

Issues of Ageing in Malaysia

Issues of Ageing in Malaysia:

A Compilation of Research Findings

Edited by

Paraidathathu Thomas and Filzah Md Isa

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BUSINESS CHALLENGES CONFRONTING AGED CARE CENTRES' ENTREPRENEURS IN MALAYSIA

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Sharifah Diyana Binti Syed Hussain is PhD scholar in Business Studies at Taylor's University Malaysia. She is in her fourth year of candidature. Her research interests involve entrepreneurship, decision-making, people management, and the ageing population. Her ongoing thesis, which studies people management in ageing care service centres, explores entrepreneurs' decision-making, with emphasis on entrepreneurs' decision-making styles and strategies. She holds a Master's degree in Management and a Bachelor of Science (Architecture) from Taylor's University. She worked as an assistant architect before joining the postgraduate research programme.

Nurul Fadzlyn Enche Nadzmy is pursuing her PhD in Corporate Governance and Communication at Taylor's University, Malaysia, with an emphasis on Ageing Care Centres. Prior to her recent study, she worked as an Assistant Company Secretary for four years at Sime Darby Berhad and other secretarial companies. She also served as a Research Officer for two years at the Global Entrepreneurship Research and Innovation Centre, University Malaysia Kelantan. She received her Master's and Bachelor's degrees in Corporate Administration from Universiti Teknologi Mara (UiTM) and holds a professional certificate from the Malaysian Institute of Chartered Secretaries and Administrators (MAICSA). Her research interest in ageing stems from her involvement with NGOs and age care centres. Her recent publication is entitled "Corporate Governance Practices Affecting Performance: A Case Study of Malaysian Aged Care Centres NGOs."

Abstract Approximately 72% of the global ageing population lives in developing countries. In Malaysia, 15% of the local community is estimated to be older adults by 2030. The estimate projects a radical change in the demographics of developed and developing countries. This conundrum requires relevant government bodies to investigate and address the challenges resulting from the ageing population. On a global scale, aged care centres are responsible for providing living support for elderly people with chronic illnesses (dementia, hypertension, Alzheimer's, and Parkinson's disease) when their families fail to provide the necessary care. Local aged care centres are run by public, private, and non-government organisations and religious centres. More than 365 registered and unregistered aged care centres exist in Malaysia. Considered the hub of aged care centres, the state of Selangor is home to 86 operating centres run by male and female entrepreneurs. Regardless, only 25% of women work as entrepreneurs in aged care services compared to other business ventures. This qualitative study focuses on the business issues encountered by the entrepreneurs of Malaysian aged care centres. A semi-structured interview

was conducted to gather empirical data. The sample size comprised 10 entrepreneurs from aged care centres nationwide. Based on the study outcomes, entrepreneurs need to improve the marketing mix, management and HR-related strategies based on product, price, promotion, and place of distribution (4Ps) while initiating service promotion, networking and clustering, technology use, visual presentation, print media advertisement, and diverse services. The research implications are derived from the overall obstacles of the aged care centres business. A model was proposed for aged care centres to minimise marketing, management, and HR challenges and justify the relationships between the key components and strategies.

1. Introduction

The global ageing population is steadily rising in both developed and developing countries, 72% of whom reside in emerging nations (Hagen et al. 2012, 3; Noor et al. 2019, 2). Following an increase by an average of 2.6% per annum between 1980 and 2000, Malaysia's ageing population could increase two-fold in the next 50 years (Tassim 2020, 15; WBG 2019). This unforeseen escalation has significantly challenged the country's ability to address ageing population issues, which occurred in Japan, China, and Australia. These countries are now well-versed in coping with ageing population challenges (Loke et al. 2020; Phua et al. 2019).

Improved nutrition and public health services and medical advancements have reduced perinatal mortality and increased life expectancy. These developments have led to novel demographic shifts in Malaysia (Akil et al. 2014, 129; Soong 2016). Globally, one million people are estimated to reach the age of 60 every month. This steady increase poses ageing-related challenges to developing countries (ACP 2018; Lai et al. 2019). In Malaysia, the number of older people aged 60 years and above will be equivalent to younger people under 15 between 2050 and 2055 (Md Isa et al. 2020; Noor et al. 2021c). This demographic change inevitably leads to complexities in sustaining economic growth and fulfilling the demands of elderly people, who are susceptible to various societal changes and ailments (Robinson et al. 2018; Wagiman et al. 2016). Although it is vital to provide living support for older people through well-equipped aged care centres, the required facilities and infrastructure in terms of development and housing plans for the older population remain lacking in Malaysia (Burton 2016; Akil et al. 2014, 1945; Noor et al. 2020a, b).

A total of 365 registered aged care centres are currently operating in different states of Malaysia. As the hub of aged care service business in the country, the Klang Valley (Selangor and Kuala Lumpur) documents the highest number of centres (86) (Noor et al. 2021b). Aged care centres in Malaysia can be categorised into four types: (i) public, (ii) private, and (iii) non-government organisations and (iv) centres under religious organisations. These centres come directly under the purview of the Ministry of Women Family and Community Development and Welfare. The private sector is currently the largest stakeholder in the aged care service business, which is primarily profit-oriented or run by charities. Although both male and female entrepreneurs run the centres in various districts of the 13 states (Noor and Md 2020c), only 25% of women are involved in this business (Noor and Md 2020b; Phua et al. 2019).

Acs et al. (2017) underscored the need for female participation in the entrepreneurial business for national progress and growth and poverty alleviation (Noor and Md 2020a, 503). Women entrepreneurs remain in the preliminary stage of penetrating the aged care business. Despite their systematic working methods, sound ideas, and inquisitiveness compared to men, Brindley (2005) highlighted the unfavourable entry of women in novel business ventures (Isa et al. 2021a, b; Noor et al. 2021a). Low female participation results from the issues underlying the aged care centre business in Malaysia. Hence, this study focused on the challenges related to key business components (marketing, management, and HR-related) in Malaysian aged care centre businesses. Entrepreneurs must be equipped with such competencies to run a successful care service business. Mitigating these business challenges aids in overcoming the potential issues of serving the ageing population. As Malaysia is expected to house a large ageing population by 2030, addressing the aforementioned issues and involving more women in the ageing care industry can catalyse societal change.

2. Literature Review

Malaysia is a Southeast Asian nation divided into East and West Malaysia, which covers an area of 330,803 sq kilometres. West Malaysia is located in the south of Thailand and north of Singapore, while East Malaysia is positioned on the island of Borneo bordering Indonesia and Brunei. As reflected in the older population's heterogeneity, the Malaysian population is comprised of diverse ethnicities, religions, and belief systems (Chu 2017). Various challenges exist in elderly care and social protection following the rise of the ageing population worldwide (Siwar et al. 2016, 411). The

percentage of older Malaysians could increase from 6.3% in 2000 to 12.0% in 2030 (Burton 2016; Loke et al. 2020). Despite an increase in life expectancy and longevity via improved health facilities, education, economic prosperity, hygienic conditions, and overall surroundings (Noor and Md 2020c; Yemane 2014), the recent demographic shift has caused much concern about older people's aged care and social protection and their underlying issues (Bruke 2017, 360; Qandeel and Jehom 2020, 387).

The rapid (older) population growth necessitates well-equipped aged care centres with trained staff to meet elderly people's demands. Notwithstanding, the centre facilities in Malaysia remain inadequate due to staffing, funding, and awareness issues and subsequent effects (Hong 2017; Md Isa et al. 2021; Noor et al. 2019). Given the insufficiency of home care to fulfil the needs and requirements of elderly people with chronic ageing-related diseases (dementia, arthritis, hypertension, and Parkinson's), aged care facilities and the surrounding environment must be properly planned. Older people require an improved support system to safeguard their dignity, living arrangements (Alabdallah et al. 2020, 506), and health and age gracefully amidst the increasing ageing population. Most aged care centres in Malaysia are currently run by male entrepreneurs. Despite an increase in Malaysian female entrepreneurship owing to continuous government support, women own only one out of five ventures in the country (Isa et al. 2021b, 69).

Women entrepreneurs' involvement in the aged care business is lesser than in other business ventures (Noor et al. 2020a, 55; Phua et al. 2019, 66) due to various societal, economic, and cultural issues, including limited financial access, poor efficiency, and lack of women in the workforce (Brindley 2005, 141; Vannucci et al. 2017, 59). Knowledge and skills in marketing, management, and HR are key to organisational success. Thus, entrepreneurs must strategically attract new customers and retain existing ones while maintaining a competitive edge in the market (Kotler and Keller 2015, 23). These individuals require certain competencies to develop the right product, create a sustainable service, choose the best product or service price, design suitable promotions, and select appropriate distribution channels for product or service delivery (Zhang et al. 2019, 118). A successful aged care centre requires process, people, and physical evidence (3Ps) (Isa et al. 2019, 55). As such, any challenges hindering the entrepreneurs' marketing strategies should be promptly addressed.

Women entrepreneurs' involvement in ageing care would infuse the business with gentleness, empathy, humility, and sensitivity to fulfil elderly needs and assist the government in mitigating future ageing-related issues (Noor et al. 2020a; Noor and Md 2020a). Regardless, these traits are only meaningful with improved business competencies (management, finance, marketing, and operation). This study outlined the key challenges involving the aged care centre business. In terms of profitability, marketing, management, and HR activities are key to attaining the targeted customers (elderly people and their families). Effective strategies elevate business reputation and develop a strong customer relationship (Morgan 2011, 108; Rangaswamy and Van Bruggen 2005, 8). Overall, the barriers to running a successful aged care centre business must be thoroughly examined.

3. Research Objective and Question

The current research objective and research question are presented as follows:

RO: To explore the obstacles faced by aged care centres in Malaysia.

RQ: What are the main obstacles faced by aged care centres in Malaysia?

4. Methodology

This exploratory study examined the challenges related to the aged care centre business in Malaysia by collecting qualitative data. Semi-structured interviews were conducted to elicit sufficient knowledge about the phenomena of interest. Based on David and Sutton (2004), semi-structured interviews are extensively used for qualitative analysis. In this context, the interviewer does not perform hypothesis testing. A key is prepared for the questions used in semi-structured interviews. The sequence of the questions can be changed during the interview session. This flexibility allows the interviewer to conduct the sessions as they deem fit. For example, the interviewer is free to pose research-related questions to seek relevant explanations. Covin and Wales (2018) highlighted the essentiality of posing questions during empirical investigations.

The current work associated the philosophical stance of interpretivism with individual experiences and social interactions (Creswell and Poth 2012). Saldana (2018), 158 proposed a seven-step technique modified from Moustakas's (1994) method for qualitative analysis. This technique adopted

semi-structured, audio-recorded interviews for systematic and organised data collection (Hall et al. 2016, 138; Merriam and Merriam 2009). The extensively used inductive data analysis method served to evaluate the interview data. This structured and flexible approach allows for the collection of enriched data (Braun and Clarke 2006; Hall et al. 2016, 138; Merriam and Merriam 2009). A total of 365 registered aged care centres are documented in the larger states of Malaysia (ACP 2018; Noor et al. 2020; Phua et al. 2020). Ten women entrepreneurs running aged care centres in the central states of Malaysia were interviewed from August to December 2019 for 30 to 40 minutes. The discussion stemmed from the questions presented in Table 1.

Table 1. Interview Questions

Semi-structured Interview Questions	
1	What are the challenges you came across while managing the centre?
2	Do you make all the critical decisions with your partners, staff, or others?
3	How did you raise the funding for your venture?
4	How do you market your business, and which tactics are more successful?
5	How do you resolve issues and problems while creating an effective marketing, management, and HR plan?

Table 2 presents the participant profiles. Three out of the 10 participants were between 36 and 40 years old, two were between 31 and 35 years old, one was between 25 and 30 years old, and four were 41 years old and above. Regarding qualifications, two participants held a Diploma certificate, three held a Bachelor's degree, four held a Master's degree, and one held a Doctorate. Based on ethnicity, most of the participants were Malay (CO2, CO4, CO8, CO9, CO10), followed by three Chinese counterparts (CO1, CO3, CO5) and two Indians (CO6, CO7). A majority of them had nine years of entrepreneurial experience (CO3, CO5, CO6, CO9, CO10), four of them had six to nine years (CO1, CO4, CO7, CO8), and one of them had three to six years (CO2). Eight centres were run by sole owners, while two of them were operated via group partnership. All the centres encompassed caregivers, cooks, and support staff. Two centres (CO1, CO7) employed 20 to 25 caregivers. The centres had at least one medical doctor and support staff. Six of the centres housed elderly individuals aged 65 years and above,

while the remaining four (CO3, CO4, CO5) housed counterparts between 55 and 60 years old.

The monthly expenses in four centres (CO1, CO4, CO7, CO9) ranged from RM15000 to 20000, while one of them (CO5) reported a monthly cost exceeding RM40,000. Other centres (CO2, CO3, CO6, CO8, CO10) revealed monthly costs ranging between RM20,000 and 40,000. All the centres earned their income from customer fees. With regards to financial assistance, most of the centres (CO1, CO2, CO3, CO4, CO5, CO6, CO7, CO8, CO9, CO10) did not receive monetary support or donations. Seven centres (CO1, CO2, CO3, CO4, CO5, CO9, CO10) reported no income from other activities, while the remaining three rented facilities, sold consumable and non-medical medical items, and charged for consultancy services (CO6, CO7, CO8). All centres offered different fee packages, ranging from RM500 to RM6000, based on the elderly individual's condition and the services required. In terms of employment type, most of the staff were hired permanently. Five of the centres employed workers on a contractual basis. Despite having applied for government funding, all the centres were yet to receive any.

Table 2. Participant Profile

Sr. no	Variable	C01	C02	C03	C04	C05	C06	C07	C08	C09	C010
1	Age (years)	✓	x	x	x	x	x	x	x	x	x
		25-30									
		31-35	x	x	✓	✓	✓	x	x	x	x
		36-40	x	✓	✓	x	x	x	x	x	x
2	Sex	41 onwards	x	x	x	x	✓	✓	✓	✓	x
		Male	✓	x	✓	x	✓	✓	✓	x	✓
		Female	x	✓	x	x	✓	x	x	✓	x
3	Education Level	Diploma	✓	x	✓	x	x	x	x	x	x
		Bachelor's	x	✓	x	✓	x	✓	x	x	x
		Master's	x	x	x	x	✓	x	✓	✓	x
		PhD	x	x	x	x	x	x	x	x	✓
4	Ethnicity	Malay	x	✓	x	✓	x	x	✓	✓	✓
		Chinese	✓	x	✓	x	x	x	x	x	x
		Indian	x	x	x	x	✓	✓	x	x	x
5	Year of establishment of the centre	3-6	x	✓	x	x	x	x	x	x	x
		6-9	✓	x	x	✓	x	✓	✓	x	x
		9 onwards	x	x	✓	x	✓	x	x	✓	✓
6	Type of ageing care centre operations	Sole ownership	✓	✓	✓	x	✓	✓	✓	✓	✓
		Partnership	x	x	x	✓	✓	x	x	x	x
		Group manager	x	x	x	x	x	x	x	x	x
		Others	x	x	x	x	x	x	x	x	x
7	Current ageing centre staff	Caregiver	25	7	6	7	2	8	20	6	7
		Doctor	2	1	-	1	-	-	2	-	-
		Support staff	10	-	2	3	2	3	15	7	8
		Cook	5	1	1	2	2	1	2	2	1
		Clerk	5	7	-	1	1	1	2	2	1
		Others	5	1	1	-	1	1	-	-	-
8	Age of elderly in centre	55-65	x	x	✓	✓	✓	x	x	x	✓
		65 onwards	✓	✓	x	x	✓	✓	✓	✓	x

Table 3. Summary of Themes

Challenges	Sub-themes	Number of participants who responded
Leadership and decision-making	Less time	10
	Lack of creativity	10
	Less delegation of authority	10
	Lack of resources	10
	Inability to change	9
	Less risk-taking behaviour	8
	Less clarity in decision-making	7
	Inadequate support	6
Management	Poor teamwork	8
	Time management	8
	Less support	8
	Staff conflicts	8
	Less passionate staff	7
	Immature and emotional staff	7
	Communication gap	7
	Absence of structure	7
	Lack of procedural knowledge	6
	Less trained staff	6
Management operations	Simple process	10
	Weekly meetings	10
	Technology adaptation	10
	Schedules	8
	Strategy design	8
	Process design	7
	Standardised procedure	7
	Effective use of resources	7
Monitoring of operational activities	Website	10
	Annual report	8
	Financial	8
	Evaluation	7
	Feedback	7
	Process	5
	Technical	5
	Creativity	10
Marketing	Communication skills	10
	Analytical ability	10
	Negotiation skills	8
	Teamwork	8
	IT skills	8
	Good oral Skills	7
	Networking	7

5. Findings

5.1 Leadership and Decision-Making Challenges

The centre operators shared their perspectives on the issues encountered when making managerial decisions during the interview. Many participants reported poor support, inadequate time, lack of creativity and resources, ineffective delegation of authority, the inability to change, reduced risk-taking behaviour, and lack of clarity in decision-making. Excerpts from the interview are presented below.

"I feel like being a leader; we lack adequate support, resources, and creativity. I am unable to delegate the authority at this stage due to a lack of reliable human resources and trained, passionate workers because once we have them, it will be effortless to take care of the elderly 24 hours a day since it needs workers with a big heart" (Participant CO10).

"I am facing issues due to less clarity in decision and inability to change due to less risk-taking behaviour as various challenges associated with this, such as lack of support, creativity and inadequate resources" (Participant CO9).

The situation these days is more challenging; we are barely sustaining our business without any profit. Staff retention is another issue because we have mostly young staff, and they become emotional sometimes and take their decision haphazardly, so there needs to be more support. So, the less support from staff and lack of resources provokes less risk-taking behaviour and inability to change" (Participant CO3).

5.2 Management Challenges

In responding to the key challenges faced while managing the centres, most of the operators interviewed reported a lack of procedure-related knowledge, poor teamwork, ineffective time management, inadequate staff support, communication gaps, staff conflicts, absence of structure, and workers who are incompetent, immature, emotional, and demotivated.

"I feel like the main hindrance is to get trained, passionate workers because once we have them, it will be straightforward to take care of the elderly for 24 hours a day since it needs workers with big hearts. The

funding is another obstacle, and we are not getting support from the government" (Participant CO7).

"I lack trained staff and funding; we barely sustain our business without profit. We are using different ways to cover our operational costs. Staff retention is another issue because we have a mostly young staff, who become emotional sometimes and make their decision haphazard" (Participant CO3).

5.3 Marketing Challenges

Most of the interviewees claimed the absence of robust marketing strategies to be a notable challenge for aged care centre businesses in Malaysia. The absence of such publicity instigates marketing issues that hamper ageing care centre operations.

"I have no entrepreneurial experience and no marketing knowledge, I planned things accordingly, but mistakes occur. I am getting marketing pieces from various training. I believe in planning strong marketing strategies but am weak" (Participant CO5).

"I know about aged care due to previous work experience, which is the most significant advantage. We did marketing by telling the people by word of mouth even though we did not have strong customer bonding. The people around this area also helped a lot. We have social media coverage at our centre that helps connect with people, but still, weak marketing is another issue, and we cannot gain customer trust" (Participant CO9).

With regard to marketing tools, many participants highlighted that female managers need assistance in obtaining opinions, analysis, and independent decision-making skills for informed decision-making and marketing strategies.

"I am still learning as previously; my centre suffered a lot due to my wrong decision-making in marketing tactics. I have regretted it. However, we learn from experience" (Participant CO3).

"I suffered from initial wrong decisions in the centre without discussion with my peers' group. I now feel the importance of discussion to plan marketing, such as advertisement and customer loyalty programs. Still,

"I am in the learning phase, and I am taking various training related to marketing management" (Participant CO4).

Female entrepreneurs of aged care centres in Malaysia struggled with marketing challenges, such as lack of communication, analytical ability, teamwork, creativity, and negotiation skills.

"We tried maintaining excellent customer relationships through door-to-door counselling, but marketing is still weak. I advised my staff to be friendly and welcoming, but still, teamwork was lacking. I feel our promotional activities are ineffective due to the absence of strong marketing strategies" (Participant CO7).

Technological constraints, lack of innovative technique adoption, and ineffective marketing strategies and tools exemplified other challenges.

"I have hired now a marketing manager due to poor marketing tools and strategies we are experiencing, as I do not belong to a business background" (Participant CO8).

"I feel like there is a need for collaborative work; public and private NGOs must join hands. We lack monetary donations and standardised policies and procedures. Technology is also lacking in our centres because we cannot afford costly equipment as already, we are paying high rent and billings whereas, from tenants' fees, we are just on sustainable not earning profits" (Participant CO1).

Insufficient finances and donations, poor marketing strategies, lack of IT skills, ineffective teamwork, and the absence of reliable marketing tools lowered customer trust and posed the following marketing issues to aged care centre operators in Malaysia:

1. Absence of systematic leadership
2. Lack of marketing (creativity, analytical, and communication) skills
3. Poor finances and marketing strategies
4. Ineffective promotion activities
5. Insufficient marketing knowledge
6. Absence of teamwork
7. Lack of technology use

Similar to other emerging nations, entrepreneurs in Malaysia have begun using digital technologies in small and medium-sized businesses to effectively and innovatively streamline processes and advance their knowledge about business, industry and market trends. Social media, particularly Facebook, served as a communication model between entrepreneurs and customers for accelerated product or service sales. In the past, Malaysian entrepreneurs solely relied on traditional marketing strategies (the telephone) to fix an appointment with customers. Flyers, pamphlets, and electronic advertising have now transformed into more practical marketing tools, such as surveys, social media, networking, and customer loyalty programmes to expand their business networks.

Past works highlighted the need for managers to demonstrate strong leadership, administrative, technological, and marketing skills (Isa et al. 2021a; Muteswa 2016; Noor et al. 2022 a,b). Strong marketing skills increase customer satisfaction, which benefits business entities. As high customer satisfaction implies organisational success, the strength of a company lies in its rapport with customers. Customer satisfaction is associated with the degree to which customers are satisfied with organisational products, services, and experiences (Xu et al. 2015, 89), which are attainable through robust marketing strategies. Aged care centre operators should improve the 4P-oriented mixed marketing strategies, which include service promotion, networking and clustering, technology, visual, and print media advertisement, and diversified services to retain and attract existing and new customers. A model for aged care centres was proposed following the study outcome to mitigate marketing, management, and HR issues. Aged care centres that implement robust HR, management, and marketing strategies can succeed in their business.

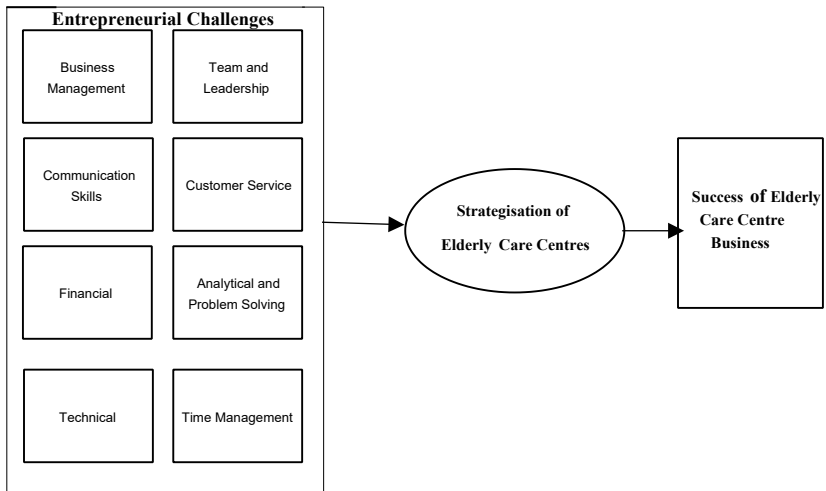


Figure 1. Proposed Model

6. Implications

The following recommendations were made to address the aforementioned marketing, management, and HR-related issues:

1. Entrepreneurs must acquire and hone knowledge skills in marketing, management, and HR before running a service business, such as an aged care centre. Some of the training sessions are fully funded by the government or provided by expert trainers for a fee. Adequate knowledge and marketing skills facilitate informed decision-making and the mastery of service design, promotion, and delivery to target customers in this vein, 4Ps are key to the success of ageing centres.
2. Entrepreneurs must redefine market positioning strategies based on their business values and services. One strategy involves defining service quality and deliverability, which may affect the recruitment of competent staff and the provision of improved facilities, hygienic conditions, high service speed, and customised service types. Marketing budget, cost, and expenses and monthly fee can also be reviewed to determine an appropriate fee based on the service amount or variety.
3. Entrepreneurs must review and canvas their business value, their centres' value chain, and delivery value system to create unique service values while refining existing ones to fulfil customer demand

and improve business value propositions. This step determines the extent to which the centres provide affordable services to their customers.

4. Entrepreneurs must procure appropriate technology and modern equipment to provide improved aged care services. Most of the technologies used in these centres have become obsolete, while some equipment needs to be repaired due to repeated use without proper monitoring and regular maintenance. Specifically, most of the centres require an ambulance and appropriate technological equipment. Despite the availability of financial and technological support from the government, only selected centres benefitted from this privilege. Thus, entrepreneurs must support and sustain their centre operations via entrepreneurial business endeavours.
5. Business networking and clustering allow entrepreneurs to broaden their knowledge, learn from other people's experiences, and widen their customer base for organisational growth. These individuals should improve their relationships with other centres, suppliers, companies, government agencies and ministries, and institutions to catalyse knowledge sharing and organisational growth. In Malaysia, relevant government bodies provide entrepreneurs with numerous platforms to create a network and different cluster types with other industry stakeholders.
6. Advertising is an essential marketing tool used by businesses to influence potential customers to purchase or use their goods and services. Thus, aged care centre operators must allocate a specific budget to advertise their services. Regardless, consumers' scepticism towards the information and arguments presented in the advertisements negatively impacts the effectiveness of the tool. Consumers who are aware of the influence wielded by business advertisements tend to exercise caution. The multitude of advertisements launched by business competitors daily can also render marketing a challenging tool to use. Overall, aged care centre entrepreneurs must be well-versed in promoting their centres.
7. Entrepreneurs in the care industry must emphasise internal marketing in terms of staff training, motivation, and support to offer optimal services. Internal marketing that precedes conventional marketing campaigns proves to be impactful. Staff in aged care centres must uphold the right attitude or risk inducing poor quality of care and spreading negative word of mouth (WOM) to potential customers and the community at large.

8. Poor internal marketing that goes viral on social media and the news can hamper aged care providers' marketing campaigns or initiatives. Hence, effective internal marketing activities require strong leadership, clear internal communication, optimal staff training, and an appropriate staff reward system.
9. Given the increasing number of tech-savvy elderly who can easily gain information while engaging in communication, entertainment, shopping, and other life-related activities online, good internal marketing promotes a positive image of aged care centres. This elderly segment can bring the computer-related skills learnt at work into retirement. Aged care centres can benefit from this shift in trend by using social media pages as a more cost-effective marketing tool to promote their services and communicate and collaborate with others. Nevertheless, this sector has only recently adopted social media platforms.
10. Entrepreneurs of aged care centres can adopt social media, such as Facebook, Instagram, and Twitter to widen their database, create brand awareness, create a community of people, and attract new clients. Specifically, users can comment on posts, facilitate discussions on online forums, and participate in social activities for companionship. Utilising social media as a marketing strategy may generate positive outcomes that improve ageing care centres. Under the organisational theory, marketing is a key component that should be mastered by entrepreneurs.

7. Theoretical Justification

The organisational theory, which outlines the overall environment of a company and its management style, structure, and processes to hone decision-making and problem-solving skills (Miner 2005, 174), underpinned this study. Following past works, the correlation between overall economic behaviour, management, and marketing ultimately resulted in success (Aragon et al. 2003, 75; Lenox 2006, 675). A company's strength lies in powerful marketing skills, which subsequently improve customer satisfaction and organisational success (Isa et al. 2019, 13). In this vein, female entrepreneurs who successfully promote their aged care centre business can improve elderly well-being and facilitate the government to overcome the associated challenges.

8. Conclusion

The entrepreneurs of aged care centres encountered various management, marketing, HR, and decision-making challenges. Poor marketing, analytical, and communication skills led to ineffective marketing decisions and promotional strategies. This scenario necessitates improved marketing knowledge, teamwork, and technological expertise. Aged care centre operators should periodically improve and hone their management knowledge and skills, respectively, following the shift in customer and industrial needs. For example, they can attend training sessions conducted by government bodies or workshops offered by expert trainers to establish their business. These centres should also invest in advanced equipment to sustain their business operations. Entrepreneurs who run private-owned centres should seek viable means of obtaining the necessary equipment or technology or apply for government funding (if eligible). Consequently, these individuals can optimise business management, HR strategies, and centre operations via effective marketing to increase customer satisfaction and loyalty. Setting up accounts on Facebook, Twitter, or Instagram is a relatively straightforward cost-effective promotional strategy to circulate information or news to target customers and the general public. Overall, the entrepreneurs of aged care centres can improve their business reputation and the national economy with continuous government support.

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