

# Managerial Obstacles Facing the Ageing Care Centres: A Case of Malaysian Women Entrepreneurs

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DOI: 10.1177/0972262921996495

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## Abstract

Malaysia is experiencing the rise in the ageing population as it is a more significant challenge for developing and developed countries. Therefore, across the globe, it is imperative for countries to anticipate effectively against the rising issue of the ageing population. In Malaysia, ageing care centres are mostly managed by three sectors: public, private and non-governmental organizations (NGOs). Currently, 365 ageing care centres are working in various states of Malaysia. The men and women entrepreneurs run these centres individually or in partnership. This study highlights the managerial challenges confronted by women entrepreneurs of ageing care centres in Malaysia. The study adopts the qualitative research strategy, and structured questionnaires have been used to collect data by face-to-face interviews. The target population of the study is five women entrepreneurs of ageing care centres in the leading states (Johor, Penang and Selangor) in Malaysia. The result highlights that staff retention, lack of qualified staff, technology gap, staff training, less capital; strapped budget and poor marketing strategy are main managerial challenges faced by women entrepreneurs of ageing care centres in Malaysia. This study will help policymakers to formulate strategies for women entrepreneurship in Malaysia. A recommendation plan is being proposed.

## Key Words

Ageing Centres, Entrepreneurs, Malaysia, Obstacles, Women

## Introduction

An ageing population is worldwide phenomena and has a remarkable effect on all facet of human life. It is the most significant challenge for developing and developed nation across the world as until the year 2050 world population rise is expected from 8–9.6 billion (Thomas, 2011). The United Nation Report estimates that the ageing population will become double in major industrialized and developed countries in the coming 50 years. Therefore, developed and developing countries must see the issue of ageing scientifically. Furthermore, developed countries foresee a linear increase in the ageing population, whereas developing countries see the exponential increase (Harvard School of Public Health and World Economic Forum, 2011). Costa (1994) stated that due to variation among countries, it was a challenge to define older age in earlier times. However, later in Western societies older age is

defined to be start form retirement age from 60 to 65 years (WHO, 2012). The older age relates to the decline of physical health and the inability to perform the work appropriately (Hagen, 2013; Krug et al., 2002). The increasing ageing population has outpaced the young, and this gap is getting more profound with time. From the year 1991 to 2010, the increase in the ageing population is calculated double from 1 million to 2.2 million. It is expected that older population further rise to 7 million or 17.6 per cent of the projected population of 40 million by the year 2040 (United Nations Development Programme, 2015). Malaysia is a multi-ethnic, multi-cultural and multi-racial society comprises of 52 per cent Malays, 30 per cent Chinese and 8 per cent Indians. The elderly population in Malaysia has shown a drastic increase from the year 1991 to 2010 from 1 million to 2.2 million. It is expected to reach 7 million or 17.6 per cent of the entire estimated population of 40 million by the year 2040 (National

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Population and Family Development Board, 2011). Robinson et al. (2017) explained about ageing population that has shown an enormous increase in Malaysia from 28.3 million in the year 2010, and it is expected to be 38.6 million in the upcoming 30 years. This situation is quite alarming, and it requires a program regarding better well-equipped elderly care centres to look after the Malaysian elderly population. Unfortunately, still, Malaysia lacks behind in terms of social and housing policies for the elderly as compared to other countries. Although, Malaysia has led down social and housing policies in development plans since the pre-independence period (1950–1954) to latest Eight Malaysian Plan (2001–2005). Still, the need for old homes for the elderly is facing lack of attention in development and housing plan of Malaysia (Ministry of Health Malaysia, 2010).

Thus, three main parties responsible for ageing care centres administration in Malaysia, that is, governmental, non-governmental and non-governmental organizations. Hence, the majority of the ageing care centre are run by the private sector in Malaysia. There are at least 365 registered ageing centres in various states of Malaysia. These centres are run by male and female owners individually or in partnership. Majority of the centres in central states of Malaysia are run by female entrepreneurs (AgedCare, 2018; Md Isa et al., 2020). The Malaysian government has realized the importance of Women entrepreneurs, and various programs to facilitate the women entrepreneurs have been initiated such as Federation of Women Entrepreneur, National Association of Women Entrepreneur Malaysia and Department of Women Development in Malaysia (Fatimah et al., 2014; Noor & Isa, 2020b). The Global Entrepreneurship Monitor (2015) highlights that women involvement in entrepreneurial business entities not only plays a remarkable role in the overall development of the country but also act as a potent agent for poverty alleviation. Thus, women entry in ageing care centre business will bring significant social change as women personality attributes such as responsibility, care, responsiveness are main ingredients required for running a care centre business (Cited from an interview with Ms. Wan Salbiah, Zara Aisyah Care Centre, Elderly Care Specialist, Shah Alam, Selangor, and 31 October 2018). This study is an attempt to find out the managerial challenges confronted by women entrepreneurs' operator of ageing care centres in Malaysia. This study will be helpful for policymakers to formulate the policies by keeping in view the challenges confronted by women entrepreneurs. This will enhance more entry of women entrepreneurs in the care centre business, and it will automatically help the government to overcome the challenge of the ageing population in Malaysia.

## Literature Review

The global rise of the ageing population has an equal impact on developing and developed countries. It is

expected that by the year 2025, across the globe the ageing population 60 and above will become double. Hence, throughout the world, one million people reach the age of elderly 60 years every month and 80 per cent of those living in developing countries. This depicts an alarming situation for developing countries. Malaysia is a developing country, and estimates show that until 2030 Malaysia will be in the line of ageing group countries (Burton, 2016). Previous research highlight that since the Second World War, Asia is the most prosperous region of the world in reducing fertility. In this regard, Japan is considered as a leader in this process, whereas south-eastern countries such as Singapore, Thailand and Malaysia are involved likewise. The increase in the ageing population is considered an important consequence of these changes (Akil et al., 2014; Noor & Isa, 2020b). According to the World Health Organization (2012), there is an increase in the proportion of people aged 65 and above from 14 per cent in the year 2010 to 25 per cent in the year 2050. Thus, it is essential to distinguish the ageing population and its effect in terms of developed, developing and least developing countries (Lee & Mason, 2012; Lutz et al., 2004). Fahey et al. (2003) explained that more than 20 developing countries' life expectancy is about 72 years or above. Furthermore, the expected increase in elderly percentage in Malaysia is from 6.3 per cent in the year 2000 to 12.0 per cent by the year 2030. The ageing population has shown a drastic increase across the globe; however, more significant impact of the ageing population is highlighted in developing countries (van der Geest, 2006). Malaysia is a country where the housing program is not responsible for elderly home provision. Thus, the old homes come under the umbrella of the social policy program. Hence, the Ministry of Housing and Local Government is considered liable for formal and informal housing legacy, whereas the Ministry of Women, Family and Community Development manages old homes (Ministry of Women, Family and Community Development, 2006). Moreover, the social welfare department is responsible for the overall management of ageing centres. In Malaysia, there are two types of ageing care centres; the government and other run by NGOs funds. However, both types of elderly care centres are increasing in number due to the drastic increase in the ageing population. Similarly, other types of ageing care centres such as private, religious centres are also working (ACP, 2018; Tohit et al., 2012).

Rashid and Tahir (2015) argued about causes of the increased elderly population in Malaysia which are good health condition, long-life span, less fertility and lower death rates and high-life expectancy (Hock & Weil, 2012; Sharpe, 2011; Walder & Döring, 2012). The main challenge which Malaysia facing is that how to manage the ageing population as by 2030, 15 per cent of the entire Malaysian population will be above 60 years of age. In order to control the significant increase of ageing population, the Malaysian government should take necessary action in formulating

the strategies and programs concerning to elderly care and awareness for adult, specifically motivational programs for young people to involve in the business of ageing care centres. Previous studies highlight the increasing percentage of the Malaysian population, as it is common among developing countries due to high birth rates and lower death rates (Ong et al., 2017). Malaysia requires a better support system for the elderly by ensuring the self-respect of the elderly and giving them a better lifestyle. The ageing population has placed a remarkable role for the nation in their prime; hence, it is obligatory for the nation to provide the appropriate assistance, help and care (Meena & Prabhakaran, 2016; Noor & Isa, 2020b). In Malaysia, womenfolk comprise half of the population of Malaysia and are involved in a variety of business such as food, spa, counselling services and child day care services. Recent research highlight that women constitute about one out of five business venture in Malaysia. However, women folk entry as an ageing care provider is still very limited due to various social, economic and cultural challenges in the development phase of business ventures, such as less access towards finances, low productivity and lack of women labour force for business enhancement (Ramadani et al., 2017; Ratten et al., 2018). The women entrepreneur as a care centre operator will bring a remarkable change in society as they are running care centre business in various states of Malaysia, but they are very less in number. This study is conducted to find out the managerial challenges confronted by women entrepreneur's operators of ageing care centres in Malaysia. Women entrepreneur operators of ageing care centres will act, as a rising star to overcome the drastic increase of ageing population in Malaysia, as more women entry in ageing care centre business will help the government to overcome ageing population challenge. Malaysia needs proper enhanced coordination and communication at all levels of administration in policy development. Thus, there is a need for a strong linkage between public and private sector, policy planners, administrators, services implementer, researchers, the formal and informal care system and older and young individuals to have collaborative work for healthy ageing in Malaysia.

## Research Objective and Question

RO: To explore the managerial challenges faced by women entrepreneur operators of ageing care centres in Malaysia.

RQ: What are the main managerial challenges faced by women entrepreneur operators of ageing care centres in Malaysia?

## Methodology

The methodology adopted plays a remarkable role in overcoming the issues arising while conducting the

research related to entrepreneurship. This study has adopted a qualitative research strategy. Qualitative research methodology deals with marketing research method, which emphasized on getting the data via a semi-structured interview technique. Thus, for any research methods, philosophical underpinnings are of utmost importance as it shows the researcher stance while researching as it is the entire schema of the research regarding data collection and analysis (Ratten et al., 2018). Covin and Wales (2018) stated that questions that are under investigation are the central pillar of the research study. Keeping in view, the present study considers the interpretive philosophical stance as interpretivism is associated with the experience of people. This philosophy concern about individual's interaction with society (Creswell & Poth, 2012). This study adopts the qualitative research strategy, and a semi-structured interview technique has been used. There are a total of 365 registered ageing care centres in various states of Malaysia. The number of ageing care centres in various states of Malaysia is shown in Table 1. The table shows that the highest number of ageing care centres is in Selangor, whereas the lesser number is in Perlis.

The five women entrepreneurs who are running ageing care centres have been interviewed in Johor, Penang and Selangor, which are the main states of Malaysia. The selection of participants for the present study refers to Creswell's (2006) that 5–25 respondents are considered enough for a phenomenological study. The saturation point has accomplished due to which the interviews are limited to five participants from main states of Malaysia. The interviews have been conducted in English and tape-recorded for the purpose of transcription. These interviews were done from the month of June 2018 to December 2018. The interview last long for about 30 minutes to 45 minutes. The semi-structured interviews consisted of the following questions (Table 2).

**Table 1.** Total Number of Ageing Centres Currently Working in Various States of Malaysia

Sr. No	Location (State)	No of Ageing Centres
1	Kedah	13
2	Perak	62
3	Selangor	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	Perlis	1
12	Sarawak	10
13	Penang	17
	Total	365

**Source:** <http://www.agedcare.com.my/about/Malaysia> (2018).

**Table 2.** Interview Questions

## Semi-Structured Interview Questions

- 1 What are the biggest challenges you came across while managing the centre?
- 2 Do you make all the critical managerial decisions by yourself or with your partners the staff, or others?
- 3 Have you ever made any regrettable managerial decision while managing the centre, and how did you rectify the outcome of the decision?
- 4 Have you ever become very frustrated and demoralized by your job nature and assigned tasks at the centre? Narrate an incident or two and tell us how you went about handling each of them?
- 5 How do you resolve issues and problems related to managerial practices such as human resource, administrative works, etc.?

**Source:** The authors.

## Descriptive Findings

Tables 3a and 3b show the profile of the participants. The details show that out of five participants from five centres, two (B and D) of them belong to age group 55–60 while two (A and E) belong to age group 40–45 and one belongs to age group 35–40 (C). Regarding qualification, two of the participants (C and E) have a master's degree and the remaining three (A, B and D) have diploma certification. Majority of the participants skewed towards Malay ethnicity (A, B, C and D) except one belongs to Indian ethnic (E). However, four of the respondents (A, B, C and E) running the centre as the sole owner and one (D) is running under a partnership. All centres have caregiver, cook and supporting staff, such that two of the centres (A and C) have caregiver 20–26 while remaining centres (B, D and E) 5–15. Whereas all the centres (A, B, C, D and E) have at least one medical doctor and support staff of 2–4, whereas one centre (C) has 15 support staff strength.

The strength of male elderly is more significant in number in each centre (A, B, C, D and E) as compared to female elderly. The age of the elderly in centres (A, C, D and E) skewed towards 50–99, whereas in one centre, (B) age of elderly ranged from 45–99. The monthly expense in three centres (A, D and E) shows RM 30,000–32,000, whereas one of the centres (B) shows the monthly expense of RM 88,000 and the other centre (C) reaches to RM 180,000 per month. The first income generation of the majority of the centres (A, C, D and E) is from customers fees. Regarding financial support, three of the centres (A, C and D) shows no support in terms of donations, whereas two centres (B and E) reported that they are receiving donations. The two centres (D and E) reported nil for other activities involvement.

However, one of the centres (A) involved in renting facilities and (C) involved in consumable medical items and nonmedical services. The fee of all centres shows different packages depending upon the condition of elderly

**Table 3a.** Profile of Interviewed Participants (Part A)

Centre	Age	Education	Ethnicity	Year of Est	Centre Type	No. of Staff	No. of Elderly	Age of Elderly	Years of Operation	Monthly Expenses
A	43	Nurse certificate	Malay	2008	Sole ownership	Caregiver = 26 Doctor = 1 Support staff = 4 Cook = All staff	Male = 9 Female = 13	58–90	10	30,000.00 RM
B	58	Diploma	Malay	2007	Group	Caregiver = 11 Support staff = 12 Cook = 3 Clerk = 3	Male = 66 Female = 30	45–93	11	88,000.00 RM
C	37	Master (MBA)	Malay	2016	Sole ownership	Caregiver = 20 Doctor = 2 Support staff = 15 Cook = 2 Clerk = 2	Male = 17 Female = 24	50–97	2	180,000.00 RM
D	54	Diploma	Malay	2013	Group	Caregiver = 7 Support Staff = 4 Cook = 3 Physiotherapy = 1	Male = 33 Female = 13	55–98	5	32,000.00 RM
E	46	Masters	Indian	2011	Sole ownership	Caregiver = 6 Support Staff = 2 Cook = 1 Physiotherapy = 1	Male = 9 Female = 8	53–99	7	30,000.00 RM

**Source:** The authors.

**Table 3b.** Profile of Interviewed Participants (Part B)

Entrepreneur	Constant		Financial Support	Involve Other Activity	Fee for Elderly	Operator Receive Monthly Salary	Type of Employment	Financial support From Government	Main Objective Opening a Centre
	Source of Income	Main Income							
A	Fees	Fee from family and patient	Nil	Renting facilities	RM 1,650.00	Yes	Permanent	No	Solution of all elderly problems.
B	No	RM 33,000 (JKM and MAIS)	People 30 NGOs RM 10,000 Yearly	Nur Ehsan's Correctional Workshop	RM 300–RM 1,500 Applicable to no caretaker	Yes	Contract	JKM (yearly) MAIS (monthly)	Responsibility comes on public especially for old people who have nobody to take care them.
C	Fees	Fees from customer	Nil	Consumable medical item and non-medical	3,000–6,000 (depend on care type)	Yes	Permanent, contract, voluntary	No, but been applied from government	Passion and to build the best and affordable environment for elderly needs.
D	No	Fees and donation	Nil	No	3,200 RM–4,000 RM	Yes	Permanent and contract	No	Passion to help elderly and want to have best elderly centres in Malaysia
E	Fees	Fees and donation	Yes. People (1–2 person) Donation – RM 600–RM 1,000 per year) Sometimes	No	RM 900–RM 1,800 (Complete service)	n/a	Permanent and contract	applied from government but failed	Practice knowledge and expertise to manage elderly

**Source:** The authors.

**Note:** EA = Entrepreneur A (E stands for Entrepreneur).



**Table 4.** Managerial Obstacles Confronted by Women Entrepreneurs of Ageing Care Centres in Malaysia

Major Managerial Challenges	Dimension of Obstacles and Challenges	No of Participants
Leadership	Dynamic	5
	Encouraging	4
	Approachable	4
	Modest	3
	Systematic	3
	Determined	5
Decision-Making	Motivation	4
	Thinking and analysing	4
	Adaptation	5
	Bias	3
	Taking opinion	5
Managerial Skills	Human skills	4
	Technical skills	5
	Administrative skills	5
	Citizenship behaviour	4
Operations	Finance	5
	Customer	4
	Internal processes	4
	Learning and innovation	5
Marketing	Social media (Facebook, YouTube video, email, Twitter)	5
	Traditional media (Television, billboards, banners, telephone)	3
	Digital media (websites, interactive online advertisement)	5
	Promotional items (brochures, business cards)	5
Future Plans	Financial support	5
	Sustainability	4
	Strategies	3
	Business extension	5

**Source:** The authors.

and services requirements ranging from RM 3,000–6,000 (C) and RM 900–1,800 (E) and RM 3,200–4,000 (D) and RM 1,650 (A). The four centres (A, B, C and D) stated yes in terms of monthly salary of operator whereas one of the centres (E) takes it as non-applicable. The type of employment mostly skewed towards permanent (A, C, D and E), and one of the centres (B) stated that the type of employment is contractual. Regarding administrative support, two of the centres (A and D) reported that they are receiving no governmental funding, whereas two centres (C and E) reported that they have applied for governmental funding but failed. However, only one of the centres (B) is receiving financial support from Jabatan Kebajikan Masyarakat (JKM) yearly, whereas from MIAS every month. The respondent revealed that objective behind the initiation of elderly care centres is finding a best possible solution for elderly people problems and implement the proper procedure to have best elderly centres in Malaysia as responsibility comes on the public to find a better solution of all old age problems and providing the best care centres.

## Results

The study consists of one-to-one audio-recorded interviews with five participants from Johor, Selangor and Penang states of Malaysia. Thus, for the five interview questions,

transcription of each interview question was proceeded into traceable chunks and coded by participants word of mouth and issues highlighted in the literature. This study adopts the methodology of Clark's (1994) seven-step technique, which has been adapted from Van Kaam's (1966) methodology for qualitative data analysis (Creswell & Poth, 2012; Hall et al., 2016; Meriam et al., 2014). Hence, the same interview process has been taken into account in order to find out the managerial obstacles confronting by women entrepreneur's operators of ageing care centres in Malaysia. Furthermore, the coded data from each interviewed respondent was cross-referenced with another participant in order to locate the similarities and dissimilarities among the respondent's views particular. Moreover, the coded data from each participant interviewed was cross-referenced with other participants in order to find similar and dissimilar views among them. Crotty (1998) stated that the continuous comparison results in lesser number of themes for a research question. In this study, 6 broad themes and 27 sub-themes emerged from the semi-structured interviews. The following tables respond to research question. Please refer to Table 4.

## Findings

The findings of the study regarding managerial challenges faced by Women Entrepreneur of Ageing Care Centre in

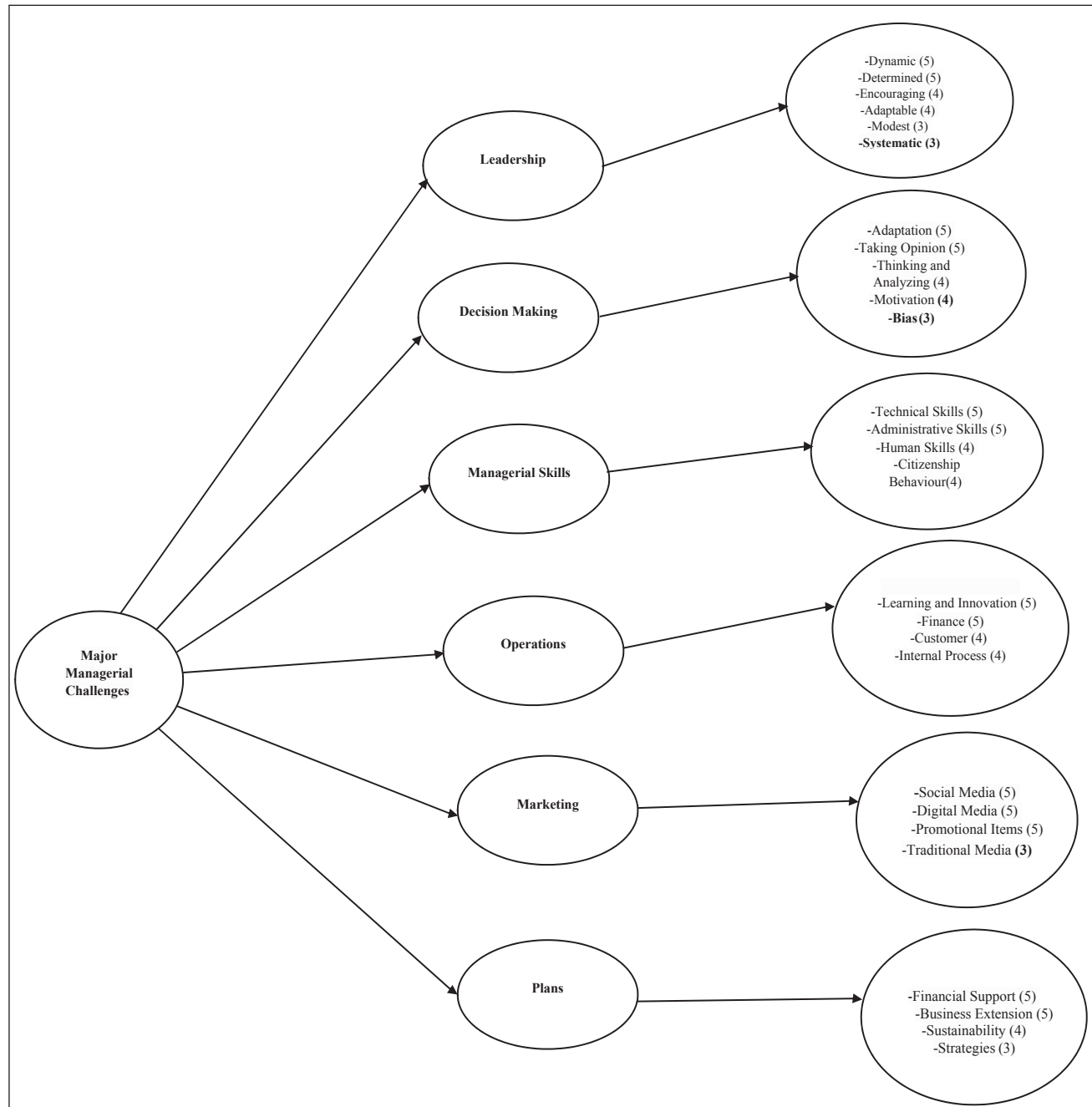
Malaysia shown in Figure 1. Majority of the respondent revealed that absence of determined and dynamic leadership is the main managerial challenge of women entrepreneur's operators of ageing care centre business in Malaysia, which resulted in the form of managerial issues in running ageing care centres.

I have no entrepreneurial experience and no business knowledge, I planned thing accordingly but mistakes occurs. I myself getting leadership training. I feel still in multitasking I am weak. (Participant EE)

Our task is difficult and demand time same as I have to see my family, so I think sometimes I may not be available and not approachable which this another factor. (Participant EA)

We are lacking in technology, trained staff and administrative loopholes as last year I suffered financial loss, due to corruption of staff members. (Participant EB)

Regarding, decision-making majority of the participants highlighted that women managers lack in opinion taking and analysing and makes the decision on their own without



**Figure 1.** Managerial Obstacles Confronted by Women Entrepreneurs of Ageing Care Centres in Malaysia

**Source:** The authors.

discussion and sometimes they suffer due to wrong decision-making.

I am still learning as previously my centre suffered a lot due to my wrong decision making in the finance department, I have regretted it. However, we learn from experience. (Participant EC)

I suffered from initial wrong decisions I have taken in the centre without discussion with my peers' group. I feel now the importance of discussion, I learnt from my past experiences. (Participant ED)

Furthermore, less technical and administrative skills are considered as the main reason of managerial challenge among women entrepreneurs of ageing care centres in Malaysia.

We are still learning and improving the administrative and technical skills as we lack in technical skills such as such as the ability to work under pressure, time management. (Participant EA)

Moreover, financial constraints and lack of adaptation of innovative techniques along with proper marketing strategies and tools are missing.

From the initiation of centre finance is a big problem, but establishment finances I covered with the help of my friends and family circle. Still, we are cutting short of funds due to unavailability of any donation from the governmental side. (Respondent EB)

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

The findings revealed that women entrepreneur operators of ageing care centres in Malaysia confronting various managerial challenges are related to administrative roles and skills (i.e., poor decision-making and less technical skills), absence of personal and leadership attributes, finances (i.e., less finances and unavailability of money in donation), business management (i.e., poor marketing and weak business strategies, the sustainability of business and business extension issues). Past research revealed that good manager must practice the exemplary leadership in a systematic manner have technological and administrative skills as it is considered as key for decision-making (Muteswa, 2016). Anderson (2013) stated that good manager must have social, administrative, technological and strong management skills. The overall performance, productivity and success of business requires strong managerial skills. The manager directs the staff in fulfilment of desired objectives, which ultimately come up as successful business venture. Managerial skills are considered as a powerful tool for overall business growth as good manager directs the employees on the right track (Frank Covey Inc., 2015).

## Recommendations

Apart from facing issues and challenging situations in running their business entities, women are playing a remarkable role in changing the face of the modern business world by standing forefront in various business ventures including ageing care centres. Previous studies depict various factors such as socio-cultural, economic, personal and environmental factor that handicap the women progress in various entrepreneurial businesses (Brush, 2018; Keyes, 2017; Noor & Isa, 2020a). The present study results highlight that women are confronting various managerial obstacles, and the main obstacles are lack of qualified staff, weak administration and poor marketing tactics, and fewer finances and lack of technology.

The following recommendations are proposed to encounter these obstacles:

1. **Lack of qualified staff:** Ageing care centre staff training programs should be introduced; hence, retired nurses may help in this regard, as they are the right and experienced personnel for training sessions of younger and new staff.
2. **Weak administration and poor marketing strategies:** The government must introduce some training sessions about time management and stress management for those women entrepreneurs who are in elderly care centre business specifically. They must also train in terms of marketing skills and managerial skills as women entrepreneurs lack in necessary business skills and more networking and collaboration is required.
3. **Fewer finance and lack of technology:** Governmental support in terms of monetary and technology incentives is highly needed. The ageing care women entrepreneurs are not able to provide better care services due to insufficient funds as many patient families delayed the submission of monthly dues and non-cooperative in case of emergency. Still, most of the centres are without ambulance as these centres are working on a sustainability basis. These centres are not even in the position to purchase the technological equipment.

## Conclusion

Based on the findings of the present study regarding managerial obstacles confronted by women entrepreneurs of ageing care centres in Malaysia. The results highlight that Malaysian ageing care centres entrepreneurs are facing obstacles such as lack of qualified staff, weak administration and poor marketing skills, fewer finances and lack of technology. Thus, in this regard, first the government must consider the ageing issue seriously and should liaison with NGOs and private sector. It is needed that the government sector must have a check on the availability of technology in care centres. Currently, these centres are working on



sustainability bases; they are not in the position to purchase the equipment on their own; similarly, centres do not have their ambulance up until now, which is considered as a basic need of care centre. The government should take necessary action regarding the release of annual funding to ageing care centres, and government personnel must do a surprise visit to these centres to check the standard of services offering to the elderly. Training programs for managers and operators must be arranged concerning time management, stress management and leadership skills as managers or operator plays a remarkable role in directing and implementing the plans, whereas the trained staff is considered as the backbone of any organization. Thus, there is a need for a strong linkage between policy planners, administrators, services implementer, researchers, the formal and informal care system and older and young individuals.

### Declaration of Conflicting Interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

### Funding

The authors received no financial support for the research, authorship and/or publication of this article.

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