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Article

Facilitator factors to develop a healthy ageing Social Prescribing local system in Portugal—A qualitative case study

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Abstract: Social Prescribing (SP) is an approach which aims of improving health and well-being and connecting patients to community services. Examples of these services include physical activity and cultural activities. Despite its benefits, SP has still not been fully implemented in Portugal. This case study is part of a larger study on Social Prescribing Local System (SPLS) implementation, which comprised a quantitative approach, a pilot study and a qualitative approach, and aims at exploring patients' and healthcare workers' perspectives on SP. The study was carried out to understand the motivations of different stakeholders for participating in the pilot project, the anticipated benefits for patients, healthcare professionals, and the health unit, as well as their perceptions and experiences within the scope of the SP project. Data collection was carried out in December 2020 through semi-structured individual interviews and a focus group. A total of seven participants were included, of which one patient, one museum representative and five healthcare professionals. Different common dimensions related to SP emerge, including health and well-being, social interaction and community engagement, accessibility and inclusivity, motivation and adherence, collaboration and coordination, and education and awareness. The patient considered the adequacy of the activity to the patient's state of health and capabilities, adoption of a phased approach, with a focus on progress, in order to promote long-term adherence as facilitators. For the museum, disseminating its activities to healthcare professionals and patients through different channels such as posters at the health center, social media pages, and training sessions can significantly enhance visibility and engagement, while direct phone contact and digital publications can further promote adherence, ensuring a comprehensive and coordinated approach to patient participation and institutional benefit. Healthcare professionals identified several benefits, including reduction of social isolation and sedentarism, as well as a means of strengthening the therapeutic relationship with patients. The design and implementation of SP programs should be participative and involve all stakeholders participating in the process. Barriers to adherence included time for activity and the associated costs or prerequisites, availability of activities and lack of perceived interest in health.

Keywords: Social Prescribing; primary health care; healthy ageing; community assets; qualitative study

1. Introduction

The World Health Organization (WHO) defines Social Prescribing (SP) as "*a means for healthcare workers to connect patients to a range of non-clinical services*

in the community to improve health and well-being" (Kuhn and Rariden, 2024; Muhl et al., 2023; World Health Organization, 2024). This approach goes beyond traditional medical treatments, serving as a vital link between healthcare workers and a variety of non-clinical community services aimed at enhancing overall health and well-being (South et al., 2008). Examples of these services include mental health, physical activity, social inclusion and financial and housing advice (Husk et al., 2020; Morse et al., 2022).

Different models of SP have been developed to suit the unique needs of communities and different care settings (Oster et al., 2023). These models are tailored to the specific socioeconomic and cultural contexts of the populations, ensuring that the interventions are relevant and effective (Costa et al., 2021a; Husk et al., 2020). By incorporating non-clinical services into the healthcare system, Social Prescribing fosters a holistic approach to health that acknowledges the intricate relationship between medical, social, and environmental factors. This comprehensive strategy enhances overall health outcomes and improves individuals' quality of life. (Husk et al., 2020; Oster et al., 2023).

The most common holistic model has been described by Husk et al. (2020), and follows the interactions between clinics and communities. Within the clinical setting, primary healthcare providers assess the patient comprehensively, including their needs for SP (Husk et al., 2020). Following this evaluation, patients are referred to a link worker who provides counselling and collaborates with them to create a personalized wellness plan, followed by referral to appropriate community-based services. These services may involve both group and individual activities, with the patient's progress regularly communicated to the link worker, who monitors and supports the patient's journey. Consequently, both patients and healthcare workers play pivotal roles as stakeholders in the development of Social Prescribing Local Systems (SPLS). Overall, SPLS can be defined as an ecosystem formed by communities, healthcare and other organizations that contribute to the SP cycle, from prescription to monitoring and evaluation (Costa et al., 2021b), adapted to the specific needs and resources of each community (Pescheny et al., 2018a). A set of three key areas should be considered when aiming at building sustainable SPLS, namely the environment, culture and economy (Purvis et al., 2019).

Despite being a relatively novel and emerging approach, SP has already been implemented in several communities (Morse et al., 2022; Pescheny et al., 2018a; Whitelaw et al., 2017). However, it has still not been fully implemented in Portugal (Hoffmeister et al., 2021), despite being a country which encompasses characteristics that make it a favorable country for implementation, namely an increasingly ageing population, a patient-centered public health service and a growing interaction between health and community partners (Fundação Calouste Gulbenkian, 2014; Ministério da Saúde, 2017).

In Portugal, there are no structured framework for integrating SP into healthcare practices: the Portuguese healthcare system, often lacks formal mechanisms to link medical services with non-clinical community support services, which are essential for the success of Social Prescribing initiative. Additionally, limited awareness among healthcare professionals, insufficient training, and concerns about the allocation of resources further hinder the implementation of Social Prescribing across the country.

Studies have shown that, while several pilot projects have been successful, they remain isolated and are not yet scaled at a national level. Furthermore, the challenges posed by the aging population and the rising burden of chronic diseases in Portugal underscore the need for more comprehensive and integrated approaches like Social Prescribing.

This study aimed to understand the motivations of a group of healthcare professionals for participating in the pilot project, the anticipated benefits for patients, professionals, and the health units, as well as their perceptions and experiences within the scope of the SP pilot project.

2. Materials and methods

1) Study design

This qualitative study is part of a larger project on Social Prescribing Local System implementation in Portugal, which also encompasses a quantitative analysis and a pilot study (**Figure 1**). It was carried out to understand the perspectives of different stakeholders for participating in the pilot project.

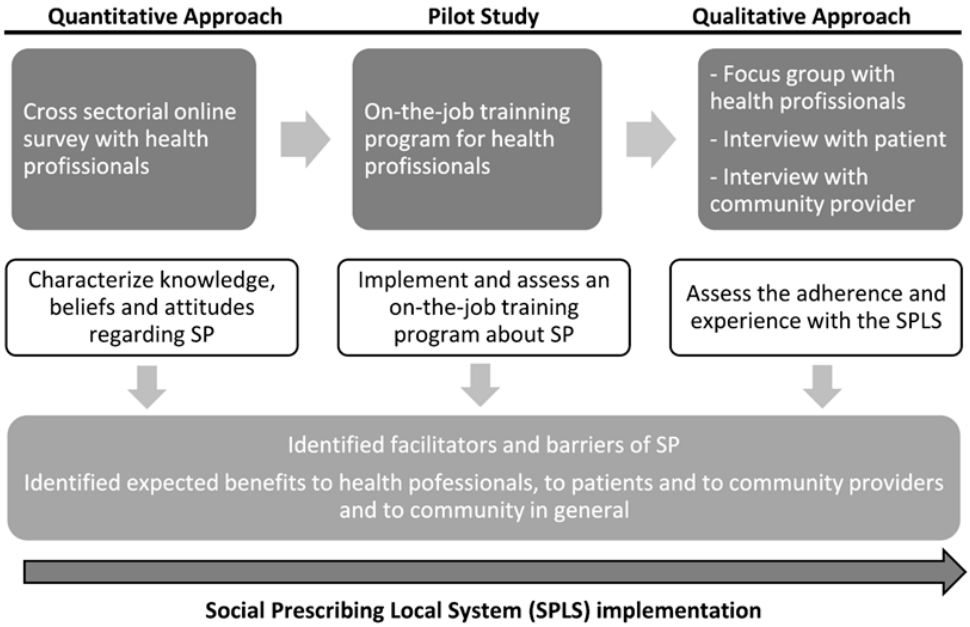

Figure 1. Study design, adapted from Costa et al. (2021a).

The methods chosen for this study, specifically the qualitative case study approach, were selected to provide an in-depth exploration of the topic, allowing a rich, detailed understanding of participants' experiences and perspectives, which would not have been possible with purely quantitative methods. The decision to use semi-structured interviews and focus groups was guided by the aim of capturing the complex interactions between healthcare professionals, patients, and community members.

2) Setting, population and context

A comprehensive literature review was conducted to provide context and background for the current study on Social Prescribing. This review focused on

existing studies and reports on the implementation and effectiveness of Social Prescribing in various healthcare settings, particularly within the European context.

This study was conducted within the context of a Family Health Unit (USF) of a Group of Health Centers (ACES) located in the Algarve region of Portugal. The ACES encompasses the municipalities of the southern part of Portugal, covering approximately 226,000 residents. The area covered by ACES spans 1381.13 km^2, with a population density of 164.1 inhabitants per km^2, significantly higher than the overall density in the region (88.4 inhabitants per km^2). Population of the region shows progressive ageing, with 19.4% aged 65 or older, however, the ageing index was 125.1 in 2015 in the ACES area, lower than the regional average of 138.4 and the national average of 149.7. The average life expectancy at birth was 80.3 years, with men at 77.0 years and women at 83.5 years.

The area of the ACES is a significant destination for foreign residents, accounting for 51.3% of the foreign population in the region. The tertiary sector employed the majority of the population (81.0%). However, the region experiences seasonal variations in unemployment, peaking during the low tourism season. The population is particularly concentrated in the urban areas.

The study involved three main components: a patient interview, a focus group with healthcare professionals and an interview with a representative from a local museum. The participants included healthcare professionals and community members involved in (or affected by) the SP intervention. Additionally, opinions on SP and the identification of activities found most beneficial were collected from one patient. Due to the COVID-19 pandemic and post-pandemic circumstances, the project saw reduced participation. Consequently, the authors secured participation and conducted interviews with one patient and one community service provider (local museum).

3) Selection criteria

Participants were selected based on their interest and involvement with the SP initiative. Invitations were extended through a focal point within the healthcare unit responsible for coordinating with community resources. Additionally, a focal point was identified within the municipality to help identify and engage community resources for the project.

The inclusion criteria were a) healthcare professionals working within the USF, or b) community members who were potential beneficiaries or advocates of the SP program, and c) participants who provided informed consent to take part in the study.

The exclusion criteria included individuals who did not provide informed consent, were unable to participate due to severe health limitations, or were not directly involved with or benefiting from the SP initiative. These criteria ensured that the sample was relevant to the goals of the study while maintaining transparency.

A total of seven participants, consisting of one patient, one museum representative, and five healthcare professionals, was driven by the scope of the study and the nature of the pilot project. Given the exploratory and pilot nature of the study, this sample size allowed for a focused and detailed examination of different stakeholder perspectives involved in the SPLS. The patient and museum representative provided insights from the community side, while the healthcare professionals offered a comprehensive view from within the healthcare system. Although small, this sample

was sufficient to capture diverse viewpoints and identify common themes relevant to the early stages of Social Prescribing implementation.

4) Data collection

Data collection was conducted through two main components: semi-structured individual interviews for both patient and the museum representative and a focus group, held in December 2020.

The semi-structured individual interview was designed to gather detailed insights into participants' perspectives on SP interventions and strategies for implementing and optimizing the Social Prescribing Local System (SPLS).

The interview was conducted via Zoom® platform and was organized into two sections, including, the opinion about the possibility of a SP intervention and the strategies and ways to implement and optimize the SPLS.

The interview with the patient was organized according to the following topics:

(1) Health promotion areas
(2) Aspects to consider in Social Prescribing
(3) Activities suggested by the patient
(4) Places/entities to be involved

The interview with the museum representative was conducted following the structure below. The interview was made by email.

(1) How the museum can promote its activities to healthcare professionals and patients;
(2) How the museum can encourage patient adherence to its activities;
(3) The best ways to coordinate with the health centre regarding patient referrals to museum activities;
(4) The institutional benefits for the museum in offering its activities to referred patients.

Regarding the focus group with healthcare professionals, it was facilitated by a clinical psychologist acting as the moderator, a nurse as the co-moderator, and a nutritionist as the note-taker. This session was also conducted via the Zoom® platform, with participants meeting in person at the healthcare unit while the moderators and the note-taker guided the discussion remotely. The focus group aimed to explore several dimensions of SP, including:

(1) Motivations and expectations driving involvement in the project;
(2) Previous experiences with Social Prescribing;
(3) Prescribing practices in the context of the COVID-19 pandemic and strategies to overcome related challenges.

5) Data analysis

The interviews and focus group were recorded, transcribed verbatim, and pseudo-anonymized. This study followed the principles of Grounded Theory (Glaser and Staruss, 2017), which involved systematically collecting and analyzing data to develop a deep understanding of the SP within its real-life context (Halaweh et al., 2008), and was performed by two researchers (nutritionists, trained in content analysis, promoting interpretive triangulation of the data (Glaser and Staruss, 2017). Analysis was conducted using qualitative data analysis software (MAXQDA, version 18.0).

3. Results

Seven participants were included in the study: one patient, one museum representative, and five healthcare professionals. The patient was a 62 years old male, with completed primary education (4 years of formal education). The health professionals consisted of four nurses and one medical doctor, all female, with a mean age of 39 years. The medical doctor was specialist in General and Family Medicine and the nurses were specialized in Family Nursing, which provided a broad perspective on patient care within the community setting, allowing them to bring valuable insights related to the holistic care of families and community health.

3.1. Perspective of healthcare professionals on SP

This section presents the motivations of health professionals to participate in the pilot project, the expected gains and benefits for the patient, health professional and health unit, as well as their experiences and perceptions in the context of SP. Along the manuscript verbatim responses were added to enrich the findings.

From the content analysis of the focus group with the health professionals, the following categories emerged, which will be explored below:

1) Interpretation of the concept of Social Prescribing
2) Motivations to participate in the project
3) Gains and benefits from Social Prescribing
4) Interaction with patients during the pilot project
5) Target audience
6) Activities suggested by health professionals
7) Strengths and opportunities of the pilot project
8) Weaknesses and threats of the pilot project
9) Training feedback
10) Future of Social Prescribing

3.1.1. Interpretation of the concept of Social Prescribing

Health professionals mentioned that, before joining the pilot project team, they were unaware of the concept of "Social Prescribing".

> *"Before I found out about this project, I didn't know what it was social prescription. When they told me about the social prescription project, I went to research That's because I didn't know what social prescription was..."* (quote from HCP)

After being exposed to the concept, they associated it with leisure and socialization activities, and not just with the practice of physical activity, considering that this alone might not be suitable for all patients. Additionally, they underlined the importance of adapting the suggested activities to the patients' preferences.

3.1.2. Motivations to participate in the project

Health professionals list several motivations that led them to join the pilot project team. This includes the motivation to working with the community, the target age group and social isolation and limited therapeutic options.

The interest of health professionals in the pilot project arose because it was a different opportunity that would allow them to work with the community and its

resources. In addition, working with the target age group was one of the characteristics of the project that motivated the collaboration of some of the health professionals. SP can often respond to the social isolation frequently observed in the age group of the target population during clinical practice was pointed out as a motivation. It was recognized that this tool encourages patients to participate in activities outside their homes, making them more aware of the offer of activities in their geographical/social context. The perception that the COVID-19 pandemic has made the problem of social isolation more prevalent was also highlighted.

> *"Many times people come to the consultation not only because of a need to medication..., to make the medical appointment... but we don't... we really realize that they need... to talk... they want to get out of that isolation in which often they are..."* (quote from HCP)

The last motivation indicated for participation in the pilot project was the possibility of an addition of a therapeutic option, expanding the non-pharmacological therapeutical repertoire. The limitation of the offer of therapeutic options generates in community health professionals a feeling of powerlessness, as they are unable to offer patients the level of healthcare, they would consider most appropriate.

3.1.3. Gains and benefits of Social Prescribing

Throughout the focus group, health professionals identified the gains and benefits of SP for the patient, health professionals and the health unit.

SP was understood as beneficial for patients, as it promotes participation in activities that contradict the sedentary lifestyles frequently seen in the target population. The potential benefit of these prescriptions in terms of mental health and perceived well-being was also recognized. SP was seen as an adequate tool to respond to the social isolation of patients and that could reduce the need for antidepressants and anxiolytics. From the perspectives of health professionals, this condition sometimes results from a lack of initiative (inertia), which could thus be overcome.

The improvement in the relationship with patients was one of the gains identified for health professionals, due to the increase in trust and proximity provided. This gain was considered particularly advantageous, since the relationship between the two is still being established, given the recent opening of the health center. Additionally, it was recognized that Social Prescribing, by meeting the patients' needs more adequately, would arouse feelings of professional fulfilment, by increasing the perception of competence. In addition, it was mentioned that participation in the activities of the partner network by health professionals could also translate into benefits at a personal level. The last benefit mentioned concerns the fact that the process of monitoring the participation of patients in activities does not require a relevant increase in the workload, considering the perspective that the compromise created between both parties exerts greater influence on the success of SP.

> *"I feel that in consultations, people are very alone and have a need to talk... and they talk a lot, a lot, a lot in each consultation because the biggest part of the time they are so alone, they have no one. And so I think it's an advantage..."* (quote from HCP)

SP also improve the health care provided, as it is an additional therapeutic option considered to be the most suitable for certain situations, and also because it

contemplates the concept of health in all its aspects. The relevance of SP in terms of mental health promotion was highlighted as particularly important in the region, given the scarcity of existing mental health support. On the other hand, this new tool would make it possible to reduce the workload of health professionals derived from cases of patients seeking health care due to the need to socialize, which sometimes takes the form of seeking care due to repeated complaints. This reduction in workload could increase efficiency and productivity in serving other patients in need. Finally, the articulation established between the Primary Care Unit and the City Council was identified as advantageous both for the patient in particular and for the community in general.

3.1.4. Interaction with patients during the pilot project

Based on the experience within the scope of the pilot project, health professionals observed that patients who were recommended for SP perceived it as an additional concern for their overall well-being, which they valued. However, they also noticed some reluctance among patients to commit to participating in the activities.

3.1.5. Target audience

During the focus group it was recognized that patients who would most benefit from SP are those who are in a situation of social isolation. Health professionals mentioned that the issue of isolation should come from the patient, as they considered that this approach would favor adherence. As opposed to the isolation issue arising from the health professional, which could be perceived by patients as intrusive. In this sense, it was suggested to ask about the practice of physical activity during appointments, as this strategy could work as a way of establishing a relationship to talk about the social isolation in which patients find themselves.

> *"I think it's very important when a person verbalizes and... speaks with us about this isolation, because sometimes if it's us intruding and asking a lot of questions, sometimes people may not like it"* (quote from HCP)

3.1.6. Activities suggested by health professionals

During the focus group, health professionals identified several activities of interest in the context of SP, including physical activity and outdoor activities with health professionals also suggested the practice of various types of physical activity, namely walking, jogging, and yoga and pilates classes. Dance activities were also suggested, namely in the party hall, citing a past experience that was well received by patients. Activities can be carried out outdoors, giving as example snacks and picnics, hiking on trails.

It was pointed out by a health professional that it would be advantageous for patients to have additional benefits in adhering to them via SP, such as a reduction in associated costs. In this context, some activities previously organized in the community at zero cost were identified, which showed good adherence.

During the focus group, the idea of health professionals themselves participating in activities with patients was also explored. First, it was considered that the participation of prescribers could contribute to a closer relationship with patients and encourage their adherence. The participation of prescribers in activities can be fruitful by creating a commitment between both parties, as well as by making patients feel

special when interpreting the prescription as a more personal invitation. Then, it was mentioned that the prescribers themselves could organize activities, also assuming the role of community providers. This suggestion followed a sharing of experiences, in which one of the health professionals reported having organized activities in the past that were well received by patients. Finally, it was cautioned that the activities in which health professionals would participate would have to meet their preferences so that this participation is sustainable in the long term.

> *"In the summer they even had free yoga classes, pilates and there was a lot of membership, which they usually even did public spaces, in the open air for free"* (quote from HCP)

3.1.7. Strengths and opportunities of the pilot project

Based on their experiences, health professionals highlighted the good receptivity of patients to the pilot project, having perceived it as an indicator of success in the future.

Additionally, they perceived that the limitations felt during the pilot project are surmountable and predict that there will be an increase in the offer of activities to be prescribed to the patient after the COVID-19 pandemic.

3.1.8. Weaknesses and threats of the pilot project

Through a retrospective evaluation, it was recognized that the short duration of the pilot project limited contact with patients, thus reducing prescription opportunities.

At the same time, the limited number of activities was identified as a weakness of the pilot project, considering that a varied offer is one of the key aspects contributing to the success of Social Prescribing.

The bureaucratic difficulties experienced in creating the network of community partners were pointed out by the various health professionals as threats to Social Prescribing. Finally, the COVID-19 pandemic was the most mentioned external element as a barrier to the success of the pilot project, both because of the conditioning to offer activities, as well as the limitation of the patients' adherence because they were afraid to participate in activities that would imply socialization with third parties.

3.1.9. Training feedback

Health professionals, when questioned about their initial training, expressed general satisfaction with it, highlighting only some technical difficulties related to the performance of audiovisual equipment available at the primary healthcare unit.

3.1.10. Future of Social Prescribing

The health professionals involved in the pilot project showed a willingness to continue the project, showing interest in replicating the initial training in order to expand the team of prescribers. They also revealed that, if there was an opportunity, the other colleagues working at the primary healthcare unit would be interested in participating.

3.2. Patient perspective on SP

3.2.1. Health promotion areas

During the interview, the patient mentioned some areas that he considers important in the context of health promotion. Following the presentation of the concept

of "Social Prescribing", the patient started by identifying physical activity as one of the important areas for the promotion and maintenance of health, having underlined the need to combine several types of physical activity, such as aerobic and resistance activities.

Additionally, the importance of healthy eating in maintaining and promoting health was highlighted. The patient also mentioned food supplements combined with physical activity, which should be evaluated by a health professional. After the moderator gave as an example the prescription of reading activities, the patient recognized them as beneficial for health, having mentioned his interest in religious readings. Finally, the patient also recognized medication as necessary for certain circumstances.

3.2.2. Aspects to consider in Social Prescribing

During the interview, the patient mentioned some aspects that should be considered in the context of Social Prescribing, as well as barriers and constraints that could condition the adherence of patients. With regard to prescribed activities, the first aspect to be considered by the prescriber should be the adequacy of the activity to the patient's state of health and capabilities. In addition, the importance of adopting a phased approach, with a focus on progress, was highlighted. According to the patient, this strategy will promote the maintenance of interest and adherence in the long term, which may contribute to the development of patient autonomy.

The patient recognized that the health professional, in the context of Social Prescribing, works as a "motivating element", by encouraging patients to try new activities.

Having the health professional in the role of prescriber can, by itself, promote adherence, as there is a feeling of obligation on the part of some patients to comply with their recommendations. Furthermore, from the patient's perspective, an effort is always made to comply with his/her recommendations, at least in part.

The patient identified the health professional as the link between patients and providers, with an active and constant relationship existing between the prescriber and the provider. In addition, he highlighted the importance of the presence of an instructor to accompany the practice of the recommended activity, to provide assistance and to provide feedback on its performance to the provider-prescriber-patient team.

During the interview, barriers and/or constraints to adherence were identified, such as the time it would be necessary to dedicate to the activity and the associated monetary costs or prerequisites. On the other hand, the absence of entities promoting some of the activities identified was mentioned, which could limit the creation of a network of partnerships. Finally, when referring to going to museums as one of the activities to be prescribed, the patient raised doubts about the potential benefit of these visits for health. The lack of knowledge of the health benefits of the prescribed activities may condition adherence to them.

3.2.3. Activities suggested by the patient

During the session, the patient identified several activities of interest for Social Prescribing.

The first activity suggested was the practice of physical activity, particularly running, walking, and playing tennis. Furthermore, the patient also mentioned the

practice of martial arts, including judo, which, despite initially having considered that this modality might not be suitable for everyone, he ended up mentioning that it would be possible to adapt it for the elderly. Finally, as an activity to promote physical activity, the patient suggested traditional games such as petanque, noting that in his geographical area, there is a high number of players who often get together spontaneously. However, it raised the possibility of there being some official entity or group responsible for organizing competitions. Additionally, the patient mentioned outdoor activities such as beach activities, fishing, agriculture, and gardening. When the moderator referred to activities in urban gardens, the patient was in doubt about the adherence to these.

The patient suggested do-it-yourself (DIY) activities, more specifically through the organization of volunteer initiatives to paint buildings in need, taking the health center as an example; and drawing, as it is an activity that he likes.

During the interview, the patient showed interest in reading activities, having recognized their health benefits. Finally, didactic sessions to learn to read and work with new technologies, such as working on a computer, were also identified as activities of interest.

3.2.4. Places/entities to be involved

As for the places and entities to be involved, particularly for the practice of physical activity, the patient identified the existence of a sports venue and many gyms in the community. The patient mentioned strategies to identify resources in the community in the articulation with the City Council, Hospital, and Regional Health Administration.

3.3. Museum representative's perspective on SP

This section presents the perspective of the museum representative in the context of Social Pre-scribing, including their role in the dissemination and promotion of activities.

3.3.1. Dissemination of activities

The museum can disseminate its activities to healthcare professionals and patients through posters displayed at the health center and on the museum's and City Council's social media. It can also conduct training/sensitization sessions for healthcare professionals, including guided tours of the museum. Other materials like brochures and videos can be provided, and activities can be promoted through phone calls to patients.

3.3.2. Promoting adherence to activities

To promote adherence, the museum proposes direct phone contact with patients, with prior written consent for data protection. Digital publications on the museum's and City Council's social media pages can also support this effort.

3.3.3. Coordination with the healthcare center

It can be facilitated through emails or phone calls, with the museum, ideally to manage appointments with patients, given their consent. Healthcare professionals could provide a document certifying attendance at activities, which the museum would sign or stamp.

3.3.4. Institutional benefits

The museum sees institutional benefits in offering activities to patients referred by the health center, including the promotion of local history and heritage, cultural education, and the creation of new audiences. The museum aims to provide enriching experiences, stimulate curiosity, and offer new knowledge through memories, identities, and territories. All activities must adhere to current health and safety regulations as per the guidelines of the General Directorate of Health (DGS) and the contingency plan of the municipality.

4. Discussion

This study aimed to understand the motivations, perceived benefits, and experiences of healthcare professionals and patients involved in a Social Prescribing pilot project within a USF in the Algarve region of Portugal. Additionally, the study incorporated input from a local museum, which provided valuable perspectives as a stakeholder potentially involved in the SP process. The findings provide additional important information on both patient's and healthcare workers' perspectives on relevant aspects of SP, as well as valuable insights into the implementation of SP in this context and highlight both facilitators and barriers to its success.

Different facilitator factors to implementation were identified in this study. The involvement of patients and providers in the design and implementation of SP has been previously identified in the literature (Brandling et al., 2011; Pescheny et al., 2018a). This includes workshops to design and discuss the specificities of SP programs; trainings and briefings for all the involved partners, and a flexible approach (Chatterjee et al., 2018; Pescheny et al., 2018b). These facilitators have not only been included in this study but also the early design and implementation of pilot SP programs in Portugal (Costa et al., 2021a; Costa et al., 2021b). In addition, the active involvement and engagement of healthcare professionals in SP were also pointed out as a facilitating factor (Ebrahimoghli et al., 2023; Pescheny et al., 2018b). Our study showed that prescribers are motivated to be actively involved in some of the activities, becoming role models for patients and strengthening their therapeutic relationships.

Healthcare professionals were motivated to participate in the SP pilot project for several reasons, including the opportunity to work more closely with the community, address social isolation among the elderly, and expand the therapeutic options available to patients. In a recent protocol, Ghogomu et al. (2024) emphasized the importance of connecting older adults to community resources to enhance their well-being, aligning with this study's focus on addressing social isolation and promoting active lifestyles among the elderly (Ghogomu et al., 2024). The interest in SP also stemmed from the recognition of its potential to enhance patient well-being by promoting participation in physical and social activities, which are often overlooked in traditional medical care. SP was seen as a way to combat sedentary lifestyles, improve mental health, and reduce social isolation. The potential to decrease reliance on antidepressants and anxiolytics was also noted, suggesting that SP could serve as a valuable non-pharmacological intervention. Healthcare professionals highlighted the improved relationship with patients as a significant benefit, which could lead to better patient trust and satisfaction. SP was expected to reduce the workload of healthcare

units by addressing the root causes of frequent healthcare visits related to social needs, thus increasing efficiency and productivity.

Additionally, Napierala et al. (2022) underline the effectiveness of SP in managing chronic conditions by integrating medical and social support, supporting the study's findings that SP can reduce reliance on pharmacological treatments and improve therapeutic outcomes.

The patient interviewed identified key factors that could facilitate adherence to SP, such as tailoring activities to their health and capabilities, adopting a phased approach to maintain long-term interest, and the influential role of the health professional as a prescriber.

From the museum's perspective, disseminating information through various channels and providing training for healthcare professionals were seen as effective strategies to enhance visibility and engagement. Direct phone contact and digital publications were suggested to promote adherence, while coordination with the health center through emails or phone calls was deemed crucial. Institutional benefits for the museum included the promotion of local history and heritage, cultural education, and the creation of new audiences, all of which align with its mission to provide enriching and educational experiences.

The identification of barriers is important to inform both policy and practice, as well as the implementation of SP (Durlak and DuPre, 2008). Significant barriers that must be addressed to ensure the success of SP programs (Brunton et al., 2022; Fixsen et al., 2022; Khan et al., 2023). Fixsen et al. (2022) discussed the diverse representations of SP schemes and their varied responses to challenges such as the pandemic, highlighting the complex interplay of social divisions that sustain unequal health outcomes. This aligns with the study's findings on the need to tailor interventions to meet the specific needs of vulnerable populations and address broader social inequalities. Brunton et al. (2022) provides insights from staff stakeholders into the challenges of integrating signposting into general practice, emphasizing the importance of role clarity, training, and stakeholder communication for successful integration. Moreover, the National Academy for Social Prescribing highlights the global adoption and adaptability of SP across various health system contexts, emphasizing the importance of international collaboration and knowledge sharing. In our study, the use of local partnerships, such as with the museum could enhance program relevance and engagement, suggesting that SP can be effectively integrated into broader health system reforms to address 21st-century health challenges (Khan et al., 2023). In this study, the time commitment required for activities, associated costs, availability of suitable activities, and the lack of perceived interest in health benefits, highlights the challenges that need to be addressed to improve patient adherence and the overall success of SP initiatives. Previous studies have reviewed several barriers linked to SP, which were also identified by our study. These include the unfavorable economic environment, which may prevent patients from accessing SP activities (Pescheny et al., 2018b; Simpson et al., 2021).

4.1. Strengths and limitations

The focus group discussions with healthcare professionals revealed several strengths and opportunities for the SP pilot project. The positive reception by patients was an encouraging indicator of future success. Health professionals considered that post-pandemic, there would be an increase in the variety of activities offered, thus enhancing the attractiveness and effectiveness of SP.

Another key strength was that it builds on previously published literature on SP in Portugal. It identifies and explores several key aspects related to both patients and healthcare workers, providing key information for designing and implementing SP programs in Portugal.

Despite this, several limitations were identified. The short duration of the project limited patient contact and reduced the number of participants. The study was conducted during the COVID-19 pandemic posed additional bureaucracies and limited options for participation, both for patients and healthcare workers. In the case of patients, the pandemic may have contributed to the participation in the study not being considered a priority, however, it may have also raised awareness about the incorporation of novel approaches to healthcare. This reasoning also applies to healthcare professionals, who faced additional competing priorities during the pandemic, including increased workload. Nevertheless, all participants were motivated to answer the questions and participated actively in the interviews and focus groups, and considered that the difficulties faced due to the pandemic could be surmountable with the offer of additional SP services in the future. Lastly, the small sample size limits the generalizability of the findings. Additionally, the study was conducted in a single USF, which may not reflect the experiences of other healthcare units. The reliance on self-reported data from interviews and focus groups may also introduce bias, as participants may have provided socially desirable responses. Finally, the short duration of the pilot project and the external constraints posed by the COVID-19 pandemic may have affected the implementation and outcomes of the SP activities.

4.2. Future recommendations

Despite the pointed limitations, future research should further explore several promising areas. Targeting patients from different age groups will help to understand the acceptability of SP and identify suitable activities throughout the life course. Potential differences in patient perspectives across various geographies in Portugal should be also explored, such as between large urban centers and rural areas, which will provide a more comprehensive overview of the implementation requirements.

For healthcare professionals, expanding the study to include those working in private healthcare units and different geographic areas will enrich our understanding of SP's impact. Furthermore, mapping available activities and assessing their cost-effectiveness for different age groups and conditions will be crucial for optimizing SP programs and ensuring their sustainability and effectiveness.

Identifying barriers is also essential to inform policy and practice. Challenges such as time commitment, associated costs, and the availability of suitable activities need to be addressed to improve patient adherence. The integration of SP into healthcare practices requires clear roles, effective communication, and training.

Partnerships with local organizations, like museums, can enhance program relevance and engagement.

To further improve SP initiatives, leveraging international collaboration and knowledge sharing can help adapt SP programs across diverse health systems. Addressing social inequalities and tailoring interventions for vulnerable populations is important for success. By understanding these challenges and opportunities, future research can contribute to developing more effective, equitable, and sustainable SP programs.

5. Conclusion

This study has highlighted the potential benefits of implementing SP in Portugal, specifically within the context of a pilot project in the Algarve region. By exploring the perspectives of healthcare professionals, patients, and community representatives, several key facilitators of success, such as the active involvement of healthcare providers, the importance of tailored activities, and the need for strong collaboration between healthcare units and community partners were identified. Challenges remain, particularly regarding resource allocation, training, and the need for a wider variety of activities to sustain patient engagement.

The findings underscore the importance of integrating Social Prescribing into primary healthcare settings as a valuable tool to address social determinants of health, reduce social isolation, and improve overall well-being. While this pilot study demonstrated promising outcomes, there is a clear need for larger-scale studies to further investigate the long-term impact of Social Prescribing across different patient populations and healthcare contexts in Portugal. Future efforts should focus on expanding Social Prescribing programs, fostering collaboration with a broader range of community services, and ensuring that healthcare professionals receive the necessary training to effectively implement these interventions.

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Informed consent statement: Informed consent was obtained from all subjects involved in the study.

Data availability statement: The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

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