



## Urban Green Open Space as a Health Resilience Catalyst for the Elderly

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### Abstract

The quality of life for the elderly is intimately related to the green open space. The use of this space will directly affect the health resilience of the elderly. The research methodology for this research comprised three stages. Stage one, to identify the health resilience from the previous studies. Content analysis was used in stage two to determine health resilience catalyst for the elderly. The final stage was to stream the influence element of health resilience for the elderly. The findings have implications for improving intervention plans designed to boost resilience and promote healthy ageing for the elderly.

Keywords: Green Area, Open Space, Resilience, Elderly

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### 1.0 Introduction

The Elderly is a biological process and progresses throughout life that begins at childbirth and end at death. According to the National Institute on Aging (2011), the percentage of elderly is escalating in the majority country in the world. Due to that, physical endeavour is an essential element to stay fit and be resilient. Home incarceration among the elderly will lead to muscle deficiency, body overweight and disease. These changes may happen within days if immobility and laziness are apparent. This has a remarkable functional effect for or among the elderly. Resilience is a significant component in enhancing physical condition and reducing difficulties initiated by diseases, especially among the elderly. A clear insight of the specific populace is a great help in taking practical actions toward better health, especially among the elderly. This study aimed to understand the meaning of resilience for the elderly, identify the health resilience catalyst, and influential health resilience elements for the elderly. So, few studies had discussed the needs of the elderly regarding the open spaces and the design need and implications. Open spaces mentioned in this study refer to the urban green open space. Consequently, the survey on open spaces frequented by the elderly using observations and surveys preceded the suggestion of ergonomic types (de Oliveira Cunha, Costa, & da Costa Ireland, 2012). Open space presents a vital prospect to boost society's resilience, especially for the elderly, and enhance the community quality of life, gain access to leisure, and well-being. Usually, the elderly prefer to "age in place," which means in or at their own homes or respective area (Thomas & Blanchard, 2009). It means that the ability to live in one's own house or neighbourhood and community securely, freely, and contentedly, regardless of time, revenue, or

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capability level. However, it will increase the risk of acquiring persistent, physical health problems due to age concern. Open space is the positive and recommended influence for the elderly's health, which may continue to the "age in place." Furthermore, community open spaces are also considered ageing places of ageing" that influence happiness and quality of life (Gardner, 2011; Sugiyama et al., 2008). Open spaces are significant in the context of the livability of the cities. Resilience is not just about the vigorous foundation and emergency drills, but it is more about the areas where we intermingle with others in our daily activities.

## 2.0 Literature Review

According to Camilla et al. (2016), the term "resilience" was initially recognized in the fields of physical science and engineering, which implies the property of a material or substance to adsorb precipitous impacts or collisions without shattering. The concept has been later created in other contexts, particularly in psychology and medication such as psychiatry, oncology, paediatrics, geriatrics, etc. In these disciplines, resilience undertakes the meaning of a festive edition, demonstrated by a marked aptitude to appearance and overwhelmed the harsh conditions of a lifetime, bouncy back altered or even bolstered. An increasing fascination about the emotional response to accentuating life events dates to the 19th era. Even if facing most insidious circumstances such as psychological or instinctive disease, some people respond healthier than others express thanks to unpredicted possessions. Ageing or elderly can theoretically subvert the resilience of every human being. The growth of age as itself is an essential component of exposure, and this is due to alterations undergone by the person in this development (Buchner & Wagner, 1992). These alterations do not only affect essential circumstances such as general age-related infections, but they also affect the subject's situation since aged individuals require better cares (Rossi, Bisconti & Bergeman, 2007). Open space is an essential element for the elderly to enhance the social interaction among the people and be active till the last breath of their life (Esther, Shiela & Edwin, 2015). It is supported by a broad idea that the elderly tend to walk or do their exercise is mainly for the sake of their well-being (Rinat & Liat, 2017).

### 2.1 Urban Green Open Space for Elderly

A significant challenge in the 21st century is to deal with the global trend of population ageing and how to incorporate the health needs of the elderly into the open space development in the urban area while considering the public concern and interest. Even though well-being or health among the elderly and open space needs and demand are catching attention, research on continuous improvement and strategies for open space healthy is still limited and inadequate. Open space should be just for the physical training activities area and be valuable social places for gathering and socializing among the communities in that particular or respective area (Gardner, 2011; Parra, Gomez, Sarmiento, et al., 2010). Undeniably, the open space's social characteristics or features may be more critical and valuable to some elderly rather than the physical amenities and actives in the area (Cohen et al., 2009). Social aspects of open spaces are a "natural neighbourhood network" and may also increase physical activity, especially when combined with the supportive apparent and objective aspects of the environments (Carlson et al., 2012; Gardner, 2011; van Holle et al., 2015). Additionally, overcrowding or social nuisances could interfere and impede the elderly to spend more time observing and feeling nature (Trachsel & Backhaus, 2011). However, open spaces may be enjoyed for inactive recreation and relaxation. Two major theories, such as the "person and the environment theory" and the "life span theory", frame our review of research on elderly needs for physical activity. In the context of the person and the environment theory, a common affiliation between individuals in this study is the elderly and the environments. It focuses on individuals shaping their work environments and the work environments shaping the people. On the other hand, life span theory focuses on individual development from development at the earlier stage to the dead period, which focuses more on individual development than on family growth. Thus, the "person and environment theory" and the "life span theory" represent the ideal conceptual as a base to examine the literature on elderly' physical activity needs. Because of physical activity, it operates as a potential mechanism or instrument for cultivating how the elderly interact and cooperate with the environment and how they adapt and adjust over time, despite the ongoing and continuing challenges of ageing. It clearly shows the gap where there is no direct connection between "person and the environment theory" and the "life span theory" in the context of health resilience catalysts among the elderly.

### 2.2 Health Resilience

Resilience means the individuals, areas, and peoples' ability and capability to endure anxiety and challenge. This research focuses more on the elderly. Over the last decade, the hypothetical and research writings reveal some of the standard and common attributes and characteristics of the resilience trend. In recent times, the theoretical and research papers on resilience have increased enormously and has informed the psychosocial literature on maturity. In maturity, resilience refers to the ability of adults who have undergone a life-changing experience, such as the loss of a loved one or some other individually devastating event, to remain stable or to return to a healthy emotional operation after the unpleasant incident. Resilience has been studied regarding Post Traumatic Stress Disorder (PTSD) and related illnesses, mainly for the youngsters and mid-aged people or straightly to the elderly community. Regrettably, the resilience theory and ideas have been only meagerly studied regarding the elderly years of life. This is untimely in that, as common experience, knowledge and the writing on ageing, the later years include various failures and shocks that challenge and often reduce the physical and mental condition. Due to ageist stereotypes, the expectation usually exists that elderly persons have restricted and curbed resilience and have pessimistic views among themselves, their colleagues, and their capability to stay on in personal command of their subsistence (Baltes & Baltes, 1990). This unfairness is contradicted by literature, indicating that most elders are like younger persons in their reports of self-efficiency and personal control or command (Baltes & Baltes, 1990). The elderly modifies prior views to account for a new experience of life.

Moreover, the elder's comparison company often breaks, with the senior currently comparing with people in like circumstances. This permits the person to find themselves privileged when associated with many other similar or equally situated elders. Resilience for civic health is the capability for populations to sustain, modify and create new ways of pondering and operating in the context of transformation, ambiguity, or hardship (Pete, Valerie, Gregor, and Jennifer, 2014).

### 3.0 Methodology

The research methodology for this research comprised three stages. Stage one, to identify the health resilience from the previous studies. Content analysis was used in stage two to determine health resilience catalyst for the elderly. The final stage was to stream the influence element of health resilience for the elderly. Research study has identified the common emotional, social, and physical characteristics coupled with resilience. High resilience has also been significantly associated with constructive outcomes, including productive ageing, lower depression, and longevity. Interventions to enhance resilience within this population are necessary, but little indication of accomplishment occurs.

### 4.0 Findings

Thus, the research contributes to an overview of resilience that may help develop resilience interventions for the often-underserved people of the elderly. The findings have implications for advancing intervention plans designed to enhance resilience and promote healthy ageing for the elderly. The Elderly is a natural and ecological phenomenon among peoples. Health resilience catalyst for the elderly is essential for the golden age of community. A human being must go through several phases or stages in life. Generally, people define old age as the ending of life, but it is not the endpoint. A study by James, Liming, Ellen, and Harold (2003), life expectancy among the elderly has been improving for many decades throughout the years. There is evidence that health among the elderly is also improving and enhancing. They were estimated the relation of health status at the age of 70 to life expectancy and collective health care disbursements from 70 until death. Elderly persons in healthier health had a longer life expectancy than those in lesser health but had similar cumulative health care expenditures until the end. Those persons who live in the age of multiple and interconnected challenges. Some of these present themselves as new problems and challenges, such as dealing with climate change aftereffects, reacting to a global financial crisis or adjusting service obligation for an ageing populace. Some challenges are older and of the thorny kind. Imbalances in take-home pay, chance and health correspond to disputes that endure because proven forms of reaction have so far failed to confront them. The demographic elderly trend has led to rising demands for the needs of elderly people to be more fully incorporated into high society, offering challenges for the development and expansion of public open space in the 21st century in the urban area (Thompson, 2002).

Corresponding to the WHO (2015), the worldwide populace population over 60 years will increase in intensity from 12% to 22% sandwiched between 2015 and 2050. Durability provides an opportunity to reevaluate the extent of this demographic change's advantages, which will be heavily reliant on one crucial component: the well-being or health of the elderly populace (WHO,2015). Consequently, the WHO anticipated the Healthy Ageing project, which concentrates on cultivating and sustaining operational capability. Operational capabilities that enable well-being to be retained in older age are defined by specific ability, the natural environment and their connections or interactions among them (WHO,2015). For instance, the goals of the Global Strategy and Action Plan on Ageing and Health is grounded on the Sustainable Development Goals, which is to "make cities and human settlements inclusive, safe, resilient, and sustainable by providing universal access to safe, inclusive, and accessible green and public spaces, in specifically for elderly". The WHO (2016) notes that open space is essential, even though they employ incidental impacts on health. Consequently, to attain healthy ageing, cultivating some newfound open space is based on existing open spaces for the elderly is vital and necessary (Thompson, 2002). So, the significant findings are the elderly is really an essential element that really considers any new agenda or development among the planner or any decision-maker around the world to have sustainable development.

### 5.0 Discussion

The studies focus on resilience's multidimensional nature, reflecting an intricate contact among individual and environmental scopes. It encompasses a mixture of risk features such as individual, environmental, and cumulative and the protecting factors, personal characteristics, personal relationships, and provision, leading to positive variation, evasion of ailments, emotional well-being, and retrieval. The literature that precisely spoke elderly concerning the development of demonstrative rule as the benefit of age proposes that the elderly involvement a slight decrease in well-being after 60. This is probably due to an upsurge in diseases and espouses an additional compliant position in the face of inevitable personal stiffnesses and traumatic circumstances as an intricate demonstrative response that values the positive and negative features of the understanding. This capability for an expressive parameter may be related to adaptive range procedures that allow the elderly to save the emotional, functional, community, and intellectual possessions, dropping the number of pledges and humanizing only those that result in emotional familiarity, an increase in ease and enhancements in idiosyncratic well-being. In terms of scientific mediations, the model emphasizes how vital the support that elderly people obtain from community connections and relationships could be. The decrease of isolation and loneliness displeasure may be an essential factor in the main obstacle or the recuperation procedure. Elderly people's enthusiastic and active involvement in social movements in their neighbourhoods could be expanded via specific schemes targeted at elderly or population areas. The prospect to lessen the level of

psychological difficulty has been demonstrated in the model with ever-increasing resilience and self-effectiveness and reduced lonesomeness displeasure. This reduction will bolster the capability to face difficulty, different failures, and stressful circumstances. Besides, as demonstrated by the literature, a high degree of resiliency gives to improved, seeming life value at the natural and emotional levels, and at the same time, reduces nervousness and miserable warning sign. The fact that isolation and loneliness could be diminished (Findlay, 2003; Cattani et al., 2005; Fokkema and Van Tilburg, 2007), self-effectiveness values adjusted (Bandura, 1993), and resilience bolstered (Hartling, 2008) makes these factors leading for early involvement in support of quality of life among the elderly (Fry and Debats, 2002). The outcomes could also have financial consequences in decreasing health care expenditures and cost (Bramley et al., 2002) and resultant in fewer connections amongst elderly people and general specialists and hospitals.

### **5.1 The Influence Element of Health Resilience for The Elderly**

The resilience viewpoint suggests the importance of public health by supporting the growth of robust communities. In the face of rising complexity in worldwide tendencies and developments, the erratic nature of jeopardy and where and what the next catastrophe or encounter might be, the resilience perception delivers an outline for allowing people and communities to not only bounce back but fatefully flourish beyond calamity. Resilient individuals and communities cannot be established by engaging one specialist group or area of the plan. Activities must be affiliated at the level of persons with community advancement, economic development, service provision and infrastructure development. Fundamental and substance issues also emphasize resilience for people and places. Assembly basic material needs is a predecessor for ongoing resilience and improving susceptibilities. Although it is entirely possible to be resilient in the face of deficiency and shortage, consecutive periods of stress may serve to deteriorate and present susceptibilities that disrupt resilience over more extended time frames. A resilience viewpoint must accompany, rather than supplant, action to relieve the causes of economic disparity.

### **5.2 Health Resilience Challenge and Obstacles for Elderly**

Living alone in old age is an unfavourable condition. It affects the health of the elderly, and there is a need for forfeiting extraordinary care and support to them, mostly from their kids, family, relatives, and others (Thapa et al., 2018). Social support can be defined as an experience or perception of an individual when the elderly get appreciation, attention, importance, safety, and love provided by the relatives, friends, and all others who live with or surrounding them. Many elderlies do not have an easy right to use parks and open spaces, which curbs their recurrence rate of physical activity and may contribute to why they are more concerned about environmental needs than younger adults (Askari & Soltani, 2015). Consequently, the elderly were increasingly likely to participate in physical activity as the area of nearby open space or parks risen (Kaczynski, Potwarka, Smale, & Havitz, 2009; Hutchison, 1994). Indeed, a straightforward relationship between perceived open space and park nearness and physical activity (Mowen, Orsega-Smith, Payne, Ainsworth, & Godbey, 2007). Another relationship is between the number of parks, acreage, and physical activity among the elderly but not so far from their homes or area (Kaczynski et al., 2014). The resilience viewpoint presents value to public health by assisting the development of stable communities. In the face of rising complexity in global tendencies and procedures, the impulsive nature of jeopardy and where and what the next crisis or challenge might be, the resilience perspective provides a framework for allowing people and communities to not only bounce back but crucially flourish beyond catastrophe. The menace to resilience in such circumstances becomes the amount of anxiety and variation acceptable "without a major transformation in the capacity to carry out the objectives that give value to life cycle" (Zautra et al., 2010).

### **6.0 Conclusion and Recommendations**

The Elderly is a part, and its relapse nature imperils several difficulties, so more conscious condition for the elderly is required. In summary, the scientific literature on the elderly's needs for and use of parks and open space suggests exceptional nuances to the elderly population but consistent with younger age groups. The elderly probable face growing leisure constrictions because of health-related matters. The planners or designers would be intelligent to aid them to negotiate between their enthusiasm to go to open spaces and their mushrooming contractions (Son, Mowen, & Kerstetter, 2008), as well as between main concern and inadequate possessions (Bedimo-Rung et al., 2005; Ward Thompson, 2013). Also, open spaces and parks should be constructed and designed regarding both the common physical failures with age and simultaneous physical and mental diseases and disabilities. Therefore, different park features and elements should display ergonomic and elderly-friendly designs. Thus, critical components of park design should balance between physical health needs and mental or emotional needs.

At a community level, good quality infrastructure and services can boost social activity chances and enable people to increase their social relationships. The resilience of places is hinged on the physical forms and their connection with the people occupying and exploiting them. The study also shows that apparent social support is positively associated with life compensation among the elderly. Hence, encouragement and support from the family members are essential for life gratification among the elderly. Induction of resilience in the senile age mainly comprises sufficient societal assistance to prevent unwanted things from happening. This study and research benefit various government agencies, especially the local authorities, namely agencies regulating and managing a city's governance. The private sector and the public will be affected by this study's overflow when they will understand how to manage the governance of public space, especially urban green open space. This study's results will also have a direct or indirect relationship to the sustainability of public space. Therefore, all decisions in development planning, especially those involving public space, especially urban green open space in the future, will be taken seriously and given special attention. The actions by the relevant parties, especially those involving all

new developments that affect the use of public space, must also be highlighted. It can also refer to various sectors, especially the private sector and the public, on the needs and awareness of the requirements in the public space, especially to the elder's communities.

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## Paper Contribution to Related Field of Study

This study and research benefit various government agencies, especially the local authorities, namely agencies that regulate and manage the governance of a city. The private sector and the public will be affected by the overflow of this study when they will gain a clearer understanding of how to manage the governance of public space, especially urban green open space. The results of this study will also have a direct or indirect relationship to the sustainability of public space. Therefore, all decisions in development planning, especially those involving public space, especially urban green open space in the future, will be taken seriously. It is also given special attention to the relevant parties, especially those involving all new developments that take place or involve the use of public space. It can also be a reference to various sectors, especially the private sector and the public, on the needs and awareness of the requirements in the public space, especially to the elder's communities.

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