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**Establishing a nursing services firm in**

**South- Ostrobothnia**

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## Thesis abstract

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In Finland, along with many other parts of the European Union, the aging population has created a tremendous need for products and services devoted to the elderly. There will be significant growth in this, as the demographic distribution of the population will continue to shift towards greater ages in the next 10 years. The purpose of this research was to see the potential business opportunities and establish a business in the Elderly care services, in the future.

The objectives of this thesis was to produce a feasible business plan for a nursing services firm in south Ostrobothnia, the plan is also a tool for the author personal readiness to become an entrepreneur as well as assessing the business idea and operational plan of the business.

The theoretical framework of this thesis is about population demographics of the European Union and Finland in regards to the aging population, entrepreneurship and the business plan in the perspective of starting a new business.

Keywords: Aging population, demographic, elderly health care, age dependency ratio.

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# 1 INTRODUCTION

## 1.1 Objective of this thesis

The purpose of this service- oriented thesis focuses on exploring business opportunities elderly health care systems as an entrepreneur, which it's soul aim at providing some special services to the elderly, and promoting the dignity of older adults by providing a range of services designed to address the actual needs of the individual.

- ✚ In line with the author's objective and the modern philosophy of health care, the firm intends to embark on the formulation and implementation of services that could meet a wide range of needs. The research belief that older people and people with disability are happier to remain in their own home, so the firm set out to create or develop a wide network of services that could provide support to these client groups in their own home according to their particular needs.
- ✚ In the theoretical part of the researcher defines population in general context, utilizing texts and articles from various newspapers sources. For statistics analysis, information will be gotten from statistics Finland.
- ✚ In the areas population explored will include, definition of population from the economics point of view, the elderly population, what aging is about, the population aging theory, the population aging in Europe and Finland, the negative effect of an aging population, the old age dependency ratio, migratory flow, demographic transition, behaviour change, The various theories will be examined in relation to the opportunities that lay foreseen in future of elderly care. Finally the development of a business plan.



- ✚ In the empirical part of the thesis, the researcher will use a quantitative research method in form of questionnaire and the interview of elderly people and similar existing businesses. It is a convenient way to explore the business strategy of various existing businesses because first-hand information will be gathered from a high number of people in the society and the firms that operate these kinds of businesses.

## 1.2 Research problems

- ✚ Regular update of statistical information.
- ✚ Loss of interview response.
- ✚ Language barrier.
- ✚ New government policies.

## 1.3 Limitations and focus area

The research is restricted to the south Ostrobothnia, which is located in the province of western Finland which includes 19 municipalities. This is an area where it's made up of medium size cities of a population of 50,000 and other smaller towns which are like 1,000-2,000 small. This also is the second highest figure in the dependency ratio in Finnish statistics.

## 2 NURSING ENTREPRENEURSHIP

The word entrepreneur is derived from the French *Entreprendre*, meaning to “undertake.” An entrepreneur is one who undertakes to organize, manage and assume the risks of a business. In entrepreneurship can be determined in a wider context an attitude as the way to think and act about work in general Federation of Finnish Enterprises (2009).

In this present time most entrepreneurs are seen as innovators, who have the ability to develop, recognize and seize the opportunities into workable and marketable ideas. He or she is able to add value through time, money, efforts and assume the risk of the competitive marketplace to implement these Ideas; and realize the rewards of your efforts. (Kuratko & Hodgets 2001, 28.)

Generally defined as risk takers in new-venture creations, most entrepreneurs are uniquely positive, hard-driving, committed individuals who originate great satisfaction from being independent. In the business dictionary 2009 entrepreneurship is best describes entrepreneurship as “Capacity and willingness to undertake conception, organization and management of a productive venture with all attendant risks, while seeking profit as reward.

According to Legge and Hindle (2004, 35) they explained that entrepreneurs earn their reward though managing, accepting and uncertainty. This does not make an entrepreneur a gambler, although, part to their tasks is to manage risks. Entrepreneurs choose to 'enter and take charge' of the projects where they have some special advantage, which means that the dangers the uncertain world presents to the project are less, as long as the entrepreneur is managing it, than they would be if the government, or the financier or customer, attempted to manage the project directly.

## 2.1 Individual requirements in starting an entrepreneurship

As the researcher deciding to start a business shouldn't unwary, but to consider it carefully and focus on self-evaluation before making the final decision. The most important thing about self-evaluation is to have a critical view about one's self, in order to achieve that self-evaluation tools are set to know how readiness and the motives to start up the business. Frequently one needs an outsider to give neutral feedback. This helps to get a better viewpoint, and it usually that the outsider is a professional or an expert of some sort, thus can lend a helping hand by using one's own experience. (Holopainen & Levonen 2008, 19.)

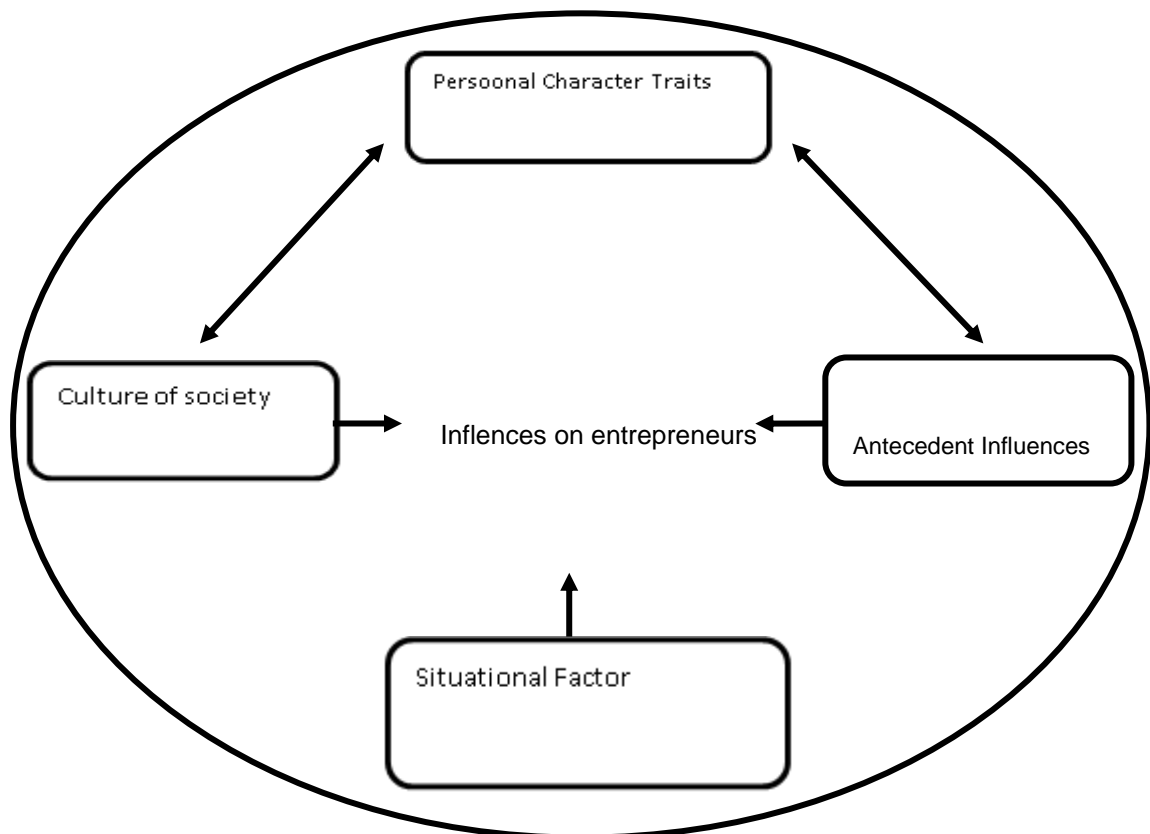


Figure 1: Influences on Entrepreneurs (Burns 2007, 30)

This demonstrates the influences on individuals who start up a business. Referring to the model, entrepreneurs are either born or made. Entrepreneurs use naturally traits in their favor of which they are born with, yet they are also shaped by all the experiences they have had during their lives. This includes their antecedent influences i.e. the social environment they are in and the culture of the society they have grown up in. While situational factors are those ones that influence the person at the moment when one makes a decision to become an entrepreneur. Hence if all factors described in the figure are favorable, then the volume of starting new business should be high. Over time if the volume of entrepreneurs grows, the entrepreneurial behavior affects the society and influences everyone they are in contact with. Therefore all the factors are then interrelated. (Burns 2007, 30).

### **2.1.1 The character traits**

One of the most important characteristics, especially among entrepreneurs operating small and micro business, is the reliability and integrity. These are key elements in building relations with investors, partners, customers and creditors. Reliability and integrity and reliability build and sustain trust and confidence (Hodgetts & Kuratko 2007, 121.)

### **2.1.2 Opportunistic and innovative**

As being stated before, entrepreneurs seek opportunities to make money, because most time doesn't mind uncertainty they are opportunistic to see possibilities in situations where others see problems (Burns 2007, 35). Although it may backfire sometimes when exploiting opportunities which may be a distract from the initial plan but in the other hand one needs to know which opportunities to follow and which to pass. That means in other words being an entrepreneur one needs to be goal orientated and selective about opportunities. (Hodgetts & Kuratko 2007, 120.)

Innovation is always a prime tool that entrepreneurs use to create or exploit opportunities to do business. In order to reach goals that have been set, timing is everything for an entrepreneur because an innovation that is introduced before its time results in failure of the business and if done too late it may result in many copycat products and services in the market. (Burns 2007, 30, 36).

### **2.1.3 Self confidence**

Starting a business of your own is a very challenge, with confidence to make the right judgments in facing the uncertainty. Therefore they are more confident than average people, without that they will not be able to exploit opportunities before others do.

### **2.1.4 Motivation**

Being an entrepreneur there is a strong and inner need for achievement, and therefore they are highly self – motivated. Usually because most entrepreneurs work long hours alone without encouragement from anyone, and the need for achievement is many times more important than money and money is only a mark of success that comes within their achievement. (Burns 2007, 38).

### **2.1.5 Willingness to take risks**

As an entrepreneur if you are willing to survive, you must be willing to take great risk. Most times entrepreneur is willing to put their homes and other valuables as collateral because they so strongly believe in their idea.

Good qualities for an entrepreneur to have included:

- ✚ Hard-working
- ✚ Creative

- ✚ Bold, works on one's own initiative
- ✚ Strives for good results
- ✚ Determination
- ✚ Knows how to sell his/her product
- ✚ Prepared to take risks
- ✚ Can cope with uncertainty

Things that motivate people to become entrepreneurs:

- ✚ Becoming your own boss
- ✚ Determine your own work tasks
- ✚ Determine your working hours
- ✚ There is the opportunity to make a financial success
- ✚ Can fulfil your dreams
- ✚ Can employ others

Challenges in starting up as an entrepreneur:

- ✚ Arranging finance
- ✚ Lack of expertise and experience
- ✚ Lack of knowledge of legislation, taxation and setting up contracts
- ✚ Insufficient skills in the Finnish language
- ✚ Lack of familiarity with Finnish business culture
- ✚ Time management (work/study, family/spouse, free-time, etc.).

## **2.2 Starting as an entrepreneur in Finland**

When establishing a new business in Finland, there are many protocols which must be followed, the expenses of starting up from the time the decision is made to start up. Often at times most entrepreneurs don't have much of their own capital to start up or invest in their own business, so they are required to take a loan from the bank or somewhere else.

Besides the financial limitations, there are a lot of commercial, technical and juridical questions about the start-up that the entrepreneurs cannot answer and in many occasions it is impossible.

Moreover financial limitations, there might be a lot of commercial, technical and juridical questions about the start-up that the entrepreneurs cannot answer and in many occasions it is impossible. As a solution, there are lots of different kind of support possibilities and information services that entrepreneurs can take advantage of when starting a business in Finland.

### **2.2.1 The push and pull effects in Finland**

Pull factors have been used to indicate opportunities provided by markets, this also is an individual characteristic such as need for independence or autonomy, longing for freedom, ability to tolerate uncertainty, need for self-realization, high motivation for achievement, and self-actualization. An individual's professional and life experiences generally at least have an influence on what kind of field he or she chooses in business. Similarly, having experience with small businesses is a part to encourage becoming a business-owner. Situations in different countries may give rise to business clusters or in other words an exceptionally positive atmosphere for entrepreneurship in individual areas or certain geographic regions.

Often the whole is the sum total of cultural, historical, economic and incidental factors. (Joronen 2002, 127).

While the push factors are external circumstances like unemployment or the threat of it, dissatisfaction or disgruntlement in a current job, difficulty of professional advancement etc. Among immigrants, push factors may be expected to be emphasized as reasons for becoming an entrepreneur, because unemployment is often higher among immigrants than among the majority population. Lack of language skills, difficulty reconciling prior education and work experience with the labour market requirements of the new country, discrimination in the labour market, and

other factors often limit immigrants' employment options to a handful of economic sectors and only to certain, frequently low-paying jobs. (Joronen 2002, 127)

### **2.2.2 Employment and economic development office & start-up fund**

The purpose of the start-up funds is to promote starting up new businesses and getting people employed. Start-up money focuses to ensure the livelihood of the entrepreneur during the startup phase of the new business until the business is stabilized, yet no longer than 18 months. (Ministry of Employment and the Economy 2009.)

Start-up money can be given to an unemployed jobseeker, employed jobseeker, student or home worker who is becoming a fulltime entrepreneur. If one is an unemployed jobseeker, the Employment and Economic Development Offices report before yielding the start-up money whether entrepreneurship is the most suitable choice to employ the applicant. (Ministry of Employment and the Economy 2009.)

There are attributes that an entrepreneur who is applying for the start-up money needs to qualify for. The first step is to have entrepreneurial experience or training. The training is usually done of an entrepreneurship course by Employment and Economic Development Office. If one has studied entrepreneurship already for example in a university, attendance to the course is voluntary. The business idea, on which the application is based upon, should be feasible with potential to be successful.

This can be proven by a proper business and financial plan, the start-up of the business should also be important for the livelihood of the applicant. A new entrepreneur should always keep in mind that, if one wants to get the start-up money, one should not start the actual business operations before the decision about the start-up money has been made, because otherwise the application is going to be declined. The Employment and Economic Development Office keeps in mind when providing the start-up money for an entrepreneur that it does not distort



competition within the field of business where the entrepreneur operates in. The applicant is not allowed to get any additional governmental contribution to one's own salary expenses, if one wishes to get the start-up money. (Enterprise Helsinki 2009.)

In some cases it is possible for a start-up money applicant to combine the entrepreneurial training course and getting the start-up money. For example one can start the entrepreneurial training course when one is provided with the start-up money. The employment agency provides courses for new entrepreneurs for free. A new entrepreneur can apply for start-up money with a form by Employment and Economic Development Office from Ministry of Employment and the Economy. In this form one needs to clarify the business and financial plan for the new business. (Ministry of Employment and the Economy 2009.)

## **2.3 Support centres**

### **2.3.1 Employment and economic development centre (T&E Centre)**

There are 15 T&E centres combined in Finland. Which are situated all over Finland and they grant different kinds of funds to businesses. Bearing in mind financial contributes the amounts and forms vary among different T&E Centers. The conditions and regulations about the contributions can be alternating, and therefore it is important to check the condition from T&E Centre website before you do an application. (Meretniemi & Ylönen 2008, 84.)

T&E Centre provides grant, if the support has a significant role in realizing the project in a shorter amount of time or the project will finish with a higher quality, because of the grants. Also if the project that the grant is based on has the possibility to be completed in a wider context or the project could not be carried out without the support, is a proper reason for an application. The support is focused on projects which progress the birth of new businesses and development and introduc-

tion of new products, services and production methods. Also commercialization of the research results, and adaptation and introduction of new technology are topics that are well supported. In a wider context contributions' purpose is to progress collaboration among small and medium-sized businesses, and to diversify and intensify entrepreneurial activities in the region. (Työvoima- ja elinkeinokeskus 2007, 155.)

T&E Centres have a special program for businesses, which have just been started up or have been operating for a while. The course is divided in five different sections, which are the following:

- ✚ Starting up a new business
- ✚ Pro Start
- ✚ Basic course on entrepreneurship
- ✚ PostStart- analyse and development program
- ✚ Development course for new businesses

Because each course section works as its own entity, an entrepreneur can join a course in the phase when it is suitable and expedient in the company's life cycle to join the course. (Holopainen & Levonen 2008, 342.)

### **2.3.2 FINNVERA**

Finnvera is a special governmentally establishment, which runs grants corporation which develops Finnish businesses' operations domestically as well as abroad. The company gets its grants from the financial markets. European Investment Bank is one of the most important lenders. Finnvera may also get state's guarantees for its acquisition of funds, based on the act governing Finnvera's operations. The State of Finland covers some of Finnvera's credit and guarantee losses, and therefore Finnvera is able to take higher risks and to share risks with other financiers. Finnvera's guarantees and loans are included in this thesis, because of their entrepreneurial theme and because they are to inmost occasion funding on more suitable terms than other investors.

Business loans and guarantee for all businesses excluding entrepreneurs in farming, forestry and building developing businesses

- ✚ Entrepreneur loan (maximum €100,000)
- ✚ Micro loans for starting businesses or existing businesses (maximum € 35,000)
- ✚ Loan for new and existing women entrepreneurs (maximum € 35,000)
- ✚ Micro-guarantee helps Small and Medium sized enterprises to obtain finance for their operations i.e. Finnvera act as guarantor for entrepreneurs to obtain loans for the banks. (Maximum € 85,000)

## **2.4 Business advisory and train services**

### **New enterprises centre (Uusyrityskeskus)**

They assist in evaluating and developing business ideas, preparing income statements, surveying opportunities for financing, choosing the form of operations and type of business, finding out about license and notification issues, preparing a marketing plan, planning the entrepreneur's social security and pension-related matters, and finding suitable premises.

### **TE Centres & ELY Centres**

They analyse idea and assist in the practical matters relating to the establishment of a new business. They also offer the basic services of the National Board of Patents and Registration (start-up notifications, registration and granting of business IDs) and the Innovation Agent, including advice on the protection of innovations, patents and other industrial rights.

## **2.5 Obtaining a license for operations**

In Finland, there is the freedom of trade. This means that one may engage in business operations that are lawful and in accordance with good practice without requiring a license for the local or state authorities. However, for certain industries, one will need a license for the sake of community, the environment and consumer safety. In some other fields one must notify the authorities and other licensing companies is not required. Most times license is granted by the local authorities (municipalities and cities) and regional administration offices alongside with government departments, the local environmental protection authorities and other licensing authorities.

It is important to note that before operation is before commenced, it is always important to check whether a special licence or declaration is needed for the business and what else is required from a trader in this field. Furthermore to acquire a licence, the applicant must generally be professionally competent and qualified to enter into legal contracts and have a good reputation also the financial situation will have an impact on whether he or she can obtain the licence.

### **2.5.1 Licence authority**

For the health sector the author is to first obtain licence for THE NATIONAL SUPERVISORY AUTHORITY FOR WELFARE AND HEALTH IN FINLAND (Valvira) and also the FINNISH REGIONAL STATE ADMINISTRATIVE AGENCIES (Avi).

THE NATIONAL SUPERVISORY AUTHORITY FOR WELFARE AND HEALTH IN FINLAND (Valvira) – this is the National Supervisory Authority for Welfare and Health and a centralized body operating under the Ministry of Social Affairs and Health. Our statutory purpose is to supervise and provide guidance to healthcare and social services providers, alcohol administration authorities and environmental health bodies and to manage related licensing activities.

Our most important task is to protect the right of all Finnish residents to a living environment that promotes their health and welfare and to assure their access to social and healthcare services that are both safe and adequate.

THE FINNISH REGIONAL STATE ADMINISTRATIVE AGENCIES (Avi). - There are six Regional State Administrative Agencies that started operating on 1 January 2010. The agencies' tasks consist of those of the former state provincial offices, occupational health and safety districts, environmental permit agencies and regional environmental centres. The agencies work in close collaboration with local authorities.

The agencies foster regional parity by executing all legislative implementation, steering and supervision functions in the regions. The agencies strengthen implementation of basic rights and legal protection, access to basic public services, environmental protection, environmental sustainability, public safety and a safe and healthy living and working environment in the regions.

### **2.5.1 Registration of company**

Generally, all businesses must enrol in the Finnish Trade Register. With the same declaration, you can also enrol in the registers of the Finnish Central Tax Administration, comprising the registration for the collection of tax at source, the register of employers and the register for those liable to VAT. There is no charge for enrolment in these registers. Registration fees for business in 2011

Sole trader - €75

General partnership and limited partnership - €180

## **Business ID**

The business and organisation ID is a unique ID that the authorities give to business and organisations. The business ID is provided once the foundation of the business is recorded in the Finnish Business Information System. YRITYS- JA YHTEISÖTIETOJÄRJESTELMÄ ([www.ytj.fi](http://www.ytj.fi)). The business ID consists of seven numerical digits, a hyphen and a check digit, this ID is required on invoices and contracts and when using the Finnish Trade Register or dealing with the Finnish Central Administration among all other things.

## **Business name**

It is essential to choose a good name for the business the name must not just contain general words or a service description the names of people and place but the name must be differ sufficiently from other names and trademarks that are in the register. The form for entrepreneur is "toiminimi" or "tmi".

## **Line of Business**

It is very important to declare the line of business when starting the enterprise in the register of the Finnish Trade Register and the Finnish central Tax Administration. It is also possible to register in the General commercial activities, which means that the business may engage in all kinds of lawful business activities that are in accordant with good practice. But it is always important to state the line of business.

## **Register for collection of tax at source**

When starting up the business operations, it is generally required that the business is to be enrolled in the register for tax collection at the source maintained by the Finnish Central Tax Administration. This can be done by using the same form that was used for the notification of the Finnish trade Register of new business.

## **Bookkeeping and financial statements for enterprise**

According to the Finnish Accounting Act, all businesses have legal obligation to keep accounts. This can be done on day to day bookkeeping or over an accounting period of 12 months.

It is always worth for an entrepreneur to use a firm of accountants or an accountant to deal with the bookkeeping, so as to have more time in generating more income. In choosing a firm of accountants it is important to go to Tilioimistohaku.

“When a dying man cries, it is not because of where he is going which he knows nothing about, but because of what he wishes he would have done in the world he is leaving behind.” Nigerian proverb

## **2.6 Nursing as business**

According to various definition of nursing, this varies according to its various specialties and countries. Nursing is a healthcare profession that focuses on the care of individuals, families and communities so that they may attain, maintain, or recover optimal health and quality of life from the conception of life of a person to the death of a person.

### **2.6.1 According to ICN nursing is defined**

‘Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.’

### **2.6.2 According to RCN nursing is defined**

‘The use of clinical judgment in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.’



### **2.6.3 According to the ANA nursing is defined**

‘Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; alleviation of suffering through the diagnosis and treatment of human responses; and advocacy in health care for individuals, families, communities, and populations.’

In recently times the concept of nursing has changed over the years with the expansion of medicine both in the private and public sectors, so as our society becomes more service-oriented, so does the increase of nursing services. Most studies forecast show that there is a growing gap between nurse supply and the demand of both temporary nursing staffing and permanent staff.

However the use of technology, economic concepts and marketing techniques, has change the roles of nursing as even independent nursing contractor with a healthcare facility to provide nursing services or nursing agency which is an agency that also provides nursing services to private individuals and healthcare facilities on a contractual basis.

In the healthcare industry, most nursing practice is in the aspects of Home Health, Nursing Agencies, Rehab Centre, Nursing Homes, Hospice (terminally ill home) etc. Only in this industry where there are always shortage, because this field is open to competition the demand for nurses are growing and the supply would escalate, that’s the reason why nursing agencies are growing in Finland and other parts of the world.

### **2.7 Background information home care services in Finland**

In Finland the social services for the elderly includes the follow home care, support for informal care, housing services, day services and institutional care. The Finnish health policy on the elderly is aimed to promote the well-being, functional capacity and independence, with the greater intention of many living in their homes and their familiar environments. Also there are long-term institutional care, which pro-

vide 24 hours day to day services for persons or people who cannot care for themselves. These services is not only the provision of medical care but a more boarder line of service these includes medication, food, clothing, hygiene and social well-being of persons. The responsibility for arranging such care services lies on the community municipal authorities and are also provided both by the private and public.

Long-term care for the elderly is mainly provided by the public sector and is mainly financed through a tax system, all municipalities have the right of collecting taxes and the central government grants state subsidies to municipalities on a calculatory basis for provision of services. Furthermore the proportion of privately organized institutional care is very small, which is less than 10%, and the proportion of privately organized service housing and home help services is increasing rapidly.

Finally the provision of these care services both in the private and public sector are covered by the legislation, which the legislation implies that municipalities would purchase from private service providers. The ministry of Social Affairs and Health is mostly responsible for general planning, guidance and supervision of care services aimed at the elderly. With 444 municipalities, which are responsible for providing social and health care services, the planning and government grants for social and health care is in accordance to legislation care Act (733/1992). Also this is being controlled by the municipal and the provincial authorities, and the Finnish Centre for Medicolegal Affairs which is in charge of controlling the quality of professional health service providers as well as other care institutions.

### **2.7.1 Pension system**

The fact that the population is aging is a big challenge to the Finnish pension system when the amount of older people increases in the five years, with the growing economic problems around the EU and in the world.

- ✚ The average pension is about 1000 €/month which result to 50% of the average salary, this has also being a subject of debate in the parliament with such earns on the decrease in the near future.
- ✚ In general women receive lower pension then men, because of the fact that men commonly have higher salary and longer careers.
- ✚ As a senior citizen you get discounts on trains, flights and busses.
- ✚ The costs for long term living in a nursing home are being decided according to the clients´ ability to pay but no more than 85 % of the net income. If a client in a nursing home has a spouse whose incomes are less, then the fee is decided according to the spouses´ total incomes and are at the most 42.5 %.

### **2.7.2 Experiences of living in a nursing home in a Nordic context**

Moving to a nursing home can be a mixed feeling experience. Studies shows that older persons want to retain their health so they can be independent of medical care and avoid nursing homes as long as possible (Sainio & Hansebo, 2008, 27).

Scarcity of pension income, becoming depended on others' help, weakening of memory and fear of becoming institutionalized were the factors that caused the most insecurity (Laitalainen, Helakorpi & Uutela, 2008, 14).

When they come to the point they have to move to a nursing home, they feel that their personal life is taken away from them. On the other side the residents on a nursing home feel safer there than they felt when living in their private home (Slettebø, 2008, 22).

## **2.8 An overview private nursing services**

### **2.8.1 Hospice or institutional (Terminally ill homes)**

Hospice services are not so popular in Finland, although there are very few private companies that offer such services but the government or municipals handles most of all clients depend on the high of containment of illness. Today there more and more people who are discovering the benefits of making use of such services, despite the wavering economy and other major issues in the EU. Furthermore, this system may become streamlined between nursing homes and hospice care.as a result this will increase or higher the stands of care offered to client in upcoming years.

### **2.8.2 Short-term institutional care**

These institutional services are to support older people and people with disabilities still live at home and attending excellent endurance. At the same time the prevent need for permanent institutional care.

### **2.8.3 Long-term institutional care**

These are care service giving to persons who cannot hold their hour care they need at home or in a service apartment. Services may include treatment in addition with food, medicines, hygiene and clothing, and social well-being services.

#### **2.8.4 Nursing homes**

These are homes or places, where the elderly live with other people in order to be cared for by nurses, it mostly for individual who cannot cope with life at home helplessly. These facilities provide long-term services with nursing care throughout the day (Bakker et al, 2001, 211). They are offer both by privately and publicly owned organizations, which offer care services such as medical care, psychosocial help, mobility, personal hygiene, etc.

According to Bakker et al (2001, 201-217), the real aim of nursing home services is to maintain the physical, mental and social abilities of residents. However, this brings a new feeling of belonging to a new environment or community for those who live in the tedium of loneliness without any partner, family or relations. It is very important that most residents of nursing home must feel at home (de Veer and Kerkstra, 2001, 427-434).

Giving the elderly the opportunities to live at home and in care homes can also be improved by providing a barrier-free environment and the use of assistive devices and the application of modern technology. Most of the resources, social networks and the functional capacity for the elderly are important components for a long and fulfilling life. Furthermore most municipal authorities can cooperate with a third – sector bodies to promote the welfare and involvement of the elderly and social services for the elderly are arrange by the municipal authorities based on individual services needs valuations.

#### **2.8.5 Day services**

This kind of service is aimed at providing stimulation, social interaction and exercise for the elderly. In addition it improves the potential for participation and helps prevent loneliness, also it is provided by the municipal authorities various NGOs, parishes and other private companies, which organize hobbies and leisure activities for the elderly.

Finally some municipalities have co-operated home nursing and home help services into home care units, a written plan is drawn up for each client which also includes a plan for rehabilitation as well. Nowadays even more there is growing demands for nursing care at home because more and more elderly are will to leave in their home were is a comfortable environment for them to live until the end of their lives.

## **3 RESEARCH ENVIRONMENT**

### **3.1 What is population**

According to Hartl Daniel, who explains that population is all the number organisms that both belong to the same species and live in the same geographical area. The area that is used to define the population is such that inter-breeding is possible between any pair within the area and more probable than cross-breeding with individuals from other areas. Normally breeding is substantially more common within the area than across the border. (Hartl, Daniel, 2007, 45).

Then in sociology, population discusses about the collection of human beings. While demography economics in social science refer to the statistical study of human populations.

### **3.2 Population economics or demography economics**

Population in economics context is referred to as Demography economics is the study of human populations, their size, composition and distribution across place – and the process through which populations change. Births, deaths and migration are the 'big three' of demography, jointly producing population constancy or change.

Demography could also be defined in the branch of the social sciences which most directly concerned with population-related issues. It has been defined as the statistical analysis of the size, composition and spatial distribution of human populations, and of changes over time in these aspects through the operation of five processes: fertility, mortality, marriage, migration and social mobility.

A population's structure may be described in terms of basic demographic features like – age, sex, family and household status – and by features of the population's social and economic context – ethnicity, religion, language, education, occupation, income and wealth. The distribution of populations can be defined at multiple levels (local, regional, national, global) and with different types of limits (political, economic, and geographic). Demography is a central component of social contexts and social change.

Since Gary Becker's influential work on the economics of the family most economists started applying economic theories to explain the demographic conduct outside the market sector such as fertility and marriage. In this approach it has been controversial from the beginning, and critics pointed to the problems associated with, for example, treating children as similar to consumer durables and thereby neglecting all the social context and motives of parents. On the other hand, most labour economists were open to the approach because many important economic questions cannot be adequately answered without addressing demographic behaviours' at the same time. For example, women's labour supply and fertility choices are clearly not independent from each other. (Becker 1973; Becker, Landes, and Michael 1977; Becker 1981)

### **3.3 Factors in demographics**

Demographic indicators such as total fertility rate, life expectancy at birth, age-dependency ratios, crude rates of births, deaths and population growth.

#### **3.3.1 Fertility behaviour**

In the initial decades of development studies, population variables generally entered economic theories as independent variables in macro-level debates about the relationship between population and economic growth rates rather than as the primary object of explanation by (Boserup, 1965; Robinson and Horlacher, 1971).



The relative indifference to the processes underlying differential rates of population growth meant that such theories threw little light on the micro-level behavioural foundations of fertility outcomes.

This changed considerably with the advent of the New Household Economics (NHE), which focused on precisely those behavioural realms that had traditionally been considered to fall outside the economists' purview: fertility and family formation (Becker, 1960; 1991).

Since this model of fertility behaviour has been extremely influential in generating both supportive empirical studies and trenchant critiques from gender analysts as well as demographers, it is worth summarizing it briefly here together with the attempts made to extend, modify and reformulate it in the light of Third World contexts. For example Consequent fertility behaviour specified by the same set of variables which occur in any economic analysis of choice: prices and incomes. E.g. the decision to have children is therefore made directly equivalent to the decision to purchase any other consumer durable such as a car, house etc.

### **3.3.2 The gender dimensions**

In this present generation an educated mother faces a higher opportunity cost of time spent in caring for the children. She has greater value outside the household and thus has an entirely different set of choices than she would have without education. She is married at a later age and is better able to influence family decisions. She has fewer, healthier children and can insist on the development of all of them, ensuring that her daughters are given a fair chance. And the education of her daughters makes it much more likely that the next generation of girls, as well as boys, will be educated and healthy as well. The vicious circle is thus transformed into a virtuous circle (Summers, 1993).

This concept of sex roles has been an important feature of this generational modernization theory, stemmed from a view of the (modern) family as based on a

streamlined gender division of labour in which men performed contributory tasks related with the public world, while women performed the expressive functions associated with nurturing and care within the family.

The concept of women status has gone through dramatic changes over the years which is derived from the view that the forces of modernization would sweep away primitive male-controlled relationships within the family and this result to a greater equality between women and men at home and in the workplace, again leading to reduced reliance by women on their reproductive roles to achieve status in the social world. Since men status was the implicit norm, indicators used to measure women's status tended to focus on the extent to which women had achieved parity with men in the traditionally male arenas of public life: education, labour force participation and political participation. (Naila Kabeer, 1996)

### **3.3.3 Demographic of the European Union**

Today, the demographic transformation is a global phenomenon resulting from two almost widespread trends: declining fertility and increasing life expectancy. Most countries in the world are experiencing a decline in fertility or have deteriorating fertility rate. In most developed countries fertility is below replacement level. And the majority of countries report increasing life expectancies. As a result of these consequences most parts of the world will witness the populations change in aging – this is defined as a rise in median age of populations and a growing share of people above age 65 –during this 21st century. Large discrepancies, however, will remain. See (Total Fertility Rate/TFR), UN Population Division (2004, 2005, 2007).

From the demographic point of view Europe's 27 EU member states and other parts of Europe (other EEA, Balkans, and European CIS) will experience the lowest fertility worldwide. At the same time most of the 27 EU member states and all other parts of Western Europe belong to the group of countries with the highest life expectancy world-wide.

In the future the mainstream of EU member states will experience an excess of deaths over births. And until 2050, the average age in EU27 will rise to 48 years. The impact of population shrinkage, coupled with the ageing of key European societies, a spell big problems for the pensions, health and welfare systems across much of the union, says the report, published by Eurostat, the statistical service of the European commission. As a result of this prospects and consequences of demographic ageing remain widely discussed in Europe. Today, pay-as-you-go systems based public pension managements as well as funded private pension plans and their sustainability are at the centre of the debate. The impact of longevity on health care expenditure has drawn specific attention.

Possible effects of ageing on future innovation and productivity have been an issue. Other discussions have focused on replacement migration as a means of coping with of ageing and shrinking population. (Eurostat, 2009)

### **3.4 European population today**

As stated above, many EU member states and other parts of Europe experience the lowest fertility international. On average European women have 1.4 children. In order to keep domestic (i.e. both native and non-immigrant) populations constant an average of 2.1 children would be necessary. Turkey is the only country in Europe where fertility (2.4 children per woman) is above this level. In France (1.9) and several Scandinavian countries (Iceland: 1.9, Norway: 1.8, Finland: 1.7 and Sweden: 1.7) fertility is just below 2 children per woman. Austria, Germany and Switzerland are all close to the European average (1.4). Most countries in East-Central and Southern Europe have very low fertility. The lowest levels are reported by the Czech Rep., Italy, Slovakia and Ukraine (all below 1.2 children per woman).

Several parts of Europe belong to the group of countries with the highest life expectancy international. Europeans have on average a life expectancy at birth of 70 years (men) and 78 years (woman). In Iceland (79.0), Switzerland (78.6) and Sweden (77.9) male life expectancy reaches record levels while the female life

expectancy is highest in Switzerland (83.7), Spain (83.6) and Italy (82.9). Europe's lowest life expectancies are recorded outside EU25: for men in Russia (58.8), Belarus (62.3) and Ukraine (62.7); for woman in Russia and Moldova (both 72.0). *Ageing and Demographic Change in European Societies* (Rainer Muenz, 2007).

### **3.4.1 Impact of demographic trends on the EU**

In the current uncertain global financial and economic situation, it is ever more important to examine whether our policies are adapted to the challenges that Europe will face in the coming years. Besides globalization, climate change and a secure, sustainable and competitive energy supply, the demographic trends and dynamics will be one of the main challenges for Europe and will be of particular relevance for European cities and regions.

There are wide differences in demographic dynamics and patterns between and within Member States, regions and cities across the EU. Some regions and cities are particularly exposed to demographic decline, with the out migration of young people, a shrinking working age population and an ageing population. These areas will face difficulties in financing essential public goods and services, such as health care, long-term care, housing and transport infrastructure in a sustainable manner in order to avoid increasing social polarization and poverty. Other cities, in specific metropolitan areas, will gain population with a high inward migration. A resulting challenge for these areas will be the integration of migrants into the labor force and society as a whole, as well as the adaptation of infrastructure in the case of high population growth. (Johannes Hahn, 2011)

Demographic indicators - total fertility rate, life expectancy at birth, age-dependency ratios, crude rates of births, deaths and population growth.

## Population structure

	0-14 years old		15-64 years old		65 years old or over	
	1990	2010	1990	2010	1990	2010
<b>EU-27</b>	19.5	15.6	66.7	67.0	13.7	17.4
<b>Belgium</b>	18.1	16.9	67.1	65.9	14.8	17.2
<b>Bulgaria</b>	20.5	13.6	66.5	68.9	13.0	17.5
<b>Czech Republic</b>	21.7	14.2	65.8	70.6	12.5	15.2
<b>Denmark</b>	17.1	18.1	67.3	65.6	15.6	16.3
<b>Germany</b>	16.0	13.5	69.2	65.9	14.9	20.7
<b>Estonia (1)</b>	22.3	15.1	66.1	67.8	11.6	17.1
<b>Ireland</b>	27.4	21.3	61.3	67.3	11.4	11.3
<b>Greece</b>	19.5	14.4	66.8	66.7	13.7	18.9
<b>Spain</b>	20.2	14.9	66.3	68.2	13.4	16.8
<b>France (2)</b>	20.1	18.5	65.9	64.8	13.9	16.6
<b>Italy</b>	16.8	14.1	68.5	65.7	14.7	20.2
<b>Cyprus</b>	26.0	16.9	63.1	70.1	10.8	13.1
<b>Latvia</b>	21.4	13.8	66.7	68.9	11.8	17.4
<b>Lithuania</b>	22.6	15.0	66.6	68.9	10.8	16.1
<b>Luxembourg</b>	17.2	17.7	69.4	68.3	13.4	14.0
<b>Hungary</b>	20.5	14.7	66.2	68.6	13.2	16.6
<b>Malta</b>	23.6	15.6	66.0	69.6	10.4	14.8
<b>Netherlands</b>	18.2	17.6	69.0	67.1	12.8	15.3
<b>Austria</b>	17.5	14.9	67.6	67.5	14.9	17.6
<b>Poland</b>	25.3	15.2	64.8	71.3	10.0	13.5
<b>Portugal</b>	20.8	15.2	66.0	66.9	13.2	17.9
<b>Romania</b>	23.7	15.2	66.0	69.9	10.3	14.9
<b>Slovenia</b>	20.9	14.0	68.5	69.4	10.6	16.5
<b>Slovakia</b>	25.5	15.3	64.3	72.4	10.3	12.3
<b>Finland</b>	19.3	16.6	67.4	66.4	13.3	17.0
<b>Sweden</b>	17.8	16.6	64.4	65.3	17.8	18.1
<b>United Kingdom</b>	19.0	17.5	65.3	66.1	15.7	16.5
<b>Iceland</b>	25.0	20.9	64.4	67.1	10.6	12.0
<b>Liechtenstein</b>	19.4	16.4	70.6	70.1	10.0	13.5
<b>Norway</b>	18.9	18.9	64.8	66.2	16.3	14.9
<b>Switzerland</b>	17.0	15.2	68.4	68.0	14.6	16.8
<b>Montenegro (1)</b>	:	19.6	:	67.7	:	12.7
<b>Croatia (1)</b>	:	15.3	:	67.5	:	17.3
<b>FYR of Macedonia (1)</b>	:	17.7	:	70.7	:	11.6
<b>Turkey</b>	35.0	26.0	60.7	67.0	4.3	7.0

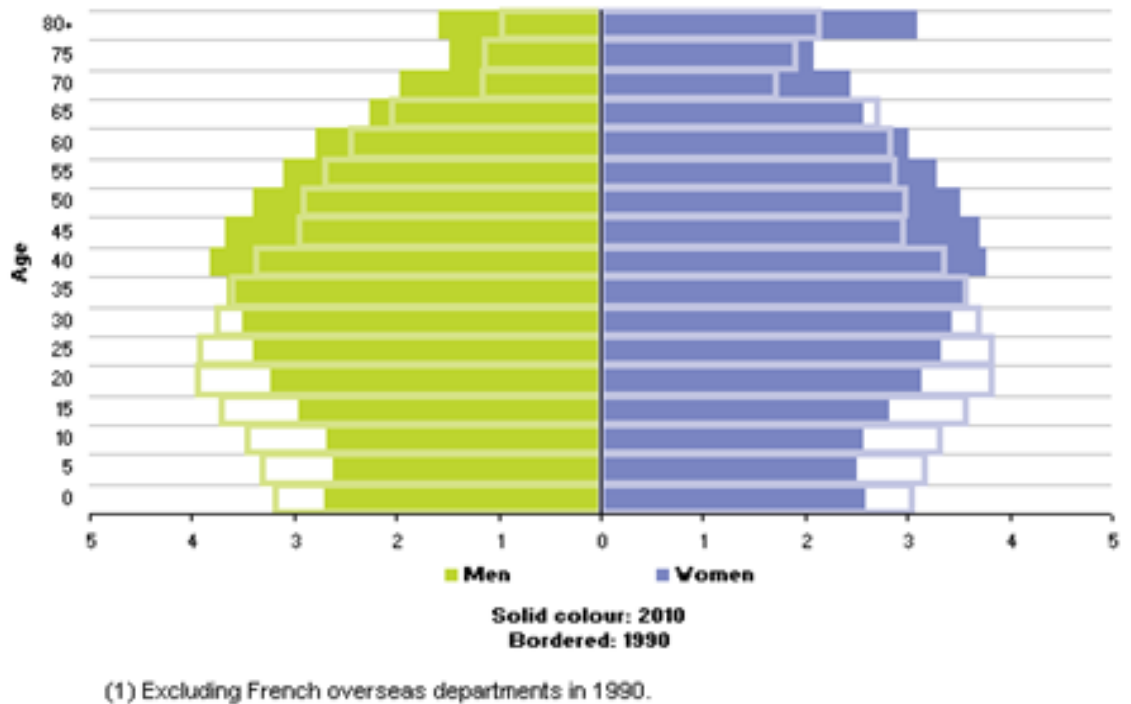
(1) The population of unknown age is redistributed for calculating the age structure.

(2) Excluding French overseas departments in 1990.

Source: Eurostat (online data code: demo\_pjanind)

**Table 1** - Population age structure by major age groups- Source: Eurostat

**Table 1** – this explains the population age structure of Europe according to the various age groups, it also shows the growth in population growth in Finland within the ages of group of 65 years or over within the space of 10years from 13.3 – 17.



**Figure 2:** Population pyramids, EU-27, 1990 and 2010 (1) (% of the total population) - Source: Eurostat

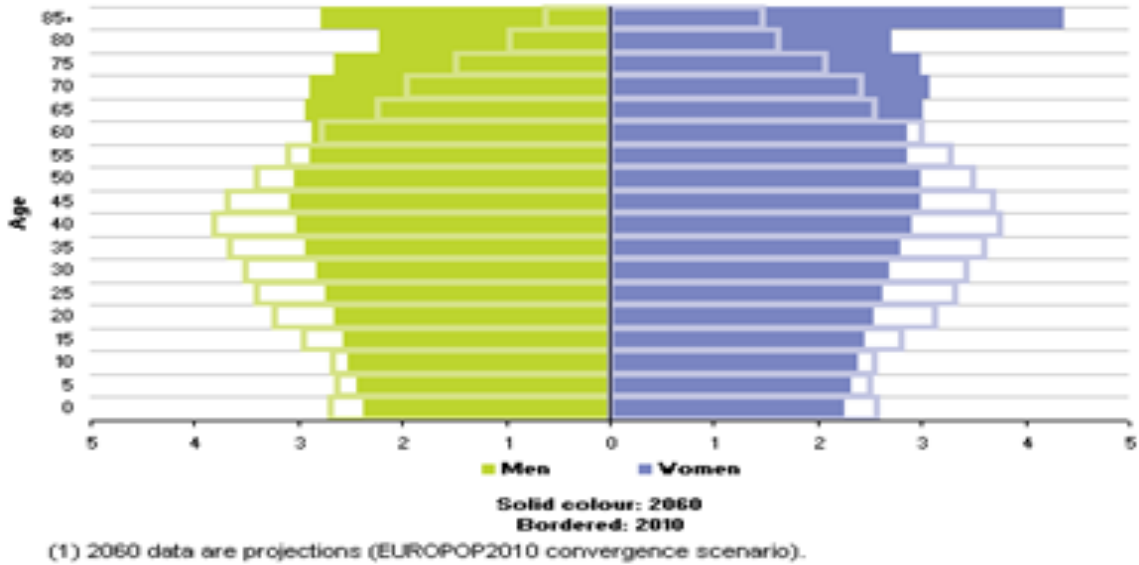
**Figure 2** – Explains the population age group of EU from the year 1990 represented by the bordered line in the chart shows that, there were younger age group in the 1990's and low elderly group. While the solid colour represent the year 2010, this clearly show that elderly age group are on the rise.

	Median age	Young age dependency ratio	Old age dependency ratio	Total age dependency ratio	Share of population aged 80 or over
	(years)	(%)			
<b>EU-27</b>	40.9	23.3	25.9	49.3	4.7
Belgium	40.9	25.6	26.0	51.7	4.9
Bulgaria	41.4	19.7	25.4	45.1	3.8
Czech Republic	39.4	20.2	21.6	41.7	3.6
Denmark	40.5	27.6	24.9	52.4	4.1
Germany	44.2	20.5	31.4	51.8	5.1
Estonia	39.5	22.3	25.2	47.5	4.1
Ireland	34.3	31.7	16.8	48.5	2.8
Greece	41.7	21.5	28.4	49.9	4.6
Spain	39.9	21.9	24.7	46.6	4.9
France	39.8	28.6	25.6	54.2	5.2
Italy	43.1	21.4	30.8	52.2	5.8
Cyprus	36.2	24.1	18.6	42.7	2.9
Latvia	40.0	20.0	25.2	45.1	3.9
Lithuania	39.2	21.8	23.3	45.0	3.6
Luxembourg	38.9	26.0	20.4	46.4	3.6
Hungary	39.8	21.5	24.2	45.7	3.9
Malta	39.2	22.4	21.2	43.6	3.3
Netherlands	40.6	26.2	22.8	49.0	3.9
Austria	41.7	22.0	26.1	48.1	4.8
Poland	37.7	21.2	19.0	40.2	3.3
Portugal	40.7	22.7	26.7	49.4	4.5
Romania	38.3	21.7	21.4	43.0	3.1
Slovenia	41.4	20.2	23.8	44.0	3.9
Slovakia	36.9	21.2	16.9	38.1	2.7
Finland	42.0	25.0	25.6	50.6	4.6
Sweden	40.7	25.4	27.7	53.1	5.3
United Kingdom	39.6	26.4	24.9	51.3	4.6
Iceland	34.8	31.2	17.9	49.1	3.3
Liechtenstein	40.8	23.4	19.3	42.7	3.2
Norway	38.6	28.5	22.5	51.0	4.5
Switzerland	41.5	22.3	24.7	47.0	4.8
Montenegro	36.2	29.0	18.8	47.8	2.1
Croatia	41.3	22.7	25.6	48.3	3.5
FYR of Macedonia	35.8	25.1	16.4	41.5	1.8
Turkey	28.8	38.8	10.5	49.2	1.2

Source: Eurostat (online data code: demo\_pjanind)

**Table 2:** Population age structure indicators, 2009 - Source: Eurostat

**Table 2** – explains the population age structure according to the media age of each country and the dependency ratio of both the young age and old age.



**Figure 3:** Population pyramids, EU-27, 2010 and 2060 (1) (% of the total population) - Source: Eurostat.

**Figure 3** – this explains the population projection from 2009 to 2060, the bordered represents the year 2010 where the population is more, and within the age of range of 25 to 50. and the 2060 shows the high growth in the elderly.



(1) Excluding French overseas departments before 1998.  
Source: Eurostat (demo\_gind)



**Figure 4:** Number of live births, EU-27 (1) (million) - Source: Eurostat

**Figure 4:** This graph explains the number of births in Europe since the end of the Second World War till the 2009, also show the decrease in the child birth over the years.

	1960	1970	1980	1990	2000	2003	2008
<b>EU-27 (1)</b>						1.47	1.56
Belgium (1)	2.54	2.25	1.68	1.62	1.67	1.66	1.82
Bulgaria	2.31	2.17	2.05	1.82	1.36	1.23	1.48
Czech Republic	2.09	1.92	2.08	1.90	1.14	1.18	1.30
Denmark	2.57	1.95	1.55	1.67	1.77	1.76	1.89
Germany					1.38	1.34	1.38
Estonia				2.05	1.38	1.37	1.65
Ireland	3.78	3.85	3.21	2.11	1.89	1.96	2.10
Greece	2.23	2.40	2.23	1.40	1.36	1.38	1.51
Spain			2.20	1.36	1.23	1.31	1.46
France (2)	2.73	2.47	1.95	1.78	1.87	1.87	1.99
Italy	2.37	2.38	1.64	1.33	1.36	1.29	1.41
Cyprus				2.41	1.64	1.90	1.46
Latvia						1.29	1.44
Lithuania		2.40	1.99	2.03	1.39	1.26	1.47
Luxembourg	2.29	1.97	1.90	1.60	1.76	1.62	1.61
Hungary	2.02	1.08	1.91	1.87	1.32	1.27	1.35
Malta			1.99	2.04	1.70	1.48	1.44
Netherlands	3.12	2.57	1.60	1.62	1.72	1.75	1.77
Austria	2.69	2.29	1.65	1.46	1.36	1.38	1.41
Poland				2.06	1.35	1.22	1.39
Portugal	3.16	3.01	2.25	1.96	1.55	1.44	1.37
Romania			2.43	1.83	1.31	1.27	1.35
Slovenia				1.46	1.36	1.20	1.53
Slovakia	3.04	2.41	2.32	2.09	1.30	1.20	1.32
Finland	2.72	1.83	1.63	1.78	1.73	1.76	1.85
Sweden		1.92	1.68	2.13	1.54	1.71	1.91
United Kingdom (1)			1.90	1.83	1.64	1.71	1.90
Iceland		2.81	2.48	2.30	2.08	1.99	2.15
Liechtenstein					1.57	1.36	1.43
Norway		2.90	1.72	1.93	1.85	1.80	1.96
Switzerland	2.44	2.10	1.55	1.58	1.90	1.39	1.48
Croatia						1.32	1.46
FYR of Macedonia					1.88	1.77	1.47
Turkey							2.10

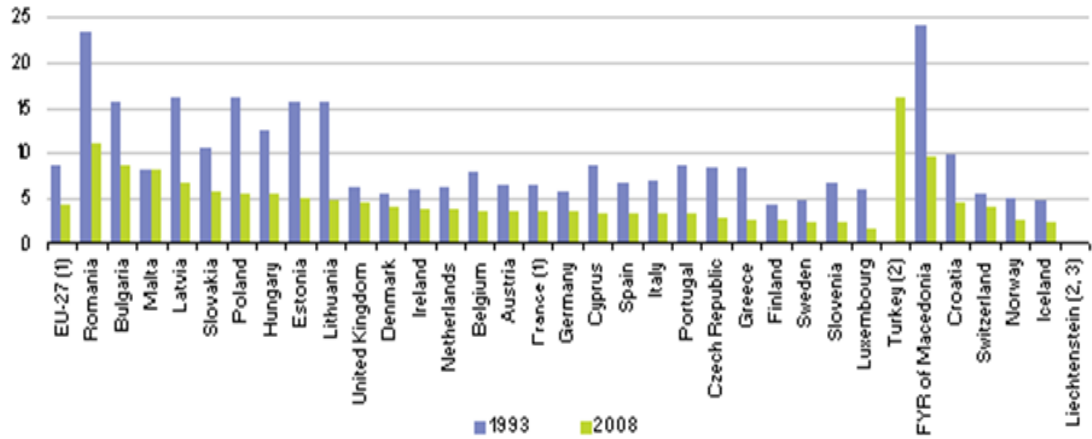
(1) 2007 instead of 2008.

(2) Excluding French overseas departments.

Source: Eurostat (demo\_frate)

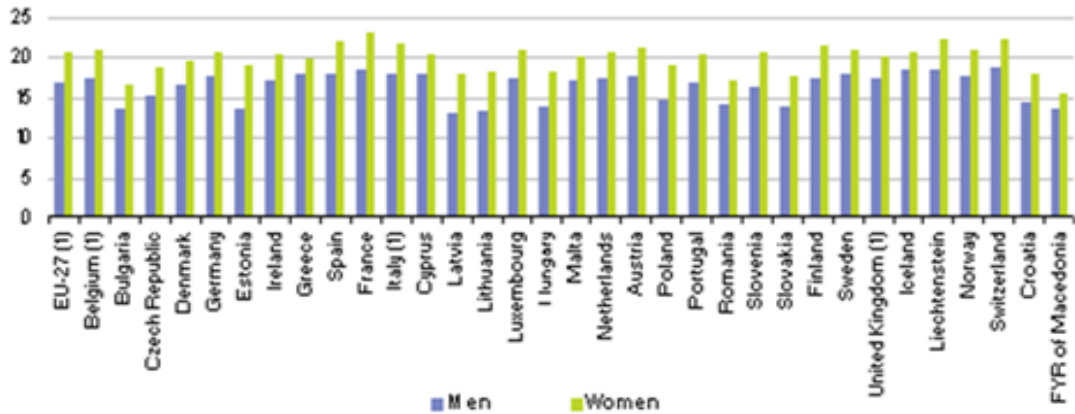
**Table 3:** Total fertility rate (live births per woman) - Source: Eurostat

**Table 3:** This table shows the total fertility rate of live birth per woman in the different countries in Europe, which show it's on the decline every decade.



(1) Excluding French overseas departments.  
 (2) 1993, not available.  
 (3) Infant mortality was zero in 2008: no infant death occurred among the 350 live births.  
 Source: Eurostat (demo\_minfind)

**Figure 5:** explains the infant mortality date of 1000 live birth in Europe which has occurred since 1993 to 2008. - Source: Eurostat 2010.



(1) 2007.  
 Source: Eurostat (demo\_mlexpec)

**Figure 6:** Life expectancy at age 65, 2008 (years)

**Figure 6:** explains the life expectancy of people within the age range of 65 in different countries in Europe as at 2008. - Source: Eurostat 2010

### **3.5 It's Impact on the Labor Market, Productivity and Economic Growth.**

From now to next decade, the working –age population of those who were born during the ``baby boom`` era will decline due to retirement. Nevertheless, with the support of special adapted employment policies, this is will be a likely phenome-non-non by the next decade which will show an increasing rate of employment. Although at 2010 onwards there might be a fall in numbers, but the total number of persons in working in the EU-25 might increase due to the fact that high number of young women who are better educated will gradually replace the older one. This will create more young women having a great involvement in work life.

#### **3.5.1 The impact on social security and public finance**

Based on the current policies, demographic aging will lead to greater pressures on public spending and this is going to vary from one country to the other. For the EU-25, it is project that the will be an increase of 10% - 15% in public spending which is a 3-5 GDP points between 2008 – 2020. At this stage this will cause an upward pressure 2011 onwards and will become predominantly pronounced between the years 2020- 2040.

The public finances rick becoming unsustainable in my of the EU countries, there-by negotiating rather than the future equilibrium of pension and social security systems in general. Also high public spending on retirees might create budget deficits which mighty lead to unbearable spiral of debt.

#### **3.5.2 Findings**

During the previous 45 years, the population of the EU-27 has grown from about 403 million in 1960 to just over 495 million by 2007. Population growth in the EU-27

was robust at the beginning of this period in the 1960s, when average annual increases were commonly over 3 million persons per year, hit the highest point at 4.2 million in 1963. The rate of population change slowed down significantly in the 1970s, such that by the 1980s the average increase in population was around one million persons each year.

This level of population growth continued during much of the next 20 years, although there was a slight reverse in the trend observed during the period 2003 to 2006, as the number of EU-27 populations rose by approximately 2 million a year. Germany has the largest population among the Member States with almost 17 % of the EU-27 total in 2007, followed by France, the United Kingdom and Italy with 12 to 13 % each. These four countries together comprised almost 54 % of the total population of the EU-27. The 12 Member States that have joined the EU since 2004 represented almost 21 % of the EU-27's population in 2007, some 103.3 million people.

Today, the population is still growing in a mainstream of European countries, although the situation is varied across Member States. Most of the overall population growth in the EU-27 in the last decade may be credited to an increased number of inhabitants in Ireland, Spain, France, Italy and the United Kingdom; in relative terms, Ireland, Spain and Cyprus recorded the highest population growth rates. Some 16.0% of the EU-27's population was aged less than 15 years in 2006. Ireland (20.5 %) had the youngest population, followed by Denmark, France, Luxembourg and Cyprus – all reporting that those aged less than 15 accounted for between 18 % and 19 % of their total population. The number of people in the working age (between 15 and 64 years old) is accounted for 67.2 % of the EU-27's population; while the remaining 16.7 % of the population were aged 65 or more.

- ✚ Fertility indicators confirm that, the on-going postponement of births to later ages in life. An adjustment for this 'rhythm' would cause an effect in rise by 20012 in the fertility rate in the EU to just over 1.7. This is still well below the replacement rate of 2.1.

- ✚ Life expectancy continues to rise, most especially from gains at older ages. Since there are large discrepancies among and within countries, there is scope for raising average life-spans for the less advantaged groups.
- ✚ It's not only that people are living longer lives; but they may live even longer healthy lives. There are so many evidence that show the processes of ageing, during which people become gradually disabled until they die, it's not only becoming slower; rather, it is becoming a gradually delayed process.
- ✚ The most recent large wave of immigrants, that has swollen the cohorts of foreigners in Mediterranean countries such as Greece, Italy and Spain, has abated in 2008.
- ✚ The EU population ages are at fluctuating speed. This is the populations that are currently the oldest, such as Germany and Italy, will age rapidly for the next twenty years, then stabilise. Finland may not be able to stabilize till 2040. Some populations that are currently younger, are mainly in the East of the EU and they will undergo ageing at increasing speed and by 2060 will have the oldest populations in the EU.

### **Gross mortality rate**

Total deaths in a specific year per 1,000 inhabitants.

$$TBM^t = \frac{D^t}{P^t} 1000$$

$D^t$  = Deaths during year (t).

$P^t$  = Total population halfway through year (t).

### **Life expectancy at birth**

Average number of years that the components of a generation of new born children can expect to live, under the supposition that the years they live are distributed equally among all of them.

$$e_o = \frac{1}{2} + \frac{1}{l_o} \sum_{i=1}^{\infty} l_i$$

$l_i$  = Number of individuals who reach the exact age  $i$ , from the source  $l_o$  on the mortality table.

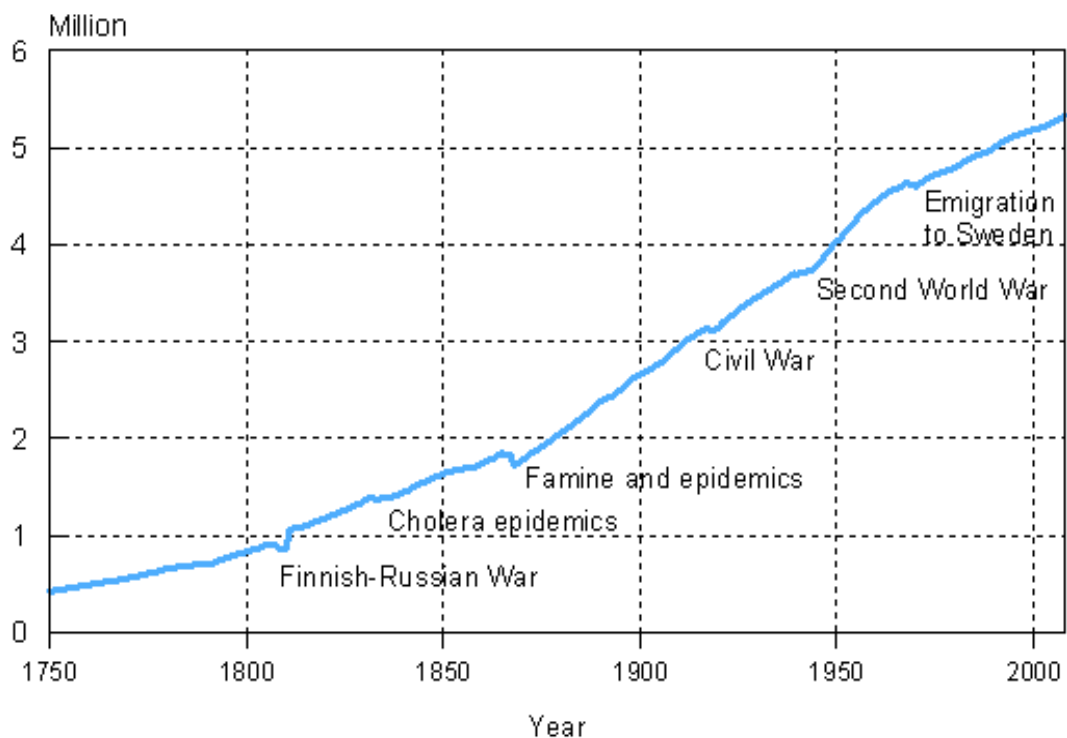
Based upon the theoretical framework on which this thesis is being built from the concept of entrepreneurship and business planning, by first defining what entrepreneurship is and its continuous entrepreneurial process.

### 3.6 Population of Finland

The total population of Finland is 5,326,314(million), which 2,611,653 are men and 2,714,661(million). According to statistics, the Finnish population grew by 25,830 persons which is an increase in population since 1992. Also the population has gained from abroad contribution more to the increase of population than natural growth.

Culturally Finland is very homogeneous. Ninety-three per cent of the population speak Finnish, the rest 6 per cent speak Swedish. Lutheranism has been the dominant religion since the seventeenth century, and 88 per cent of Finns belong to the evangelical-Lutheran Church, while one per cent belongs to the Orthodox Church. Because of its history and geographical position, traditional Lappish minority in the North is only 4000 people. Ethnic minorities used to be almost unknown for a long time, partly because Finland applied very restrictive refugee policy. The number of refugees is only 11 000. However, also here the 1990s was time of change. The number of foreign-born people more than trebled during the 1990s. Most of the increase is explained by the migration from the former USSR. Altogether the population percentage of the people born outside Finland increased from 0,8 to 2,7 at the 1990s, being now circa 150 000 people. (Statistics Finland 2000.)

According to recent statistics of 2008 this was a historic year for Finland because for the first time ever the share of the population aged 65 and over had exceeded that of the population aged over 15. As the number of persons under the age of 15 was 891,162, which has been at its lowest since 1896 and the person aged 65 and over in the population was 892,068 at the end of the year. Which means that, the largest age cohort in Finland's population were the persons born in 1948.



**Figure 7:** The time line of the Finnish population from 1750 – 2010 Source: stat.fi

Year	Population	Age 0–14	Age 15 - 64	Age 65+	0 -14%	15 -64 %	65+%
1875	1912647	659267	1178113	75267	34.5	61.6	39
1900	2655900	930900	1583300	141700	35.1	59.6	5.3
1925	3322100	1031700	2090000	200400	31.1	62.9	6
1950	4029803	1208799	2554354	266650	30	63.4	6.6
1975	4720492	1030544	3181376	508572	21.8	67.4	10.8
2000	5181115	936333	3467584	777198	18.1	66.9	15
2009	5351427	888323	3552663	910441	16.6	66.4	17

**Table 5:** Population structure of Finland over 120 years, statistic Finland Source: stat.fi

The table shows the population of Finland by age. Looking closely one could see that the age range of 0-14 was at the range of 30-35% from the 1875 to 1950 after the World War 2 and the age range of 65+% was at its lowest and the age range within 15-64 % has remained unchanged. In other words there were my children born between 1875-1950 and after that the number began to fall while there were less old people in 1875 and in a 100 years' time the number began to rise.

### 3.6.1 The demographic of Finland

The demographic pyramid is similar to that of the most other industrial countries, with middle aged prevailing. Eighteen per cent of the population is under 14 years of age, and 15 per cent is over 65 years of age. During the next few decades, the proportion of elderly people is projected to rise very rapidly. Along with the current reduction in the younger age cohorts, this will lead to a radical change in the age distribution of the country.

Much of the burden will be caused by demographic aging is due to rising dependency rates. In the coming decades, many industrialized nations, including Finland, will need to figure out how to find new ways of supporting the growing inactive population



with fewer workers. Activity rates in Finland fall short of rates in the Top-five countries for every age and gender group. Most noticeably, older individuals participate in the labour force to a much lesser extent than those in the Top-five countries. If Finland adopts measures to increase labour force participation of older age groups (55+) to rates similar to the Top-five OECD nations, it could significantly reduce its old age dependency rates.

### 3.6.2 Dependency ratio

In economic terms, this is the number of dependents (aged 0-14 and the age of 65) which and the inactive population to the total population (aged 15-64). This also means that it is the ratio of the number of elderly persons at an age when they are generally economically inactive divided by the number of persons of working age.

In the first variant the ratio is the number of elderly persons aged 65 and above divided by the number of persons aged 15 to 64. In the second variant the ratio is the number of elderly persons aged 60 and over divided by the number of persons aged 20 to 59.

Formula for finding dependency ratio

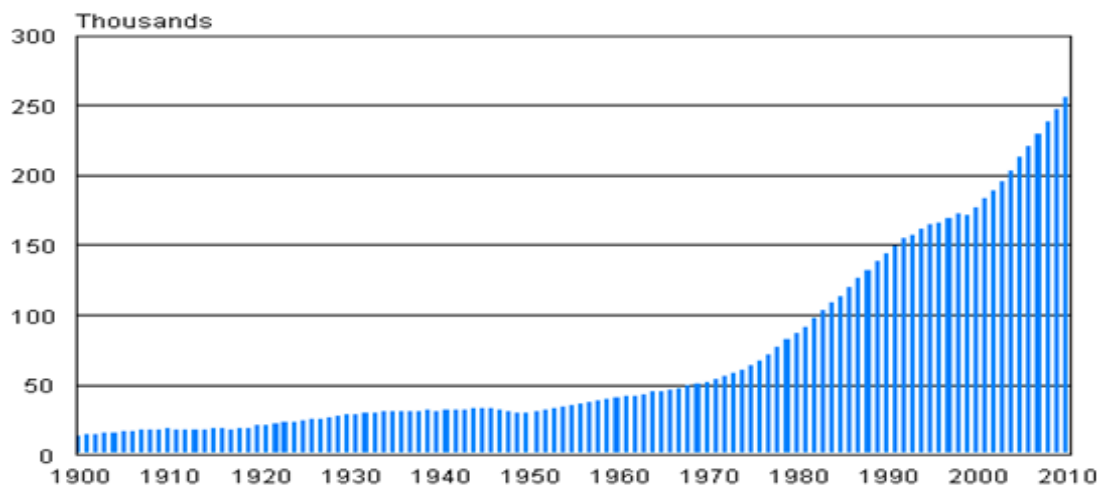
$$(Total) \text{ Dependency ratio} = \frac{(number \text{ of people aged } 0 - 14 \text{ and those aged } 65 \text{ and over})}{number \text{ of people aged } 15 - 64} \times 100$$

$$Child \text{ dependency ratio} = \frac{number \text{ of people aged } 0 - 14}{number \text{ of people aged } 15 - 64} \times 100$$

$$Aged \text{ dependency ratio} = \frac{number \text{ of people aged } 65 \text{ and over}}{number \text{ of people aged } 15 - 64} \times 100$$

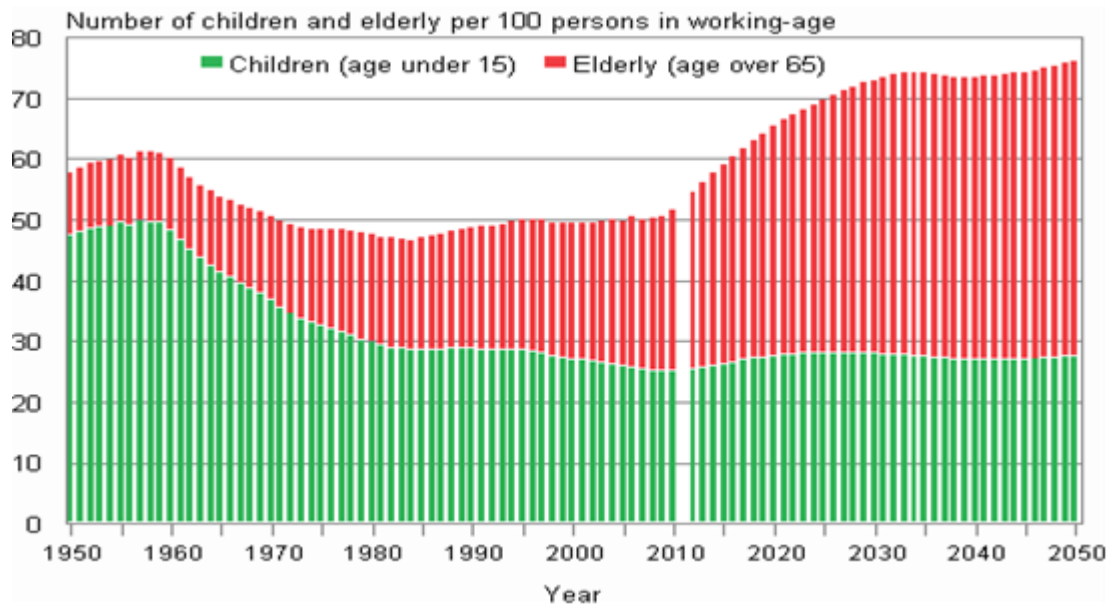
So there are 3 types of dependency ratio,

- ✚ Age dependency ratio (% of working-age population). - Age dependency ratio is the ratio of dependents--people younger than 15 or older than 64--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population. Which was defined above?
- ✚ Age dependency ratio, old (% of working –age population). - Age dependency ratio, old, is the ratio of older dependents--people older than 64--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population.
- ✚ Age dependency ratio, young (% of working –age population). - Age dependency ratio, young, is the ratio of younger dependents--people younger than 15--to the working-age population--those ages 15-64. Data are shown as the proportion of dependents per 100 working-age population.



**Figure 8:** Number of persons aged 80 and over in Finland's population in 1900–2010 Source: stat.fi

According to Statistics Finland's statistics on the population structure, at the end of 2010 there will be 255,912 people at the age of 80 and over in Finland's population. These figures have grown five-fold during the past 40 years. This is represented in figure 8



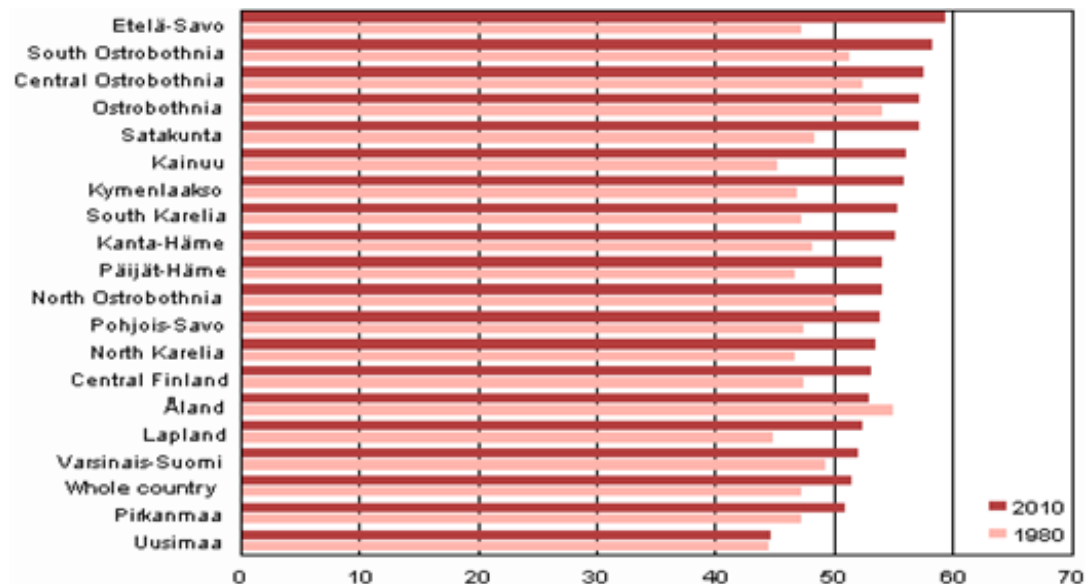
**Figure 9** Demographic dependency ratios in 1950-2010 and the projection for 2011-2050 Sources: stat.fi

According to various indicators, this shows that the health of the Finns has significantly improved over the last few decades. Average life expectancy among the Finnish population has improved throughout the twentieth century. But these figures are growing in high rates in the next 40- 50 years. Represented in figure 9 show also an increase in the elderly and a decline in child birth or those below the ages of 15 years of age.

According to statistic Finland, at the end of 2011 there will be 888,982 persons within the age bracket of 0 to 15 years, 3,532,645 will be within the age bracket of 16 to 64 years and 979,640 with I the age bracket of 65 years and above. The demographic change in dependency ratio at the end of 2011 will have 15 and over 65 year old per 100 working age persons was 52.9, the regional areas with highest demographic dependency ratio.

Etelä-Savo had the highest demographic dependency ratio of 61.1 as at the late 1980 it was still 47.2 and also there have been more deaths and birth in the region. Statistics also show that, the number of persons aged fewer than 15 has decrease by 44%.

Southern Ostrobothnia the region comes second in the demographic dependency ratio at 60.0, due to some reasons like high displacement of settlement of people in the region.



**Figure 10:** Demographic dependency ratio by region in 1980 and 2010. Source: stat.fi. Looking at figure 10 it show areas or regions which are fast growing in the dependency ratio, almost Ostrobothnia are within the high range. This might be a huge problem in the next come years.

### **Other Socio-Demographic Factors Affecting low birth rate and increasing the aging population in Finland**

The voluntary or involuntary childlessness, among Finnish men and women within the age range 25 – 45. Due to various socio-demographic factors a lifetime of

childlessness is expected to be on the increase among young adults, this suggests that the decisions are on the increase based on the individual preferences and choices. These choices are either based on, those who do not favour family life with children and want to live their lives as free adults or postponing childbirth to a later age when it becomes impossible.

For the Finnish the fragility of the partnerships may also contribute to postponement of childbearing or complete rejection of parenthood. Partnership remains an important prerequisite for childbearing (Spéder and Kapitány 2009; Miettinen and Rotkirch 2008; Testa 2007).

### **3.6.3 EFFECT ON LABOUR**

The analysis on the effects on labour reveals that, the shift towards the older population structure increases the share of consumption at the expense of investments. This share of service production increases, because there will be an increasing number of elderly needs health care and old age care. The net exports decreases and the growth rate of GDP will slow down.

The ageing population also affects the balance between national saving rate and investment rate. Both rates are expected to fall, due to the retirement of the baby boomers from the labour or work force.

In the real world, keeping up the productivity growth rate with weakening labor force requires frictionless reorganization of workers to the most productive firms and industries. Labour input consists of two types of elements, the number of hours put to work and how productive are the workers. Demographic trends will lower the number of working-age population, since real wages are very likely to rise; there will be more working hours during the lifetime of the individuals. The unemployment rate and early retirement are projected to decrease in Finland because of the new pension system rules and since the economic incentives to work are more lucrative in tight labour markets.

Ageing of the population reduces the labour participation available for private good production, due both to minor number of working age population and to the sophisticated demand of publicly financed services. The following higher labour costs cause some endogenous substitution of labour for capital.

Also, this would increase the need for individual retirement pension plans. Due to local responsibilities and a lack of knowledge concerning future, the needs of such services and care will be based upon the predictions in the social and health care sector are even more difficult. The high trust of Finns in the welfare state could turn out to be a conclusive obstacle to promote personal responsibility. In any case ageing is likely to become a question of equality in Finland.

But the question still remains that will the future labour shortages be most likely decided by the economic development or the costs of labour and new technologies or people's labour market behaviour, as well as the productivity level. However, there are no decisive factors in the short- and medium-term. The same applies for too immigration, although an increasing inflow of foreign workers may help to overcome sectorial or regional labour shortages.

South ostrobothnia is located in western Finland. It is a province that has about 194,000 inhabitants. The province has 19 municipalities, with the central city seinäjoki at 56,000 inhabitants in an area of 14,000 square kilometres.

South ostrobothnia is also famous for its entrepreneurship; in particular it's rich fertile countryside and a varied cultural offer. Entrepreneurship is the core resources for the development of the province, which is developed by a growth oriented and multi-disciplinary enterprise.

According to the Finnish statistic, south Ostrobothnia population is not growing so well, it has be grow in some cities or town like Seinäjoki and Lapua and during the same period other places like Kauhava, Alajävi and Kurikka all have being in de-

cline. Although the population is fairly evenly across the province, but the loss of people is highly cause by the migration of persons within the age bracket of 16-64 years to much large cities for labour our school.

In Ostrobothnia the population at the end of 2010, 51.3% were women, while children under the age of 65 years in Ostrobothnia were male with 51.7% and people within the age of 65 and above majority of them were women. In the late 2010 there were about 33500 children under the age of 15, and their proportion of the population was at 17.3%. the working age , which is 15-64 years of age were about 123000 at 63.6% and finally the people age 65+ were about 37000 or 19.9% of the population.

Etelä-Pohjanmaa						
Age group	Men	%	Women	%	Total	%
<b>Total</b>	96 114	100	97 390	100	193 504	100
<b>0-4</b>	5 509	5,7	5 333	5,5	10 842	5,6
<b>5-9</b>	5 741	6	5 323	5,5	11 064	5,7
<b>10-14</b>	5 846	6,1	5 497	5,6	11 343	5,9
<b>15-19</b>	6 549	6,8	6 125	6,3	12 674	6,5
<b>20-24</b>	5 768	6	5 032	5,2	10 800	5,6
<b>25-29</b>	5 741	6	5 080	5,2	10 821	5,6
<b>30-34</b>	5 305	5,5	4 914	5	10 219	5,3
<b>35-39</b>	5 085	5,3	4 688	4,8	9 773	5,1
<b>40-44</b>	5 884	6,1	5 523	5,7	11 407	5,9
<b>45-49</b>	6 561	6,8	6 383	6,6	12 944	6,7
<b>50-54</b>	6 928	7,2	6 808	7	13 736	7,1
<b>55-59</b>	7 611	7,9	7 042	7,2	14 653	7,6
<b>60-64</b>	7 605	7,9	7 485	7,7	15 090	7,8
<b>65-69</b>	4 971	5,2	5 167	5,3	10 138	5,2
<b>70-74</b>	4 017	4,2	4 716	4,8	8 733	4,5
<b>75-79</b>	3 237	3,4	4 347	4,5	7 584	3,9
<b>80-84</b>	2 327	2,4	4 003	4,1	6 330	3,3
<b>85-89</b>	1 058	1,1	2 692	2,8	3 750	1,9
<b>90-94</b>	304	0,3	981	1	1 285	0,7
<b>95-</b>	67	0,1	251	0,3	318	0,2

**Table 5:** This is the population structure of south Ostrobothnia, according to the different age group, gender and total amount of persons. Source: stat.fi

## 4 BUSINESS PLAN

COMPANY NAME – NURSE 24

### 4.1 Executive summary

The prospect for future growth in the number of potential elderly care client is truly great. Majority of our clients will come from the large and fast growing segment of the population in seinäjoki region, which are the elderly who are living longer and as the life expectancy continues to grow annually as well as the dependency ratio, there will be a growth in business.

The need for privately or outsourced elderly services is need for the aging population will reduce the intense strain on the government and create an open market.

#### 4.1.1 Objectives

First year of business we plan to meet both financial and marketing objectives:

- ✚ To provide adequate funding for start-up.
- ✚ To introduces our business services to future clients and environment.
- ✚ To develop different kinds of services for individual clients.
- ✚ To create consistent, incentives-based initiatives that support advocacy and coalition –building, achieving and resourcing an ethical culture of safety.



- ✚ Building bridges with the local and central government and organizations in matters relating to elderly immigrants.

Non- Financial objectives:

- ✚ To provide skilled medical care in a respectful atmosphere to our clients.
- ✚ To provide a warm, comfortable, safe and engaging service for clients.
- ✚ For nurses have a professional responsibility to be engaged in standards development, coordination and application activities, which includes encouraging adoption of and patient engagement in personal health records and electronic health records.

#### **4.1.2 Mission**

Our mission is to develop an Elderly Care Program is to enhance participant's quality of life during their golden years through outreach services provided by qualified companion assistants in their home or community-based settings. Where each senior is treated with respect and dignity regardless to his or her personal challenges, race and needs. Also our Primary focus is to maintain health and safety enhance quality of life, and sustain dignity while aging.

Furthermore, we also value the time, skills and expert opinions of our staff and our nursing Services is committed to providing quality home care services for ill, disabled, elderly and homebound patients. Our priority is to deliver superior caring services at affordable prices.

### 4.1.3 Cure values

- ✚ Our innovative use of information technology in monitoring, update in patients' information in really time.
- ✚ Professional quality of services offered to our clients.
- ✚ Sense of hope for what to what others may seem hopeless.
- ✚ To promote physical and mental health.

## 4.2 Organization summary

### 4.2.1 Staff

Our nursing services consists of skilled professional office personnel as well as licensed nurses, with years of experience who's aim is to provide excellent continuity of care.

### 4.2.2 Our Nurses

Our nurses must meet the following qualification for employment.

- ✚ Credentials and References.
- ✚ Minimum one year post graduate clinical experience.
- ✚ Background check.

### 4.2.3 Our Staffs

- ✚ Registered nurses.
- ✚ Licensed practical nurses.

- ✚ Physical therapist
- ✚ caregivers

#### **4.2.4 Company ownership**

Donald Eboru

#### **4.2.5 Company location**

Seinäjoki and operate some neighbouring towns (Nurmo, Ilmajoki, Lapua, Ylistaro).

### **4.3 Services**

NURSE24 Nursing Services is an agency for all your home health care needs ranging from patient and family teachings and in-home companion care to intermittent home care and skilled private duty nursing. Your needs are tailored based our comprehensive nurse evaluation and the wishes of you and your family.

#### **4.3.1 Home care services**

- ✚ Toileting, bathing and personal grooming
- ✚ Meal preparation/Diet monitoring- individual preferences, dietary restrictions.
- ✚ Light housekeeping
- ✚ Errands and Shopping
- ✚ Companionship
- ✚ Escort to medical appointments
- ✚ Medication reminders – working with client to ensure that all medication is taken promptly and in accordance with the physician's orders.

- ✚ Mornings, mid-day, evenings or 24 hour care
- ✚ Temporary or Long term
- ✚ Feeding
- ✚ Services promoting social interaction.

Some of our skilled nursing services include:

- ✚ General Nursing Services
- ✚ Diabetic Patient Care management
- ✚ Physical Therapy
- ✚ Dementia care
- ✚ Parkinson's
- ✚ Stroke
- ✚ Alzheimer's disease
- ✚ Disability care
- ✚ And many more

Other available services package:

- ✚ Transportation services
- ✚ Cleaning services

#### **4.3.2 Products**

- ✚ Assistive technology devices
- ✚ Bath safety products

Rental products

- ✚ Massagers
- ✚ Walkers
- ✚ Transport chairs

## **4.4 Market analysis summary**

Most of our clients will be mostly referred by physicians, health care facilities, KE-LA and other organizations. Furthermore our clients are covered both by their individual private insurance company and social services, KELA.




### **4.4.1 Market segmentation**

The population based in Seinäjoki and its region is aging, and there is a growing number of elderly people who are opting to stay in their homes longer rather than staying in a hospital or stay in a care facility.

### **4.4.2 Target market segment**

The agency specializes in home care and visitation services, and that will be our focus areas.

### **4.4.3 Competitive edge**

-  Technology
-  Customer satisfaction
-  On- time service response to customer in remote areas.

### **4.4.4 Marketing strategy**

Our marketing strategy starts with our known contacts that are in various positions in the society to recommend us and make referrals to us. Also using referral marketing in religious place of worship, health centers, elderly public gathering etc.

#### 4.4.5 Sales strategy

Our business means quality patient service and utmost satisfaction from referring physicians and health care facilities, as we sell excellent care, availability, and effective interpersonal relationships. so it's important to us to let our clients know that the quality of service they receive will be excellent, regardless of the individual service provided.

#### 4.5 Financial plan

In every business today, companies want to see a good balance sheet to show that they are not only making profit but their company is doing well. At nurse 24 we recognize that growth will be slow at the beginning. Financial plan is based on collection of receivables, for our services will be reimbursed primarily by the local and state government, social services etc.

#### 4.6 SWOT analysis

##### STRENGTH

- ✚ Provision of in service education programs.
- ✚ Well planned operation
- ✚ Recreation activities (swimming, spa, Jacuzzi, field trips)
- ✚ Unique services
- ✚ Innovative technology
- ✚ Product exclusivity

##### WEAKNESS

- ✚ A new company in the field
- ✚ lack of capital /reserves
- ✚ Young and inexperienced entrepreneur
- ✚ Products or services similar to competitors'
- ✚ Weak language skills

## OPPORTUNITIES

- ✚ Increased outpatient services
- ✚ Growing target group
- ✚ less Competitors
- ✚ Growing market for services
- ✚ development new technology

## THREATS

- ✚ Increasing health care cost and fall in sponsored health insurance
- ✚ High nursing wages
- ✚ Reduced funding
- ✚ The inability to attract and retain nursing staff, due to competitive salaries.
- ✚ Bigger competitors
- ✚ Change in government policies
- ✚ Price competition

## 4.7 Product overview

A Nurse24 home care service provides care assistance living solutions to the elderly. Nurse 24 provides assistance to the elderly in their activities of daily living which includes assisting with medicine, meals, reminders, physical therapy etc. However we provide an opportunity for entertainment companionship and other activities which enable the elderly find fulfilment and utilize their special gift and talents.

## **5 NURSING BUSINESS FEASIBILITY**

### **5.1 Research analysis**

This thesis consisted of various theories on Population economic (demographic), Aging population and the dependency ratio on it affects the future of Europe and Finland. The research method used for the thesis was quantitative, the author choose this method in order to gather up to date information about the aging population in South Ostrobothnia in order to establish a nursing service firm. The author also wanted to use to information gain access into the elderly care business by getting as many results as possible from the target group and companies operating in the same business environment in the demographic area.

Qualitative research method was in three parts, Customer health status, customer satisfaction and market survey from existing companies. Furthermore, a qualitative research would have been impossible for the author to execute the information in such a wide perspective. By the use of quantitative research method the author succeeded in gathering as much responses I could get.

### **5.2 Research method**

Quantitative research involves looking at numerical values or quantities, of one or more variables of interest. The purpose of quantitative research is to pursue clarifications and forecasts that are generalizable. The research process the methods must be defined which allows objective measurement so the researchers remain detached. Quantitative data is collected in form that is easily converted to numbers. When reporting the data is reduced to averages and the style of reporting is scientific. (Päivi Borisov, 2010.)



Quantitative data, before it has been processed and analysed, does not offer much information to most people. To make it useful, the data needs to be processed. Charts, graphs and statistics help us to analyse, describe, present and examine trends and relationships shown in our data. Quantitative data refers to all data that helps answering research questions and meeting the objectives. To analyse such results, computer programs such as Excel or SPSS can be used or if the analyses are straightforward and of any value, then data needs to be prepared with quantitative analyses in mind and you have to know when different statistical techniques and charting can be used. (Saunders, Lewis & Thornhill 2009, 414-415.)

### **5.3 Methods for gathering and analysing data**

When gathering data the author used Microsoft word documents to create the questionnaires for survey, Questionnaires are the most common way of data collection because it deals with individual respondents answering same set of questions to provide graphical results. Thus the questionnaires are an effective way to collect responses from large sample or groups. Although some authors may argue that producing a good questionnaire can be more difficult than one might think, one must be sure of collecting the exact data needed to answer the research work in question and meet its objectives. Most times the response rate, are very reliable and the validity of the data collected will be affected by the design of the questionnaire. So it is very important validity and reliability can be maximized by designing the questions carefully and creates a layout of questionnaire that simply explains the purpose of the questionnaire. Remember pilot testing is very important for improving the response rates, validity and reliability. (Saunders et al. 2009, 361-362.)

The types of questionnaires, the researcher used in the thesis were self-administered questionnaires which were completed by the respondents themselves and also telephone interview with companies. The important factor of the self – administered questionnaire advantage was the geographical coverage, minimal staff required. Disadvantage was time, language barrier; in some cases the

response rate in some modes, the clarification not possible and the surveys can be incomplete. (Saunders et al. 2009, 363; Päivi Borisov, 2010.)

The questionnaires were made both in Finnish and English, because there were some elderly migrant who don't speak Finnish. The questionnaires consist of several questions with multiple choice questions and also included a comment space at the end of the survey so that respondents were able to give additional information and express their opinion freely and were conducted in public places.

#### **5.4 Reliability and Validity**

The emphasis on reliability and validity in order to reduce the possibility of getting the answer wrong is important, for reliability means the consistency and validity of test results after multiple trials. The research is reliable if the measure yields are the same results in other occasions, for similar observations are reached by the other researchers and the transparency in the raw data is the analysing process. Furthermore, there are four threats to reliability which are: Participant error which means the change in human mind, opinions may change depending on e.g. place and time. The second is, participant bias which implies that the respondent may answer what they thought was expected from them. The third is, observer error which refers to the way at which the questions were been asked and the questions should be asked straight forward. The fourth threat is the observer bias which means that different researchers have their different ways of interpreting the replies.

Finally validity states how well the research measures is supposed to be measured, there are six threats which are testing, history, instrumentation, maturation, mortality and ambiguity. (Saunders et al. 2009, 156-158.)

## 5.5 Results of study

The researcher sent 30 questionnaires for interview and in the process interviewed all respondents. There were several companies interviewed within the region 2 out of 6 responded through a telephone interview.

### Respondents interviewed

#### Gender

🇺🇸 Males – 7

🇺🇸 Females - 21

#### Marital Status

🇺🇸 Single – 18

🇺🇸 Married – 12

#### Nationality

Finnish – 28

Foreigners – 2 (Russia, Myanmar)

#### Age Range of Respondents

🇺🇸 (65 – 69) – 12

🇺🇸 (70 – 74) – 11

🇺🇸 (75 – 79) – 5

🚦 (80 – 85) – 1

**Respondents who lived in institution or home?**

Home – 28

Institution – 28

**Respondent who lived alone or with someone?**

Alone – 15

Partner – 12

Family – 3

**Getting around in winter**

16 – 3 times a week

11 – 2 times a week

**Number of persons who need extra help or care for day to day activities?**

25

**Those who need help at night?**

21

**Number of person who need the following**

🚦 Walking stick

- ✚ Elbow crutches
  
- ✚ Walker for indoor use
  
- ✚ Walker for outdoor use

## **5.6 Company interview (18.1.2012)**

### **1. What services does the city of Seinäjoki offer or provide for the elderly?**

Most of the services offered were care services, support services, services for personal care such as making breakfast, taking care of hygiene, assisting with moving, washing, dress up, changing sheets. Other services included laundry service.

### **2. What is the current situation in the elderly care services? Provided by the city of Seinäjoki or private companies?**

Supply does not meet the demands at hand, cause there lots of people who are in need of these services and they reside in outskirts of the city most especially those who are farmer. Furthermore, more elderly people who are from south ostrobothnia who have lived in other cities in the south are finding their way back to their roots. This process of migration has also caused an increase in the demand for care for the elderly, finally the joining of other smaller community to seinäjoki. So the city has to meet the most necessary demands while small private companies fill in the gaps in the market.

**3. In which direction is the city of Seinäjoki developing its elderly care business?**

Their plan towards rehabilitation is to reduce impatient care. Because the home help or care service of the city will need more resources to have time for each client they have. For example the projection populations of pensioners are rising, thus would increase the cost for the city service so most clients who can afford private care would rely on private companies for such services while those who can meet up with the cost will be under the city.

**4. What services do elderly people need in the future?**

If the future there is going to be a high demand for elderly services due to individual wants and needs.

**5. How do you think a new company in Seinäjoki can develop?**

Well, it is really up to the entrepreneur because there is always demand for such services and such services are expanding in terms of individual wants.

## 6 CONCLUSION

Most European countries are increasingly confronted with the going effects on it present demographic change, however the regional variability will depend on the combination of various factors such as infertility rates, migration flows gender composition, health status, life expectancy etc. this population change, is more likely to lead to government change in policy, increase in public spending mainly on pension, health care and long-term care as well as all other public infrastructure.

Subsequently the problem faced by the elderly population is becoming increasingly important in terms of the Finnish society and its future. In comparison to other to all other EU countries, the amount of the elderly within the age range of (65-100) within Finland's total population is still relatively moderate but is growing very rapidly. Conferring to recent projections the percentage of elderly will grow in almost all regions of Finland, and the most remarkable change in age structure is already beginning with the baby boom generation (those who were during the mid-1940s) are now retiring.

Furthermore this number of people who would be living the work due to retirement and death will amount to a million at the end of 2015, so in 2010 – 2011 there would be an estimate of 600000 people who would retire which would amount to a third of the whole Finnish working population. So in the next coming years only the age group of 58-65year will show an increase by about 200000 persons which finally indicate that there will be an increase significantly in the dependency ratio of Finland.

As growth is forcing change in the existing production and the delivery systems of elderly care services, the question arises as to how different the systems will be compared in the terms of cost effectiveness, equity or quality. In these recent times

the picture is getting clearer by the day and now a grow problem for the government and the economy as a hole.

The very impact of population aging on the public budgets and the welfare state has been a hot topic for the government, the growing high level of unemployment and early retirement in combination with the increasing life-expectancy and low birth rates are showing stressing signs and are a great threat to social security systems as they increases government spending. In this sense this will highly undermine the financial basis of the welfare Finland, in my own opinion the population aging is either an opportunity or problem in the future. Looking at this issue from different angles and giving my own opinion, we must understand the various indicators in the theory. The Questions which should be asked in the future are the effect on government policies, Labour shortage, quality and quantity of service given, the proper integration of foreigner in the system which will help cover the lose gap in labour shortage.

According to new statistic on the regular home-care clients, the percentage of older people regularly receiving home-care services is on the increase. In November 2010, there were a total of 96230 clients receiving home services, which was 8.2 per cent more than in the previous year. So if we look at new statistics, it indicates the continuous growth in the aging population and for this reason I don't know in the Finnish social policy tradition and marketization will change pattern. It is possible to argue that Finnish elderly – care policies are going through a change of a magnitude similar to the changes made in the past 10 – 15 years. Now the new direction points towards the market, the public sector service provision has now been redefined and reorganized so that the state and municipalities take less responsibility for producing care services in kind. This may mean that forerunners and late comers like me in relation to the market related reforms are going to face the same problems: how to produce or provide care in a situation where neither family based nor public services provision can be only or even major solution to meet the increasing care needs of the elderly.



Presently there has been so much debate of the government's provision on elderly services and the quality of services given when government and municipalities try to bottle up or cut cost in the provision of such services, at the other hand the government has opened the market for private companies to provide elderly services. At this point it has made it a more competitive market and whenever the government outsources such services, they go for the lowest bidder. Who in return provides low quality services because they are trying to cut cost and make their own profit. I believe the social care regime has rested firmly on the principle of universalism, this means that services are designed for all citizens irrespective of their class gender or ethnicity. However this will develop a user friendly system where choice for service provider will be possible, so in future I think clients may be given the option of choosing their services provider.

#### Generalisation of Research

Generally the purpose of this thesis was to establish a nursing service firm, which will provide nursing services to the elderly. So it's really up to the researcher as an entrepreneur to take advantage of the gap in the market, because in the next coming years the demand will be way off. For example most of the elderly people interviewed in the survey felt insecure and distressed during the night and at the winter season when we have longer night than day. They expressed the need for additional services which the city cannot provide for those living in their homes. At present most elderly people receive assistance during the night through safety phone but are given to only carefully selected people e.g. people who would have falling off bed or the step. In future, I don't think the city will be able to provide lots of services to the client because of the growing demands of the elderly population.

Validity of the research was based on the economic theories and various indicators which were used to point out or measure the growing problems in the future of population aging in the various part of Finland, most especially the south Ostrobothnia area which our main focus.

Finally the Usability of theories and data may be used for other purpose relating to the subject in question, but it is very important that one has to aware of new statistical information which are updated during short period of time. For the theories are also the foundational indicators for defining the population demographics but may vary according to countries or societies.

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## **APPENDICES**

### **Appendix 1. Survey for thesis – Care service**

I am a business school student of Seinäjoki University of Applied sciences, I am currently writing my thesis about Establishing a nursing services firm in south-ostrobothnia. By answering our survey on honoring the interview, you give me valuable information for my thesis.

Thank you for your time

Donald Eboru (BBA08)



# Questionnaire in English

1) What is your gender?

1. Man
2. Woman

2) What year were you born? \_\_\_\_\_

3) What is your current marital status?

1. Single
2. Married

4) If you were/ are at outside the home, which was /is your position in the workplace?

1. Employer
2. Private entrepreneur
3. Employee
4. I have not been working outside the home

5) What work have you worked the most during your life?

1. Agriculture, animal husbandry, forestry, farmer manager
2. Mill, mining, construction, or any similar work
3. Office work, metal work, ministry
4. a housewife

6) Do you live in a nursing home or other institution?

1. Yes
2. No

7) What kind of area do you live?

1. In built up area
2. In rural or sparsely populated areas

8) How do you live?

1. Block of flats
2. Double or row house
3. Family house

9) With whom do you live with

1. Alone
2. Married / Cohabiting partner
3. other persons

## **HEALTH**

10) What is your current health situation in general, do you think

1. Good
2. Quite good
3. Medium level
4. quite bad
5. Bad

11) Have you felt yourself tense, stressed or under heavy pressure in the last month (30 days)?

1. yes- life, my situation is almost unbearable
2. yes- quite a bit more than people tend to
3. yes- to some extent, but I do not any more than people tend to
4. not at all

12) Do you feel often that you are unable to meet the demands of everyday life? I have this feeling

1. almost always
2. often
3. from time to time
4. rarely
5. never

13) How would you describe your way of life compared to other same age?

1. A lot of fast paced
2. Fast paced
3. Peaceful
4. A lot calmer

14) Are you in the last 12 months used and alcoholic beverages (beer, wine, spirit)?

1. Yes
2. No

15) How often do you use alcohol?

1. Never
2. Less than once per month
3. About 1-2 times a month
4. I do every day, but at least once a week
5. Daily

16) Have you ever smoked during your life?

1. Yes
2. No

17) How many years have you smoked for?

---

18) Do you smoke now?

1. Yes, on a daily basis
2. Randomly
3. Not at all

## **SPORTS**

19) How often do you walk outdoors for at least half an hour?

1. every day
2. 4-6 times a week
3. 2-3 times a week
4. once a week
5. 2-3 times a month
6. a few times a year or less
7. I cannot because of illness or injury

20) How often do you do other hobbies than walking (skiing, cycling, swimming, sport, game, and dance)?

1. every day
2. 4-6 times a week
3. 2-3 times a week
4. once a week
5. 2-3 times a month

21) What do you think is the current physical condition

1. Very good
2. Quite good
3. Satisfactory
4. Quite a Bad
5. Very poor

22) Your health team (doctor, nurse ) in the last year urged you to

1. To reduce the amount of fat
2. Increase the quality of vegetables
3. Reduces the use of sugar
4. Reduce the salt
5. Stop smoking
6. Reduce alcohol consumption
7. Lose of weight

## **SERVICES**

23) Is your sight good enough for an ordinary newspaper text to read?

1. I do not read at all
2. I am able to read, but reading produces some difficulties
3. I am able to read without difficulty

24) Can you without difficulty hear what many debate on?

1. I use hearing aid
2. I can not
3. I am able to, but have difficulty hearing
4. I can hear without difficulty

25) How can you survive a good memory, and tasks requiring mental effort?

1. Very
2. Quite well
3. Moderately
4. Quite poorly
5. ill

26) As an elderly patient do you have difficulty in carrying out the following functions, you will be able to cope with the following function? Can survive alone or would you like another person?

	I can't do it even if I'm assisted	Yes if someone helps	Yes alone but it's difficult	Yes I can do it without difficulties
Are you able to walk the stairs	1	2	3	4
Are you able to run errands outside home	1	2	3	4
Are you able to use the bank machine	1	2	3	4
Are you able to move outside home	1	2	3	4
Are you able to carry heavy things, such as a shopping bag of 5 kg a hundred metres	1	2	3	4
Are you able to make your food	1	2	3	4
Are you able to bathe	1	2	3	4
Are you able to dress and undress yourself	1	2	3	4
Are you able to get in and out of the bed	1	2	3	4
Are you able to use the toilet etc.	1	2	3	4
Are you able to cut your toenails	1	2	3	4
Are you able to do light housework (do the dishes, sweep the floor)	1	2	3	4
Are you able to do heavy housework (wash windows and floors, general house cleaning)	1	2	3	4

27) Do you have at your disposal some of the following tools in everyday activities, in order to facilitate your work, or to increase security?

Do you have a	Yes	No
Hearing aid		
Walking stick		
Elbow crutches		
Walker for indoor use		
Walker for outdoor use		
Phone alarms		
Drug delivery box		
Protective trousers to prevent one hip fracture		
Shoe mouldings		

28) What do you have at your disposal

	Yes
Fixed- line	
Mobile	
E-mail	
Internet	

29) Do you receive assistance in house work you can't do yourself

1. No
2. Yes

30) If you need more services in the home, so which of the following?

	Yes
Basic service (e.g. cleaning, shopping)	
Meal service	
Shuttle service	
Bathing service	

Any other service, what?	
I don't use above-mentioned services	

31) How satisfied are you with what you have achieved in your life?

1. Very satisfied
2. Satisfied
3. More or less satisfied with
4. dissatisfied with the
5. Very dissatisfied with the

32) The future seems hopeless to me, and I just cannot believe that things would become better.

1. Certainly agree
2. Tend to agree
3. Hard to say
4. Somewhat disagree
5. Definitely disagree



# Questionnaire in Finnish

1) Mikä on sukupuolenne?

1. mies
2. nainen

2) Minä vuonna olette syntyneet?

---

3) Mikä on tämänhetkinen siviilisäätyenne?

1. Naimisissa tai avoliitossa
2. Naimaton
3. Asumuserossa tai eronnut
4. Leski

4) Mikäli olitte/olette työssä kodin ulkopuolella, mikä oli/on asemanne työyhteisössä?

1. Työnantaja
2. Yksityisyrittäjä
3. Ylempi toimihenkilö
4. Alempi toimihenkilö
5. Työntekijä
6. En ole ollut töissä kodin ulkopuolella

5) Missä työssä olette toiminut eniten elämäne aikana?

1. Maanviljelys, karjanhoito, metsätyö, maatalon emäntä
2. Tehdas-, kaivos-, rakennus-, tai muu vastaava työ
3. Toimistotyö, henkinen työ, palvelutyö
4. kotirouva, perheenäiti

6) Asutteko vanhainkodissa tai muussa laitoksessa?

1. en
2. kyllä

7) Millaisella alueella asutte?

1. kaupungissa
2. taajamassa
3. maaseudulla tai haja-asutusalueella

8) Miten asutte?

1. kerrostalossa
2. pari- tai rivitalossa
3. omakotitalossa

9) Kenen kanssa asutte?

1. yksin
2. kahdestaan avio/avopuolison kanssa
3. muiden henkilöiden ja avio/avopuolison kanssa
4. muiden henkilöiden kanssa

10) Onko oma terveydentilanne nykyisin mielestänne yleensä

1. hyvä
2. melko hyvä
3. keskitasoinen
4. melko huono
5. huono

11) Oletteko tuntenut itsenne jännittyneeksi, stressaantuneeksi tai kovan paineen alaiseksi viimeksi kuluneen kuukauden (30 pv) aikana?

1. kyllä – elämäntilanteeni on miltei sietämätön
2. kyllä – melkoisesti enemmän kuin ihmiset yleensä
3. kyllä – jonkin verran, mutta en enempää kuin ihmiset yleensä

4. en ollenkaan

12) Tuntuuko Teistä usein, että ette pysty täyttämään arkielämän vaatimuksia? Minulla on tällainen tunne

1. lähes aina
2. usein
3. silloin tällöin
4. harvoin
5. ei koskaan

13) Miten kuvailisitte elämäntapaanne verrattuna muihin samanikäisiin?

1. paljon kiivastahtisempi
2. kiivastahtisempi
3. samanlainen
4. rauhallisempi
5. paljon rauhallisempi

14) Oletteko viimeksi kuluneiden 12 kuukauden aikana käyttänyt mitään alkoholijuomia (olutta, viiniä tai väkeviä)?

1. kyllä
2. en

15) Kuinka usein käytätte alkoholia?

1. en koskaan
2. harvemmin kuin kerran kuukaudessa
3. noin 1–2 kertaa kuukaudessa
4. en joka päivä, mutta vähintään kerran viikossa
5. joka päivä

16) Oletteko tupakoinut koskaan elämäne aikana?

1. en
2. kyllä

17) Tupakoitteko nykyisin (savukkeita, sikareita tai piippua)?

1. kyllä, päivittäin
2. satunnaisesti
3. en lainkaan

18) Kuinka usein kävelette ulkona vähintään puoli tuntia?

1. päivittäin
2. 4–6 kertaa viikossa
3. 2–3 kertaa viikossa
4. kerran viikossa
5. 2–3 kertaa kuukaudessa
6. muutaman kerran vuodessa tai harvemmin
7. en voi sairauden tai vamman vuoksi lainkaan kävellä

19) Kuinka usein harrastatte muuta liikuntaa kuin kävelyä vähintään puoli tuntia (esimerkiksi hiihtoa, pyöräilyä, uintia, voimistelua, liikuntapelejä, tanssia)?

1. päivittäin
2. 4–6 kertaa viikossa
3. 2–3 kertaa viikossa
4. kerran viikossa
5. 2–3 kertaa kuukaudessa
6. muutaman kerran vuodessa tai harvemmin
7. en voi sairauden tai vamman vuoksi harrastaa liikuntaa

20) Millainen on mielestänne nykyinen ruumiillinen kuntonne?

1. erittäin hyvä
2. melko hyvä
3. tyydyttävä
4. melko huono
5. erittäin huono

21) Onko näköenne kyllin hyvä tavallisen sanomalehtitekstin lukemiseen?  
(silmlälasien kanssa tai ilman)

1. en pysty lukemaan lainkaan
2. pystyn lukemaan, mutta lukeminen tuottaa jonkin verran vaikeuksia
3. pystyn lukemaan vaikeuksitta

22) Pystytkö vaikeuksitta kuulemaan, mitä usean henkilön välisessä keskustelussa sanotaan? (kuulokojeen kanssa tai ilman)

1. en pysty
2. pystyn, mutta kuulemisessa on vaikeuksia
3. pystyn kuulemaan vaikeuksitta

23) Miten selviätte hyvää muistia ja henkistä ponnistelua edellyttävistä tehtävistä?

1. hyvin
2. melko hyvin
3. kohtalaisesti
4. melko huonosti
5. huonosti

24) Iäkkäillä henkilöillä saattaa olla vaikeuksia seuraavien toimintojen suorittamisessa. Kykenettekö Te selviytymään seuraavista toiminnoista? Selviättekö niistä yksin vai tarvitsetteko toisen henkilön apua?

	en kykene edes au- tettuna	kyllä jos joku auttaa	kyllä yksin mutta se on hanka- laa	kyllä yksin ilman vaikeuk- sia
kykenettekö kulkemaan portaita	1	2	3	4
pystyttekö asioimaan kodin ulkopuolella	1	2	3	4
kykenettekö käyttämään pankkiautomaat- tia	1	2	3	4
kykenettekö liikkumaan ulkona	1	2	3	4
kykenettekö kantamaan painavia tavaroita, esim. 5 kg:n ostoskassia sata metriä	1	2	3	4
kykenettekö valmistamaan ruokanne	1	2	3	4
kykenettekö syömään itse	1	2	3	4
kykenettekö peseytymään ja kylpemään	1	2	3	4
kykenettekö pääsemään vuoteeseen ja vuoteesta	1	2	3	4
kykenettekö käyttämään WC:tä tms.	1	2	3	4
kykenettekö leikkaamaan varpaankyntene	1	2	3	4
kykenettekö tekemään kevyitä kotitöitä (pesemään astioita, lakaisemaan lattiaita)	1	2	3	4
kykenettekö tekemään raskaita kotitöitä (pesemään ikkunoita ja lattiaita, yleistä kodin siivousta)	1	2	3	4

25) Onko Teillä käytössänne joitakin seuraavista apuvälineistä arkipäivän toimienne helpottamiseksi tai turvallisuuden lisäämiseksi. Voitte rengastaa useitakin vaihtoehtoja.

Onko Teillä käytössänne	kyllä
kuulolaite	1

kävelykeppi	1
kyynär- tai kainalosauvat	1
kävelyteline (rollaattori) sisäkäytössä	1
kävelyteline (rollaattori) ulkokäytössä	1
turvapuhelin	1
lääkedosetti (lääkkeiden annostelurasia)	1
turvahousut lonkkamurtumien ehkäisemiseksi	1
kenkien liukusteet	1
kävelykepin liukuste	1
muu, mikä:	1
ei mitään edellisen kaltaisia apuvälineitä	1

26) Entä onko teillä käytössänne

	kyllä
lankapuhelin	1
matkapuhelin	1
sähköposti	1
internet	1

27) Saatteko apua niihin kotitöihin, joita ette itse pysty tekemään?

1. ei
2. kyllä

28) Käytättekö seuraavia kotipalveluja?

	kyllä
peruspalvelu (esim siivous, hoito kotona, kaupassakäyntiapu)	1
ateriapalvelu	1

kuljetuspalvelu	1
kylvetysapu	1
en käytä edellä mainittuja kotipalveluja	1

29) Tarvitsetteko enemmän kotipalveluja?

1. kyllä
2. en

30) Mikäli tarvitsette enemmän kotipalveluja, niin mitä seuraavista?

	kyllä
peruspalvelu (esim. siivous, hoito kotona, kaupassakäyntiapu)	1
ateriapalvelu	1
kuljetuspalvelu	1
kylvetysapu	1
jokin muu palvelu, mikä?	1
en tarvitse nykyistä enempää kotipalveluja	1

31) Kuinka tyytyväinen olette siihen, mitä olette saavuttanut elämässänne?

1. erittäin tyytyväinen
2. tyytyväinen
3. jokseenkin tyytyväinen
4. tyytymätön
5. erittäin tyytymätön

32) Tulevaisuus tuntuu minusta toivottomalta, enkä jaksakaan uskoa, että asiat muuttuisivat parempaan päin.

1. ehdottomasti samaa mieltä
2. jokseenkin samaa mieltä
3. vaikea sanoa
4. hiukan eri mieltä
5. ehdottomasti eri mieltä



