

KU LEUVEN

HIVA

RESEARCH INSTITUTE FOR
WORK AND SOCIETY



When burnout meets the earth

Presentation of the first results of the impact study

04/02/2026 - Brussels

Dries Van Herreweghe and Laurène Thil

The context: social farming in Belgium

- **Social farming** offers **supported activities on working farms** for a wide range of groups, depending on region and support structures: people with disabilities, psychiatric services users, young people in school drop-out/youth care, etc.
- It brings together **diverse initiatives** that foster **mutual support** within and around agricultural enterprises.
- The core is **active participation in farm work** (not “educational visits”): working with animals/plants, outdoor tasks, and shared routines with others.

The context: social farming in Belgium

- It deliberately sits **between** two rejected logics:
 - **Not** labour-market insertion with training/performance pressure
 - **Not** medicalised therapy placing clinical demands on farmers
- The “**green care**” effect emerges from the **whole pathway**: possible prescriber → support/health institution → hosting farmer/farm.
- People **unable to work due to mental health issues** (e.g., burn-out) are **still under-represented**

The project: “Soins verts – Groene zorg”

- Aim: **assess and quantify** how natural assisted therapy/green care can improve the **well-being of people medically unfit for work** due to mental health difficulties, especially **burnout**
- Two key innovations versus existing practice:
 - A **specific focus** on this under-represented group
 - **Access via medical prescription**, integrated into the health professional’s care offer

The project: “Soins verts – Groene zorg”

The project rests on **three pillars**:

- 1. Pilot / experimental scheme** (“agricultural green care”): build a **specific protocol** using existing social farming structures, welcoming participants on farms **under medical supervision** to support recovery through contact with nature.
- 2. Impact measurement study** to evaluate and quantify effects -> HIVA KU Leuven
- 3. Public communication & awareness** to engage public authorities and stakeholders (policymakers, federal institutions, universities, doctors) and increase visibility of green care.

The impact study

- **Role of HIVA KU Leuven:** lead the **impact measurement study** (2023-2026)
- **Purpose:** evaluate and quantify the **potential benefits** of “agricultural green care” for people off work due to burnout
- **Approach: mixed methods** data collection, including:
 - **Qualitative interviews** (experiences, mechanisms of change, implementation conditions)
 - **Quantitative interviews/surveys** (measurable changes in well-being and functioning)
 - **Focus groups** (triangulating perspectives, identifying good practices and barriers)

Methodology

Pathways to health and wellbeing

- Farm-based activities can generate **three types of gains**:
 - **Physiological gains**: reductions in stress-related indicators such as cortisol, as well as heart rate and blood pressure (and related stress-response activity)
 - **Psychological gains**: lower anxiety, depressive/negative feelings, and anger; improved mood, vitality, self-confidence, and personal fulfilment
 - **Cognitive gains**: reduced mental fatigue and confusion; better concentration and attention

Methodology

Impact measurement framework: Self-Determination Theory (SDT)

- The impact assessment uses **Self-Determination Theory** to understand how green care may benefit people on long-term work incapacity due to **burnout**
- SDT posits three **basic psychological needs** essential for optimal functioning and wellbeing:
Autonomy (choice/volition), **Relatedness** (connection/care), **Competence** (mastery and skill use)
- These needs may be supported by the **latent benefits of work: collective usefulness, activity, structure, personal development, and social contacts**—often diminished during work absence.

Methodology

Impact measurement framework: Self-Determination Theory (SDT)

- SDT distinguishes **types of motivation** with different wellbeing implications:
Autonomous (intrinsic + identified) vs **controlled** (introjected + external) + **amotivation**.
- In this study, “wellbeing” outcomes are tracked via **burnout** and **work engagement**, linking:

farm context → **needs satisfaction** → **motivation** → **health & wellbeing outcomes**

Methodology

Impact measurement framework: Self-Determination Theory (SDT)

Initial context

Care farms
Green context
Natural environment
Nature-based care and therapy.
Meaningful work activities

Latent benefits of work
Collective objective / usefulness
Activity
Structure
Professional growth
Social contacts

Process

Needs
Autonomy
Belonging and connectedness
Skill

Motivation
Autonomous
Intrinsic self-regulation
Identified regulation
Controlled
Introjected regulation
External regulation

Results

Health and well-being
Work-related burnout
Well-being
Work engagement

Methodology

Impact measurement framework: Self-Determination Theory (SDT) – the survey and questionnaires



- Based on existing and validated surveys
- One online survey for participants: aim is to get longitudinal data on their wellbeing status and motivation (sent every 2 months)
- 3 questionnaires for participants, farmers and health professionals

Qualitative

Not representative, selection bias but →
Relevant **context** to support quantitative findings and
understand **mechanisms**:

- Importance of **green context** → farm/work context
- **Complementary** with other forms of guidance and support
- Rebuilding **routine/structure**
- Finding a manageable **work rhythm**
- Increased **sense of usefulness** and confidence
- **Safe** working environment

Qualitative

- Physical fatigue is a point of attention but also has positive effects
- Renewed **social connections** (farmers, peers)
- Flexibility in social contact (in the right way)
- Generally no **explicit** trajectory towards labour market integration → examples of positive evolution

Quantitative

- Unique respondents that completed questionnaire at least 1 time = **33**

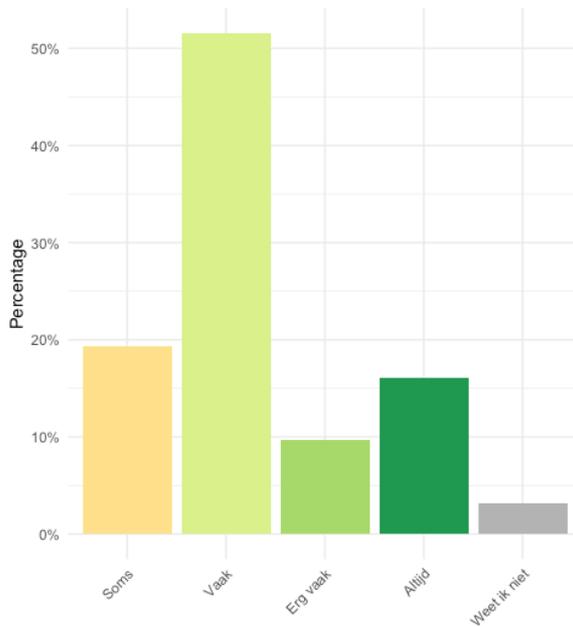
Variable		
Language	NL	15%
	FR	85%
Gender	Male	19%
	Female	81%
Statute	Arbeider/ouvrier	6%
	Bediende/employé	81%
	Other	13%

Variable	
Average time in work incapacity	17 months
Average period worked at care farm	4,5 months

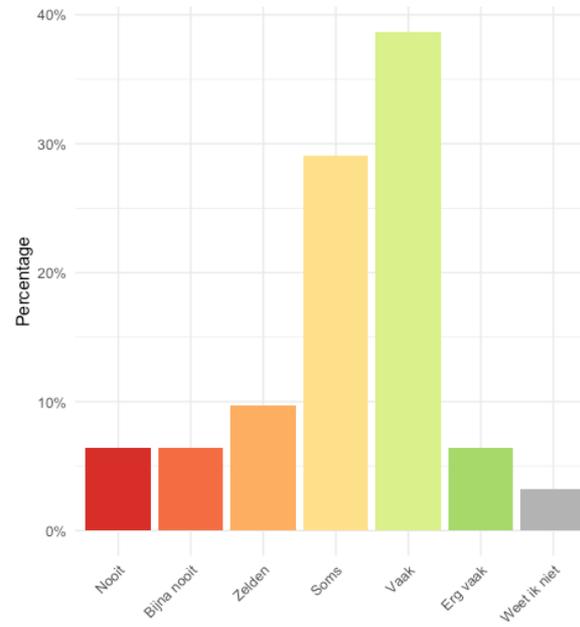
Quantitative

- Unique respondents → (**latest** measurement at the Care Farm)

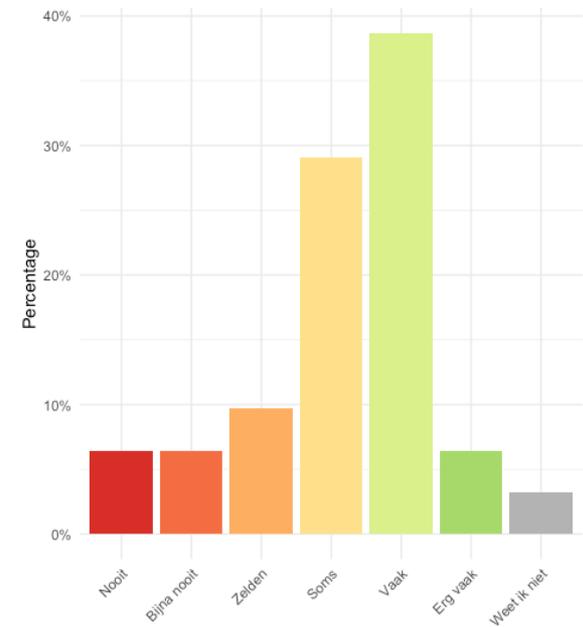
I am absorbed by my work at the care farm.



At the care farm I am bursting with energy.



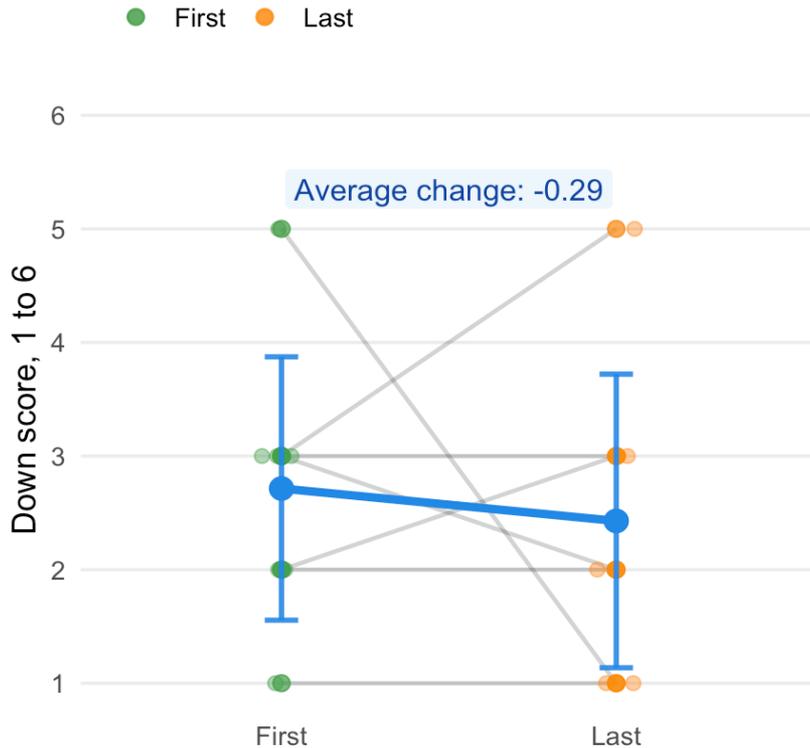
I am enthusiastic about my work at the care farm.



Quantitative

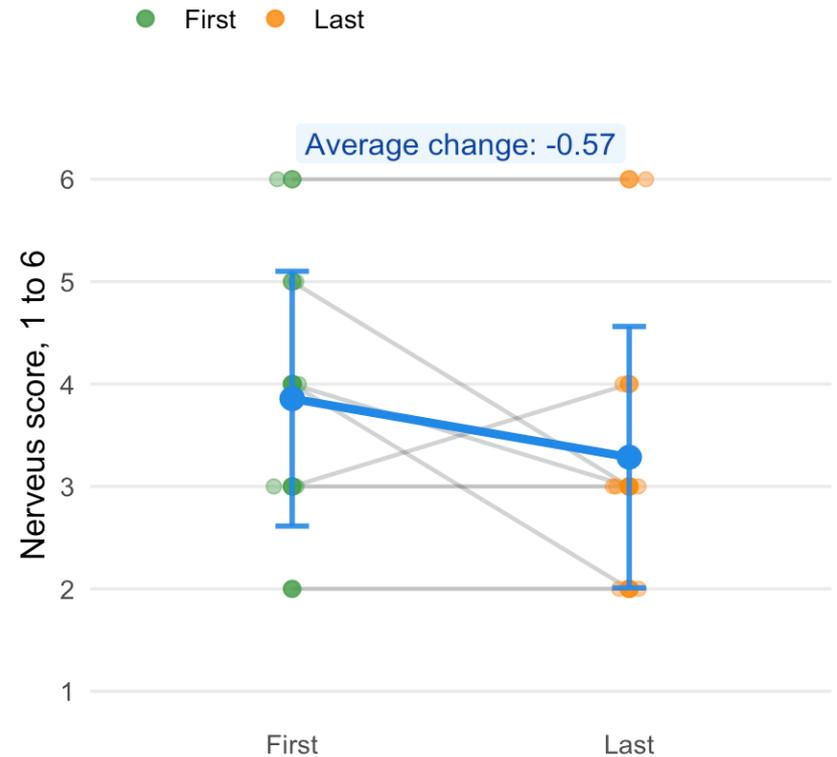
Down first versus last per respondent

Mean first: 2.71 Mean last: 2.43



Nervous first versus last per respondent

Mean first: 3.86 Mean last: 3.29



Quantitative

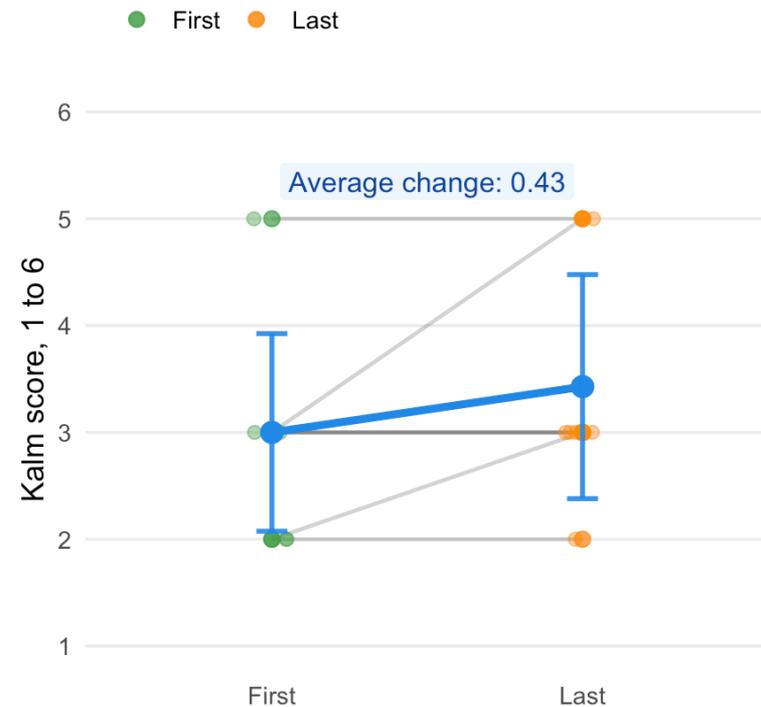
Happy first versus last per respondent

Mean first: 3.43 Mean last: 4.14



Calm first versus last per respondent

Mean first: 3 Mean last: 3.43



Planned actions 2026

- 2 focus groups with health professionals - psychologists (FR/NL)
- More respondents to strengthen quantitative data (!)
- Final report end of 2026

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