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Forest Therapy as an Alternative and Sustainable Rehabilitation Practice: A Patient Group Attitude Investigation

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Abstract: The objective of this research is to investigate the awareness and opinions concerning forest therapy within a public health institution, specifically as a green prescription for patients with stable chronic disease. Through qualitative preliminary analysis, this study compared the responses of a group to gather physical activity and wood frequentation insights, as well as forest therapy patients' attitudes. The results underline a general predisposition among respondents to engage in moderate physical activity and visit natural environments for relaxation purposes. Emerging parallelly is how forest therapy is largely an unknown practice, although it draws considerable interest and a general predisposition to participate. This research outlines the ideal conditions that emerge for participating in forest therapy sessions, including the availability to pay, pointing toward environmentally and socio-economically sustainable reflections. Further studies should extend this preliminary investigation using appropriate statistical methodologies on larger samples, involving different regions and medical conditions.

Keywords: forest therapy; public health; green prescriptions; local development; attitude analysis; sustainable care



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1. Introduction

According to a 2023 study conducted by the private research organization Eurispes and the Enpam organization [1], Italian residents collectively spend approximately EUR 40 billion on medical prescription and pharmaceuticals. These costs are only partially or not at all covered by the national health service. Simultaneously, there is a shortage of healthcare services, which often forces residents to seek medical care in other regions or from an unsustainably long waiting list, revealing a significant disparity between those who can afford private healthcare and those who cannot.

It is important to introduce the concept of preventive and alternative healthcare, with a particular focus on forest therapy (FT). The term, originally “Shinrin-Yoku” or “Forest Bathing”, was coined in 1982 by Tomohide Akiyama, Secretary of the Japanese Forest Agency, referring to a total immersion in a forest environment where the five senses are stimulated, from which several psychophysical benefits can be reelevated [2].

Several studies have extensively dealt with the positive benefits and the role of FT on humans' psychophysical well-being. A systematic literature review reveals a range of benefits associated with exposure to wood environments, impacting psychological and physical states, including reductions in depression and anxiety, improvements in cardiovascular system, respiratory function, immune responses and mental relaxation [3,4]. Concerning the cardiovascular system, particularly in hypertension, scientific research refers to a significant decrease in systolic blood pressure and a general system regulation of the peripheral organs and the brain after an FT session [5–7]. Similarly, patients with diabetes experience a consistent decrease in blood glucose levels [8] and an alleviation of respiratory disease [9,10].

Different countries, including Korea, Japan and China, have established a national central administrative agency dedicated to forest management and the promotion of scientific research and policies concerning FT. In Korea, in 2016, the Korea Forest Welfare Institution was instituted, which promotes forest attendance for curative purpose therapy [11]. Japan has developed procedures for the certification of FT guides, while China supports FT through national policies and the promotion of scientific research [2]. In Europe, particularly in Germany and Scotland, FT is integrated as a treatment program into the national healthcare systems [12].

In Italy, FT has not yet been officially recognized as a formal medical treatment at the national public health level. However, research conducted by the Research National Council (CNR) in collaboration with the Italian Alpine Club (CAI) has contributed a significant input to the national health system's recognition of FT as a "green prescription", thereby recognizing its preventive benefits [13]. The term "Green prescriptions", coined in New Zealand in the late 1990s, refers to specific physical activities conducted in nature as medical prescriptions, whose aim is to prevent disease and improve human well-being and health. Additionally, "green prescriptions" play a crucial role in reducing healthcare emissions and the demand for public health services, ensuring the environmental, economic and social sustainability of the medical sector. FT is included among the activities contemplated by the "green prescriptions" as an alternative prevention treatment [14].

According to the National Institution of Statistics of Italy (Istituto Nazionale di Statistica, ISTAT), in 2019, 39.9% of Italian residents over 45 years old reported having a chronic disease, in which 42.4% of them were female while 37.3% were male. The most prevalent chronic diseases include hypertension, arthrosis, allergic disease, osteoporosis, diabetes and respiratory disease [15]. In 2018, the Friuli Venezia Giulia local public health organization, University Health Company Central Friuli (Azienda Sanitaria Universitaria Friuli Centrale, ASUFC), measured the health condition of the whole region, subdividing the study between different geographic areas. Given the challenge of quantifying health directly, the study analyzed the health conditions of the region by measuring the mortality rate of 100,000 inhabitants in a defined area. The study brought out a significant disparity between mountainous and non-mountainous territories. In several cases, in the mountain area, the mortality rate was 20% higher than the regional average, denoting an alarming fragility compared to other territories [16].

The present research focuses on the mountainous regions of Friuli Venezia Giulia in Northeast Italy. Through collaboration with the Medical Department of the University of Udine, this study investigates the habits and intentions in FT of a group of patients with stable chronic disease participating in a rehabilitation program. The objective is to assess the habits of the group and their willingness and conditions to participate in FT sessions as an alternative rehabilitation practice. This study aims to establish a preliminary understanding of the potential application of FT for curative purposes and the availability of paying for the service. A major focus will consider the delineation of habits and preferences regarding physical exercise, forestry attendance and availability to bear the costs of FT sessions. This article contributes to the literature by underling the intentions of the patients themselves, which have been little investigated in the literature, and aims to provide preliminary guidelines for the medical sector, enhancing awareness of FT. At the same time, this study is consistent with some of the goals of the 2030 Agenda for Sustainable Development by considering sustainable models applicable in the various sectors involved in environmental, social and economic sustainability. FT, particularly, in addition to being an alternative and sustainable health practice, triggers processes of conscious use and protection of natural resources such as the forest, as well as generating economic development at the local level.

2. Materials and Methods

2.1. Study Area

This study was conducted in Northeastern Italy, within Friuli Venezia Giulia region. The regional area covers 7900 km², with a population of 1,195,000 inhabitants, divided into

four provinces and 215 municipalities. In terms of healthcare services, the study area is managed by ASUFC which oversees 134 municipalities, serving 517,000 inhabitants and includes six hospitals. In particular, the study area is located in the province of Udine within the Gemona del Friuli district, encompassing parts of the alpine and hilly regions known as Val Canale, Canal del Ferro and Gemonese (Figure 1). Within the area, there is a branch of the University of Udine, particularly the Medical Area Department, which collaborates with ASUFC in supervising groups of patients undergoing motor rehabilitation.

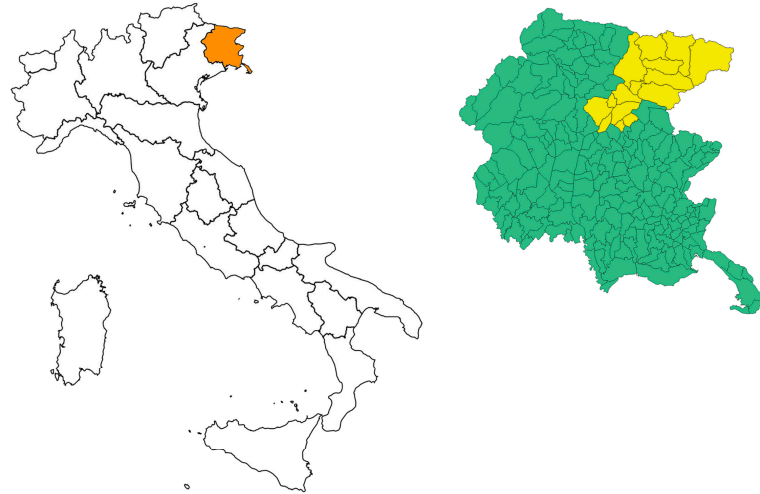


Figure 1. Friuli Venezia Giulia region (in orange) and the study area (in yellow).

2.2. Sample's Characteristics and Statistical Investigation

The primary sample of the survey consists of 29 patients with stable chronic diseases who are residents in the study area. These patients are currently engaged in a rehabilitation program that includes independent exercise and/or professional supervision provided by the same department. Due to the small size, the group is non-random and not representative of the target population. Nevertheless, for this preliminary investigation, it was deemed appropriate that the group could provide initial insights into exercise habits, forestry attendance and willingness to bear the costs of FT as an alternative care program. The exploratory survey does not aim to draw inferential conclusions but serves to highlight key aspects of the phenomenon, which can later guide the formulation of relevant hypotheses and the design of statistical surveys. Furthermore, unlike much of the existing literature focused on the beneficial and measurable effects of FT previously discussed, few studies have examined patient opinions and habits related to FT. Prior research has typically been limited to specific geographic areas, diseases [17] or age groups [18]. This study, therefore, aims to investigate the perspectives and intentions of a more diverse group in terms of age and health conditions. The data collected from respondents allowed for the calculation of absolute frequencies of descriptive phenomena pertinent to the research.

Despite the exploratory and qualitative nature of this study, some statistical analyses were performed, including correlation analysis and exploratory factor analysis to detect the relationship between variables or groups of variables.

2.3. Questionnaire Structure and Data Analysis

This study analyzes the habits of a patients' group with stable chronic disease. To assess the patients' knowledge and awareness of FT as an alternative treatment option, an anonymous questionnaire was designed and disseminated online via a mailing list managed by the Medical Area Department of the University of Udine based in Gemona del Friuli.

Given the number of respondents, the answers to the questionnaire were examined using qualitative analysis methods to gain a deeper understanding of the data's quality

and interrelation. Qualitative research, in this context, is utilized to collect and describe non-numerical data closely tied to the personal actions and beliefs of a sample group [19].

Descriptive statistics were employed to outline and facilitate the data analysis. The findings are presented through detailed descriptions of the responses and their interrelationship, accompanied by summary charts [20].

The questionnaire was structured into five main sections (Table 1), exploring exercise habits, mountain and forest attendance and opinions on participants' willingness to bear the costs of FT. The first section aimed to identify respondents' demographics, including age, educational qualification, occupation and presence of stable chronic diseases. The second section focused on physical activity. After a preliminary question on the frequency, 12 items related to outdoor physical activity, particularly in forests, were assessed on a scale from 1 to 4, where 1 represented "totally disagree" and 4 represented "totally agree". The third evaluated forest attendance, where 16 items were measured using the same. The fourth section measured engagement with mountainous environments through questions on visitation frequency. The final section gathered information on knowledge and awareness regarding FT, with specific questions aimed at understanding the conditions that might encourage patient participation (e.g., frequency, season, time of day, participants, cost).

Table 1. Questionnaire structure.

Section	Investigated Topic	Information Obtained
1	Biography information	Gender Age Municipality of residence Educational qualification Occupation Presence of stable chronic disease Typology of stable chronic disease
2	Physical activity attitude	Mode of conducting physical activity Frequency of conducting physical activity Attitude on conducting physical activity (12 items)
3	Wood attendance attitude	Attitude on attending the woods (16 items)
4	Mountain attendance	Purpose of attendance Frequency of attendance Preferred season
5	FT awareness	Knowledge of FT Means of knowledge Participation on FT sessions Willingness to participate Impediments to participation Type of participants Frequency of participation Time of day Season Cost

The questionnaire was designed to guide respondents through a series of questions investigating their habits and lifestyles. The sections on physical activity and forest attendance aimed to assess interest in outdoor physical activity, particularly in wooded areas. Initial analysis of these data may provide feedback on the overall interest and inclination of the sample toward forest visitation. The section on mountainous environments addresses the study's focus on FT activities in these areas, considering the potential for local development. Although mountains are not the only environment suitable to practice FT, frequenting them is central to this study, given the potential for synergy between a mountainous landscape and the healthcare sector.

3. Results

3.1. Description of the Sample

The respondent sample consists of a total of 29 individuals, of whom 28 reside in the province of Udine and 1 in the province of Ferrara. Of the total, four individuals live in mountainous areas. The majority of the sample is male (20 individuals), with 14 respondents holding a high school diploma and 19 being retirees. The respondents were born between 1945 and 1981. A total of 27 participants reported having a stable chronic disease, including conditions, such as diabetes, solid organ transplantation, hypertension, heart disease, obesity and other ailments (Table 2).

Table 2. Characteristics of the sample.

Sample Characteristics	Frequency (Number)
Gender	
Male	20
Female	9
Residence	
Mountain municipality	4
Non-mountain municipality	25
Stable chronic disease	
Yes	27
No	2
Typology	
Diabetes	4
Solid organ transplantation	2
Hypertension	6
Heart disease	8
Obesity	1
Others	6

3.2. Physical Activity Habits

Regarding physical activity, 21 respondents reported engaging in moderate-intensity physical activity, while 7 indicated participating in intense physical activity. Further, 17 respondents perform physical activity one to two days per week, 11 engage in daily physical activity and 1 respondent does not engage in any physical activity. This latter respondent was excluded from the section on physical activity items and referred directly to the questions regarding forest attendance. Therefore, a total of 28 respondents were considered for the subsequent section.

In analyzing the responses related to physical activity, the negative responses (1—totally disagree and 2—partially disagree) and the positive responses (3—partially agree and 4—totally agree) were aggregated to provide a representative overview of the answers (Table 3). The difference between positive and negative responses highlights the sample's tendency in answering the questions. A significant difference indicates a perception shared by the majority of the sample, whereas a smaller difference reflects a division in opinions and habits. For the statement "I carry out physical activity exclusively in the gymnasium or in designated places" 19 respondents "totally and partially disagree", suggesting an interest in outdoor activities. This is further supported by responses to the items "I like to walk in the woods" where 22 respondents "totally and partially agree", "I love doing physical activity outdoors" where 22 respondents "totally and partially agree", "I prefer to do physical activity in contact with nature" received 24 positive answers and "I would like to do more outdoor physical activity" where 20 respondents "totally and partially agree". In contrast, for more intense physical activities like running (item number 4) and aerobic exercise (item number 7) in the woods, the majority of the respondents "totally disagree". However, 25 respondents "totally and partially disagree", with the statement

“I would never frequent the woods to carry out sports activities” indicating openness to outdoor physical activity, despite the low interest in intense exercises.

Table 3. Sample’s physical activity habits.

Physical Activity Habits	N. of Answers “1—Totally Disagree 2—Partially Disagree”	N. of Answers “3—Partially Agree 4—Totally Agree”
I carry out physical activity exclusively in the gym or in designated places	19	9
I like to walk in the woods	6	22
I love doing physical activity outdoors	6	22
I like to run in the woods	19	9
I prefer to do physical activity in contact with nature	4	24
Exercising outdoors is good for my health	3	25
I like to do aerobic exercises in the woods	15	13
I would like to be able to go to the woods more often for sports activities	12	16
I would like to do more outdoor physical activity	8	20
I would like to be able to go to the mountains more often for sports activities	12	16
I would never frequent woods to carry out sports activities	25	3
Woods is an ideal place to turn sports activities	9	11

3.3. Wood Frequentation Attitude

Woods are frequented for various reasons, as evident from the evaluation of the presented items (Table 4). Specifically, 12 respondents “totally agree” with the statement that they appreciate the woods for their healthy air. Additionally, 12 respondents agree that they view the woods as a “refuge from daily worries”. Furthermore, 16 individuals consider the woods to be a fascinating environment, and 13 “totally agree” on affirming that they frequent the woods for health-related reasons. In contrast, environmental order and accessibility are not considered as significant characteristics, with 8 and 10 respondents, respectively, stating they “totally disagree” with these attributes. Woods that offer exploration opportunities, diverse trees species and natural features such as streams, rocks and cliffs are appreciated, with 12, 13 and 12 respondents, respectively, “totally agreeing” with these preferences. A limited number of respondents reported negative feelings about the woods. For instance, 20 respondents “totally disagree” with the statement related to fear feelings, 19 disagree with the item “immersing myself in the woods does not make me feel better” and 27 respondents “totally disagree” with the idea that nature is an uncomfortable environment. Lastly, woods are broadly regarded as enjoyable spaces for walking, exercising and engaging in recreational and sport activities.

Table 4. Sample’s wood attendance attitude.

Wood Attendance Attitude	N. of Answers “1—Totally Disagree 2—Partially Disagree”	N. of Answers “3—Partially Agree 4—Totally Agree”
I frequent woods because the air is healthy	9	20
I like woods that can be explored	7	22
The wood environment scares me	24	5
I really like to immerse myself in the woods because it is a refuge from daily worries	8	21
I like the woods where there are diverse trees (in species, height and age) and the undergrowth is rich but does not obstruct the view	6	23
I only like woods that are easily accessible (e.g., availability of parking, no gates and/or obstacles)	16	13
I like to walk in the woods without exerting myself	10	19
I frequent the woods because in my daily life I have little contact with nature	18	11

Table 4. Cont.

Wood Attendance Attitude	N. of Answers “1—Totally Disagree 2—Partially Disagree”	N. of Answers “3—Partially Agree 4—Totally Agree”
I like the forest when my attention is drawn to many interesting things (e.g., streams, rocks, cliffs, old trees)	9	20
Immersing myself in the woods does not make me feel better	20	9
I like to frequent the woods when there is a clear order in the physical layout of the place	17	12
I like the woods because it is an environment that fascinates me	5	24
I would never frequent the woods for recreational activities	25	4
I frequent the woods for health reasons (e.g., I activate metabolism, improve mood and sleep quality)	9	20
Contact with nature makes me uncomfortable	29	0
I would never frequent the woods to carry out sports activities	27	2

3.4. Mountain Frequentation Attitude

The mountains are primarily visited for touristic purposes by 18 respondents, while 5 attend for other reasons, and 6 respondents stated they do not visit the mountains, citing factors such as distance, physical performance or the inability to access and remain in mountainous areas. The mountains are most commonly visited 1–2 times per month, with 14 respondents indicating that they attend during any season (Table 5).

Table 5. Sample’s mountain frequentation attitude.

Mountain Frequentation Attitude	Frequency (Number)
Purposes	
Touristic/recreational/sporting	18
Health	0
No frequentation	6
Other	5
Frequency	
1–2 times per week	7
1–2 times per month	9
1–2 times per year	7
Season	
Spring	3
Summer	5
Winter	0
Autumn	1
Any season	14

3.5. Forest Therapy Awareness

Regarding FT, 18 respondents stated that they were unfamiliar with the concept, while the 5 respondents who indicated awareness of FT reported learning about it primarily through newspapers and television. Of these 5, only 1 has practiced FT, while 18 out of 29 expressed a desire to participate in a session. Among those who were familiar with FT, one is female and four are male, born between 1950 and 1960, and all are retirees. Regarding chronic disease, one respondent has diabetes, one has heart disease and three suffer from hypertension.

To better understand the ideal condition for participating in an FT session, the survey also explored potential impediments. For this, 13 respondents indicated no impediment, while 5 reported challenges related to physical performance, 4 cited cost, 2 mentioned transportation and 1 noted the time required to reach the destination. Preferences for group composition during FT sessions showed a strong preference for sharing the experience with other patients and friends. Further, 10 respondents indicated that attending once a month

would be sufficient, with 8 preferring sessions at any time of the day, 7 in the morning and 6 in the afternoon. There was no strong preference for a specific season, but 10 respondents stated they would be willing to attend an FT session in any season. In terms of cost, one respondent was willing to pay less than EUR 10.00, nine were willing to pay between EUR 10.00 and EUR 20.00, six indicated a willingness to pay between EUR 20.00 and EUR 50.00 and two were not willing to pay at all.

A more detailed analysis of the 18 respondents interested in participating in an FT session revealed that 7 of the 9 female respondents were interested, and 11 out of the 20 male respondents expressed interest. All 18 respondents have stable chronic disease, 10 of whom engage in physical activity 1–2 times per week. Additionally, 12 of these respondents visit mountain areas for tourism, mental and physical well-being and/or personal attachment to the location. As for the ideal condition for FT participation, 9 of the 18 would prefer to practice it once a month, and the majority would be willing to pay between EUR 10.00 and EUR 20.00 (Table 6).

Table 6. Sample’s forest therapy preferences.

Forest Therapy Preferences	Frequency (Number)
Companionship	
Patients group	11
Friends group	6
Family group	3
Unknown group	1
Alone	1
Frequency	
1 time per week	6
2 times per week	2
1 time per month	10
2 times per month	1
Other	1
Season	
Spring	5
Autumn	2
Summer	5
Winter	0
Any	10
Price	
EUR <10.00	1
EUR 10.00–20.00	10
EUR 20.00–50.00	6
EUR 50.00	0
Nothing	4

3.6. Statistical Analysis Results

The Spearman correlation analysis, applied to the items with Likert scales and the recoded willingness to pay, reveals several key relationships. There is a strong positive correlation among the items related to the enjoyment of the forest, indicating that those who expressed a preference for engaging with forest therapy tend to consistently enjoy various aspects of it. Conversely, there is a negative correlation between the items regarding the non-use of the forest (e.g., due to fear or discomfort) and the other items, suggesting that individuals who feel fear or discomfort in the forest are less likely to engage in activities within it. Additionally, the analysis shows a very low correlation between willingness to pay and all other items, indicating that willingness to pay for FT is largely independent of the respondents’ attitudes towards forest engagement (Figure 2).

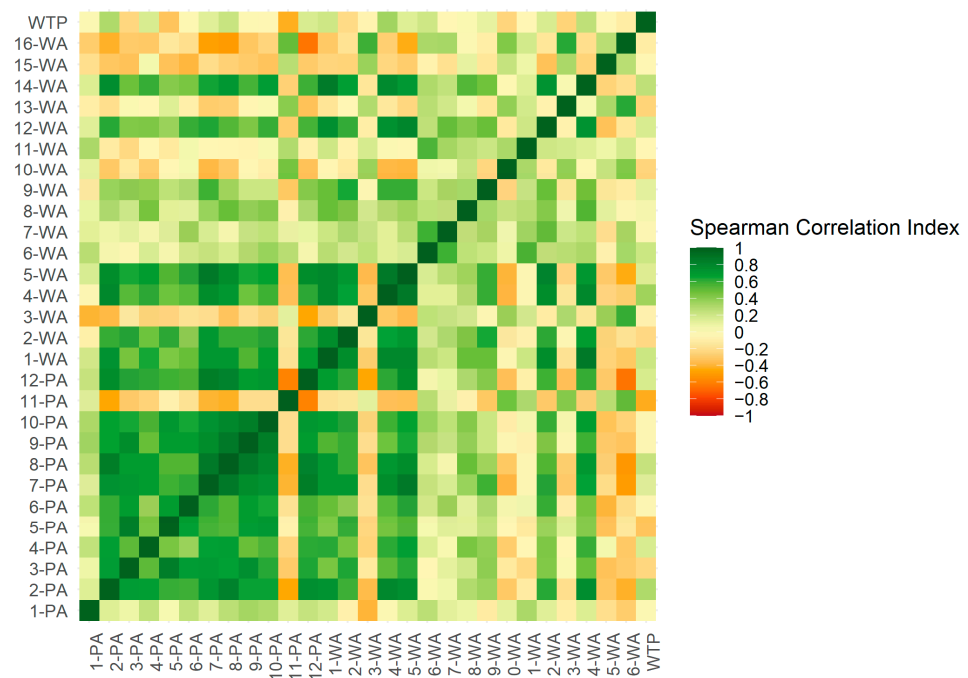


Figure 2. The Spearman correlation table (where PA stands for physical activity items, WA stands for wood attendance items, WTP stands for willingness to pay).

Exploratory factor analysis (EFA) was conducted on a subset of 14 items using the correlation matrix, with the aim of identifying a less complex data structure.

The overall Cronbach’s Alpha value for internal consistency was 0.96, which is considered excellent. Several standard I criteria were applied to assess the factorability of the correlation matrix. First, the Kaiser–Meyer–Olkin (KMO) measure of sampling adequacy was 0.84, exceeding the commonly recommended threshold of 0.6. Bartlett’s test of sphericity was also significant ($\chi^2 = 410.68$, $df = 91$, $p < 0.0001$), further supporting the appropriateness of the factor analysis. In addition, the diagonals of the anti-image correlation matrix were all above 0.5, and the communalities were greater than 0.3, indicating that each item shared a common variance with the other items. Given these results, factor analysis was deemed suitable for the 14 highly correlated items.

After several attempts, the principal component extraction method with varimax rotation was adopted. Based on the scree plot (Figure 3) and the variance explained by the components, two factors were identified. The first factor can be labeled as ‘Propensity to do activities or feel comfortable in the forest’ and the second factor as ‘Propensity to do activities or feel comfortable outdoors’ (Table 7). These factors reflect the participant’s tendencies to enjoy and feel at ease in either forested or general outdoor environments.

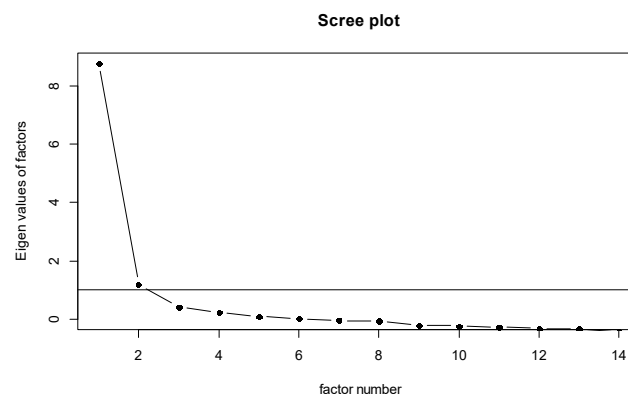


Figure 3. The scree plot.

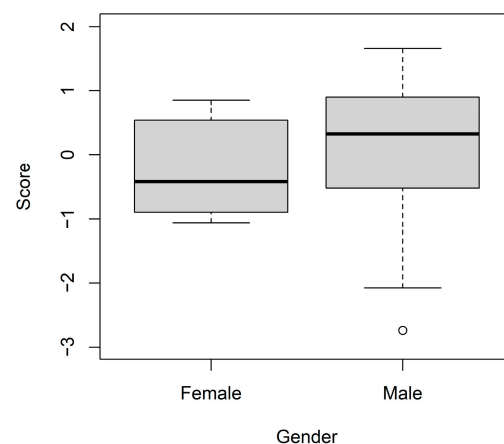
Table 7. Exploratory factor analysis.

Item	Factor 1	Factor 2	h2	u2
2—PA	0.71	0.52	0.77	0.23
3—PA	0.27	0.88	0.85	0.15
4—PA	0.65	0.36	0.55	0.45
5—PA	0.19	0.88	0.81	0.19
6—PA	0.3	0.74	0.63	0.37
7—PA	0.66	0.61	0.81	0.19
8—PA	0.67	0.61	0.81	0.19
9—PA	0.4	0.82	0.82	0.18
10—PA	0.57	0.67	0.77	0.23
12—PA	0.63	0.58	0.73	0.27
1—WA	0.92	0.23	0.89	0.11
2—WA	0.65	0.44	0.62	0.38
12—WA	0.79	0.22	0.68	0.32
14—WA	0.89	0.24	0.85	0.15

The results of the EFA proved particularly valuable for further analysis, allowing for the conclusion that this set of items forms a reliable scale. The strong internal consistency observed indicates that the item effectively captured the underlying constructs.

Factor analysis enables the assignment of scores to each subject in relation to the two identified dimensions: “Propensity to engage in or feel comfortable in the forest” and “Propensity to engage in or feel comfortable in outdoor settings”. An analysis of the scores, in relation to certain characteristics of the respondents, reveals the following trends (Figures 4 and 5):

- Gender differences: males appear more likely than females to engage in activities within forest environments, whereas both genders show a similar propensity for outdoor activities in general.
- Intensity of physical activity: individuals who engage in intense physical activity are more inclined to participate in both forest and outdoor activities compared to those who engage in moderate physical activity.
- Willingness to pay: Those expressing a higher willingness to pay tend to score higher in the propensity to engage in activities. In contrast, individuals who demonstrate lower willingness to pay show a higher propensity for general outdoor activities.
- Interest in FT: respondents expressing an interest in FT tend to score higher in their propensity to engage in activities in the forest. Conversely, those not willing to pay for FT sessions score higher in their propensity to engage in outdoor activities.

**Figure 4.** Factor analysis: the gender propensity for doing activities or feeling comfortable in the forest.

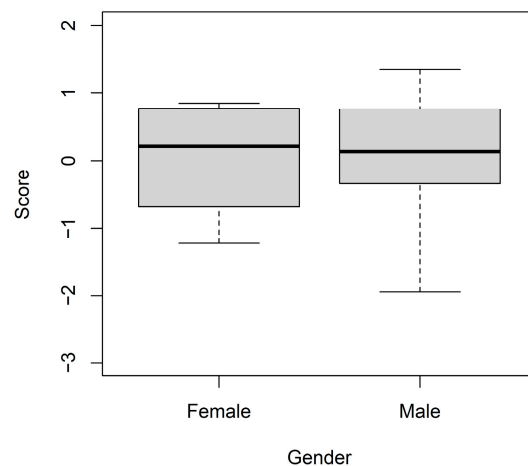


Figure 5. Factor analysis: the gender propensity for doing activities or feeling comfortable outdoors.

4. Discussion

The analysis of the results provides a detailed overview of the habits and opinions of the questionnaire sample. The patient group, already participating in motor rehabilitation programs with the Medical Department of the University of Udine, shows a general propensity for physical activity, most of which is performed at a moderate intensity. A particular interest in outdoor physical activity emerges from the analysis of the items, although forests and mountainous areas are not always directly associated with sporting activities by the respondents. Several studies underline the positive correlation between engaging in physical activity outdoors in natural environments and a significant improvements in health and well-being. Unlike indoor environments, natural settings contribute to a positive regenerative experience, enhancing both mental and physical well-being [21–23]. Furthermore, access to natural environments stimulates a greater propensity towards physical exercise, as noted in a study conducted by Stangierska et al. [24]. The questionnaire’s responses reveal a preference for moderate physical activity, such as walking, while more intense activities like running or aerobic activities are generally excluded.

The previous findings are both confirmed and challenged by the analysis of items related to woods attendance. According to the respondents, woods are viewed as ideal environments for enhancing air quality, providing psychological relief and supporting health (e.g., by stimulating metabolism, improving mood and enhancing sleep quality). Importantly, the majority of the respondents do not associate woods with negative emotions such as fear or confusion. These results suggest a strong positive propensity towards frequenting forests for well-being purposes. In terms of physical activity, woods are considered suitable spaces for exercise and recreational activities. The analysis of various items also provides a descriptive picture of the wood’s environment preferred by the sample. Respondents favor woods that are explorable, biodiverse and enriched with natural elements like rocks, streams and old trees. However, accessibility and the spatial order are not seen as essential by the entire sample, highlighting a preference to more untamed, natural woods environments, without significant human intervention such as built facilities.

The present study places a strong emphasis on the mountain environment, revealing that a portion of the sample frequents it for touristic, recreational and sporting purposes. This suggests a propensity for activities comparable to FT. However, those who do not attend mountain environments cite challenges such as distance, physical fitness limitations or other impediments.

In the final part of the questionnaire, which focused on FT, it clearly emerges that the practice remains largely unfamiliar to most respondents. Except for one individual, the majority have neither practiced nor heard of FT. This highlights that FT has not yet been widely integrated into medical practice as a supportive therapy for treating and

rehabilitating patients with stable chronic pathologies. An interesting aspect relates to the demographics of those familiar with FT: they are predominantly retirees aged 60 to 70, denoting a particular interest in the practice among older age groups compared to younger individuals. The low level of awareness has resulted in only slightly more than half of respondents expressing interest in practicing FT. Among those uninterested in participating in FT, five respondents do not frequent the mountains, three of whom have heart disease, and one does not engage in any physical activity. Likewise, they express no interest in frequenting woods for sports activities, reflecting a broader disinclination towards outdoor natural environments for physical or recreational purposes and, consequently, a lack of interest in FT.

Part of the respondents interested in participating in an FT session, considering their status as rehabilitation patients, raised concerns related to physical fitness, cost, transportation and the time required to reach the destination. However, the majority of respondents did not report any significant impediment. It is worth noting that those who mentioned their physical condition as a challenge are patients already engaged in moderate physical activity, either daily or 1–2 times per week. This suggests a potential misconception that FT involves strenuous physical activity, requiring effort that exceeds their usual routine. Similarly, in comparing concerns about cost with the actual willingness to pay, only one respondent was not willing to pay, while the other three affirm they would pay between EUR 10.00 and EUR 20.00. The following range is, therefore, to be considered an ideal cost, even for those with limited financial flexibility. Transportation is another key factor. To ensure equitable access, patients should not be expected to arrange their own transportation. Instead, group transportation should be provided to facilitate participation for all, eliminating logistical obstacles. Another significant condition from the questionnaire is the preference for group participation in FT sessions. Several studies have highlighted the benefits of engaging in physical activity or shared experience within a group setting. Group activities can help reduce social isolation [25], alleviate depression [26] and diminish fatigue [21].

The sample positively interested in FT already presents a predisposition for frequenting and feeling comfortable in the woods, in addition to their daily or weekly physical activity routines. Most respondents claim that they enjoy walking in the woods and engaging in outdoor physical activity. The majority considers woods as a beneficial environment that enhances both mental and physical well-being. This existing inclination towards nature aligns with FT-related theories, which likely explains their interest in the practice.

In summary, the survey results underline a general tendency among respondents in performing moderate physical activity and to seek out natural environments for relaxation. Although FT is still relatively unknown, the survey reveals a clear predisposition to participate in FT sessions and even to pay for them. While these findings warrant further investigation, the survey suggests there are foundational conditions for FT to become a viable green alternative prescription for patients with stable chronic disease. Moreover, the EFA proved valuable, not only in identifying two latent constructs but also in confirming the reliability of the scale measuring those constructs. This reliability is an important consideration for future, more extensive analysis, where the questionnaire can be further refined based on these insights.

5. Conclusions

Although numerous studies have demonstrated the benefits of FT for various pathologies, there remains a gap in the literature regarding patients' attitudes towards this practice. This survey highlighted key insights, particularly the widespread lack of awareness of FT in the medical field and the significant personal interest in nature-based psychophysical activities. Green prescriptions could play a vital role in promoting guided forest attendance for preventive care and to complement medical therapy and rehabilitation. In parallel, FT presents an economic opportunity for diverse professionals, (e.g., natural guides, FT guides, hoteliers, restaurateurs, museums, local realities) in mountain and non-mountain settings.

This collaborative potential, especially in conjunction with the local medical sector, could foster local development by creating sustainable communities. Such initiatives would not only promote the responsible use and protection of natural ecosystems such as the forest environment but also contribute to achieving the United Nations' 2030 Agenda for Sustainable Development goals, particularly those related to good health and well-being (Goal 3), sustainable cities and communities (Goal 11), responsible consumption and production (Goal 12) and life on land (Goal 15). FT, thus, exemplifies sustainability by combining the environmental, economic and social dimensions to build self-sustaining and positive local communities.

The survey conducted does have limitations, notably the sample size and characteristics, which prevent the use of inferential statistics. Further studies should deepen this initial investigation by applying appropriate statistical methodologies on larger, more diverse samples, including different regions and medical conditions. At the same time, it would be interesting to explore specific topics that emerged from this study, such as willingness to pay with the appropriate survey methodologies. Ultimately, the research can provide valuable information to policymakers for designing health-related policies and spatial strategies in mountain contexts, promoting FT as a recognized green prescription.

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