

12-2018

# Evaluating Awareness of Horticulture Therapy in the Omaha Area

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## Recommended Citation

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# EVALUATING AWARENESS OF HORTICULTURE THERAPY IN THE OMAHA AREA

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DECEMBER 9, 2018  
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**Abstract:**

Horticulture therapy, where gardens, landscapes, and other plant materials are used to increase overall wellness or reach defined therapeutic goals, has a body of research which supports its effectiveness. To assess potential clients' knowledge and interest in utilizing horticulture therapy, a survey was conducted. UNO college students were asked for their input for these questions. Furthermore, businesses that were potential horticulture therapy providers were contacted and asked six questions regarding any current or future horticulture therapy programs offered at their facilities. Afterwards, the University of Nebraska-Lincoln Extension office of Douglas-Sarpy County was contacted and asked about any involvement in horticulture therapy programs in the Omaha area. Most surveyed students expressed interest in horticulture therapy while businesses had a few common obstacles to providing this service.

**Introduction**

Horticulture therapy is a method of therapy which has distinct characteristics and advantages over other therapy methods. In horticulture therapy a “therapist utilizes plants and plant-related activities as a therapeutic medium to enhance physical, emotional, social, and spiritual well-being” (Hewson, 1994). It has been shown that exposure to the natural world encourages psychological well-being, reducing stress, and promoting physical health (D'Andrea, Batavia, and Sasson. 2008). Horticulture therapy is unique from other forms of therapy because “it uses living material, requiring nurturing and care, in its programs. The maturation and lifecycle of plants provides plenty of horticulture tasks and related activities to stimulate thought, exercise the body and encourage an awareness of the living external environment” (Hewson, 1994). Unlike other crafts which involve inanimate materials, living plant material has the power of development and recovery from malpractice, just as the patients themselves who need therapy

have the capability of recovery from their various illnesses and potential for future growth and development (Thoday, 1981). Plants provide stimuli for the senses of touch, taste, smell, and vision with their wide variety of textures, colors, flavors and scents (Hewson, 1994). Horticulture projects bolster self-esteem and confidence by developing the patients' skills, fostering a sense of nurturing, and providing structure and activity that alleviates depression and alters negative moods (Hewson, 1994). Thus, engaging patients in activities which involve working with living plant material bestows greater benefits on them than other forms of activity.

Although the idea that the outdoors confers benefits is not new nor strange, research has indicated concrete results that confirm this supposition. Fresh air, sunlight, and natural landscape were considered as factors for healing in different hospital settings from the later 17th century until the middle of the 20th century (Söderback, 2004). In 1984 Roger Ulrich composed the first empirical test on the therapeutic benefits of nature (Campbell, 2009). Patients matched for age, general health, and gender underwent the same surgery (Campbell, 2009). Afterwards, one group went to hospital rooms which looked out to a brick wall, while the other group had windows overlooking an outdoor landscape with trees (Campbell, 2009). Those that saw a landscape used less narcotics and analgesics, had shorter recovery periods, and a better post-surgery recovery than those who could only see the brick wall (Campbell, 2009). Patients in sunlit rooms recover more rapidly, have reduced pain levels, and stay in the hospital fewer days than patients whose rooms lack access to sunlight (Campbell, 2009). Daylight entrains circadian rhythms, increases alertness, enhances moods, and promotes neurological health (Campbell, 2009). Research suggests that contact and interaction with nature lowers morbidity and mortality, particularly from anxiety disorders and depression (Van Den Berg and Custers. 2011). Hence, this correlation

between increased health and natural surroundings has been confirmed by these and other studies.

With an understanding of how beneficial horticulture therapy is, there ought to be a demand for these services amongst clientele. Businesses that want to take advantage of a possible emerging field need to be informed about the interest and possible marketing of horticulture therapy services. To address these concerns both businesses and students were anonymously surveyed.

### **Materials and Methods**

Two broad definitions of horticulture therapy were read to students. Then four closed questions were asked of them. Students remained anonymous. One hundred and ten students responded to the survey. The four questions used are as follows:

Have you heard of horticulture therapy before today?

Would you be interested in horticulture therapy if it was prescribed for your physical or mental health?

If horticulture therapy was demonstrated to have more benefits than conventional therapy programs, would you be willing to pay more for it?

If you knew that you would walk out of horticulture therapy with additional skills and knowledge beyond your rehabilitation benefits, would you be willing to participate?

Businesses were asked six questions about existing or future plans to create horticulture therapy programs. To encourage honest feedback, businesses were also anonymous. One business works with visually impaired employees. Two of the businesses surveyed provide short-term rehabilitation and long-term care. One organization provides programs for person with

intellectual disabilities. Another organization focuses on assisting troubled youth. The questions that these organizations were asked include:

Are you familiar with the theory or the benefits of horticultural therapy? If so, have you ever witnessed horticulture therapy in action?

What horticulture therapy programs or materials do you currently have at your organization?

If you have none, are you considering starting a program? What are any perceived obstacles to starting a program?

Or

If you currently have one or more programs or materials, are you considering expanding your program?

What are any perceived obstacles to expanding your program?

Given the documented benefits of horticulture therapy, would you consider using horticulture therapy as a marketing factor or to enhance public relations?

Do you have any general comments or concerns regarding horticulture therapy that you would be willing to share?

The University of Nebraska-Lincoln Extension office in Douglas-Sarpy County was contacted and asked the following questions:

Do you currently offer any assistance at any horticulture therapy programs in the Omaha area?

What are some obstacles to providing horticulture training to therapists interested in offering horticulture therapy?

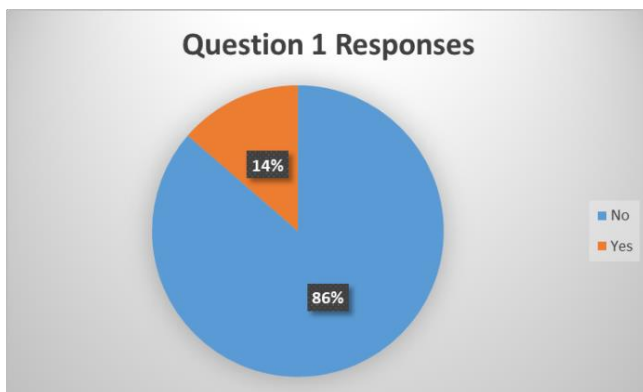
From my research, horticulture therapy for human wellness is not commonly available in Omaha. Would you agree or disagree?

If you agree, why do you think it is limited, and what would have to change in order for it to expand as a therapy option?

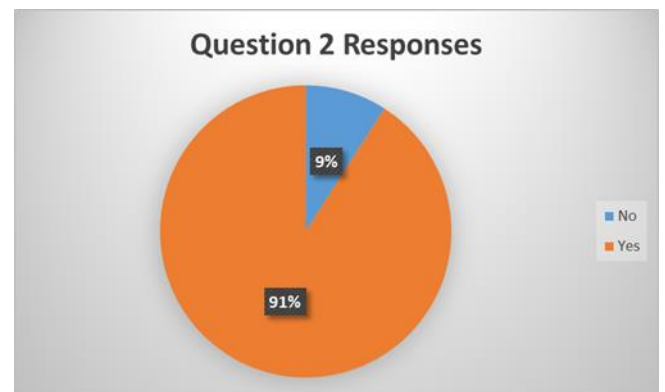
If you disagree, what factors are leading to success, and please provide some examples of successful therapy programs that you are aware of.

## Results

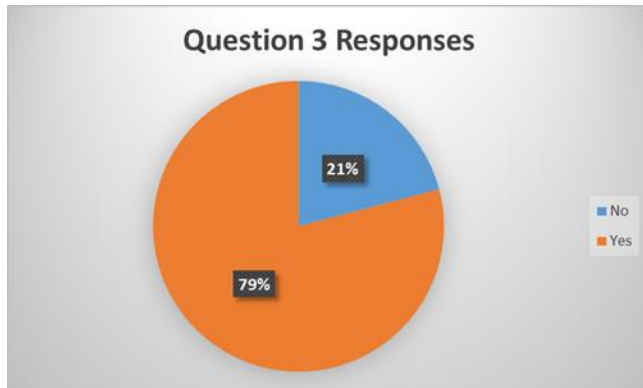
Fourteen percent of students that were surveyed had heard of horticulture therapy prior to the survey (Figure 1). Of the interviewed students, ninety-one percent expressed that they would be interested in horticulture therapy if it was prescribed for their physical or mental health (Figure 2). Seventy-nine percent of the students stated that they would be willing to pay more for horticulture therapy services (Figure 3). With knowledge of attaining additional skills and knowledge beyond rehabilitation benefits, ninety-seven percent of students were willing to participate (Figure 4).



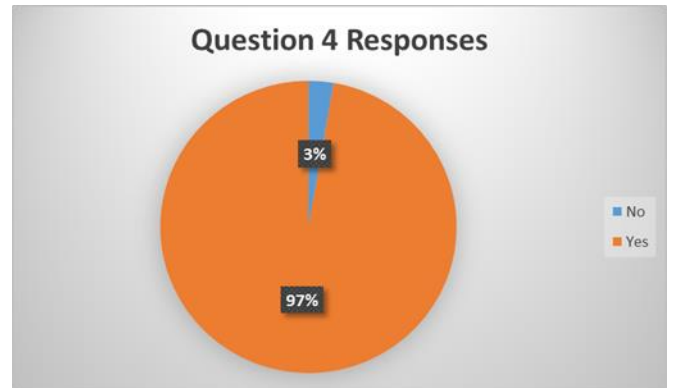
**Figure 1.** Pie graph of the first question: "Have you heard of horticulture therapy before today?"



**Figure 2.** Pie graph of the second question: "Would you be interested in horticulture therapy if it was prescribed for your physical or mental health?"



**Figure 3.** Pie graph of the third question: “If horticulture therapy was demonstrated to have more benefits than conventional therapy programs, would you be willing to pay more for it?”



**Figure 4.** Pie graph of the fourth question: “If you knew that you would walk out of horticulture therapy with additional skills and knowledge beyond your rehabilitation benefits, would you be willing to participate?”

Of the businesses surveyed, one declined to participate. Only one organization had a horticulture therapy but they had no plans to expand that program. One organization provided materials for horticulture activities. The obstacles to starting or expanding a horticulture therapy program were knowledge, cost, weather, and staff.

The Douglas-Sarpy Extension office stated that for the past five years up until the present time they have had no involvement in any horticulture therapy programs. Their biggest obstacle to offering horticulture training to therapists interested in offering horticulture therapy is finding qualified staff with the necessary degrees to provide that training. They also felt that horticulture therapy was not commonly available and that the public would need exposure and education about horticulture therapy. This education would need to provide the research that indicates the benefits of horticulture therapy as well as establishing this as a valid form of therapy.

## **Discussion**

Although 86% of students had not heard of horticulture therapy 91% expressed interest in this form of therapy. Some students expressed a desire for more information regarding horticulture therapy so that they could make more informative decisions.

The two most important obstacles for businesses seem to be costs associated with horticulture therapy and staff. The staff needed for these therapy programs have to have a specific skill set. They need the training to be able to work with the specific population that is receiving therapy while also having the necessary training in horticulture to make horticulture therapy both interesting and challenging.

Appropriately trained staff was also a limiting factor that hampers the Douglas-Sarpy County Extension office from being able to offer horticulture training to interested therapists. In order to make this therapy more common possible clients need to become informed about this therapy option and thereby increase its demand.

A future survey could be performed that would collect demographic information that would key potential horticulture therapy providers to prepare for those populations that would most likely be interested in using their services. This could also include individuals already receiving treatment or recently diagnosed with conditions that make them likely candidates to receive such services.

## **Acknowledgements**

I would like to thank Professor Steve Rodie for his guidance and feedback throughout the course of this research project.

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