

RESEARCH ARTICLE (ORIGINAL) 

## Primary care nurses' perceptions of strategies to prevent emergency department use

*Estratégias preventivas da utilização do serviço de urgência: Perspetiva dos enfermeiros de cuidados saúde primários*

*Estrategias preventivas del uso del servicio de urgencias: Perspectiva de los enfermeros de atención primaria de salud*

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### Abstract

**Background:** In Portugal, patients visit the emergency department for non-urgent situations that could be solved in other health care settings.

**Objective:** To identify primary care nurses' perceptions of the reasons, difficulties, and preventive strategies regarding the use of the emergency department by non-urgent patients.

**Methodology:** An exploratory, descriptive, and qualitative study was conducted with a sample of 14 primary care nurses. Semi-structured interviews were conducted, and content analysis methods were used.

**Results:** The following strategies were identified to minimize the problem - educating citizens about best practices in accessing primary health care and the emergency department, prior patient assessment before resorting to the emergency department, better collaboration between levels of care, centering care on the citizen, promoting accessibility to primary health care, developing digital technologies, taking responsibility in the health/disease process, identifying non-urgent patients in the emergency department and patients not using primary care services, and combating loneliness among older people.

**Conclusion:** These results can be used to implement strategies that minimize this problem.

**Keywords:** emergency health services; health services; patient care; primary health care; nurse

### Resumo

**Enquadramento:** Em Portugal as pessoas recorrem aos serviços de urgência por situações não urgentes que poderiam ser resolvidas em outros contextos de saúde.

**Objetivo:** Identificar razões percecionadas, dificuldades sentidas e estratégias preventivas dos enfermeiros de cuidados de saúde primários sobre o recurso ao serviço de urgência por utentes não urgentes.

**Metodologia:** Estudo exploratório, descritivo, de natureza qualitativa. Amostra constituída por 14 enfermeiros de cuidados de saúde primários. Aplicada entrevista semiestruturada e método de análise de conteúdo.

**Resultados:** Estratégias para minimização do problema - educação dos cidadãos sobre melhores práticas no acesso aos cuidados de saúde primários e serviço de urgência, avaliação previa do utente antes de recorrer ao serviço de urgência, melhor articulação entre níveis de cuidados, centrar os cuidados no cidadão, promover acessibilidade aos cuidados de saúde primários, desenvolver tecnologias digitais, responsabilização no processo saúde/doença, identificação dos utentes não urgentes nas urgências e quem não frequenta os cuidados de saúde primários e combater a solidão dos idosos.

**Conclusão:** Os resultados obtidos poderão contribuir para implementar estratégias que minimizem esta problemática.

**Palavras-chave:** serviços de saúde de emergência; serviços de saúde; assistência ao paciente; cuidados de saúde primários; enfermeiro

### Resumen

**Marco contextual:** En Portugal, se acude a los servicios de urgencias por situaciones no urgentes que podrían resolverse en otros ámbitos sanitarios.

**Objetivo:** Identificar los motivos detectados, las dificultades encontradas y las estrategias preventivas de los enfermeros de atención primaria en relación con el uso del servicio de urgencias por parte de los usuarios no urgentes.

**Metodología:** Se trata de un estudio exploratorio, descriptivo y cualitativo. La muestra estuvo formada por 14 enfermeros de atención primaria. Se aplicó el método de entrevista semiestruturada y análisis de contenido.

**Resultados:** Estrategias para minimizar el problema - educar a los ciudadanos sobre buenas prácticas en el acceso a la atención primaria y al servicio de urgencias, valorar previamente al usuario antes de recurrir al servicio de urgencias, mejorar la coordinación entre niveles asistenciales, centrar la atención en el ciudadano, promover la accesibilidad a la atención primaria, desarrollar tecnologías digitales, responsabilizarse del proceso salud/enfermedad, identificar a los usuarios no urgentes en urgencias y a los que no acuden a la atención primaria, y combatir la soledad de las personas mayores.

**Conclusión:** Los resultados obtenidos podrían ayudar a aplicar estrategias para minimizar este problema.

**Palabras clave:** servicios sanitarios de urgencias; servicios sanitarios; atención al paciente; atención primaria; enfermero

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## Introduction

Overuse of the emergency department (ED) is a global and national problem. In Portugal, citizens have free access to the ED. Care in the ED is a culturally rooted practice associated with values of safety, well-being, availability, and accessibility (Comissão de Reavaliação da Rede Nacional de Emergência/Urgência [CRRNEU], 2012).

According to data available on the National Healthcare System (NHS) website on the number of emergencies by triage and level of clinical priority in 2019, the number of patients classified as green, blue, or white, that is, not very urgent or not urgent, represented around 41.8% of the total of 6.4 million (6,425,560) ED attendances in Portugal (Administração Central do Sistema de Saúde, IP [ACSS], 2021).

There are several reasons for the inadequate use of the ED, including its overuse to the detriment of primary health care (PHC). Dixe et al. (2018) conducted a study with patients who visited the ED of a Portuguese hospital center and were triaged as standard or non-urgent in the Manchester triage system. They found that the majority of them had sought the ED on their own initiative, with only 18.3% having previously used PHC services.

This study aimed to identify PHC nurses' perceptions of the reasons, difficulties, and preventive strategies regarding the use of the ED by non-urgent patients.

## Background

PHC is essential health care based on practical, scientifically sound, and socially acceptable methods and technologies available to individuals and families in the community. PHC should be the first level of contact of citizens, families, and the community with the NHS and should bring care as close as possible to the places where people live, work, or study (Pisco & Pinto, 2020). PHC includes health promotion, disease prevention and treatment, particularly of chronic conditions, and the referral of patients to other levels of care, especially hospitals, whenever necessary (Lapão & Pisco, 2019).

The reasons that lead patients to choose ED services can be divided into two main categories: institutional and patient management factors, which include constraints and management (availability of alternative sources of care) on the supply side and patient perceptions (preferences, health needs, or socioeconomic factors) on the demand side (Botelho et al., 2019).

In a study carried out in Portugal to assess whether misperceptions of symptom severity led to ED overuse, Botelho et al. (2019) found that half of the responses indicated an overestimation of severity of their health condition, leading to ED inappropriate use. Low health literacy can also affect the demand for EDs, as most people do so autonomously (Oliveira, 2020). The availability of resources, including medicines, laboratory and radiology testing, access to technical facilities, and access to specialized examinations in a single place are also reasons for patients to visit the ED (Botelho et al., 2019; Oliveira,

2020). ED overcrowding is a public health problem in Portugal and abroad. In Portugal, EDs are often used as a gateway to the NHS, even in non-emergency or non-urgent situations. This continuous demand for EDs can compromise their ability to respond to urgent situations (Oliveira, 2020).

Everyone has the right to receive the healthcare they need, but in the appropriate places and according to their needs. The population should be informed about the costs associated with the ED, the costs of the NHS with their health, and the resources mobilized whenever they use the ED.

Recognizing that PHC nurses play an important role in educating the population to promote the rational use of the ED, it is important to understand what PHC nurses think about the use of the ED by non-urgent patients and how this situation can be reversed.

## Research question

What strategies do PHC nurses consider important to prevent non-urgent patients from using the ED?

## Methodology

This qualitative study used an exploratory descriptive approach. The Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was applied to achieve reliability and robustness. Nurses were asked to give their informed consent at the first contact. The study received a favorable opinion from the Ethics Committee of the Health Sciences Research Unit: Nursing (UICISA: E), number P751/02-2021. Data collection was authorized by the board of directors of the Cluster of Health Care Centers of Baixo Mondego.

Data were collected between May 20 and July 20, 2021, through interviews with a semi-structured script designed for this purpose. Interviews were audio recorded and lasted on average 30 minutes. They were conducted by the leading researcher, who was a hospital nurse with experience in conducting interviews. The script was pretested to validate the clarity of the questions. The interviews took place after working hours and at a place convenient to the interviewee, with no one else present apart from the participant and the researcher. Participants were explained the purpose of this study. Anonymity and confidentiality were ensured by assigning a code to each interviewee. The convenience sample consisted of 14 nurses, who were approached in person and by telephone. Data saturation was reached when no new information was emerged from the nurses' responses. Five nurses decided not to take part in the study.

The inclusion criteria were nurses who had been working in PHC for more than 6 months, while the exclusion criteria were nurses who had been working in PHC for less than 6 months. Two health care centers were involved. We decided to contact nurses working in family health units because all users registered in these units were as-

signed a family doctor.

We used Bardin's (2016) content analysis and the ATLAS.ti 9 Qualitative Data Analysis™ software as a support tool for data analysis and building the categories and coding schemes for text segments. After the coding process was completed, peer review was carried out. The reviewers were two nurses, one from the PHC area and the other from the hospital area. The participants did not give feedback on the results.

Of the 14 nurses in the sample, 13 were female ( $n = 13$ ) and only one was male ( $n = 1$ ). They were aged between 38 and 61 years ( $M = 46.8$ ;  $SD = 7.7$ ), with a high percentage of nurses aged over 38.

Length of time in the profession ranged from a minimum of 16 years to a maximum of 40 years ( $M = 24.9$ ;  $SD = 7.7$ ). The length of time working at the health unit ran-

ged from 18 months to 35 years ( $M = 13.6$ ;  $SD = 8.9$ ). With regard to nurses' academic qualifications, 13 had an undergraduate degree in Nursing ( $n = 13$ ), one had a master's degree ( $n = 1$ ) in Health Sociopsychology, and one had a *bacharelato* (3-year degree) in Nursing ( $n = 1$ ) and had worked abroad. Of the five nurses who had a Postgraduate Specialization Degree in Nursing ( $n = 5$ ), two had specialized in Community Nursing ( $n = 2$ ), two in Child Health and Pediatric Nursing ( $n = 2$ ), and one in Maternal Health and Obstetric Nursing ( $n = 1$ ).

## Results

Five central themes with associated categories emerged from the content analysis process (Table 1).

**Table 1**

*Themes and categories resulting from content analysis*

Theme	Categories
Reasons why non-urgent patients use the ED	Patient
	Professional
	Health system
Type of patients who use the ED in a non-urgent situation	Older people, chronic patients without family support and/or with socioeconomic, emotional, and healthcare needs
	Patients with a poor relationship with their family doctor/nurse
System for identifying non-urgent patients who use the ED	Knowledge of the identification system
	Use
Nursing interventions to prevent non-urgent patients from using the ED	Not implemented
	Education
	Evaluation
	Difficulties
Suggestions for preventing non-urgent users from using the ED	Link between HC and PHC
	Citizen-centered care
	Promoting accessibility to PHC
	Developing digital technologies
	Making the patient and family/caregiver responsible for the health/illness process
	Combating loneliness among older people

*Note.* ED = Emergency Department; HC = Hospital care; PHC = Primary Health Care.

With regard to the reasons that lead non-urgent patients to visit the ED, patient-related reasons are associated with health literacy: "there are many non-urgent patients who actually go to the ED . . . because of lack of knowledge, illiteracy, I think that's the first reason" (N2, N3, N7). They also use the ED because they want an immediate resolution to their health problems: "Now most of them want an immediate resolution and maybe in the ED . . . they do a series of tests straight away" (N12, N14). Another reason is the accessibility of the ED: "people are there, it's open, it's easy to access" (N3, N14) and the lack of family support for older patients: "there are

more and more older people . . . who don't have family support, so they go to the ED, don't they?" (N11). As for professional-related reasons, people go to the ED due to the lack of information given by health professionals, which can contribute to non-urgent users seeking the ED: "professionals provide little information" (N2). Similarly, they also mentioned the family doctor/nurse/patient relationship: "Some patients . . . don't have much of a connection with their family doctor" (N7), and the professionals' knowledge of how PHC works: "Even hospital professionals don't know how it works" (N2). With regard to the health system, the interviewed nurses

highlight the ineffective response of PHC: due to resources; opening hours; the professionals' response capacity; the unavailability of complementary diagnostic tests; the lack of a family doctor/nurse; and the lack of trust: We have several units, mainly Personalized Health Care Units . . . they have the same obligation to have the same organization but they don't, so what happens is that the patient doesn't have a family doctor or doesn't have this or that and the emergency department is an escape route. (N7, N8)

From the nurses' perspectives, the type of patients who go to the ED in a non-urgent situation are older people, patients with chronic illnesses, without family support, and/or with socioeconomic, emotional, and healthcare needs, "patients have little social and family support and then go to the ED in an attempt to receive the support that they should have had from their families" (N5); "These patients are already consuming health resources, systematically, they need them, they are always asking for them . . . they're usually patients with chronic diseases, elderly patients" (N6, N14); and patients with a poor relationship with their family doctor/nurse: "Some patients . . . don't have much of a connection with their family doctor because if they did, they would prefer their family doctor and family nurse" (N7).

From the perspective of PHC nurses, the access to and use of a system for identifying ED non-urgent users is related to knowledge of the identification system and its use. One of the interviewees reported being unaware of the existence of a system to identify users who went to the ED: "No, no" (N1). However, other nurses mentioned that they use the SClínico or electronic health record (EHR) platforms regularly: "It's usually when they've already been referred to us and then we go and see what happened in the ED through SClínico and the EHR" (N8, E14).

With regard to the nursing interventions carried out by the interviewees to prevent non-urgent patients from going to the ED, one of the interviewees acknowledged not "having carried out any intervention" (N2) but reported that "if patients recognize . . . the family doctor and family nurse, they first turn to the PHC team and only then go to the ED" (N2). The second category is education. The nurses mentioned their efforts to educate patients, whether through verbal or written information or awareness campaigns:

Explain that you can come here first, that we have acute consultations, what we have to offer in order to be the first alternative . . . we try to . . . let's say educate our patients. (N1, N3, N14).

Nurses highlighted the importance of assessing patients who visited PHC to identify the severity of the situation and inform patients about warning signs that their condition is worsening and that they must go to the ED: "we don't refer them to the ED without first being assessed; if it's a nursing situation, they are treated by a nurse" (N2). Concerning nursing interventions, the participants reported that the difficulties they encounter are related to the lack of collaboration between the PHC and the ED: "The lack of information in some cases, not

all, can be a difficulty, I feel it sometimes" (N2). Some of the participants perceived a lack of responsibility for the health/disease process, including from patients' families: "There is also a lack of responsibility from the families themselves in caring for the patients, things that require vigilance, isn't it? They let things drag on and then they have to go to hospital, don't they?" (N6). Another difficulty is that sometimes non-urgent patients go to the ED on their own, without going to the PHC first: "but I believe that non-urgent patients go without coming here first" (N1, N3).

With regard to suggestions for preventing non-urgent patients from going to the ED, the participants felt that it was important to enhance the collaboration between hospital care and PHC. The participants mentioned that there is a need for better communication between hospital care and PHC. They argue that telephone contact should be established when a patient goes to the ED and needs greater vigilance, and that there should be faster and more personalized referrals: "we go to the computer, to the SClínico, to see if there is internal referral . . . but if there was a telephone contact with those patients who need greater vigilance and continuity of care . . ." (N6). They advocate the need for referrals based on agreements between the hospital and PHC: "we could have an agreement, or even here, if we could only refer patients to the hospital for a specific examination" (N12); "that it's not urgent to be referred back to the Health Center" (N9). Communication between the PHC and the ED was also suggested: "I think there should be a direct route . . . greater interaction between emergency colleagues and PHC colleagues" (N6). The creation of strategies to identify non-urgent PHC patients who regularly go to the ED is another suggestion to try to understand why these patients do not go to PHC, so that preventive measures can be implemented. It would also make it possible to identify the users registered with the PHC who do not attend health care centers, including those who do not live in Portugal, so that more family doctors could be made available: "it would be to identify those patients . . . who go to these emergency departments without needing to, so that we could do understand why they don't come here?" (N7); "people who were here as sporadic visitors and have a family doctor and are now no longer our patients" (N11). They also suggest focusing care on the citizen: "we should adapt our consultations in order to respond to patients" (N1); and promoting accessibility to PHC by extending opening hours: "if we had extended opening hours, it would be easier to take these users away from the ED" (N1, N12, N14). They also reported the need to increase PHC response in a timely manner, including with complementary diagnostic tests: "if we also had an easier way for them to do simple tests, I think that also brings many people to the emergency department" (N1), as well as provide a telephone line to assist patients, not only face-to-face: "accessibility in every way, face-to-face, by telephone" (N4) and provide information on best practices to access PHC and the ED, so that users know what to expect from PHC and can better manage access to the ED. They point out that this information



should be conveyed to the Portuguese citizens by the media, as there is a need to educate the population, also prioritizing individual teaching: “informing the community, informing the country, . . . The information can be conveyed in the media, on the news” (N3, N10); “educating the population in general to know what the emergency room is really for . . . more training for the community . . . when it is really necessary . . . to educate them, in an individual way” (N5).

Moreover, the nurses suggested that the development of digital technologies is necessary nowadays, both for PHC professionals to know when to refer patients to the ED and for patients. Professionals point to the importance of having a system with pre-defined algorithms and an alert system that informed that the patient had gone to the ED: “We should have a classification system that would allow . . . that person, with those criteria, to be referred to the emergency department” (N3). The users suggest designing software that would allow patients to know in which situations they should go to the ED, using e-mail, and having video or phone consultations to extend the opening hours and cover more people: “in the computer system . . . it would give you a classification, should I go to the emergency department or not?” (N3).

The nurses advocate that the patient and the family/caregiver should take responsibility for the health-disease process: “There must be . . . empowerment of patients and families and they should take responsibility for their health and disease management process” (N6).

Finally, they emphasize the need to combat the loneliness of some people, particularly with the collaboration of parish councils: “many patients don’t have family support to help them through their illness . . . they look to health professionals to play this role, particularly in the ED” (N6).

## Discussion

Nurses reported that patients’ low level of health literacy is a key factor for the use of the ED in non-urgent situations. The concept of health literacy is associated with the degree to which individuals have the ability to access, understand, evaluate, and apply health information and use health services (Direção-Geral da Saúde [DGS], 2019).

According to the DGS (2019), low levels of health literacy are related to a higher number of hospitalizations and greater use of the ED. Oliveira (2020) conducted a study on the demand for the ED by non-urgent users, showing that the main reason for seeking care in the ED is the patient’s will, often determined by the lack of health literacy.

Nurses play a key role in the early assessment of health literacy, guiding their health education interventions towards informing the patient and the family/caregiver about the best practices in accessing healthcare.

The nurses also mentioned that when users go to the ED, they want their health problems to be solved immediately and they do so because of the good accessibility to the ED, including the opportunity to carry out specialized

tests in a single location, which is aligned with the World Health Organization (WHO, 2018), Oliveira (2020), and Botelho et al. (2019). It seems that the perception of the need for immediate care may be associated with an inadequate choice of the health service.

The lack of family support for patients, particularly older people, is also perceived by nurses as one of the reasons for inadequate use of the ED, which was also reported by Van den Heede and Van de Voorde (2016). Demographic trends point to an increase in one-person households, which may explain the lack of family support, so important in elderly care. There is also a significant number of older people who live alone with their spouse, with one of them being usually a care-dependent person, and without a family support network. This aspect makes it difficult to access health services to maintain health surveillance, thus leading to situations where they seek care in the ED. Faced with this situation, nurses can act as intermediaries between patients without family support and the social services, and can thus reduce the demand for the ED.

The little information given by health professionals about the differentiation of health services and how the PHC works, as well as the poor relationship between patients and their family doctor/nurse can also lead to an inadequate demand for the ED. As nurses are educators in health services, it is their job to provide information about the differentiation of health units and best practices in the access to health care. A good family doctor/nurse/patient relationship can encourage greater proximity to PHC.

The nurses mentioned some particularities of the health system that can contribute to the inadequate demand for the ED, namely the response of PHC (resources, opening hours, the professionals’ response capacity, unavailability of complementary diagnostic tests, lack of family doctor/nurse, and lack of trust). These findings are corroborated by Botelho et al. (2019), Dixe et al. (2018), and Oliveira (2020). However, some non-urgent users seek care in the ED during the opening hours of PHC, and the majority of those who come to the ED have access to a family doctor, which was also mentioned by Dixe et al. (2018) and Oliveira (2020). In 2020, the proportion of the population with a family doctor and a family nurse in the NHS was 91.6% and 86.3%, respectively (Ministério da Saúde, 2021). PHC nurses should internalize that their role is crucial in order to support patients during their health/disease process, and for this to happen, it is necessary to build trust in PHC.

For these nurses, older patients with chronic conditions, without family support, with socioeconomic, emotional, and health care needs, and with a poor relationship with their family doctor/nurse are more frequent users of the ED in non-urgent situations.

In a study carried out by Franchi et al. (2017), older people integrated the group of users who went to the ED in non-urgent situations. In the research carried out by Dixe et al. (2018) and Oliveira (2020), the majority of non-urgent users were women, middle-aged, and with a low level of education, which indicates that it is not only older people who use the ED in non-urgent situations. These authors corroborate the idea that

non-urgent patients in the ED are often also users of PHC services, which can be explained by the existence of comorbidities, since the literature shows that patients with chronic conditions have a greater need for health care (Dineen-Griffin et al., 2019).

Although Portugal has good average life expectancy indicators, many older people lack a satisfactory economic condition to meet their needs. According to Lapão and Pisco, (2019), Portuguese older people are a vulnerable group in a situation of poverty and are more likely to suffer from poor health, unemployment, and social exclusion in the European Union. The choice of the ED can be influenced by the patients' socioeconomic conditions (Botelho et al., 2019).

One of the resources mobilized by the nurses are the regular use of computer platforms to check the reason for the patient's visit to the ED, namely the SCLínico and the EHR, and analyze other important data.

The interviewees reported that they use education as a strategy to prevent non-urgent patients from using the ED, whether through verbal or written information and/or educational campaigns (Lopes et al., 2020). These nurses also mentioned that they assess health/illness situations, trying to resolve them immediately, and make adequate referrals to the ED when patients seek PHC services.

The difficulties experienced by nurses in identifying patients who use the ED in a non-urgent situation to solve their health problems include the lack of interface between PHC and the hospital; patients and families/caregivers' low level of responsibility for the health/disease process; and the autonomous use of the ED by non-urgent patients, which was also noted by Dixe et al. (2018) and Oliveira (2020). The National Health Plan, revised and extended to 2020, states the importance of individuals taking responsibility for their own health (DGS, 2015).

As suggestions to prevent non-urgent patients from using the ED, these interviewees report that there should be a better collaboration between hospital care and PHC, whether through referral or communication between PHC and ED, which was also advocated in the report of the emergency services working group (Serviço Nacional de Saúde [SNS], 2019).

Moreover, the nurses reported that both non-urgent users who go to the ED and users who do not seek PHC services should be identified in order to increase the number of family doctors available.

Interviewees put forward other strategies such as focusing care on the citizen, which was also highlighted by Menezes et al. (2017); promoting accessibility to PHC, which was highlighted by Whittaker et al. (2016) who concluded that improving access to PHC, particularly by extending its opening hours, could reduce the number of non-urgent situations that use the ED; and providing information on the best practices to access healthcare services (PHC and ED), which was also advocated by Dixe et al. (2018). The nurses even argue that the media could also provide this information, as proposed in the report of the emergency services working group (SNS, 2019).

The use of digital health technologies was also indicated by the nurses, who reported that making digital tools

available could make it easier to bring patients closer to health professionals. In their study, Dixe et al. (2018) concluded that providing health information over the phone or the Internet does not seem to reduce the number of inappropriate ED visits.

Another aspect was the need for the patient/family/caregiver to be responsible for the health/disease process, which was also indicated in the National Health Plan (revised and extended to 2020) that proposes the promotion of a culture of citizenship to enhance health literacy and citizen empowerment. Citizens should be more autonomous and responsible for their health and the health of those who depend on them, as well as more aware of health costs (DGS, 2015).

Another strategy for the participants is to combat loneliness, with the collaboration of parish councils. To this end, health professionals and patients will require community social support. Nurses can play a role in facilitating patients' access to social support services in nuclear families and who have insufficient social support (Ílhan et al., 2020).

## Conclusion

The nurses reported that PHC and hospital care services should be reorganized to prevent non-urgent patients from using the ED. They stress the importance of increasing health literacy and enhancing digital technologies. Available resources should be optimized, and people must be valued in order to achieve health gains.

By mapping the use of the ED by non-urgent patients, this study obtained contextual knowledge that could contribute to the implementation of strategies to minimize this phenomenon.

## Author contributions

Conceptualization: Lemos, O.

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Methodology: Lemos, O., Moreira, I.

Writing – original draft: Lemos, O.

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## References

- Administração Central do Sistema de Saúde. (2021). *Benchmarking hospitais: Monitorização mensal dos hospitais*. Serviço Nacional de Saúde. [https://benchmarking-acss.min-saude.pt/MH\\_ProdRacioEficUrgenciaDashboard](https://benchmarking-acss.min-saude.pt/MH_ProdRacioEficUrgenciaDashboard)
- Bardin, L. (2016). *Análise de conteúdo* (5ª ed.). Edições 70.
- Botelho, A., Dias, I. C., Fernandes, T., Pinto, L. M. C., Teixeira, J., Valente, M., & Veiga, P. (2019). Overestimation of health urgency as a cause for emergency services inappropriate use: Insights from an exploratory economics experiment in Portugal. *Health and Social Care in the Community*, 27(4), 1031-1041. <https://doi.org/10.1111/hsc.12720>
- Comissão de Reavaliação da Rede Nacional de Emergência/Urgência. (2012). *Reavaliação da rede nacional de emergência e urgência*:



- Relatório CRRNEU*. Direção-Geral da Saúde. <https://www.dgs.pt/ficheiros-de-upload-2013/cnt-rel-crrneu-pdf.aspx>
- Dineen-Griffin, S., Garcia-Cardenas, V., Williams, K., & Benrimoj, S. I. (2019). Helping patients help themselves: A systematic review of self-management support strategies in primary health care practice. *PLoS ONE*, *14*(8), 1-29. <https://doi.org/10.1371/journal.pone.0220116>
- Direção-Geral da Saúde. (2015). *Plano nacional de saúde: Revisão e extensão a 2020*. <https://www.dgs.pt/em-destaque/plano-nacional-de-saude-revisao-e-extensao-a-2020-aprovada-pdf.aspx>
- Direção-Geral da Saúde. (2019). *Manual de boas práticas literacia em saúde: Capacitação dos profissionais de saúde*. <https://www.dgs.pt/documentos-e-publicacoes/manual-de-boas-praticas-literacia-em-saude-capitacao-dos-profissionais-de-saude-pdf.aspx>
- Dixe, M. A., Passadouro, R., Peralta, T., Ferreira, C., Lourenço, G., & Sousa, P. M. (2018). Determinantes do acesso ao serviço de urgência por utentes não urgentes. *Revista de Enfermagem Referência*, *4*(16), 41-52. <https://doi.org/10.12707/RIV17095>
- Franchi, C., Cartabia, M., Santalucia, P., Baviera, M., Mannucci, P. M., Fortino, I., Bortolotti, A., Merlino, L., Monzani, V., Clavenna, A., Roncaglioni, M. C., & Nobili, A. (2017). Emergency department visits in older people: Pattern of use, contributing factors, geographical differences and outcomes. *Aging Clinical and Experimental Research*, *29*(2), 319-326. <https://doi.org/10.1007/s40520-016-0550-5>
- Ílhan, N., Gencer, S., Özdemir, Ö., & Maviyildiz, S. (2020). The relationship between health literacy and illness self-care management in Turkish patients with cancer. *Oncology Nursing Forum*, *47*(3), E73-E85. <https://doi.org/10.1188/20.ONF.E73-E85>
- Lapão, L. V., & Pisco, L. (2019). A reforma da atenção primária à saúde em Portugal, 2005-2018: O futuro e os desafios da maturidade. *Cadernos de Saúde Pública*, *35*(sup. 2), 1-12. <https://doi.org/10.1590/0102-311X00042418>
- Lopes, O. C., Henriques, S. H., Soares, M. I., Celestino, L. C., & Leal, L. A. (2020). Competências dos enfermeiros na estratégia saúde da família. *Escola Anna Nery*, *24*(2), 1-8. <https://doi.org/10.1590/2177-9465-EAN-2019-0145>
- Menezes, E. L., Scherer, M. D., Verdi, M. I., & Pires, D. P. (2017). Modos de produzir cuidado e a universalidade do acesso na atenção primária à saúde. *Saúde e Sociedade*, *26*(4), 888-903. <https://doi.org/10.1590/s0104-12902017170497>
- Ministério da Saúde. (2021). *Relatório anual: Acesso a cuidados de saúde nos estabelecimentos do SNS e entidades convencionadas em 2020*. [https://www.acss.min-saude.pt/wp-content/uploads/2021/09/Relatorio-do-Acesso\\_VF.pdf](https://www.acss.min-saude.pt/wp-content/uploads/2021/09/Relatorio-do-Acesso_VF.pdf)
- Oliveira, F. C. (2020). *Fatores que contribuem para a afluência de casos não urgentes nos serviços de urgência: Um estudo no Hospital da Senhora da Oliveira, Guimarães, E.PE* [Master's dissertation, University of Minho]. Repositório Institucional da Universidade do Minho. <http://hdl.handle.net/1822/69643>
- Pisco, L., & Pinto, L. F. (2020). De Alma-Ata a Astana: O percurso dos cuidados de saúde primários em Portugal, 1978-2018 e a génese da medicina familiar. *Ciência & Saúde Coletiva*, *25*(4), 1197-1204. <https://doi.org/10.1590/1413-81232020254.31222019>
- Serviço Nacional de Saúde. (2019). *Relatório grupo de trabalho: Serviços de urgências*. <https://www.sns.gov.pt/noticias/2019/11/29/servicos-de-urgencia/>
- Van den Heede, K., & Van de Voorde, C. (2016). Interventions to reduce emergency department utilisation: A review of reviews. *Health Policy*, *120*(12), 1337-1349. <https://doi.org/10.1016/j.healthpol.2016.10.002>
- Whittaker, W., Anselmi, L., Kristensen, S. R., Lau, Y-S., Bailey, S., Bower, P., Checkland, K., Elvey, R., Rothwell, K., Stokes, J., & Hodgson, D. (2016). Associations between extending access to primary care and emergency department visits: A difference-in-differences analysis. *PLOS Medicine*, *13*(9), 1-19. <https://doi.org/10.1371/journal.pmed.1002113>
- World Health Organization. (2018). *Health system review: Portugal (phase 1, final report)*. [https://www.sns.gov.pt/wp-content/uploads/2018/04/PortugalReviewReport\\_Printers\\_03April2018-2.pdf](https://www.sns.gov.pt/wp-content/uploads/2018/04/PortugalReviewReport_Printers_03April2018-2.pdf)