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Agro-Healing Service Quality Analysis Using IPA Analysis for Business Owners

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ABSTRACT

Background and objective: This study seeks to investigate domestic agro-healing farm resources so that preliminary data can be obtained on the systematic provisions for agro-healing programs in order to improve service quality and to identify the quality of agro-healing policy services.

Methods: For this study, owners of agro-healing facilities were asked 24 questions via an online survey. An importance-performance analysis (IPA) was conducted to identify service quality for each policy sector.

Results: Respondents' satisfaction levels were low when compared to agro-healing farm owners' perceptions of the above-average importance of each sector. The results from the resource analysis of domestic agro-healing farms indicated that the main operational purposes of farms were, in descending order, experience (90.0%), healing (86.7%), and education (84.0%). With respect to the type of program that was operated, cultivating crops (horticultural therapy) was identified most frequently at 83.3%.

Conclusion: As a result of this study, the resources possessed by agro-healing farms were identified. In addition, the results of the IPA analysis in terms of service quality are not as good as expected, and performance levels should be increased to improve this. The results of this study are expected to provide useful information not only to improve the quality of agro-healing services, but also to revitalize the agro-healing industry while developing a systematic agro-healing program.

Keywords: agro-healing farm, care farm, green care, priority analysis, resource analysis

Introduction

Recently, to solve social problems, various agricultural forms have been proposed that hold pluralistic functions, such as those that focus on the healing function of agricultural resources. Agriculture, which has focused on production and tourism in the past, has been transformed due to new trends (RDA, 2012). As an example, social agriculture and agro-healing have emerged based on the pluralistic functions of agriculture. Social agriculture is agriculture that provides various social services to the underprivileged, and it creates social and economic value for agriculture, and provides positive effects to service recipients and society (Lim and Lim, 2017). Agro-healing pertains to all agricultural activities provided by utilizing agricultural and rural resources to restore, maintain, and promote health for all citizens. In Korea, the Act on Research, Development and Promotion of Healing Agriculture was enacted in March 2020. The government is preparing to build 234 agro-healing facilities and two agro-healing cen-

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ters in certain cities and provinces from 2017 to 2021 in order to build agro-healing infrastructure, an agro-healing diffusion center, and a comprehensive platform for agro-healing in 2021 (Jang et al., 2021).

Most agro-healing farms in Korea are converted from production or experiential farms. The Rural Development Administration of South Korea (RDA, 2017) suggested that in order to develop and provide a systematic agro-healing program for professionals, such as for agro-healing farm owners and agro-healing experts who wish to operate an agro-healing program, then an analysis of farm resources should be prioritized. The core resources of agro-healing farms include plant and animal resources, non-agricultural activities, and natural scenery. It is thus possible to offer a successful agro-healing program by identifying the types of resources possessed by the agro-healing farm (RDA, 2020), particularly since the types of available resources can inform the activities offered by the agro-healing program. Therefore, to develop a customized agro-healing program, the resource analysis process undertaken by agro-healing farms should be prioritized, as it will affect the agro-healing service quality of agro-healing farms.

In Korea, interest in agro-healing has recently increased, but data on agro-healing-related service quality, public awareness, demand, and national policies and support measures, are generally insufficient (Park et al., 2017). The evaluation of service quality reflects the difference between the expected and perceived service (Gronroos, 1984). The importance of service quality has been proven through previous studies in various fields (Kozak and Rimmington, 2000; Orel and Kara, 2014; Su et al., 2016, 2017); however, research on agro-healing service quality remains insufficient. Therefore, it is necessary to evaluate the service quality of agro-healing policies, and based on this, there is a need for quality management policies on agro-healing services.

Therefore, this study was conducted to collect preliminary data on the development of a systematic agro-healing program, while evaluating the service quality of agro-healing farms, as based on the agro-healing farm owners' perceptions. The resources possessed by domestic agro-healing farms were identified, the importance–performance analysis (IPA) was conducted, and agro-healing service design quality was evaluated. These elements can be utilized to improve the quality of agro-healing services while achieving the goals of agro-healing.

Research Methods

Study respondents and survey methods

To analyze the available resources and service quality associated with agro-healing policies, a total of 30 agro-healing farm owners were asked to complete an online survey between May 29 and July 23, 2021 (a total of 56 days). In all, 200 agro-healing farm owners were asked to complete the online survey and were recruited through nationwide agricultural technology centers using cluster sampling. A total of 43 completed surveys were collected, and the data from 30 questionnaires were used for the final analysis; in all, 13 questionnaires were omitted. This study was approved by the Institutional Review Board of Konkuk University (7001355-202104-HR-432).

Assessments

A total of 24 questions were developed to investigate the status of resources in the agro-healing farm industry, while the IPA of agro-healing farm policy services to domestic agro-healing farm owners was performed. The questionnaire consisted of 14 questions related to the resource status of agro-healing farms, 5 questions on the design of the agro-healing service policies, and 5 demographic questions. Agro-healing farm resource questions were subdivided into characteristics, operation status, environmental resources, and activity type (Lee et al., 2018a; Jeong et al., 2017). The questions pertaining to the general characteristics of the farm covered the factors of 'area,' 'facilities' and 'operation period.' The operation status questions covered the factors of the 'purpose of operation,' 'agro-healing program,' 'program duration per session,' 'time per session,' 'number of program operation sessions,' 'operating period' and 'primary participants.' Questions on environmental resources and activity resources covered the factors of 'environmental resources (plant resources, animal resources, non-agricultural activities, and natural scenery)' and 'activity resources by type (farming therapy, horticul-

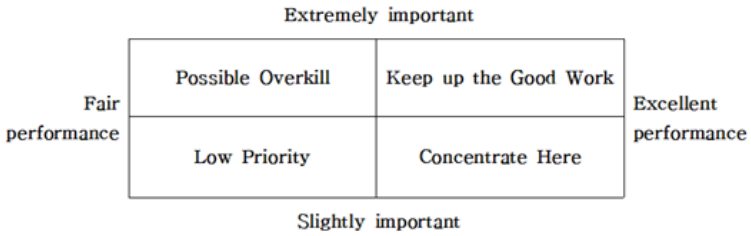


Fig. 1. Overview of the IPA chart (Martilla and James, 1977).

tural therapy, forest healing, and animal-assisted therapy).' The policy service design section consisted of five categories: 'improving accessibility,' 'improving the method of information promotion and provision,' 'diversification of facility and program,' 'financial support' and 'expansion of experts and specialized institutions' (Bae et al., 2019). As a result of calculating the Cronbach's α coefficient of the measurement variables used, all items except 'improving accessibility' showed a high confidence level of 0.80 or higher.

Analysis method

In this study, descriptive statistics were calculated and reported for the questionnaire data using Microsoft Excel (Office 2007; Microsoft Corp., Redmond, WA, USA) to examine the resource status of agro-healing farms, as well as to summarize the demographic information. In addition, a reliability test was conducted for the IPA questions related to the design of agro-healing service policies using SPSS (Ver. 28 for Windows; IBM Corp., Armonk, NY, USA), a statistical software package.

IPA was conducted for the design of the agro-healing service policies. IPA is a technique developed in the field of marketing to simultaneously analyze how importance and performance are perceived with respect to certain important attributes of a provided service or project (Martilla and James, 1977). The analysis result measures the importance and performance of the evaluated element, displays it on a two-dimensional drawing, and examines it according to its location (Fig. 1). IPA is displayed as quadrants, which are divided by the center point as 'Keep up the Good Work,' 'Possible Overkill,' 'Low Priority' and 'Concentrate Here,' respectively. 'Keep up the Good Work' means that the element is of high importance, that performance is relatively good, and that it is desirable to keep it. 'Possible Overkill' means that it is okay to reduce or cease performance when insignificant elements are over-performing. 'Low Priority' indicates that both importance and performance are low. 'Concentrate Here' is high in importance but low in performance, meaning that it is a point of focus for future improvement. IPA is useful for identifying areas that need improvement based on policy awareness (Slack, 1994). In this study, the four quadrants were divided and displayed on three points, reflecting the median value of a 5-point Likert scale (1–5) (Bae et al., 2019).

Results and Discussion

Respondents' demographic information

In terms of gender, 53.3% of the respondents were female and 46.7% were male (Table 1). Further, with respect to age, 56.7% were in their 50s, 20.0% were in their 40s, 13.3% were in their 60s, 6.7% were in their 30s, and 3.3% were younger than 30. The residential districts represented in this study included Gyeonggi-do (26.7%), Chungcheongnam-do (including Sejong; 23.3%), Gangwon-do and Jeollabuk-do (10.0%), Seoul and Jeju (6.7%), and Busan, Daegu, Daejeon, and Chungcheongbuk-do (3.3%). As for educational backgrounds, respondents were most likely to be university graduates, who represented 76.7% of all respondents. Further, 10 respondents (33.3%) majored in agriculture (e.g., horticulture, animal husbandry, and forestry) and humanities, and 2 respondents (6.7%) majored in engineering and technology.

Table 1. Demographic information of the agro-healing farm owners who participated in this study

(n = 30)

Variable	Category	N	%
Gender	Male	14	46.7
	Female	16	53.3
Age	Less than 30 years old	1	3.3
	31 to 40 years old	2	6.7
	41 to 50 years old	6	20.0
	51 to 60 years old	17	56.7
	Over 61 years old	4	13.3
Operating area	Seoul	2	6.7
	Busan	1	3.3
	Daegu	1	3.3
	Daejeon	1	33
	Gyeonggi-do	8	26.7
	Gangwon-do	3	10.0
	Chungcheongbuk-do	1	3.3
	Chungcheongnam-do (including Sejong)	7	23.3
	Jeollabuk-do	3	10.0
	Jeju-do	2	6.7
Education	High school graduate	1	3.3
	University graduate	23	76.7
	Graduate school graduate	6	20.0
Major	Agriculture	10	33.3
	Engineering and technology	2	6.7
	Humanities	10	33.3
	Others	8	26.7

Characteristics of agro-healing farms

The operating area of the largest group of agro-healing farms was Gyeonggi-do (30.0%), followed by Sejong (16.7%), Gangwon-do and Jeollabuk-do (10.0%), Chungcheongbuk-do and Chungcheongnam-do and Jeju-do (6.7%), Seoul and Busan and Daegu and Daejeon (3.3%) (Table 2). In terms of the scale of the agro-healing farms, 50.0% were over 9,900 m^2; 16.7% were under 1,650 m^2; 10.0% were 8,300 m^2 to 9,900 m^2; 6.7% each were in the ranges of 1,650 m^2 to 3,300 m^2, 3,300 m^2 to 5,000 m^2, and 6,600 m^2 to 8,300 m^2; and 3.3% were 5,000 m^2 to 6,600 m^2. In terms of facility type, the agro-healing farms were crop-harvesting facilities (90.0%), educational facilities (73.3%), harvest sales facilities (43.3%), forests (26.7%), kitchen and cooking facilities (23.3%), and lodging facilities (13.3%). The operating periods for these farms were as follows: more than 11 years (33.3%), 3 to 5 years (30.0%), 6 to 10 years (23.3%), and less than 1 year and 1 to 2 years (6.7% each).

In the UK, a survey of 115 agro-healing farms in operation since 2012 was conducted, and it was determined that the farm area ranged from 4,000–6,480,000 m^2 (Bragg, 2013), which is a relatively wide range and indicates a larger scale when compared to the agro-healing farms of Korea. This was believed to be because most of the agro-healing farms in Europe are operated as grassland-based dairy farms, unlike domestic agro-healing farms, which are mainly operated as crop-cultivation facilities or educational facilities (Hassink et al., 2020).

Operation status

In descending order, the most common facility operation

Table 2. Characteristics of the agro-healing farms in this study

(n = 30)

Variable	Category	N	%
Operating area	Seoul	1	3.3
	Busan	1	3.3
	Daegu	1	3.3
	Daejeon	1	3.3
	Sejong	5	16.7
	Gyeonggi-do	9	30.0
	Gangwon-do	3	10.0
	Chungcheongbuk-do	2	6.7
	Chungcheongnam-do	2	6.7
	Jeollabuk-do	3	10.0
	Jeju-do	2	6.7
Scale	Less than 1,650 m^2	5	16.7
	1,650-3,300 m^2	2	6.7
	3,300-5,000 m^2	2	6.7
	5,000-6,600 m^2	1	3.3
	6,600-8,300 m^2	2	6.7
	8,300-9,900 m^2	3	10.0
	More than 9,900 m^2	15	50.0
Facilities (multiple responses)	Cultivating crops facility	27	90.0
	Lodging facilities	4	13.3
	Educational facility	22	73.3
	Kitchen and cooking facilities	7	23.3
	Animal breeding facility	9	30.0
	Forests	8	26.7
	Harvest sales facility	13	43.3
Operating period	Less than 1 years	2	6.7
	1 to 2 years	2	6.7
	3 to 5 years	9	30.0
	6 to 10 years	7	23.3
	More than 11 years	10	33.3

purposes included the following: experience (90.0%), healing (86.7%), education (80.0%), agriculture/production (60.0%), processing/sales (46.7%), and rehabilitation (16.7%; Table 3). In terms of the most commonly reported agro-healing programs, cultivating crops (horticultural therapy) were frequently reported (83.3%), followed by harvesting crops (76.7%), cooking with the harvest (50.0%), indoor horticultural activity (36.7%), harvested crop processing (33.3%), forest healing and animal experience (26.7%), and livestock processing (3.3%). In terms of program duration, the respondents indicated that the agro-healing sessions tended to be held on one day (96.7%), and the time per session was mostly over 90 minutes, or between 60 to 90 minutes. The agro-healing farms were mostly operated during the spring and autumn: in April (90.0%), May (90.0%), June (86.7%), September (86.7%), October (90.0%), and November (73.3%). The most frequently reported participants in the agro-healing agriculture programs were members of the general public (100.0%). When the general public was excluded from the analysis, the primary participants also included those in the field of education (73.3%), those who were training for employment (20.0%), those who were undergoing rehabilitation and or treatment for physical diseases (10.0%), and those living with mental illness (16.7%).

Table 3. The factors influencing agro-healing farm operations (multiple responses)

(n = 30)

Variable	Category	N	%
Purpose of operation	Education	24	80.0
	Experience	27	90.0
	Healing	26	86.7
	Rehabilitation	5	16.7
	Agriculture/production	18	60.0
	Processing/sales	14	46.7
Agro-healing program	Cultivating crops	25	83.3
	Harvesting crops	23	76.7
	Cooking with the harvest	15	50.0
	Indoor horticultural activity	11	36.7
	Forest healing	8	26.7
	Processing with harvesting crop	10	33.3
	Animal experience	8	26.7
	Livestock processing	1	3.3
Program duration per one session	Daily	29	96.7
	1 Night 2 Days	7	23.3
	2 Nights 3 Days	1	3.3
	More than 4 days	2	6.7
Time per one session	30 to 60 minutes	7	23.3
	60 to 90 minutes	15	50.0
	Over 90 minutes	16	53.3
Number of program sessions	Less than 4 session	22	73.3
	5 to 8 session	7	23.3
	9 to 10 session	1	3.3
	11 to 14 session	2	6.7
Operating period	January	9	30.0
	February	11	36.7
	March	20	66.7
	April	27	90.0
	May	27	90.0
	June	26	86.7
	July	19	63.3
	August	17	56.7
	September	26	86.7
	October	27	90.0
	November	22	73.3
	December	15	50.0
Participants	General public	30	100.0
	Training for employment	6	20.0
	Education	22	73.3
	Training for rehabilitation	3	10.0
	Physical disease patient	3	10.0
	Mentally ill patient	5	16.7

As of 2018, the purpose of farm operations was investigated for 78 educational and experience farms in Korea. The owners of the agro-healing farms accounted for only 47.4% of the total respondents (Lee et al., 2018b). It was postulated that the provision of services for agro-healing purposes has increased based on changes in farm owners' perceptions of agro-healing through the operation of related supporting projects and the establishment of infrastructure following the en-

Table 4. Environmental resources of domestic healing farms (multiple responses)

(n = 30)

Variable	Category	N	%
Plant resource	Vegetable	23	76.7
	Flower	11	36.7
	Herb	13	43.3
	Fruit tree	21	70.0
	Food crop	20	66.7
	Medicinal crop	11	36.7
Animal resource	Horse	1	3.3
	Dog	14	46.7
	Rabbit	10	33.3
	Sheep	2	6.7
	Goat	3	10.0
	Cat	8	26.7
	Fish	7	23.3
	Reptile	2	6.7
	Bird	9	30.0
	Insect	6	20.0
Non-agricultural activity	Cooking with the harvest	16	53.3
	Tea ceremony	5	16.7
	Crafts	7	23.3
	Farm-based wellness food	14	46.7
	Rural cultural resources	16	53.3
	Processing and selling of agricultural products	20	66.7
Natural scenery	Small scenery	17	56.7
	Medium scenery	18	60.0
	Large scenery	16	53.3
	Temporary scenery	17	56.7

actment of the agro-healing act (Jang et al., 2021).

In the Netherlands, agro-healing is focused on the education and treatment of mentally ill people, including learning disabilities and autism spectrum disorders, by implementing a system payable through medical fees under the Exceptional Medical Expenses Act (AWBZ) and the Persoonsgebonden Budget (PGB) (Hassink et al., 2014, 2020, CF UK, 2016). On the other hand, in the case of domestic agro-healing farms, the main users were the general public, showing a difference in terms of service consumers from Europe. Accordingly, when examining the number of agro-healing program sessions, most domestic agro-healing farms operated short-term programs of less than 4 sessions; however, in Europe, countries such as the Netherlands and the United Kingdom reported operating longer term programs of 8 months' duration or longer (CF UK, 2016; Hassink et al., 2020). It is hypothesized that there are differences in the goals of service provision and the types of services provided, as based on the difference in the level and nature of domestic and foreign agro-healing farm policy support.

Environmental and activity resources by type

The environmental resource questions related to the agro-healing farms explored different resources, including plant resources, animal resources, non-agricultural activity, and natural scenery (Table 4). The classification of environmental resources by type was based on the criteria presented by the RDA (2020). Of the environmental resources,

Table 5. Activity types of domestic agro-healing farms (multiple responses)

(n = 30)

Variable	Category	N	%
Agricultural work healing	Creating an animal breeding environment	8	26.7
	Carpentry	7	23.3
	Cleaning around the farm	9	30.0
	Management of mechanical equipment and tools	15	50.0
	Firewood management	10	33.3
	Making processed food	20	66.7
	Other creative activities	14	46.7
Horticultural therapy	Vegetable garden design	18	60.0
	Creating vegetables garden	20	66.7
	Cultivating the plant	23	76.7
	Vegetable garden management	20	66.7
	Harvesting crop management	25	83.3
	Making crafts using plants	17	56.7
	Farm party	19	63.3
Forest healing	Walking in the forest	18	60.0
	Meditation in the forest	15	50.0
	Crafts in the forest	6	20.0
	Playing in the forest	13	43.3
	Yoga in the forest	8	26.7
Animal-assisted therapy	Activity with dog	13	43.3
	Activity with rabbit	9	30.0
	Activity with sheep/goat	1	3.3
	Activity for catching fish	6	20.0
	Activity for experiencing insect	6	20.0

plant resources included vegetables (76.7%), fruit (70.0%), food crops (66.7%), herbs (43.3%), flowers (36.7%), and medicinal crops (36.7%). Among the environmental resources, animal resources included dogs (46.7%), rabbits (33.3%), birds (30.0%), cats (26.7%), fish (23.3%), insects (20.0%), goats (10.0%), sheep (6.7%), reptiles (6.7%), and horses (3.3%). Among the environmental resources, non-agricultural activities included the processing and selling of agricultural products (66.7%), cooking with the harvest (53.3%), rural cultural resources (53.3%), farm-based wellness food (46.7%), crafts (23.3%), and tea ceremonies (16.7%). Among the environmental resources, natural scenery resources were classified as medium scenery (60.0%), small scenery (56.7%), temporary scenery (56.7%), and large scenery (53.3%).

The various activities conducted by the agro-healing farms included the following: agricultural healing work, horticultural therapy, forest healing, and animal-assisted therapy (Table 5). Of the activity types, agricultural healing work included the making of processed food (66.7%), the management of mechanical equipment and tools (50.0%), other creative activities (46.7%), firewood management (33.3%), cleaning around the farm (30.0%), creating an animal breeding environment (26.7%), and carpentry (23.3%). Further, the horticultural therapy activities included the management of crop harvesting (83.3%), plant cultivation (76.7%), the creation and management of vegetable gardens (66.7%), farm parties (63.3%), vegetable garden design (60.0%), and making crafts using plants (56.7%). Forest healing activities included walking in the forest (60.0%), meditation in the forest (50.0%), playing in the forest (43.3%), yoga in the forest (26.7%), and crafts in

the forest (20.0%). Finally, animal-assisted therapy activities included activities with dogs (43.3%), activities with rabbits (30.0%), activities to experience insects (23.3%), fishing (20.0%), and activities with sheep/goats (3.3%).

As of 2016, and as a result of a farm-type survey of 614 agro-healing farms in the Netherlands, more than 70% were found to be primarily operated by dairy farmers (Hassink et al., 2020). This is different from the case in Korea, where agro-healing farms feature different types of resources, such as animal and plant resources, non-agricultural activity resources, and forest resources. In order to develop an agro-healing program, it is a priority for the farmer or expert to identify the resources possessed by the farm (RDA, 2017). In particular, many types of agro-healing farms have been converted from production farms or education/experience farms to agro-healing farms in Korea (Lee et al., 2018b).

IPA results for the design of agro-healing service policies

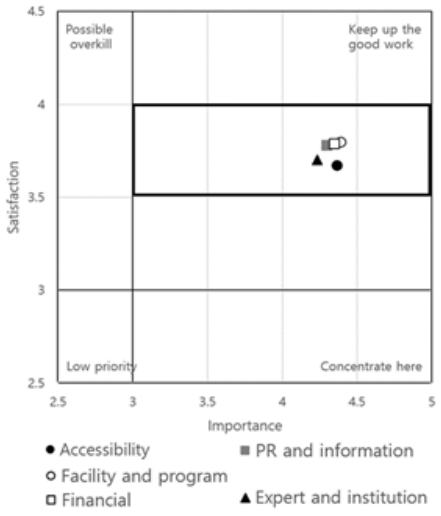
The results of the IPA indicated that respondents regarded the importance and performance of agro-healing service policies as above average, and they also recognized the relative importance of improving accessibility, facility and program diversification, and financial support. The importance and performance of the overall agro-healing revitalization policy sector that was surveyed were above average; all respondents indicated that they require support at the 'Keep Up the Good Work' level (Fig. 2). However, through comparing and analyzing the importance and performance levels of tasks for each sector and sub-division, overall performance was found to be relatively low when compared to importance. This means that the service quality is not as good as expected, and it is thus necessary to increase the performance level to improve it.

In Korea, users of agro-healing services primarily live in urban areas. However, due to the nature of agro-healing activities, agro-healing farms are typically located in rural areas, so users have difficulties accessing transportation to visit, and information on agro-healing services is also insufficient (Roesta et al., 2010). In the Netherlands, there is a local agro-healing farm operation in almost all regions; information-sharing activities or workshops are held (Lee, 2016), and various efforts are being made to increase the accessibility of the agro-healing services.

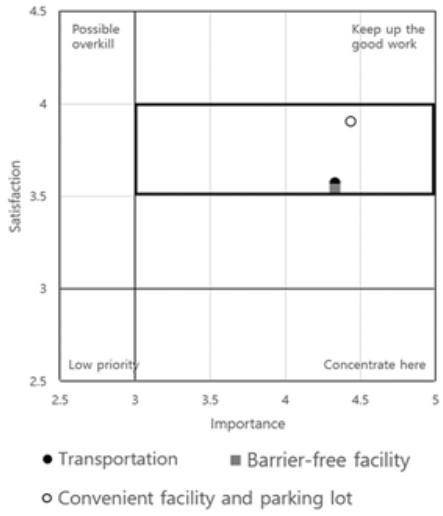
Further, in the Netherlands, the United Kingdom, and Norway, agro-healing was included in the public service sector, and thus the system reduced the financial burden of agro-healing service costs for those receiving treatment by providing financial support (Hassink et al., 2014; Hassink and van Dijk, 2006; O'Connor et al., 2010; Parsons et al., 2010). This is regarded as the most important policy area that can increase access to agro-healing services, not only among members of the general public, but also for the socially disadvantaged who need treatment and rehabilitation.

In Europe, the professional workforce and institutions needed to run agro-healing farms have expanded. Europe has a well-developed agro-healing model; agro-healing farms are officially linked with various institutions such as schools, community service organizations, and hospitals, as these farms can provide new treatment resources to the local community, improve the emotional stability of consumers, and enable the economic maintenance of farms (Iacova and O'Connor, 2009; Goris and Dessein, 2007; Goris and Weckhuysen, 2007; Hine et al., 2008). The United Kingdom has established a regional linkage system for agro-healing, linking those who wish to be healed through close cooperation with organizations; they operate an agro-healing farm through the investment of a joint fund (CF UK, 2016). Government ministries have co-established a network to manage the quality of agro-healing farms (Hassink and van Dijk, 2006). Also, in Norway, a Green Care Council was established under government ministries to provide advice on agro-healing and to support various initiatives, such as quality control (Parsons et al., 2010).

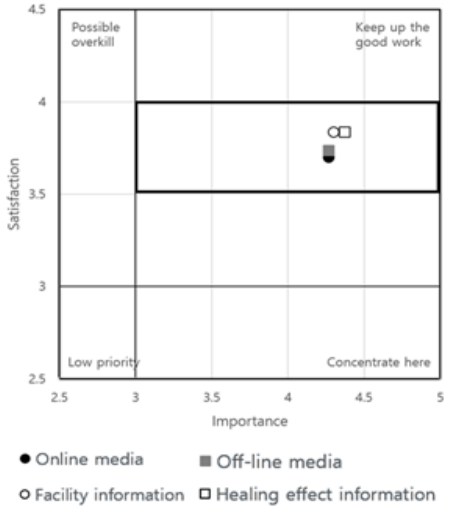
Therefore, in order to improve the service quality performance and policies of domestic agro-healing farm operators, there is a need for policies that improve the efficiency of agro-healing farming. This can be achieved through the establishment of infrastructure between the agro-healing farm operator and related organizations and public institutions. In addition, it is thought that comprehensive support, such as the development and dissemination of agro-healing services, the enhancement of regional accessi-



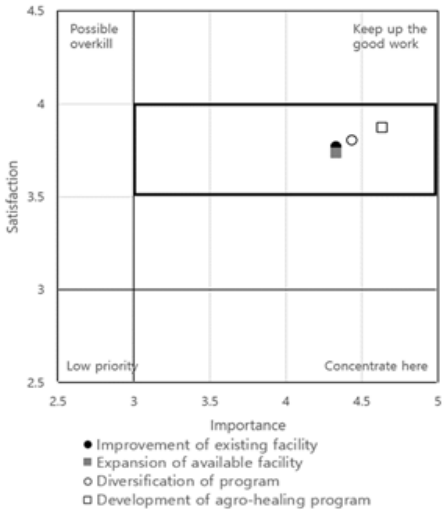
(a) All divisions



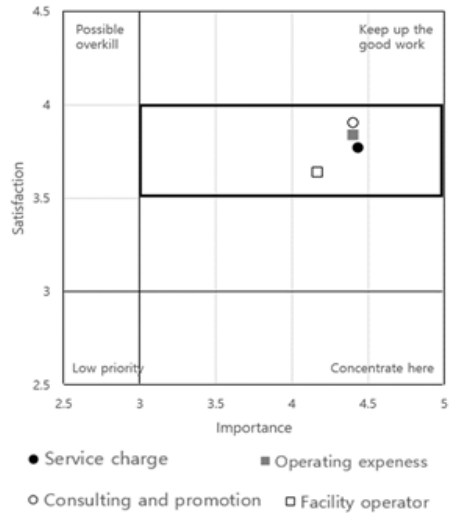
(b) Improving accessibility



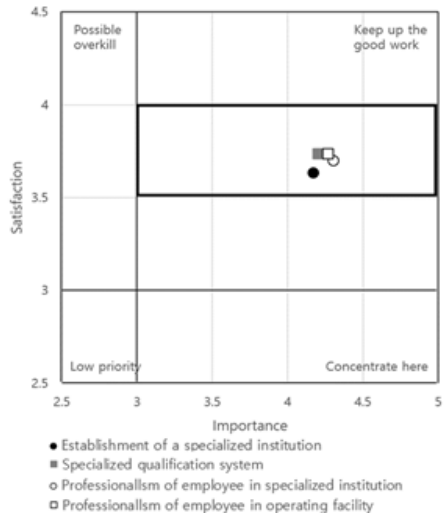
(c) Improving information promotion provision methods



(d) Diversification of facilities and programs



(e) Financial support



(f) Expansion of expert and specialized institutions

Fig. 2. Results of the IPA.

bility, and increases in the type of publicity and information offered through the establishment of a support agency, should be provided.

Conclusion

In this study, a survey was administered to 30 domestic agro-healing farm owners to better understand their existing resources and to explore the available agro-healing farm service policies. The aim of this study was to collect preliminary data on the development of an agro-healing program to promote people's mental health. As a result, data on the operation/facility status of domestic agro-healing farms, as well as on the available environmental/ activity resources were collected. In addition, an IPA was performed and the findings were categorized as follows: improving accessibility, improving information promotion and provision methods, diversification of facilities and programs, financial support, and the expansion of expert and specialized institutions.

Domestic agro-healing farms have been converted from production farms or experiential farms; as such, it is necessary to identify and utilize the previous resources appropriately. The findings from this study highlighted that there is a need for education related to the establishment of domestic agro-healing facilities, the establishment of operating models, and the use of resources to inform program development and operations (Jeong et al., 2017; Lee et al., 2018b). In addition, this work does not stop once agro-healing farm resources have been identified, nor once agro-healing programs have been developed; rather, policy support should also be provided to agro-healing services through the formation of networks with local community organizations, as this would enhance accessibility, offer publicity, and increase access to information and needed supports.

In future research, a survey should be administered that targets a larger sample of domestic owners of agro-healing farms to ensure the representativeness of the survey sample. In addition, to activate the agro-healing service policies, it is necessary to expand the scope of the investigation and evaluate the service quality policies that target agro-healing consumers and experts in medicine and social welfare services. The results of this study are expected to inform the development and dissemination of domestic agro-healing programs, as well as the establishment of agro-healing policies and strategies.

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