

# 11 Women caregiverpreneurs

## A silver bullet for global ageing

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### Introduction

Entrepreneurship has gained utmost importance globally over the last years (Markman et al., 2016; Palaniappan et al., 2012). It is related to opportunity recognition, risk-taking and the development of business. It is considered an economic booster by innovative product development, jobs, and empowerment (Dana, 2010; Gupta, 2018; Jafari-Sadeghi, 2021). In today's world, entrepreneurship may act as a catalytic agent for business development while confronting all risky profit generation situations (Burke et al., 2016; Kapur, 2016; Naseer & Taib, 2014; P & Bhuvanewari, 2016). Hence, entrepreneurship is considered a process comprised of a series of activities that the individual encounters to avail the opportunities and value creation (Noor et al., 2019) – past decade exposed entrepreneurship as the most focused area for policymakers' worldwide for the economic development of a country (European Commission, 2010).

Women entrepreneurship attained recognition across the globe during the 1960s and 70s, whereas their involvement in business activities initiated more after the 1990s (Gurel et al., 2010; Rashid & Tahir, 2014; Ramadani et al., 2017). Relatedly, women-owned business ventures are also increasing worldwide. Women entrepreneurship has achieved tremendous popularity from 2007 onward (Brush et al., 2009; Isa et al., 2021; Ratten & Dana, 2017), even though women used to do their business before the 20th century for domestic income generation. Thus, it portrays that women entrepreneurship is not a new phenomenon (Sadeghi et al., 2019b; Markman et al., 2016) but an ongoing process of developing personal skills and competencies in managing a business.

A woman entrepreneur is defined as a woman who utilises her expertise, resources, and skills to start a business and overcome all challenges that she came across from domestic need fulfilment until attaining financial freedom with entrepreneurial activities (Bodke & Sadavarte, 2016). Past research revealed that woman entrepreneur acts not only as job creators but also to persuade other women to become an employee (Dana, 2010; Noor & Isa, 2020b; Sadeghi & Biancone, 2017), and subsequently initiate

their own business. Due to the positive trend among women entrepreneurs, their ongoing contribution to economic development is rising progressively (GEI, 2017). Therefore, it is imperative to recognise women's role as entrepreneurs (Ariffin et al., 2017; Sikolia et al., 2020) and their vast parts, both inside and outside homes, should not be neglected. Inherently, women entrepreneurship has gained remarkable attention from policymakers in various countries across the globe. As reported by the Global Entrepreneurship Index (2017), there are 126 million women-owned businesses globally in 74 economies, where 111 million are running the established entities. Hence, entrepreneurship is considered the most suitable field for women, as it does not restrict them from following set timings and working from home. It makes up a woman's role as a domestic manager and market labour (Alam et al., 2011; Dana, 2017). In many instances, women participation as an entrepreneur leads to women's empowerment in terms of control, accessibility of resources and finances (Ming Yen Teoh & Choy Chong, 2014; Phonthanakitithaworn et al., 2019). For decades, women in Malaysia are involved in many different businesses such as a counsellor, beauticians, stitching, therapist, day care services, and home renovator, to name a few (Isa et al., 2021; Noor & Mahudin, 2016; Noor et al., 2020b). From the year 1980 to 1985, the number of women who become entrepreneurs increased by 47.4% to 3.7 million units (Noor et al., 2020a), and now 252 million women across the globe are entrepreneurs, while 153 million have established entities. Past research revealed that in most developed countries, women entrepreneurs are equipped with soft skills and managerial practices to be successful entrepreneurship players (Alam et al., 2018; Hong, 2017; Isa et al., 2021; Kapur, 2016; Noor & Isa, 2020b). Due to these soft skills, developed countries entrepreneurs experienced fewer obstacles, such as less entrepreneurial skills, lack of education, mobility-related issues, and less market awareness than developing countries' entrepreneurs such as Malaysia (Ariffin et al., 2017; Fischer et al., 2007; Md Isa et al., 2020).

## **Literature review**

### ***Women entrepreneurs and government support***

Women's entrepreneurial participation is still lesser in Malaysia as out of 10.8 million workforces; women represent only 37%. Hence, men entrepreneurs still outnumbered women entrepreneurs in Malaysia, although women comprise 50% of the Malaysian population (Jennifer et al., 2013; Teoh & Chong, 2008). Women also lack entrepreneurial skills as they typically foresee the social aspect while initiating their business (Sadeghi et al., 2019a; Ratten et al., 2018). Due to this fact, the Malaysian government is working continuously to improve and support women participation in the business sectors. One of the ministries is the Ministry of Women, Family and

Community Development, which oversees women entrepreneurs' ventures in different business areas. To boost women entrepreneurs' participation in the business sector, the Malaysian government started various programmes for helping and guiding them, such as the Single Mother Skill Incubator (I-KIT), Women Entrepreneurs Incubators (I-KeuNita), Women Capacity Development Programme, Women Entrepreneur Launching Grant, and Women Taxi Programme (Ariffin et al., 2017; OECD, 2012), Entrepreneurial Assistant Programme (EAP), Global Accelerator Programme (GAP), Cradle investment Programme, and agencies such as Women Fisherman Group (KUNITA), Women Economic Development (WEDA), Women Exporter Development Programme (WEDP) for successful women entrepreneurship (Ariffin et al., 2017; Gupta, 2018; Isa et al., 2021).

The government is keen on women entrepreneurship and formulated policies that stress financial support, soft skills development, and women entrepreneurial entry in various businesses (The Star, 2010; Ursulica, 2016). The policies are essential to support women entrepreneurs at all levels (Markman et al., 2016).

The vision of bringing Malaysia in line with developed national policies such as Vision 2020, National Development Policy and New Economic Policy are formulated to stress various growing sectors, including women's entrepreneurship (Ariffin et al., 2017; Spinuzzi, 2016). Furthermore, the National Association of Women Entrepreneurs Malaysia (NAWEM) and Federation of Women Entrepreneurs (FEM) work closely on networking channels, development of entrepreneurial skills, and programmes to enhance women entrepreneurs' competency for business initiation (Basit et al., 2020). Thus, to facilitate the women entrepreneurs in the ageing care service, various ageing centres have been established and assisting in terms of training programmes, workshops, and sessions regarding initiation of venture until sustainability phase (Alam et al., 2011; Brush et al., 2009; Kapur, 2016). The government support for women entrepreneurship seems to attract more women to venture into various businesses, including health care services.

### ***Women's entrepreneurial spirit in health care and social sector***

The health care and social sector is commendable, specifically with 234 million workers and considered one of the fastest and growing employers globally, precisely the women (ILO, 2017; Phua et al., 2019). It is reported that women consist of seven out of ten health and social care workers and subsidise USD 3 trillion per annum, whereas half of that is unpaid care work (Langer et al., 2015). Women's involvement in the health care sector may comprise medical products manufacturers, occupational therapists, and caregivers; however, women's involvement as *caregiverpreneurs* in ageing care centres is limited. Past literature depicts about 67% of the women healthcare workforce in 104 countries. In many

countries, male workers make up most physicians, dentists, and pharmacists in the workforce, with female workers comprising the vast majority of the nursing and midwifery workforce (Jafari-Sadeghi, 2020; Mathieu et al., 2019). With a reliable workforce and talents, underinvestment in health care and social service can weaken the country's sustainable development goals. The health care sector's investment, particularly in the ageing industry, is crucial and may have a strong multiplier economic development effect. As we all know, the ageing population is a growing concern for developed and developing countries, and 72% of the entire world elderly population resides in developing countries (Rashid & Tahir, 2014; Ursulica, 2016). Therefore, all countries need to anticipate effectively against increasing ageing population issues. However, the ageing care infrastructure and facilities in developing countries are not up to mark. In Malaysia, many public, private, and non-governmental organisations (NGOs) usually run ageing care centres. These centres are working either for free or with a fixed monthly service fee. However, these are mostly not well-equipped (Noor et al., 2019; Phua et al., 2019). So, the centres' improvement should be concerned more, particularly on how to provide the elderly with good care service.

### ***Women caregiverpreneurs' challenges***

Health care service is one business sector that is promising but challenging. Women caregiverpreneurs are usually facing many challenges while running an ageing care centre. For instance, the centres' infrastructure limitation exposes them to operational competency challenges in setting a conducive place for the elderly to reside temporarily or permanently. Also, Malaysia's ageing care centres are considered inadequate due to a shortage of trained staff and nurses. It led to issues related to management competency. It will be a big challenge for them to resolve the human capital issue at the centre. Currently, only 40 geriatricians and 2000 occupational therapists work throughout Malaysia (Md Isa et al., 2020; Phua et al., 2019). The shortage of these expert groups may affect the business operation of the centre. Thus, Malaysia needs a well-organised support system for the older population and ensures respect, support, and a better lifestyle. There is also the ultimate need to provide well-equipped ageing care centres to be set up throughout Malaysia, but this quest requires more financial resources to be spared. As a result, women entrepreneurs will face financial competency challenges to resolve this financial shortage. They also encounter marketing competency issues, especially to promote the centres effectively to the public and potential vital customers, i.e., elderly and their families. Some centres are not known to the public and are less publicised among the customers, thus making the entity less competitive in the marketplace (Noor et al., 2020b).

Undoubtedly, ageing is a rising global phenomenon, and the ageing population is increasing in both developed and developing countries at the same

pace. Similar to the developed countries, Malaysia's ageing population is growing due to a significant decline in fertility, falling mortality rates, and overall health system improvement (Noor et al., 2019). The World Population Prospect Database accounted for 895.3 million elderly aged 60 and above, whereas 56.3% resided specifically in Subcontinent Asia. Until 2050, the ageing population becomes double to two billion, whereby one individual will be elderly among five people. It is the biggest challenge for all nations globally, including Malaysia, as countries have never experienced such a massive population of older adults with unusual longevity (Gupta, 2018; Jacqueline et al., 2017; Noor et al., 2020b).

Subsequently, Malaysia's ageing population's increasing pressure is becoming the main reason to involve more and more women in the ageing care centre business. The aged care service industry opens business paths for women entrepreneurs as the ageing population will keep on increasing, and better-equipped ageing care centres are needed to fulfil the growing need of the elderly in terms of dependency, care, and support. One of the main reasons women are especially needed in this sector is that their personality attributes seem to fit the aged care service industry's needs. Hence, despite many challenges, their centres are sustainable due to women entrepreneurs' personality attributes such as diligence, patience, perseverance, and passion for dealing with elderly customers. However, women's involvement in the service sector, such as the ageing care service, is still considered minimal (Jafari-Sadeghi et al., 2021; Noor & Md Isa, 2020b), and their entry into this sector is considered at an initial stage. Even then, women entrepreneurs are working meticulously and running the ageing care centres on a limited sustainability basis that depicts the potential of women entry into new business opportunities as a caregiverpreneur (Noor et al., 2019, 2020b) in ageing care centres. Hence, more involvement of women in the ageing care centre business as either part-time or full time is essential for the industry to grow further. Undoubtedly, women's entry into the ageing care service business as a caregiverpreneur may appear as a silver bullet to overcome the ageing population's looming challenge worldwide.

### *Ageing care centre*

Ageing care centres are combined living facilities provided by public health services to the elderly who are abandoned and have chronic illness, or who live there by personal choice, or sometimes by force due to the neglect of immediate family members (Ursulica, 2016). All across the globe, different terminologies have been used for ageing care centres such as old folk homes, the old house, elderly centres, care centres and nursing centres (Nakrem et al., 2011; Noor et al., 2019). In the United States, there are approximately 21,000 nursing centres and 1.5 million ageing centres. US health and care budget comprise a third most prominent part of budget consisting of USD 60 billion in 1991, whereas, in Japan, older people are cared for under

two strategies extended-term care in hospitals and health facilities for older people (Noor et al., 2019). Researchers explained that Japan started with 800 health care centres along with 69,000 beds (Intrator et al., 2004; Lai et al., 2019), and now Japan is considered as a super ageing society as they are dealing in the nursing home, assisted living, board and care homes, which highlights Japan's present achievement in managing the ageing population.

Furthermore, (Tey et al., 2015; Wagiman et al., 2016) pointed out that Iceland has skilled and unskilled homes for the ageing population as 8% of the population is above 67 years of age residing in unskilled elderly care homes, whereas 5% are living in skilled old homes. Similarly, in the UK, 5,088 old houses are working under retirement homes and medical care maintained by social services and health insurance (Md Isa et al., 2020). Malaysia is a country where the ageing care centres come under the umbrella of social policy programmes. The Ministry of Women, Family and Community Development is responsible for the ageing care centres' overall business management. The Ministry of Housing and Local Government only oversee the housing award formally or informally (MWFC, 2015; NPFDB, 2011) while ageing care centre management is out of the domain. However, the Department of Social Welfare is accountable for Malaysia's ageing care centres at the state level (Jacqueline et al., 2017).

Notably, the elderly population is suffering in terms of proper care and support despite a better health care system. The culture of living with eldest sons is diminishing in countries such as Malaysia, Singapore, and China. The growth, development, and movement of people from rural to urban areas and now women entry in job market fading the culture of taking care of the elderly at home, as they used to be. Similarly, due to old age chronic illnesses, families prefer to send the elderly to ageing care centres. The situation demands more and more well-equipped ageing care centres to fulfil the demand of the ageing population. Even though more than 365-registered ageing care centres actively operate in Malaysia's leading states (Phua et al., 2019). Various unregistered centres are also working under Religious and Charity organisations. At present, not all states in Malaysia have ample centres; for instance, Perlis, Sabah, and Terengganu; have limited centres of only 2 to 5 to fulfil the needs of the elderly customers in the vicinities. In contrast, most ageing care centres are in Selangor state as it is considered the hub for elderly care centres. The area is named Klang Valley, and Selangor and Kuala Lumpur zones come under it. Most centres' infrastructure is not up to mark as the country is demographically still young compared to other older countries such as Japan, China, and Australia which are super ageing societies (Binette et al., 2016; Imogen, 2013; Jacqueline et al., 2017). Regardless, the ageing population is on the rise; many elderly patients are not enjoying their lives at the centres due to improper care and support systems. Hence, there is an imperative need for well-equipped ageing care centres with modern technology and infrastructure to cater for the ageing population. Table 11.1 shows the registered ageing care centres in Malaysia state-wise.

Table 11.1 Ageing care centres in Malaysia

<i>Sr.no</i>	<i>State</i>	<i>No of Ageing Care Centres</i>
1	Kedah	13
2	Perak	62
3	<b>Selangor (most)</b>	86
4	Kuala Lumpur	28
5	Terengganu	2
6	Negeri Sembilan	22
7	Melaka	27
8	Johor	73
9	Sabah	8
10	Pahang	16
11	<b>Perlis (least)</b>	1
12	Sarawak	10
13	Penang	17
	<b>Total</b>	<b>365</b>

Source: Noor et al., 2019; Phua et al., 2019

### **Key objective**

The main objective is to identify the obstacles women entrepreneurs face in Malaysia's aged care service industry (i.e., ageing care centres). The present study aims to portray Malaysian women as caregiverpreneurs and associated challenges followed by the women entry into ageing care centres and finally narrowed down the arguments as women as caregiverpreneurs and internationalisation.

### **Methodology**

A qualitative research methodology was adopted to explore the Malaysian Women Entrepreneurs' situation in the ageing care centre business, as the study is exploratory (Miles & Huberman, 1994). Using the case studies in research comprises the deeper and more systematic study of a limited number of objects, individuals or environments (Dana & Dana, 2005), and data collection in such research consists of observation and interview as done in ethnography. The small business and entrepreneurship studies focus on the firm or entrepreneur and environmental variable, increasing and creating various issues, which are not researched intensively. Thus, the naturalistic inquiry may help the researcher and policymakers have a more in-depth investigation of entrepreneurship in an environmental context by understanding the participant's knowledge of a specific phenomenon (Dana, 1990; Jafari-Sadeghi et al., 2022). A case study provides a systematic inquiry of an event or set of events, which describes a phenomenon of interest (Bromley,

1990; Yin, 1994). Thus, the case study provides a detailed understanding of a single case or multiple cases, and it helps to build critical thinking (Alvarez et al., 1990), and answers the question of “why and how”. The research design guides the researchers to answer the research questions (Hall et al., 2016) as explanatory research design is considered more accurate to answer the research objectives where research is exploratory. For the current study, the data collection is done through a semi-structured interview conducted with ten (10) women entrepreneurs of ageing care centres located in Klang Valley. The Klang Valley (Selangor and Kuala Lumpur areas) zone is considered the hub of Malaysia’s ageing care centres. The participant’s selection is based on (Creswell & Poth, 2012) that 5–25 participants are considered acceptable for the case studies. Following Dana and Dana (2005) and Eisenhardt (1989), the authors collected data. The interviews lasted about 45 minutes to one hour long – the interview questions grid was prepared for semi-structured interviews. Table 11.2 shows the interview questions developed for the present study. Covin and Wales (2018) opined that prolonged queries and negative items might be discouraged in the interview guide. Simple language must be used in interviews avoiding the technical terms, as the interviewee must understand the meaning of the asked question.

Qualitative research’s main benefit is flexibility and may formulate a relationship between an entrepreneur and the environment (Dana & Dana, 2005; Sukumar et al., 2021). The semi-structured face-to-face interviews were conducted between June 2019–December 2019. Qualitative research’s main benefit is flexibility and may formulate a relationship between an entrepreneur and the environment (Dana & Dana, 2005; Patton, 2002). Thus, to achieve the quality in the present study, each criterion such as (1) validity, (2) credibility, (3) transferability, (4) dependability, and (5) data saturation (Houghton et al., 2013) is applied. Table 11.2 demonstrates the interview questions asked to the women entrepreneurs running the ageing care centre business in Malaysia.

Tables 11.3 and 11.4 summarise the women entrepreneur’s personal and business background regarding age, marital status, ethnicity, education level, year of establishment, current staff in the centre, number of elderly’s in the centre, monthly expense, primary income source etc.

*Table 11.2* Interview questions

<i>Sr.no</i>	<i>Interview Question</i>
1	What is your experience to be as a <i>caregiverpreneur</i> ?
2	What are the obstacles you encountered in the management of ageing care centres?
3	What strategies are you following to manage the business?
4	What do you think are the main factors contributing to Malaysian women entrepreneurs feeling reluctant to be a <i>caregiverpreneur</i> ?
5	What are your recommendations for the Government and ministries that deal with the aged care industry?



Table 11.3 Demographics characteristics (Entrepreneur A)

<i>Sr.no</i>	<i>Variable</i>	<i>E.A.</i>	<i>EB</i>	<i>EC</i>	<i>ED</i>	<i>EE</i>	
1	Age	36–40 years	×	×	×	×	/
		41–45 years	×	/	/	×	×
		46 onward	/	×	×	/	×
2	Marital Status	Single	×	×	/	×	×
		Married	/	/	×	×	/
		Widow	×	×	×	×	/
3	Ethnicity	Malay	/	×	/	×	/
		Chinese	×	/	×	×	×
		Indian	×	×	/	/	×
		Others	×	×	×	×	×
4	Educational Level	Diploma	/	×	×	/	×
		Bachelors	×	/	×	×	/
		Masters	×	×	×	×	×
		MPhil	×	×	×	×	×
		PhD	×	×	/	×	×
5	Year of Establishment	3–6 years	×	×	×	×	×
		7–10 years	×	/	×	/	×
		11 onward	/	×	/	×	/
6	Type of operation	Sole ownership	×	/	/	×	/
		Partnership	/	×	×	/	×
		Others	×	×	×	×	×
7	No of current staff	Caregivers	14	5	7	15	4
		Doctor	×	1	×	2	1
		Cook	2	×	1	2	1

(Continued)

Table 11.3 (Continued)

<i>St.no</i>	<i>Variable</i>	<i>E.A.</i>	<i>EB</i>	<i>EC</i>	<i>ED</i>	<i>EE</i>	
	Support Staff	2	×	2	2	2	
	Accountant	×	×	×	×	×	
	Others	×	×	×	×	×	
8	Total no of elderly's in centre	×	×	4	17	6	
	Male	×	×	4	17	6	
	Female	20	13	35	18	12	
9	Age of elderly's in centre	55–60	/	×	/	×	
	61–66	/	/	/	/	/	
	67 onward	/	/	/	/	/	
10	Entrepreneurial experience	3–5 years	×	×	/	×	
	6–9 years	×	/	×	×	/	
	10 onward	/	×	×	/	×	
11	Monthly Expense	15,000–20,000 RM	×	/	×	×	
	21,000–260,000 RM	/	×	×	/	×	
	27,000 onward	×	×	/	×	×	
12	Main source of Income	Tenants fees	/	/	/	/	
	Self-funded	×	/	×	×	×	
13	Any other Business Activity	Yes (Specify)	×	/(church charity)	/(consultancy)	/ medical stuff	/training
	No	/	×	×	×	×	
14	Monthly Fee Charges from tenants	Yes (how much)	1,200 RM	2,000 RM	1,500 RM	2,000 RM	1,500 RM
	No	×	×	×	×	×	
15	Nature of Staff	Permanent	/	/	/	/	
	Contractual	/	×	×	×	/	
	Voluntarily	/	×	/	×	×	
	Others	×	×	×	×	×	
16	Government Financial Support	Yes (how much)	/ (5,000 RM) yearly	×	×	×	×
	No	×	/	/	/	/	

Note: EA = Entrepreneur A

Table 11.4 Demographics characteristics (Entrepreneur F)

<i>Sr.no</i>	<i>Variable</i>		<i>EF</i>	<i>EG</i>	<i>EH</i>	<i>EI</i>	<i>EJ.</i>
1	Age	36–40 years	×	/	/	×	×
		41–45 years	×	×	×	×	×
		46 onward	/	×	×	/	/
2	Marital Status	Single	×	/	×	×	×
		Married	/	×	/	/	/
		Widow	×	×	×	×	×
3	Ethnicity	Malay	×	×	×	×	×
		Chinese	/	×	/	×	×
		Indian	×	/	×	×	×
		Others	×	×	×	/	×
4	Educational Level	Diploma	×	×	×	×	×
		Bachelors	/	×	/	×	×
		Masters	×	/	×	/	×
		MPhil	×	×	×	×	×
		PhD	×	×	×	×	/
5	Year of Establishment	3–6 years	×	×	/	×	/
		7–10 years	/	×	×	×	×
		11 onward	×	/	×	/	×
6	Type of operation	Sole ownership	/	/	/	/	/
		Partnership	×	×	×	×	×
		Others	×	×	×	×	×
7	No of current staff	Caregivers	12	10	5	15	8
		Doctor	1	1	–	1	1
		Cook	1	1	1	1	2

(Continued)

Table 11.4 (Continued)

<i>St.no</i>	<i>Variable</i>	<i>EF</i>	<i>EG</i>	<i>EH</i>	<i>EI</i>	<i>E.J.</i>
	Support Staff	1	×	1	1	2
	Accountant	×	×	×	1	×
	Others	×	×	×	×	×
<b>8</b>	Total no of elderly's in centre					
	Male	21	2	9	15	10
	Female	12	15	10	20	20
<b>9</b>	Age of elderly's in centre					
	55–60	/	/	/	/	/
	61–66	/	/	/	/	/
	67 onward	/	/	/	/	/
<b>10</b>	Entrepreneurial experience					
	3–5 years	×	×	×	/	×
	6–9 years	×	×	/	×	×
	10 onward	×	/	×	×	/
<b>11</b>	Monthly Expense					
	15,000–20,000 RM	×	×	/	×	×
	21,000–260,000 RM	/	/	×	/	/
	27,000 onward	×	×	×	×	×
<b>12</b>	Main source of Income					
	Tenants fees	/	/	/	/	/
	Self-funded	×	×	×	×	/
<b>13</b>	Any other Business Activity					
	Yes (Specify)	×	×	×	×	/consultancy
	No	/	/	/	/	×
<b>14</b>	Monthly Fee Charges from tenants					
	Yes (how much)	1500 RM	500 RM	1,200 RM	2,000 RM	1,500–2,500 RM
	No	×	×	×	×	×
<b>15</b>	Nature of Staff					
	Permanent	/	/	/	/	/
	Contractual	/	/	/	/	/
	Voluntarily	×	×	×	×	/
	Others	×	×	×	×	×
<b>16</b>	Government Financial Support					
	Yes (how much)	×	×	×	×	×
	No	/	/	/	/	/

Note: *EF* = *Entrepreneur F*

Table 11.5 Summary of themes

<i>Broad Themes</i>	<i>Sub Themes</i>	<i>Referred by No of Participants</i>
Experience as caregiverpreneurs	Tough	10
	Struggling	9
	Difficult	8
	Demanding	8
	Hard	6
Encountered Obstacles	<b>Staff related</b>	
	– Lack of trained staff	10
	– Immature and Emotional Staff	10
	– Less Passionate Staff	9
	– Staff Conflicts	8
	<b>Government related</b>	
	– Licensing issuance and renewal	10
	– Weak Policies and Programmes	10
	– No monetary support Government	9
	– Absence of Staff Training Centre	8
	– Programme for elderlies from Government	8
	– Psychosocial Support from Government	7
	<b>Elderly's Families related</b>	
	– Non-Cooperative Elderly Families	10
	– Elderly Families Behaviours	9
	<b>Management related</b>	
	– Lack of Communication	10
	– Poor teamwork	9
	– Time Management	9
	– Difficult Staff	8
	<b>Finance related</b>	
	– Initial Funding	10
	– Less access to funds	10
	– Difficulty in getting investors	10
	– No Monetary Support	9
	– Less income from tenant fees	8

(Continued)

Table 11.5 (Continued)

<i>Broad Themes</i>	<i>Sub Themes</i>	<i>Referred by No of Participants</i>
Business Strategies	Facebook website marketing	10
	Acceptance of Raw material donations	9
	Staff counselling	8
	Teamwork	8
	Door to door marketing	8
	Orientation Sessions	8
	Staff training programmes	7
	Weekly Meetings	7
	Economical Fee packages	7
	Elderly Families Counselling	6
Main factors contributing to the reluctance of Malaysian entrepreneurs for ageing care business	Small business for effective operations	5
	Less access to Finance	10
	Policy barriers	10
	Fragile support system	10
	Male Dominance	9
	Mobility constraint	9
	Less access to Markets	9
	Lack of Confidence	8
	Household responsibilities	8
	Lack of Soft skills	8
Recommendations for Aged Care Ministries and Policymakers	Fear of Failure	7
	Less family support	7
	Streamline Licensing Procedure	10
	Staff Training Centre under the Ministry of Health	10
	Funding	10
	Training Programmes for Caregiverpreneur	9
	Standardised Ageing Policy	9
	Database of centres	8
Proper Monitoring	8	

## Findings and discussion

Keeping in view, the overall analysis of the five interview questions correspond to the study's objective. Table 11.5 depicts the summary of generated themes and sub-themes quoted by the number of participants. The coded data from the interviewed participants were cross-referenced to other participants' views to highlight the similarities and differences of their views,

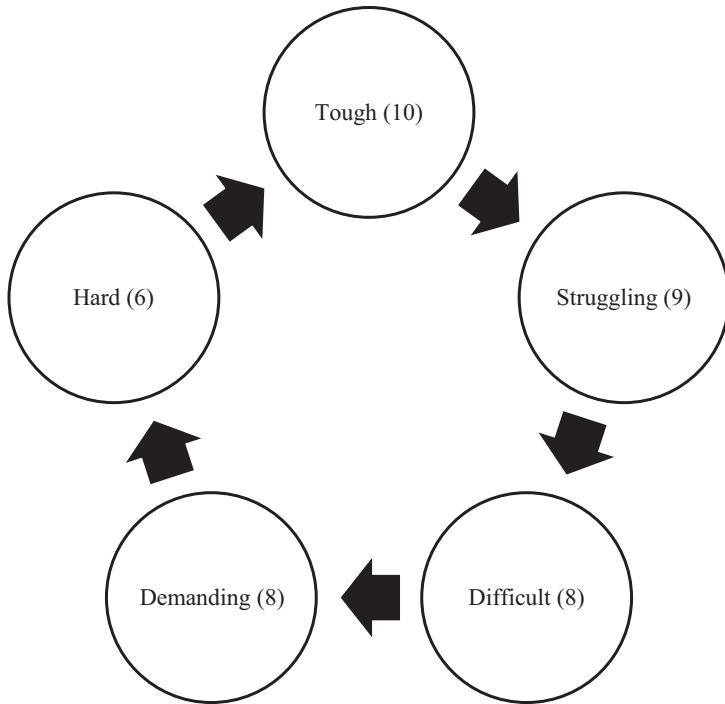


Figure 11.1 Experience as caregiverpreneurs

as (Crotty, 1998) demonstrated that continuous comparison leads to lesser themes for a research question.

Findings related to experiences as a caregiverpreneurs show that the majority of the participants reported that it was tough (10), struggling (9), difficult (8), demanding (8), and hard (6) (see Figure 11.1). The findings are in line with previous research as the majority of the women entrepreneurs when initiating their business had a hard time due to socio-cultural, financial and various environmental factors (Asif et al., 2015; Blasco et al., 2016; Isa et al., 2021; Jamali, 2009; Noor et al., 2020b). The feedback from participants is listed in the following excerpts:

To get involved in this business and to establish this business was quite challenging. I convinced my husband after a great debate. I borrowed money from friends and family circle. To convince them was another challenge. One thing more, Malaysians are willing to donate but in the form of food and raw material. That time was the hardest because initially, cash and support were needed for establishment purpose.

(Participant E. E.)

It was a struggling phase for me to convince the family and to take care of my husband and kids. I have to face a tough time for my family members. I was passionate while support from family was missing. Being a mother, household responsibilities was another challenge. At that time, I got support from my sister. Family support, especially spouse support, is very important.

(Participant E. B.)

Refer to study findings encountered obstacles while running the business. The majority of the participants revealed *staff-related obstacles* as follows: lack of trained staff (10), immature and emotional staff (10), less passionate staff (9) and staff conflicts (8). The *government related obstacles* were licensing issuance and renewal (10), weak policies (10), no monetary support from the Government (9), absence of staff training centre (8), programme for elderlies, (8) and psychosocial support (7). The *elderly families related obstacles* were non-cooperative elderly families (10) and elderly families behaviours (9). *Management related* obstacles were lack of communication (10), poor teamwork (9), time management (9), and difficult staff (8). Whereas, *finance related* obstacles were initial funding (10), less access to funds (10), difficulty in getting investors (10), no monetary support (9), and less income from tenant fees (8) (Figure 11.2). The findings are in tandem with past research, which revealed that women face various personal, financial, and environmental obstacles. Also, women still lack entrepreneurial activities compared to men. In line with this issue, as highlighted in the previous research, factors such as lack of supportive staff, fewer finances, lack of business skills, less government support, weak policies and fewer management skills are mentioned in various studies (Ariffin et al., 2017; Basit et al., 2020; Dautzenberg, 2012; Loveline et al., 2014; Rajkumar, 2014; Sarri et al., 2005). The verbatim of participants are listed in the following:

Lack of trained staff and funding, we are barely sustaining our business without any profit. Staff retention is another issue because we have mostly the young staff and they become emotional and sometimes takes their decision haphazard. To retain staff is another issue. We lack in terms of government funding also. We are getting donations, but in terms of food, not in monetary donations.

(Participant E. C.)

Licensing is also a big issue; during the start-up, we approached MBPJ (Majlis Bandaraya Petaling Jaya) and got a license after a long and complicated procedure. The licensing process should be one window operation and should be simplified. The trained staff should be there who can guide us regarding complete licensing packages with complete details.

(Participant E. G.)



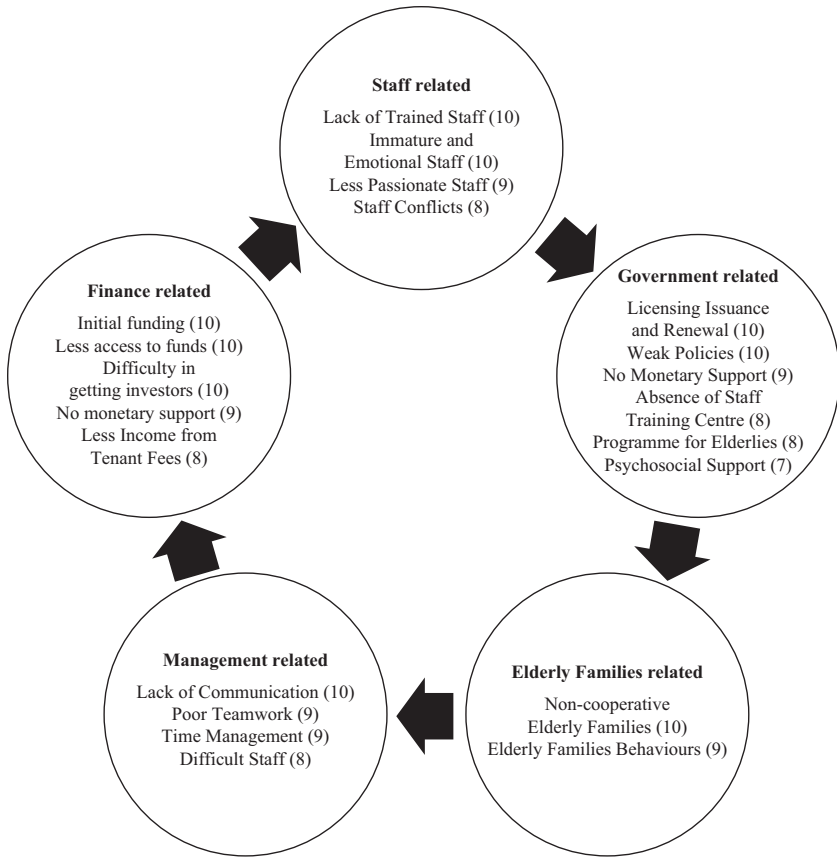


Figure 11.2 Encountered obstacles

First and foremost, if anyone wants to open the business, they must have that business background. Therefore, a bit of knowledge everyone must have while starting a new business. Secondly, financial issues and a lack of familial support. We are suffering in terms of the central governmental centre for caregiver training.

(Participant E. A.)

Initial funding was a big problem as I utilised personal savings and asked friends and family circles for donations. Sometimes it becomes challenging to convince the people. It was a tough time when many times I felt I could not do it, but I never lose hope. A passion is needed for doing something then you succeed. My friend's community helped me

in the form of raw material donations, and I asked for a loan from the closer family community.

(Participant E. F.)

Referring to the findings related to the business strategies, most participants stated they are using several strategies. For instance, Facebook website marketing (10), accepting of raw material donations (9), staff counselling (8), team working (8), door to door marketing (8), orientation session (8), staff training programme (7), weekly meetings (7), offering economical fee packages (7), providing elderly families counselling (6), and running a small business for effective operations of the centre (7), (Refer to Figure 11.3). The findings correspond to previous literature as studies suggested women entrepreneurs are working hard for their entities' smooth functioning even by adopting various strategies to tackle

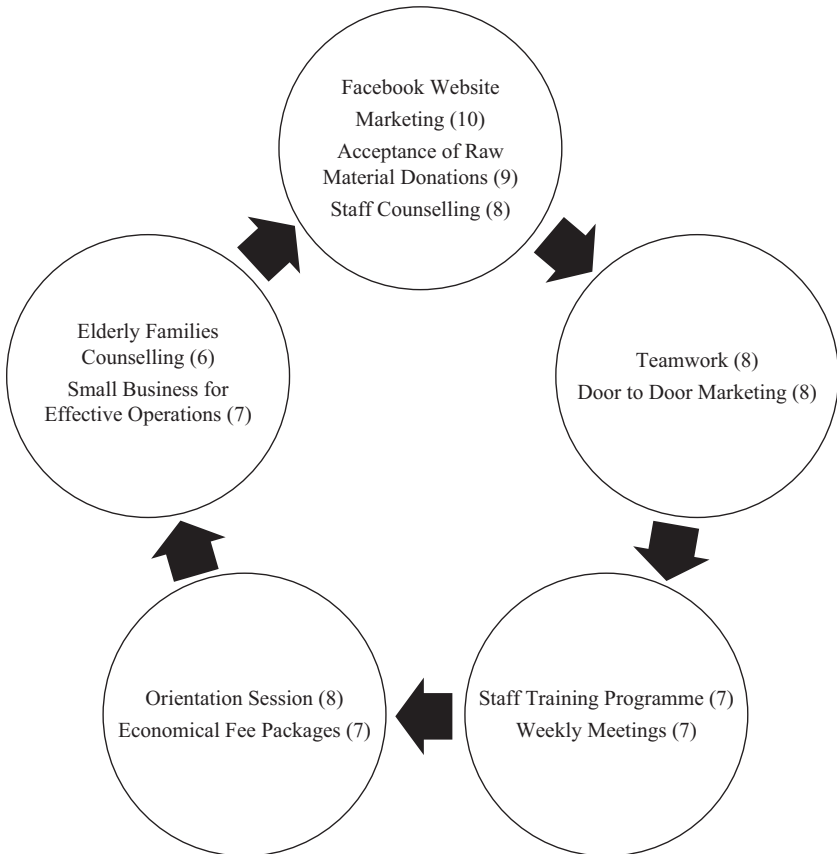


Figure 11.3 Business strategies

the obstacle related to operations and management. The strategies play a remarkable role in entrepreneurial success and attaining the desired goals (Mensah et al., 2021; Zahra et al., 2000). Therefore, women entrepreneurs must look into their internal weaknesses and strengths and have a deeper understanding of business management, marketing, and operational obstacles to resolve them effectively (Afza et al., 2009; Basit et al., 2020; Dautzenberg, 2012; Srivastava, 2017). The feedback of participants is listed in the following:

We have a Facebook page mentioning all the details, few people approach us from there also, and it is beneficial. If we have any activity, we post the picture. It is the right way of advertising; also when the patient comes, we have a form, and we fill this form for them, and we meet up with the family member personally and get all information about the patients in detail. We used to see the medical reports of the patient.

(Participant E. F.)

We tried to maintain excellent customer relationships by providing the door to door counselling, but I think still our marketing is weak. I advised my staff to be friendly and welcoming. Secondly, we have economical fee packages with the concession for needy people. We usually do open day activities to familiarise the people with the offerings and last but not the least we try to give the home-like environment.

(Participant E. C.)

Referring to the findings of factors contributing to less entry of Malaysian entrepreneurs in the ageing care business, the participants uttered several reasons: less access to finances (10), policy barrier (10), fragile support system (10), male dominance (9), and mobility constraints (9), less access to markets (9), lack of confidence (8), household responsibilities (8), lack of soft skills (8) and fear of failure (7) (Figure 11.4). The finding relates to previous research that revealed lack of finances, less business knowledge, lack of marketing, management and IT skills, less family support, lack of knowledge about the market, cultural constraints, lack of education as the main factors (Basit et al., 2020; Isa et al., 2021; P & Bhuvaneshwari, 2016). Even confronting the issues and challenges, Malaysian women are involved in a variety of businesses. However, various financial, individual, socio-cultural, and financial factors become the main reason for less participation of women in entrepreneurial activities. The following was mentioned in the feedback of participants.

Challenges that we are facing is less funding and no investment opportunities as we need lots of funding to develop and run a centre. You

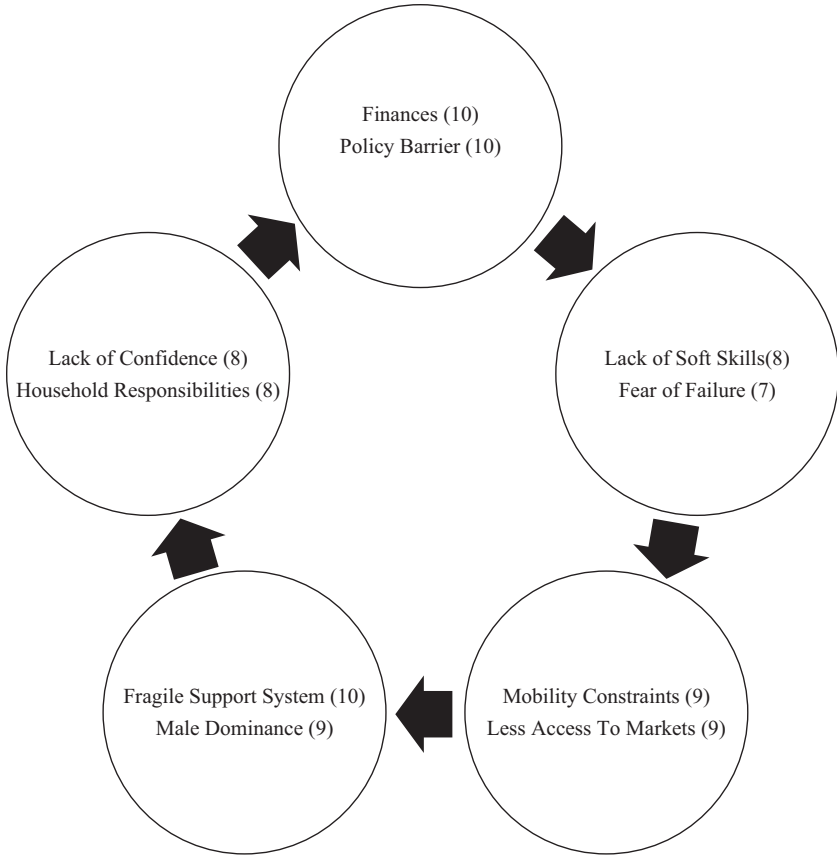


Figure 11.4 Factors contributing less entry of Malaysian women entrepreneurs in ageing care business

need a big sum of money, and that is the challenge and number two the support from the family and staff, and to get the full skilled workforce to get involved in taking care of the elderly.

(Participant E. I.)

First and foremost, if anyone wants to open the business, they must have that business background. Therefore, a bit of knowledge everyone must have while starting a new business. Secondly, financial issues and a lack of familial support. We are suffering in terms of the central governmental centre for caregiver training.

(Participant E. A.)

Referring to the findings of recommendations for the Ministries and Policymakers, the participants mentioned streamlining licensing procedures (10), a staff training centre under the Ministry of Health (10), funding (10), a database of centres (8), training programmes for caregiverpreneurs (9), proper monitoring (8) and standardised ageing policies (9). The findings are in line with the sector such as SMEs, cottage industries, and enterprises that are associated with challenges of women entrepreneurship, i.e., less government support, lack of training programmes, proper monitoring and compliance, absence of appropriate procedures, and limited funds (Barnes, 2002; Kapur, 2016; Sharma et al., 2016). The verbatim of participants is listed in the following excerpts:

Licensing is also a big issue; during the start-up, we approached MBPJ (Majlis Bandaraya Petaling Jaya) and got a license after a long and complicated procedure. The trained staff should be there who can guide us regarding complete licensing packages with complete details.

(Participant E. G.)

The licensing process was quite complicated, and I will say it should be one window operation, and terms and conditions may be defined systematically. Staffing is the worst issue, as the trained staff is lacking. There is no Institute for the training of caregivers. I have faced many times whereby staff left the centre without prior intimation, and I will say the staff is very immature. They do not even think that they are on sensitive people duty. There must be a staff training centre under the Ministry of Health so that certified caregivers must be hired in all centres.

(Participant E. F.)

### ***Internationalisation of caregiverpreneurship among women***

The findings on the business strategies used by women entrepreneurs in operating an ageing centre and the factors contributing to less entry of women entrepreneurs as a caregiverpreneur in the aged-care sector are in line with previous findings from different countries (Abudu-Birresborn et al., 2019; Lemaire et al., 2017; Mathieu et al., 2019; Nakrem et al., 2011; Phua et al., 2019; Ursulica, 2016) as women *caregiverpreneurs* facing various issues and challenges related to individual, financial, environmental, technological, operational and elderly families related factors. Thus, even though women entrepreneurs reside or operate, the issues, problems, business strategies, and contributing factors are almost or similar from country to country. However, developed countries may have different contributing factors since the countries' ageing care centres are well equipped. These centres have more and better-trained staff to handle the elderly, charging a higher fee of services, more cooperative elderly families, and better SOPs for daily

operations than developing countries where ageing care centres are in the nascent stage. Past literature shows the majority of research done on the best possible design of ageing care centres in developed countries or comparison of developed countries ageing care centres (Barnes, 2002; Intrator et al., 2004; Ismail, 2008; Tohit et al., 2011; Wagiman et al., 2016). The aged care sector may have massive potential for employment generation in forthcoming years; therefore, it is essential to encourage women's participation and equality in this sector.

The reason for this is that caregiving service is considered feminine, and women are more socialised and fit well into the nurturing roles of a caretaker (Aronson, 1992). All across the globe, women make up about 57 to 87% of formal and informal caregiving (Coffey, 2019; Sharma et al., 2016; Tang et al., 2013). So, why not more women enter a caregiving business (i.e., aged care industry)? This business sector is an excellent opportunity for all women worldwide to join as *caregiverpreneurs*, which allow them to cope with the challenge of the silver tsunami of the ageing population, as care is the next entrepreneurial frontier that women may lead in a better way in terms of health care (aged care, childcare, care for those with disabilities and more).

### ***Theoretical justification***

This underpinning theory for the present study is the resource-based view (RBV) theory which implicates a dominant theoretical foundation in strategic management (Stieglitz & Heine, 2007) and is used in strategic marketing (Morgan et al., 2006; Voola & O'Cass, 2010; Zahay & Peltier, 2008) researches. RBV explains how a firm attains a sustainable competitive advantage and superior performance. This theory provides that firms can perform effectively and gain a competitive advantage if they have better resources and can utilise them to exploit the opportunities and outperform the competitors. The RBV theory describes that firms have a bundle of resources that possess certain specific characteristics that can provide a sustainable competitive advantage. Thus, more extraordinary managerial abilities and skills are required to deploy the resources that collectively produce better performance and returns (Mahoney, 1995). Implicatively, RBV theory fits to be used by any women entrepreneur globally regardless of whether they are operating a business in developed or developing countries.

### **Conclusion and implications**

The findings demonstrate that women's entry into the aged care business will significantly change worldwide, including in Malaysia. The aged industry caregiverpreneurs are confronting marketing, technological, management, staffing, and funding issues. Nonetheless, the women-owned business (e.g.,

ageing care centres) can still run the ageing centres sustainably, as they are very passionate about the business nature and keen to help the elderly. They can excel in running the centre since they can keep the business sustainable by being diligent and entrepreneurial. One of the most likely reasons is women's entry into the aged care business is women's unique personality attributes. They are tender, soft, caring, and patient that fulfils the customers' needs in this business sector. Thus, there is a dire need for more women entrepreneurs in the ageing care service industry, as women comprise half of the entire population in all countries across the globe. They can play a catalytic role in the country's overall progress and help the government overcome the ageing population's tsunami. The implications of a global perspective for women's successful entry as caregiverpreneurs in the ageing care service industry are as follows:

1. The government worldwide may allocate annual funding to ageing care centres that may help them fulfil their expenses. Secondly, staff training centres must operate under the Ministry of Health for certified caregivers hiring in ageing care centres. Thirdly, management and leadership related training of *caregiverpreneurs* must be held for the smooth operation of centres. The licensing issuance and renewal procedure may be streamlined to support the caregiverpreneur. Further, teamwork among government agencies, ageing care centres operators, researchers, academicians, policymakers, psychiatrists, and nursing providers is needed for a cost-effective and practical solution to overcome the looming challenge of ageing.
2. The government should develop a standard ageing population policy for the welfare and wellbeing of the ageing population regarding health, pension, elderly care, and the categorisation of productive and non-productive elderly groups.
3. The banking sector services in terms of unique loan program schemes are needed exclusively for caregiverpreneurs. There is a need for unique funding programs for older people who have no families and reside in ageing care centres. Furthermore, the banking sector may appear a helping hand for those centres offering services mostly of welfare, such as if one elderly is paying the fees and the next two live without fee and enjoy the same facilities.
4. The caregiverpreneur must involve themselves in marketing activities to promote the centres and allocate the sponsors in terms of monetary help or raw material. They must create events such as open days, orientation sessions and activities on a special occasion and allow them to join. It may help to build good repo with the community. Hence, to help the women entrepreneurs grow well in the aged care industry, support from family, government, banking sector, and community combined is needed to affect women entrepreneurs' wellbeing in the ageing care business.

This study's findings will help the policymakers, the ministries, and ageing care business entrepreneurs to formulate the strategies by considering the diversity of obstacles the women entrepreneurs have encountered while operating the centres. The findings may also help entrepreneurs running the centres to initiate the right strategy in the future. Furthermore, one of the issues related to the ageing population is dementia, and it is prevalent these days, so society should be dementia-friendly. Thus, the caregiver must be trained enough to understand old age problems and help the elderly better. With a better support system, Malaysia and the globe can transmute into a caring nation for the ageing population.

### ***Future research direction***

The study's findings add to the existing literature on the importance of women's entry as caregiverpreneurs in the ageing care business. The current research has only considered Malaysia's (Klang Valley area's) ageing care centres, so future research may cover all of Malaysia's centres by conducting quantitative studies. Besides, a comparison of multiethnic entrepreneurs is another promising area of research. Subsequently, to get a broader perspective on women's involvement in operating ageing centres, future research may cover Asian countries such as India, Bangladesh, Pakistan, and others. It may also extend to ASEAN countries for comparison purposes.

Most importantly, women entrepreneurs' entry as *caregiverpreneurs* can act as a silver bullet to overcome the Ageing Tsunami. Whether we like it or not, elderly care demand may smash the Malaysians and entire developing or developed nation's social comfort in upcoming years. Therefore, more women's entry into the aged care service sector will help the government overcome the ageing population's ongoing challenge worldwide.

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