls; Accident Prevention; Patient-Centered Care; Inpatients; Hospitals.**Resumen**

Esta revisión del alcance tendrá como objetivo mapear las evidencias científicas sobre la implementación del cuidado centrado en la persona para la prevención de caídas en adultos y personas mayores hospitalizadas en entornos clínicos. Considerando la relevancia de las caídas como un importante evento adverso y la necesidad de estrategias preventivas más participativas y alineadas con las necesidades de los pacientes, esta revisión buscará comprender cómo se ha implementado el cuidado centrado en la persona en este contexto. La revisión se llevará a cabo de acuerdo con la metodología del JBI y será reportada siguiendo las recomendaciones de la Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews (PRISMA-ScR). Las búsquedas se realizarán en bases de datos nacionales e internacionales, así como en fuentes de literatura gris, sin restricciones de idioma ni fecha de publicación. Adicionalmente, se empleará la técnica de snowballing mediante la herramienta Citation Chaser. Las fuentes de evidencia serán evaluadas en el software Rayyan por dos revisores independientes, con la participación de un tercer revisor para resolver discrepancias de acuerdo con los criterios de elegibilidad. El análisis y la presentación de los resultados se realizarán mediante síntesis narrativa, organizada según el marco PCC (Población, Concepto y Contexto), utilizando recursos visuales como tablas, cuadros, gráficos, diagramas de frecuencia y mapas temáticos.

Descriptores: Accidentes por Caídas; Prevención de Accidentes; Atención Centrada en el Paciente; Pacientes Internos; Hospitales.**Resumo**

Esta revisão de escopo terá como objetivo mapear as evidências científicas sobre a implementação do cuidado centrado na pessoa na prevenção de quedas em adultos e idosos hospitalizados em ambientes clínicos. Considerando a relevância das quedas como um importante evento adverso e a necessidade de estratégias preventivas mais participativas e alinhadas às necessidades dos pacientes, esta revisão buscará compreender como o cuidado centrado na pessoa vem sendo implementado nesse contexto. Será conduzida de acordo com a metodologia do JBI e reportada conforme as recomendações do PRISMA Extension for Scoping Reviews (PRISMA-ScR). As buscas serão realizadas em bases de dados nacionais e internacionais, bem como em fontes de literatura cinzenta, sem restrição de idioma ou período de publicação. Adicionalmente, será empregada a técnica de snowballing por meio da ferramenta Citation Chaser. As fontes de evidência serão triadas no software Rayyan por dois revisores independentes, com participação de um terceiro revisor para resolução de conflitos, de acordo com os critérios de elegibilidade. A análise e a apresentação dos resultados serão realizadas por meio de síntese narrativa, organizada segundo os elementos do acrônimo PCC (População, Conceito e Contexto), utilizando recursos visuais como tabelas, quadros, gráficos, diagramas de frequência e mapas temáticos.

Descritores: Acidentes por Quedas; Prevenção de Acidentes; Assistência Centrada no Paciente; Pacientes Internados; Hospitais.

Introduction

Falls among hospitalized adults and elderly individuals remain among the most frequent incidents, posing a challenge for health leadership. International estimates indicate rates of 3 to 5 falls per 1,000 patient-days in hospitals, with more than one-third of events resulting in injury, while reviews indicate that approximately 2% of hospitalized patients suffer at least one fall during their stay. In acute, geriatric, and emergency units, rates usually range from 2 to 8 falls per 1,000 bed-days and may reach 3 to 16 per 1,000 bed-days in rehabilitation settings, evidencing the relevance of the problem for patient safety and quality of care, as well as the importance of systematic fall risk monitoring¹⁻³.

These data highlight the magnitude and persistence of the problem, reinforcing that traditionally adopted strategies, focused on clinical and environmental factors, have not been sufficient to significantly reduce their occurrence. This persistence demonstrates the need for approaches that integrate not only clinical assessment but also relational, communicational, and participatory dimensions of care, especially considering the vulnerability of hospitalized adults and elderly individuals. In this sense, it becomes essential to incorporate principles that value the uniqueness, participation, and autonomy of the patient in the care process⁴⁻⁶. Among these, patient-centered care (PCC) emerges as a possibility, which advocates for the protagonism of individuals and emphasizes understanding the person beyond the disease, from a biopsychosocial perspective, the construction of a therapeutic partnership, and the sharing of health decisions⁷. This concept was expanded to encompass, in addition to the professional-patient relationship, the attributes of professionals and the conditions of the care environment as essential elements for its implementation⁸⁻¹⁰.

Although several authors point to the benefits of active patient participation in preventive practices, the systematic application of PCC in fall prevention still presents heterogeneity and important conceptual gaps. Part of this variability stems from the different interpretations of the term "patient-centered care," ranging from broad proposals based on care philosophy to specific interventions such as personalized education, communication strategies, and structural conditions of the environment and staff^{11,12}.

In the context of clinical practice, several challenges hinder the implementation of PCC, such as cultural resistance among teams, lack of continuing education, work overload, and the absence of integrated information systems capable of supporting more participatory care. Such barriers compromise the sustainable adoption of this approach, although studies demonstrate that person-centered practices are associated with improvements in adherence to safety measures and better clinical outcomes, including a decreased risk of falls when properly applied¹³⁻¹⁵.

A preliminary search conducted on April 27, 2026, in the JBI Evidence Synthesis, MEDLINE/PubMed, PROSPERO, Epistemonikos, and Open Science Framework (OSF) repositories did not identify previous or ongoing scoping reviews specifically focused on the implementation

of patient-centered care in fall prevention among hospitalized adults and elderly individuals. One scoping review published in 2025 was found on person-centered interventions for fall assessment and prevention in long-term care facilities, a context that differs from the hospital environment in terms of care routines, clinical patient profiles, degree of autonomy, complexity of care, and organization of work processes¹⁶. A systematic review from 2017 was also identified, focused on the effectiveness of person-centered interventions in fall prevention in acute care units, with emphasis on comparison with usual care¹². However, that review did not comprehensively address how patient-centered care has been implemented, which components integrate these interventions, which actors participate in the process, what barriers and facilitators are described, and which strategies favor its incorporation into clinical practice.

Thus, a gap remains in understanding how, in which contexts, through which strategies, and with what results patient-centered care has been implemented in fall prevention in hospital clinical settings, and the scoping review emerges as the appropriate method to map the breadth and nature of available evidence, identify patterns and gaps, explore key concepts, and clarify how this field of knowledge has evolved.

The consolidation of this knowledge has the potential to guide leaders, managers, health professionals, and researchers in the development of preventive strategies that are safer, more effective, and sensitive to patients' needs, preferences, and values. Furthermore, it may support future investigations and projects anchored in Implementation Science, favoring the sustainable incorporation of person-centered practices in fall prevention in hospital services.

Methodology

This scoping review will be guided by the JBI methodology^{17,18}. To ensure methodological quality and transparency in the writing of the article, the guidelines established in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) checklist will be followed¹⁰. The protocol for this review was registered on the OSF Platform²⁰.

Review Question

The research question was structured based on the PCC acronym, in which Population (P) refers to adults (≥18 years) and elderly individuals (≥60 years) hospitalized in clinical settings; Concept (C) concerns interventions, practices, or strategies of patient-centered care aimed at fall prevention; and Context (C) encompasses clinical hospital inpatient settings. Thus, the guiding question is: "What is the available evidence on the implementation of patient-centered care in fall prevention among hospitalized adults and elderly individuals in clinical inpatient settings?" To operationalize the investigation, this review will also seek to answer the following sub-questions: "Which person-centered interventions have been employed to prevent falls in hospitalized adults and elderly individuals?" and "Which



barriers and facilitators have been identified in the implementation of patient-centered care directed at fall prevention in adults and elderly individuals in clinical inpatient settings?"

Inclusion Criteria

Participants

Adults (≥ 18 years) and elderly individuals (≥ 60 years), regardless of gender, race, socioeconomic status, clinical condition or diagnosis, and assigned fall risk classification, who are hospitalized.

Concept

Patient-centered care focused on fall prevention, applied to hospitalized adults and elderly individuals. Patient-centered care is understood as approaches, strategies, interventions, or care philosophies that promote active patient participation in the care process and in decision-making, taking into consideration their preferences, needs, and individual values. This approach presupposes effective communication, shared decision-making, respect for the patient's uniqueness, and co-responsibility in care^{8,10}. Studies that mention only "humanized" or "individualized" care without explicit reference to principles, practices, or models of patient-centered care will be excluded.

Context

Formal clinical settings, defined as health services that offer hospital care to inpatients, even if for a single day. Studies conducted in general or specialized hospitals, public or private, in units such as clinical wards, surgical wards, geriatric wards, or other inpatient units that do not involve intensive care will be included. Studies conducted in any geographic context (rural or urban), in countries at different levels of economic development, will be included, provided they contextualize interventions related to patient-centered care focused on fall prevention, applied to hospitalized adults and elderly individuals. It was decided to exclude studies conducted in home settings, intensive care units, long-term care facilities (LTCFs), and other non-hospital

settings. Home care and collective care, such as LTCFs, have specificities related to family dynamics, home infrastructure, and community support, which differ from the hospital environment and directly influence safety outcomes and quality of care. Intensive care units present specific care characteristics, including greater clinical severity, frequent sedation, communication limitations, and reduced patient participation in care planning and decision-making. Such particularities may influence the implementation of patient-centered care principles and fall-prevention processes, justifying their separate analysis from the context of clinical inpatient units.

Types of Studies

Studies with quantitative, qualitative, and mixed-methods approaches will be included. Quantitative studies will include experimental, quasi-experimental, and descriptive or analytical observational studies. Qualitative studies to be considered may include, among others, descriptive, interpretive, phenomenological, ethnographic, and other approaches that explore the concept of this review. Mixed-methods studies and systematic reviews will also be included. Evidence from gray literature, such as documents from government organizations, international bodies, and institutional repositories, will also be considered. Communications on non-institutional websites, unfinished study protocols, letters to the editor, conference abstracts, blog posts, media or newspaper articles, videos, or informal materials without scientific or technical character will be excluded, as they do not provide sufficiently detailed or verifiable information in relation to the research questions.

Search Strategies

For data collection, a structured search strategy was developed, following JBI recommendations for scoping reviews. The first step consisted of mapping indexed terms based on the PCC acronym (Population, Concept, Context), using the controlled vocabulary DeCS (Health Sciences Descriptors)²¹ and MeSH (*Medical Subject Headings*)²².

Chart 1. Keywords for broadening the search strategy. Rio de Janeiro, RJ, Brazil, 2026

PCC*	Keywords for broadening
Population	No additional words
Concept	Accident Prevention; Prevention and Control; Prevention; Prevent; Preventing; Reduce; Reducing; Decrease; Accidental Falls; Fall; Falls; Falling e Patient-Centered Care; Patient-Centered Care; Patient-Centered Intervention; Person-Centered Care; Patient-Focused Care; Patient-Centred Care; Person-Centred Care; Patient-Centred Intervention; Patient-Centered Nursing
Context	Hospitalization; inpatients; Clinical Setting; Hospital Setting; Acute Care Setting

Note: PCC* – population, concept, context.

The second step consisted of searching PubMed (via National Library of Medicine)²³ and Scopus²⁴ to include textual variations and free terms to broaden the search strategy based on reading titles and abstracts of articles. The keywords were found as described in Chart 1.

The information sources will be: Medline/PubMed; Embase; Scopus; Web of Science/Core Collection; CINAHL/EBSCO; Cochrane Library; LILACS/BVS and

BDENF/BVS. Additionally, the search for gray literature will be conducted in ProQuest Dissertation and Theses Citation Index and Google Scholar. Studies published in any language and in any period will be eligible for inclusion. As an additional strategy for identifying studies, the snowballing²⁵ technique will be used, through the analysis of reference lists of included studies and relevant reviews, as well as the identification of citing studies using the CitationChaser



tool²⁶. These terms were used to develop the preliminary search strategy for MEDLINE (via PubMed) and adapted for the other data sources (Chart 2). Search strategies were

performed in each database using specific combinations of words and truncations, with the support of a librarian.

Chart 2. Search strategies by database. Rio de Janeiro, RJ, Brazil, 2026

Database	Search Strategy	Results on 03/30/2026
Medline (via PubMed)	("Patient-Centered Care"[MeSH Terms] OR "Patient Centered"[Title/Abstract] OR "Person Centered"[Title/Abstract] OR "Patient Focused"[Title/Abstract] OR "medical home*"[Title/Abstract] OR "person focused"[Title/Abstract]) AND ("Accidental Falls"[MeSH Terms] OR "Falling"[Title/Abstract] OR "Falls"[Title/Abstract] OR "Fall"[Title/Abstract] OR "Slip"[Title/Abstract] OR "slips"[Title/Abstract] OR "slipped"[Title/Abstract] OR "slippery"[Title/Abstract] OR "Accidents"[MeSH Terms] OR "accident*"[Title/Abstract]) AND ("Accident Prevention"[MeSH Terms] OR "prevent*"[Title/Abstract] OR "reduc*"[Title/Abstract] OR "Decrease"[Title/Abstract]) AND ("Hospitals"[MeSH Terms] OR "hospital*"[Title/Abstract] OR "Hospitalization"[MeSH Terms] OR "internment*"[Title/Abstract] OR "interned"[Title/Abstract] OR "Inpatients"[MeSH Terms] OR "inpatient*"[Title/Abstract] OR "nursing service, hospital"[MeSH Terms] OR "Nursing Homes"[MeSH Terms] OR "nursing home*"[Title/Abstract] OR "clinical setting*"[Title/Abstract] OR "Acute Care"[Title/Abstract] OR "care facilit*"[Title/Abstract])	470
Embase	('person centered care'/exp OR 'patient centered':ti,ab,kw OR 'person centered':ti,ab,kw OR 'patient focused':ti,ab,kw OR 'medical home*':ti,ab,kw OR 'person focused':ti,ab,kw) AND ('falling'/exp OR 'falling':ti,ab,kw OR 'falls':ti,ab,kw OR 'fall':ti,ab,kw OR 'slip':ti,ab,kw OR 'slips':ti,ab,kw OR 'slipped':ti,ab,kw OR 'slippery':ti,ab,kw OR 'accident'/exp OR 'accident*':ti,ab,kw) AND ('accident prevention'/exp OR 'prevent*':ti,ab,kw OR 'reduc*':ti,ab,kw OR 'decrease':ti,ab,kw) AND ('hospital'/exp OR 'hospital*':ti,ab,kw OR 'hospitalization'/exp OR 'internment*':ti,ab,kw OR 'interned':ti,ab,kw OR 'hospital patient'/exp OR 'inpatient*':ti,ab,kw OR 'nursing'/exp OR 'nursing home'/exp OR 'nursing home*':ti,ab,kw OR 'clinical setting*':ti,ab,kw OR 'acute care':ti,ab,kw OR 'care facilit*':ti,ab,kw)	404
Scopus	TITLE-ABS-KEY("Patient Centered" OR "Person Centered" OR "Patient Focused" OR "Medical Home*" OR "person focused") AND TITLE-ABS-KEY(Falling OR Falls OR Fall OR Slip OR slips OR slipped OR slippery OR Accident*) AND TITLE-ABS-KEY(Prevent* OR Reduc* OR Decrease) AND TITLE-ABS-KEY(Hospital* OR Internment* OR interned OR Inpatient* OR "Nursing Home*" OR "Clinical Setting*" OR "Acute Care" OR "care facilit*")	484
Web of Science (Core collection)	TS=("Patient Centered" OR "Person Centered" OR "Patient Focused" OR "Medical Home*" OR "person focused") AND TS=(Falling OR Falls OR Fall OR Slip OR slips OR slipped OR slippery OR Accident*) AND TS=(Prevent* OR Reduc* OR Decrease) AND TS=(Hospital* OR Internment* OR interned OR Inpatient* OR "Nursing Home*" OR "Clinical Setting*" OR "Acute Care" OR "care facilit*")	191
CINAHL (via EBSCO)	((MH "Patient-Centered Care+") OR (TI "Patient Centered" OR AB "Patient Centered") OR (TI "Person Centered" OR AB "Person Centered") OR (TI "Patient Focused" OR AB "Patient Focused") OR (TI "Medical Home*" OR AB "Medical Home*")) AND ((MH "Accidental Falls+") OR (TI Falling OR AB Falling) OR (TI Falls OR AB Falls) OR (TI Fall OR AB Fall) OR (TI Slip OR AB Slip) OR (TI slips OR AB slips) OR (TI slipped OR AB slipped) OR (TI slippery OR AB slippery) OR (MH Accidents+) OR (TI Accident* OR AB Accident*)) AND ((MH "Accident Prevention+") OR (TI Prevent* OR AB Prevent*) OR (TI Reduc* OR AB Reduc*) OR (TI Decrease OR AB Decrease)) AND ((MH Hospitals+) OR (TI Hospital* OR AB Hospital*) OR (MH Hospitalization+) OR (TI Internment* OR AB Internment*) OR (TI interned OR AB interned) OR (MH Inpatients+) OR (TI Inpatient* OR AB Inpatient*) OR (MH "Nursing Service, Hospital+") OR (MH "Nursing Homes+") OR (TI "Nursing Home*" OR AB "Nursing Home*") OR (TI "Clinical Setting*" OR AB "Clinical Setting*") OR (TI "Acute Care" OR AB "Acute Care") OR (TI "care facilit*" OR AB "care facilit*"))	78
Cochrane Library	([mh "Patient-Centered Care"] OR "Patient Centered":ti,ab,kw OR "Person Centered":ti,ab,kw OR "Patient Focused":ti,ab,kw OR ("Medical" NEXT Home*):ti,ab,kw OR "person focused":ti,ab,kw) AND ([mh "Accidental Falls"] OR Falling:ti,ab,kw OR Falls:ti,ab,kw OR Fall:ti,ab,kw OR Slip:ti,ab,kw OR slips:ti,ab,kw OR slipped:ti,ab,kw OR slippery:ti,ab,kw OR [mh Accidents] OR Accident*:ti,ab,kw) AND ([mh "Accident Prevention"] OR Prevent*:ti,ab,kw OR Reduc*:ti,ab,kw OR Decrease:ti,ab,kw) AND ([mh Hospitals] OR Hospital*:ti,ab,kw OR [mh Hospitalization] OR Internment*:ti,ab,kw OR interned:ti,ab,kw OR [mh Inpatients] OR Inpatient*:ti,ab,kw OR [mh "Nursing Service, Hospital"] OR [mh "Nursing Homes"] OR ("Nursing" NEXT Home*):ti,ab,kw OR ("Clinical" NEXT Setting*):ti,ab,kw OR "Acute Care":ti,ab,kw OR ("care" NEXT facilit*):ti,ab,kw)	133

LILACS (via BVS)	("Patient Centered" OR "Person Centered" OR "Patient Focused" OR "Medical Home" OR "Medical Homes" OR "person focused" OR "Assistência Centrada no Paciente" OR "Assistência Centrada na Pessoa" OR "Atenção Centrada no Paciente" OR "Cuidado Centrado no Paciente" OR "Cuidado Enfocado no Paciente" OR "Cuidado Focado no Paciente" OR "Cuidado Focalizado no Paciente" OR "Cuidados Médicos Contínuos" OR "Enfermagem Centrada no Paciente" OR "Atención Dirigida al Paciente" OR "Atención Centrada en la Persona" OR "Atención Enfocada al Paciente" OR "Enfermería Centrada en el Paciente" OR "atención centrada en el paciente" OR "cuidados de enfermería centrados en el paciente") AND (falling OR falls OR fall OR slip OR slips OR slipped OR slippery OR accident OR accidents OR queda OR quedas OR escorregões OR caídas OR resbalón OR accidentes OR accidente OR accidentes OR accidente) AND (prevention OR preventing OR preventive OR reduce OR reducing OR decrease OR prevenção OR prevenções OR prevención OR prevenciones OR redução OR reducción OR declínio OR decréscimo OR diminuição OR disminución) AND (hospital OR hospitals OR hospitalization OR hospitalizations OR internment OR internments OR interned OR inpatient OR inpatients OR "Nursing Home" OR "Nursing Homes" OR "Clinical Setting" OR "Clinical Settings" OR "Acute Care" OR "care facilities" OR "care facility" OR hospitais OR hospitalar OR hospitalares OR nosocômio OR nosocômios OR hospitales OR hospitalização OR internação OR hospitalización OR internación OR hospitalaria OR hospitalario OR internado OR internados OR "Pacientes Internos" OR "pacientes ingresados" OR "Casas de Saúde" OR "Casa de Repouso" OR "Casa de Saúde" OR "Casas de Repouso" OR "Casas de Salud" OR "residencias geriátricas" OR sanatorio OR "ambiente clínico") AND db:("LILACS") AND instance:"regional"	19
BDENF (Via BVS)	("Patient Centered" OR "Person Centered" OR "Patient Focused" OR "Medical Home" OR "Medical Homes" OR "person focused" OR "Assistência Centrada no Paciente" OR "Assistência Centrada na Pessoa" OR "Atenção Centrada no Paciente" OR "Cuidado Centrado no Paciente" OR "Cuidado Enfocado no Paciente" OR "Cuidado Focado no Paciente" OR "Cuidado Focalizado no Paciente" OR "Cuidados Médicos Contínuos" OR "Enfermagem Centrada no Paciente" OR "Atención Dirigida al Paciente" OR "Atención Centrada en la Persona" OR "Atención Enfocada al Paciente" OR "Enfermería Centrada en el Paciente" OR "atención centrada en el paciente" OR "cuidados de enfermería centrados en el paciente") AND (falling OR falls OR fall OR slip OR slips OR slipped OR slippery OR accident OR accidents OR queda OR quedas OR escorregões OR caídas OR resbalón OR accidentes OR accidente OR accidentes OR accidente) AND (prevention OR preventing OR preventive OR reduce OR reducing OR decrease OR prevenção OR prevenções OR prevención OR prevenciones OR redução OR reducción OR declínio OR decréscimo OR diminuição OR disminución) AND (hospital OR hospitals OR hospitalization OR hospitalizations OR internment OR internments OR interned OR inpatient OR inpatients OR "Nursing Home" OR "Nursing Homes" OR "Clinical Setting" OR "Clinical Settings" OR "Acute Care" OR "care facilities" OR "care facility" OR hospitais OR hospitalar OR hospitalares OR nosocômio OR nosocômios OR hospitales OR hospitalização OR internação OR hospitalización OR internación OR hospitalaria OR hospitalario OR internado OR internados OR "Pacientes Internos" OR "pacientes ingresados" OR "Casas de Saúde" OR "Casa de Repouso" OR "Casa de Saúde" OR "Casas de Repouso" OR "Casas de Salud" OR "residencias geriátricas" OR sanatorio OR "ambiente clínico") AND db:("BDENF") AND instance:"regional"	08
ProQuest Dissertations & Theses Citation Index	TS=("Patient Centered" OR "Person Centered" OR "Patient Focused" OR "Medical Home*" OR "person focused") AND TS=(Falling OR Falls OR Fall OR Slip OR slips OR slipped OR slippery OR Accident*) AND TS=(Prevent* OR Reduc* OR Decrease) AND TS=(Hospital* OR Internment* OR interned OR Inpatient* OR "Nursing Home*" OR "Clinical Setting*" OR "Acute Care" OR "care facilit*")	27
Google Scholar	(fall OR falls OR falling OR slip OR accident OR queda OR quedas OR escorregão OR escorregões OR caída OR caídas OR resbalón OR accidente OR accidentes) AND (prevention OR preventive OR reduce OR decrease OR prevenção OR prevenção OR redução OR reducción OR diminuição OR disminución) AND ("Patient Centered" OR "Person Centered" OR "Patient Focused" OR "Medical Home" OR "Assistência Centrada no Paciente" OR "Assistência Centrada na Pessoa" OR "Cuidado Centrado no Paciente" OR "Atención Centrada en el Paciente" OR "Atención Centrada en la Persona" OR "Enfermería Centrada en el Paciente") AND (hospital OR hospitals OR hospitalization OR inpatient OR "Nursing Home" OR "Clinical Setting" OR "Acute Care" OR hospitais OR hospitalização OR internação OR hospitales OR hospitalización OR internación OR "Casa de Repouso" OR "Casa de Saúde" OR "residencias geriátricas")	100

Selection of Studies

The files with the studies identified in each database will be imported into the EndNote reference manager, version X9 (Clarivate Analytics, 2013), where identification and removal of duplicates will be performed.

Subsequently, a single file will be exported to the Rayyan software, where studies will be selected based on the established eligibility criteria. Study selection will be performed by two independent reviewers (LGA and JO), using Rayyan, where a pilot test of study selection will be



conducted with 25 references (titles and abstracts) to assess the alignment between the two independent reviewers regarding the application of inclusion and exclusion criteria. After the pilot, the reviewers will continue the selection of studies, which will occur in two phases: (1) screening by titles and abstracts; and (2) reading the full text of potentially eligible articles. Disagreements between reviewers will be resolved by consensus or, if necessary, with the participation of a third reviewer (FVCS). When abstracts or articles require translation to assess their eligibility, a reliable online document translator, such as DeepL Translator²⁷, will be used as an auxiliary resource. The reasons for exclusion of studies in the full-text stage will be documented and presented in the final article. The study selection process will be presented in a flowchart according to PRISMA-ScR^{19;28}.

Data Mapping

Data extraction will be performed by two independent reviewers (LGA and JAO). The first will perform

manual data extraction, while the second will use NotebookLM as a support tool for identification and organization of information, through the application of a standardized prompt. All information extracted with the aid of artificial intelligence will be reviewed, verified, and validated by the responsible reviewer, with the interpretation of data, methodological decisions, and definition of the final extraction content being the exclusive responsibility of human reviewers. Divergences will be discussed between reviewers and, when necessary, resolved by a third reviewer (FVCS). This strategy seeks to expand transparency, traceability, and consistency of the extraction process, in accordance with JBI methodological recommendations. The standardized instrument (Chart 3) will be used, developed to systematize information from the included evidence sources. The instrument will be previously tested by the author team to ensure clarity, completeness, and consistency in capturing relevant information.

Chart 3. Data extraction from literature. Rio de Janeiro, RJ, Brazil, 2026

Field	Description
Study identification	Author(s), year of publication, title, journal, country
Study objective	Main objective stated by the authors
Study type	Methodological design (e.g., clinical trial, cross-sectional study, qualitative study, systematic review, etc.)
Target population	Age, relevant characteristics
Sample size	Number of patients in the study sample
Main concept	How person-centered care was addressed (definition and theoretical basis). Must include explicit use of the term or an equivalent.
Context	Type of inpatient clinical setting (e.g., medical, surgical, or geriatric ward; general hospital, etc.)
Interventions	Description of person-centered strategies/interventions
Barriers to implementation	Factors identified as hindering the implementation of PCC in clinical practice (e.g., organizational, cultural, or training-related barriers)
Facilitators for implementation	Elements contributing to the adoption of PCC (e.g., leadership, staff training, resources, favorable institutional culture)
Fall-related outcomes	Variables related to fall prevention (frequency, risk, perception of safety, fear of falling, adherence to measures, etc.)
Theoretical framework	Reference to conceptual models, frameworks, or authors underpinning the PCC concept
Main outcomes	Main findings (quantitative and/or qualitative)
Authors' conclusions	Summary of conclusions presented
Implications for practice/policy	Implications for practical application, clinical practice, and health policy
Funding	Study funding source (if declared)
Recommendations for future studies	Gaps identified for future research

A pilot test of the extraction instrument will be conducted on five randomly selected evidence sources. This process aims to verify whether the instrument items are understandable, sufficiently detailed, and capable of capturing all necessary information consistently among reviewers. The pilot test will allow for the identification of ambiguities, gaps, or redundancies in the extraction fields, as well as assessment of the practical applicability of the instrument to different types of evidence. Any divergences between reviewers during the pilot or during extraction will be resolved through consensual discussion. If consensus is not reached, a third reviewer (FVCS) will be called upon for final decision. When essential information is missing, unclear, or incomplete, the corresponding authors of the

studies may be contacted to provide clarification or additional data. If modifications to the instrument are necessary after the pilot test, whether in the wording of items, inclusion or exclusion of fields, or adjustment in the way information is recorded, they will be systematically documented, justified, and subsequently reported in the final report.

Data Analysis and Presentation

For the analysis and presentation of results, a narrative synthesis approach will be adopted, which will be organized around the PCC elements, emerging thematic categories, and the main patterns identified among the included studies, preserving the exploratory and descriptive



nature. The presentation of results will be enriched with visual resources, including study characteristics tables, summary charts, descriptive graphs, frequency diagrams, and thematic maps. These resources will facilitate the visualization of trends, gaps, conceptual convergences, and distributions of evidence in the investigated field. For the construction of figures and graphic representations, software recognized in evidence reviews will be used, such as Microsoft Excel (descriptive graphs and pivot tables) and Canva (illustrations, charts, and visual schemes). The choice of these programs aims to ensure visual clarity, aesthetic standardization, and methodological rigor in data presentation. This integrated strategy of narrative synthesis with diversified visualizations allows combining textual description and graphic elements to make scoping review results more accessible, interpretable, and useful for researchers, managers, and health professionals¹⁸.

Ethical Aspects

Since this is a scoping review based exclusively on secondary data from published studies and publicly accessible documents, without direct involvement of human beings or use of identifiable data, this research does not fall under the situations that require ethical review by a Research Ethics Committee (REC), under the terms of current Brazilian legislation²⁹.

Expected Results

It is expected that this scoping review will allow mapping and synthesizing the available evidence on the implementation of patient-centered care in fall prevention among hospitalized adults and elderly individuals, identifying the concepts adopted, the contexts of application, the strategies and interventions employed, the actors involved, as well as the barriers and facilitators described for its implementation. It is also expected to characterize the fall prevention outcomes reported in the studies, the theoretical frameworks used, and the main gaps in knowledge on the topic. The results will be presented through narrative synthesis and visual resources, contributing to a comprehensive understanding of the investigated field and providing support for professionals, managers, researchers, and future initiatives for the implementation of person-centered practices in hospital settings.

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