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Entrepreneurs caring for the elderly: Perspectives from Finland and China

An exploratory study between Finland and China

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This thesis provides an exploratory study of the motivations and confronted challenges of entrepreneurs in the homecare sector within Finnish and Chinese contexts. Specially, through a literature review and in-depth interviews. This thesis has considered concepts such as entrepreneurship, homecare model and service, and the health systems of China and Finland. Drawing from the entrepreneurs´ perspectives, this thesis highlights motivations and potential challenges faced in the homecare sector to highlight findings for future entrepreneurs in homecare as well as potential research.

Purpose & objectives: The purpose is to explore the perceptions of entrepreneurs in Finland and China in the healthcare field specialized in homecare sector and to yield insights, vision and inspirations for entrepreneurs, leaders and researchers. Specifically, the thesis examines the entrepreneurs´ perceptions regarding motivations and challenges within home care entrepreneurship.

Methodology: Qualitative research methods were implemented through as systematic literature review and in-depth interview. Globally, homecare related peer-reviewed literature was collected as the secondary data, the information collected from in-depths interviews are used as primary data. A thematic literature content analysis was used for analysing interviews in reference to the literature. In other words, an abductive approach was used by systematically combining the interviews collected with the literature.

Findings: The motivational factors include intrinsic and extrinsic factors. Intrinsic factors consist of self-achievement, interest exploration, working experience-based decision and family ties. Extrinsic factors consist of market driven and stimulation, social pressure, economic incentive, ethnicity and sexuality, budgeting consideration, working environment and style, profit pursuit, social influence, government encouragement and macro-control.
The challenging factors include intrinsic and extrinsic factors as well. The intrinsic factors include attitude, general awareness, incomplete trust foundations, language, cultural background, lack of experiences, education and time management. Extrinsic challenges include human resource, incomplete regulations, legislation and policies, business management, improvement of working system, safety control, payment capacity, team building, customers accumulation, business operating skills, social environment, insurance coverage, weather, and business environment.

Conclusion: In regard to motivations, Finnish homecare entrepreneurs are more motivated by intrinsic factors such as self-achievement, comparatively, Chinese homecare entrepreneurs are more motived by extrinsic factors such as market-driven, government interventions. In perspective of challenging factors, Finnish homecare is facing tremendous shortage of competent and qualified homecare workers, weather and managerial challenges. Whereas, Chinese homecare is facing more platform building, trust foundation building, general awareness promotion, homecare professionals´ education and professional enhancement, government support, and insurance coverage. The Finnish homecare system is more developed and structural complete than Chinese homecare system; another word is Finnish homecare network is developed, comparatively, Chinese homecare network is under-developed, creating more challenges for the entrepreneur to provide home care services. Chinese government needs to assert more effort to promote the development of homecare industry, thereby, to ensure elder/disabled care.

Keywords	Homecare, elderly care, entrepreneurship, Finland, China, aging population, intrinsic and extrinsic motivations, HRM, heath systems.

LIST OF ABBREVIATIONS

SME: Small and medium sized enterprises

PPS: Purchaser-provider-split.

TCA: Thematic content analysis

HCS: Home Health care Services

OECD: Organization for Economic Cooperation and Development

GDP: Gross domestic product

GEM: Global Entrepreneruship Monitor

IT: Information Technology

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1 INTRODUCTION

1.1 Background to the study

In the 21st century, the global aging population is the most prominent global demographic trend, which is expected to reshape the labour force composition a in large number of countries due to the economic and social costs (Gu & Stoyanov 2018). WHO (2018) predicts that by 2050, the world's population aged 60 years and older is expected to soar from 900 million in 2015 up to two billion. Today, there are already 125 million people are aged 80 years or older, by 2050, there will be 434 million people in this age group worldwide, and only in China, there will be almost 120 million. Furthermore, 80% of all older people will live in low- and middle-income countries (WHO 2018). Research shows healthcare expenditure has outpaced GDP growth over decades in OECD countries, and the population aged 80 years and over is expected to significantly rise in OECD countries from 4 % in 2010 to 10 % in 2050 (Colombier 2018). For example, Japan´s, a member of OECD countries, population has been aging dramatically over the past decades, and statistics project that 40 percent of Japanese citizens will be 65 or older by 2050 (Hsu & Yamada 2019). In United Nation´s population projections, around 600 million people aged 65 or older are alive today, and by 2035, this figure is expected to exceed 1.1 billion or 13% of the total population (Chen, Huang & Li 2018). Due to the aging population, the healthcare expenditures have increased subsequently, especially increase expenditures on acute care and strongly on long-term care, moreover, health expenditures will continue to rise in the coming decades (Meijer et al. 2013). Study showed the expenditure on long-term care for the elderly is expected to increase from an average 1.5 % of GDP in 2010 to more than 3 % of GDP in 2050 (Colombo et al. cited in Kok, Berden & Sadiraj 2014:119-131).

Worldwide, as most healthcare industries are facing big challenges brought by aging population, primary healthcare sectors are undertaking most responsibilities of elderly care. Homecare as a branch of primary healthcare sector is playing a significant role in combating the challenges brought by aging population. Home care services can help people to maintain their existing lifestyle and avoid unnecessary hospitalization, therefore, individuals typically desire and prefer to remain independent and healthy at home if possible (Nakanishi et al. 2015: 248-261). In this thesis, the unit of analysis is the home care sector. Rabeh et al. define Home Health Care Services as an efficient solution for reducing health care´s costs and maintaining a saitsfactory quality of services by providing continuous and coordinated care for patients in their homes (Rabeh et al. 2011). From both a short-term and long-term perspecitve, homecare´s future is quite

promising because it is a market where there´s a clear and strong need for today and future, and it is not a industry that can be replaced by technology (Stites cited in Daley 2011).

For decades, the home care industry has largely been explored and defined by private and public organizations. In the private healthcare context, entrepreneurs are playing significant roles in accelerating the development of the home care industry. This thesis explores the perceptions of entrepreneurs in Finland and China who practice in the private homecare sectors, and the thesis addresses the entrepreneurs perceived motivations and challenges in establishing and proceeding with their business in the home care sector. The thesis is an explorative study based on empirical data collected by an abductive qualitative research approach which combines a literature review and in-depth interviews with entrepreneurs with the aim to discuss differences and similarities between Chinese and Finnish entrepreneurs in the home sector(Dubois & Gadde 2014).

1.2 Finnish and Chinese general backgrounds

1.2.1 Finnish context

Generally, Finland is a small country with around five million population. However, it gives the world a positive impression due to its reputable education system, universal welfare system, good sense of closeness to nature, and a strong technological ambition (Oinas 2005). Finnish health care system belongs to the same model as the other Scandinavian countries and the United Kingdom in aspects of its institutional structure, financing and goals (Häkkinen & Lehto 2005). Furthermore, Finland has applied the Nordic welfare state model, in which the public sector like municipalities is responsible for the majority of welfare service provisions; the public universal health insurance system provides the health insurance coverage to all residents (Kautto et al. 2001a). The welfare mix model or welfare pluralism has been accepted as one solution to meet the increased needs of services in Finland. In particular, the needs of the elderly and disabled have been challenges for public services. For example, in the study by Korhohonen et al. showed the number of fall-induced cervical spine injuries among older Finnish rose six-fold from 59 in 1970 to 372 in 2011.The age-adjusted incidence of injury (per 100 000 persons) was higher in men than in women throughout this period and showed a clear increase from 1970 to 2011: from 8.5 to 20.3 in men, and from 2.8 to 11.7 in women. Wide scale fall and injury prevention measures are urgently needed because further ageing of the population is likely to worsen the problem in the near future (Korhonen et al. 2014). Due to the big demand, many of municipalities have taken private

services as partners to respond to the increased needs, for example, municipal home care institutions have been restricted to focus on those elderly people who need a great deal of care and help, whereas those elderly with less needs are steered towards the private sector (Sinkkonen & Rissanen 2005).

Considering the Finnish business environment, Finland has been classified as a "coordinated market economy" (Soskice cited in Oinas 2005). Finland is a member of European Union and subject to regulations by it, also a recipient of policy influences by the OECD and shares a set of distinctly Nordic societal charaacteristics (Fellman et al. 2008). According to Oinas (2005:1227), after a deep recession in the early 1990s, the Finnish economy has done enomously well in terms of technological advancement and economic competitiveness, it has reached a notable runner-up position in just a couple of decades. Furthermore, new businesses are highly respected in Finland. The Global Entrepreneruship Monitor (GEM) study shows Finland is ranked among the top of twelve Global Entrepreneruship Monitor countries at current stage of entreprenerial activity (Pukkinen et al. 2007: 6), and ranks as the 20th most entreprenerial county among the 42 GEM countries in year 2006 (Pukkinen et al. 2007: 44), even though 99 % of all businesses are quite small businesses (Deakins & Freel 2006; Sinkkonen & Rissanen 2005). In recent years, the private social sector is growing rapidly since middle of the 1990s (Sinkkonen & Rissanen 2005). The reason for the growth may be due to international trends of privatisation of social services and economic recessions in 1990s (Dellgran & Höjer 2005). In the private social sector, the field of sheltered housing and group homes, children´s care providers and home care service providers are occupying the majority proportion (Kauppinen & Niskanen 2005).

1.2.2 Chinese healthcare context

According to Wang Jun (2007), healthcare systems are divided into government-controlled, government-led, and market-driven models based on the degree of government intervention in each medical system. China is a country with a government-led system, and the commercial medical insurance system is only used as a supplementary financing method in China. Scholar Luo (2014:11-13) gave a precise introduction of Chinese healthcare structure: Chinese public hospitals are defined from the perspective of the investment subject. Public hospitals refer to hospitals with a wholly state-owned or state-shareholding capital structure, including provincial, municipal, and county-level public hospitals, together with corporate medical institutions. China implements classified management of medical institutions and divides medical

institutions into non-profit medical institutions and for-profit medical institutions. In the actual situation, most non-profit medical institutions are still organized by the government. This is different with the non-profit organizations in other countries, in other countries, non-profit organizations are generally third sector organizations. Therefore, although most medical institutions in China are called non-profit organizations, they are still public organizations. Most of these non-profit organizations are public hospitals and with a public institution nature. Their counterparts are private hospitals. Primary-level medical and health institutions are defined from the level of administrative affiliation. In rural areas, primary-level medical and health network include county hospitals as the backbone, township heath centres as the connector and village clinics as the basis. In cities, grassroot health institutions are community health service networks with community health service centres as the main body. The responsibilities of primary-level medical and health institutions include providing basic medical services to urban and rural residents and guarantee the provision of public health services that the government should undertake.

In last thirty years, China is one of the few countries which observes notable economic growth success, with double-digit growth rates for about three decades, and has become an important part of the global economy (Bremer 2009). At the same time, China is rapidly getting older, a consequence of family planning policy and increasing life expectancy. Moreover, its aging process would continue at a remarkable pace for the next few decades (Chen, Huang & Li 2018). According to Chinese Academy of Social Sciences (2010), the China´s Fiscal Policy Report states that China will become the world´s most aged society by 2030, and by 2050, the Chinese elderly will increase to 454 million or 33% of total population. Consequently, the focus on economic growth and development has shifted from overpopulation as a burden of growth toward the issue of aging population. Aging populations are a global issue, but it is especially acute for China. For China, the aging population is not a mere natural economic consequence of increased wealth leading to declined fertility; it is the result of the one-child policy, which is enacted in 1979 (Hou 2019). In this background, the elderly care in China is drawing major concerns, and homecare is being explored as an innovation, emerging service to address the concerns. Througth this thesis, the author tries to explore the elderly care condition and reveal the status quo in China from the perspectives of homecare entrepreneurs.

1.3 The significance of the study

The study is an explorative study into the author´s interest in the healthcare field, specifically in the homecare sector. Finland is the author´s second home, where she currently studies and lives, China is the author´s birth country, where she is deeply influenced by the culture. Therefore, these two countries were selected as the research subjects and primary data were collected within. The healthcare business management field is the research and study focus as entrepreneurs are the key stakeholders in this field but also research topic. Homecare is one of the most crucial care sectors in the healthcare field, and the author wants to give a deeper exploration from homecare entrepreneurs´ perceptions regarding the motivations and challenges under the Finnish and Chinese health and economic systems. The author expects the outcomes from the research between two cultural backgrounds will reveal more valuable information related to the homecare sector and generate deeper insights and visions, which will help future entrepreneurs, stakeholders, managers and researchers. Another significant point is quite novel in the sense that there are few studies on entrepreneurs perspective on providing homecare in a demographic environment of labour shortage and dramatically increasing demand and need for care in homes. The author hopes more research regarding homecare sector will be explored deeper, thereafter, to improve the quality, professionism and well-beings of homecare providers and service receivers. The most significant is that the original intention for doing the cross-geographic research is for generating the comparisons, through the comparisions, the gap, pros and cons between two countries will be explored and discussed, therefore, improvement and development strategies can be made based on the gaps, pros and cons. At last, this thesis aim to help to promote the international communication and cooperations in healthcare field between Finland and China.

2 PURPOSE, OBJECTIVES AND RESEARCH QUESTIONS

2.1 Purpose of the Study

The purpose of this thesis is to explore the perceptions of entrepreneurs in Finland and China in the healthcare field specialized in homecare sector, hereafter to yield insights, vision and inspiration for entrepreneurs, leaders and researchers. Specifically, the thesis examines the entrepreneurs´ perceptions regarding motivations and challenges with home care entrepreneurship from intrinsic and extrinsic aspects. The aim of this research is to reveal the intrinsic reasons for motivating people to step forward to the entrepreneurial road, as well as lay out the challenges and difficulties behind the homecare business building process. The author of this paper also aims to contribute to

the understanding of differences in entrepreneurship activities between Finnish and Chinese healthcare context. The findings of this study can be used for future researchers as references and for healthcare leaders to make reasonable and evidence-based decisions.

2.2 Objective of the study

This study is a self-learning process in author´s interested field. The author is implementing two exploratory channels to find the research results. One is by pervasive literature review to find out healthcare related theoretical and empirical backgrounds and status quo from global and specific countries´ perspectives. The second is through the in-depth interviews to catch perspectives of homecare business entrepreneurs from Finland and China. The basic objective of this research is to find out the answers for the research questions through these two channels, therefore, to achieve the study goal. The second objective is to practice the academic researching skills for further studies.

2.3 Research questions

Research questions:

1) what are the motivations to be an entrepreneur in homecare sector?
2) what are the most significant challenges/ difficulties as entrepreneurs to start-up a business in homecare sector?
3) what are the similarities and differences between Finland and China in homecare sector?

3 THEORIES AND CONCEPTS

Before describing the Chinese and Finnish health care contexts, the relevant theories regarding entrepreneurship, entrepreneurship in healthcare, nurse entrepreneurs and homecare service and model will be elaborated and served as the fundamental understanding of the explorative research.

3.1 Entrepreneurship

The foundations of entrepreneurship as a field of research are created and nurtured by some prestigious and leading figures. In an OECD Economic Survey in 1997, entrepreneurship is defined as “the dynamic process of identifying economic opportunities and acting upon them by developing, producing and selling goods and services” (OECD 1997:151 cited in Iversen et al. 2008:14). In 2001 Drivers of Growths, OECD defined entrepreneurship as “The concept of entrepreneurship generally refers to

enterprising individuals who display the readiness to take risks with new or innovative ideas to generate new products or services" (OECD cited in Ahmad & Seymour 2008:5).

Wennekers, Thurik and Buis (1997), defined entrepreneurship, for research purposes, as the ability and willingness of individuals, both on their own and within organizations to perceive and create new economic opportunities such as new products, new production methods, new organized schemes and new product market combinations; to introduce new ideas in the market, in the face of uncertainty and other obstacles, by making decisions on location, form and the use of resources and institutions; and compete with others for a share of the market.

Ahmad and Seymour (2008:14) define entrepreneurship as " the phenomena associated with entrepreneurial activity", entrepreneurial activity as " the enterprising human action in pursuit of the generation of value, through the creation or expansion of economic activity, by identifying and exploiting new products, processes or markets (Ahmad & Seymour 2008:14)", entrepreneurs as " those persons (business owners) who seek to generate value, through the creation or expansion of economic activity, by identifying and exploiting new products, processes or markets (Ahmad & Seymour 2008:14)".

Nicholls and Cho (2006) identify the dimensions of social entrepreneurship: sociality, innovation, and market orientation. Gartner (2002:15-28) summarized the nature of entrepreneurship can be characterized within eight themes: the entrepreneur, innovation, organization creation, creating value, profit or non-profit, growth, uniqueness and the owner-manager. The entrepreneur theme is the idea that entrepreneurship involves individuals with unique personality characteristics and abilities; the innovation theme is characterized as doing something new as an idea, product, service, market, or technology in a new or established organization; the organization creation theme describes the behaviours involved in creating organizations; the creating value theme articulated the idea that entrepreneurship creates value; the profit/non-profit theme is concerned with whether entrepreneurship involves profit-making organizations only; the issue in growth theme is the importance of growth as a characteristic of entrepreneurship; uniqueness suggested that entrepreneurship must involve uniqueness; and lastly, the owner-manager suggested that entrepreneurship involves individuals who are owners and managers of their businesses.

Regarding the leadership styles in China, researchers Wang, Tee and Ahmed (2012: 505) found out that the interaction of multilevel factors such as transitional factors,

philosophical traditions and cultural values forms a complex and dynamic context of entrepreneurial leadership in Chinese firms. Benevolent leadership rooted in Confucianism is an overarching leadership style, whilst transactional and transformational leadership styles which find parallel with Legalism and Daoism are contingent upon a range of factors, especially the entrepreneur's personal background and the firm's strategic focus and developmental stage.

3.2 Entrepreneurship in healthcare

Entrepreneurship is a major driver of innovation across industries and is important for all developing and developed countries. It emphasizes the discovery of opportunities for new ideas, ventures and their realization. Despite its importance, as a research area entrepreneurship is still a relatively young scholarly field, and only emerging specifically in healthcare sector (Wilden et al. 2018). The reason that entrepreneurship has received relatively little attention in the healthcare industry is, perhaps partially because of the barriers deep-rooted in the structure and culture of healthcare organizations (Phillips & Garman 2006: 472). Phillips and Garman (2006:473) argue that in healthcare industry, the acknowledgement towards entrepreneurial activities are less visible and recognized within traditional healthcare settings than they are in other industries such as information technology, communications and computer sciences.

According to the book Healthcare Entrepreneurship by Wilden et al. (2018:1-25), healthcare has undergone significant changes in the last decades, and is empowering individuals more ever than before. Innovative digital technologies and low-cost business models are being infused into healthcare industry by new entrants and entrepreneurs. For example, the availability of digitalization and the large number of mobile devices in both advanced and developing economies has provided the hard-and software for new business models, and the entrepreneurial activities have been often driven by entrepreneurs previously not active in healthcare. In addition, the Internet of Things and wearable devices gave us the opportunity to monitor health conditions and address them in new ways, even remotely. Gradually, traditional business model pay-per-product is being replaced with pay-per-usage and subscription models, and even free model, as when income is generated by advertising or cross-selling to other market segments. All these examples have proved that high-tech based innovation is making business easier for healthcare entrepreneurs to reach large numbers of people. Furthermore, authors Wilden et al. also predict that entrepreneurial activities and innovations have emerged from and will continue to be driven by several actors along the healthcare value chain but especially from non-traditional healthcare players.

Despite the promising future of entrepreneurship, entrepreneurship in the healthcare context faces several unique barriers as well. First, due to the fact that the majority of healthcare revenue is primarily generated from third parties such as governments and insurance providers, which is directly linked to specific provided services only, therefore, healthcare organizations rarely have space to use their revenues for other activities such as building up risk capital to allocate to entrepreneurial activities. Second, the hierarchical structure of healthcare organizations and competition for scarce resources often discourages collaboration between organizations with similar capabilities. Finally, the high degree of professional autonomy of healthcare professionals and their discomfort with risk taking hinders entrepreneurship in the traditional healthcare system (Phillips & Garman cited in Wilden, Garbuio, Angeli & Mascia 2018).

3.3 Homecare service and model

Given this development history, homecare service can trace to the first HHCS team originated from St Christophers´s Hospice in 1969 in London, UK (Baines 2013: 200-203). The extended domiciliary service is advocated by Dr. Cicely Saunders for palliative care patients. The home services at that time encompassed providing pain care, symptom control, counselling, and family support at the beginning. Following the advice from Dr. Cicely Saunders, the real founder of the homecare team is Barbara McNulty, who is a district nurse and responsible for the management and building of the homecare delivery system. The second homecare service was started at St. Joseph´s hospice by Dr. Richard Lamerton in 1974. The third domiciliary service started at Christ church where a 25-bed inpatient unit St. Luke´s in 1975. Since then, the homecare service had been spreading rapidly in UK, the numbers of homecare services increased rapidly so that there were 205 homecare nurses in 1983, 330 in 1985 and 500 in 1988. At the same time, elderly care in place or community care systems has been developed world-wide and the origin of the idea of ´aging in place´ can be traced back to Sweden and Norway in the 1960s (Chen 2008:183-204).

The first homecare team made the initiative that “GPs permission had to be obtained before a first visit could be made (Baines 2013: 201).” This initiative has been adopted into the homecare model until now. Furthermore, the first homecare team also decided that in homecare nurses should make the first visit. This would establish the importance of his or her role with the patient and family. The nurse in first visit is responsible to collect the crucial information such as patients´ medical history, current condition, and the patient and families emotional, social and spiritual needs (Baines 2013: 202). Since then,

homecare services are delivered mostly by nurses but under doctor´s orders, and even this traditional model have been passed. Nowadays, Asian countries such as Japan, South Korea and China also try to find the best care model to relieve government burden and reduce healthcare costs (Lee & Gibler 2004:112-135, Lu at al 2017:248-259).

On the base of traditional homecare models, the information technology (IT) related business model innovations has been identified as a major factor in achieving structural transformation in health care, and the emerging success of telemonitoring gave the capability to provide home care virtually, allows us to further establish our value proposition in entire healthcare industry (Denholm 2015: 57-58). In specific, smart home seems to be a promising autonomous living environment for elderly. Smart home is built on top of smartphone innovation and new style of figuring worldview, and it operates through specific web administrations mainly. High-tech equipped smart home secures the elderly individual to finish their daily routines, decrease the risks of incidents, allows continuous procurement, preparing, and following of exercises in their homes, and encourages the care giver by following the elderly in their own particular homes and maintains a strategic distance from specific mishaps. On the other hand, smart home also reduces the wellbeing consumptions and burden of social insurance experts. (Supriya et al. 2018). Taking the example of the Dutch home care market, there is already a large range of technological possibilities available. The home care technology varies from disclosure of information in text and images, video communication, screen case, telemonitoring to other IT applications like ambient technology which enables monitoring in and around the home (Lohuis et al. 2014).

The transformation from traditional homecare model to tele-homecare model is trendy currently, however, the development level is diversified throughout different cultural, economic and political backgrounds. In this thesis, the author explores deeper insights and visions from entrepreneurs´ perceptives in homecare industry from global contexts into Finnish and Chinese contexts respectively.

3.4 The Finnish healthcare history

In Finland, during the 1950s and 1960s, the small-scale healthcare centres shifted to the modernization of the hospital system (Vauhkonen & Bäcman cited in Häkkinen & Lehto 2005: 82). At the same time, the ownership of hospitals and the responsibility of running them were transferred from the central government to the municipalities and to the federations of the municipalities. From the mid-1960s onwards, the stated prioritized and shifted towards outpatient and primary care. The new obligatory National Health

Insurance system was created in 1964. In addition to ensuring social income during sickness leave, this scheme provided the social right for all inhabitants to receive reimbursement for a significant proportion of the cost of private outpatient health services and pharmaceuticals. (Häkkinen & Lehto 2005: 82-83.) In the 1970s, Finland had one of the highest numbers of hospital beds per capita among developed industrialized countries (OECD cited in Häkkinen & Lehto 2005: 82).

By the beginning of the 1990s, the Finnish welfare state had undergone a process of maturation and expansion. The European and global economic and political integrations were increasingly challenging government policies. Finland fell into an exceptionally deep recession in 1991-1993. GDP decreased by 13 percent, and unemployment rose from 3 percent to 17 percent (Fellman et al. 2008). The consequent deficit in public finances continued throughout the 1990s. Therefore, the budget deficit and the need to cut public sector expenditure became the main political imperatives (Häkkinen & Lehto 2005: 84). In the early 1990s, Finnish government started to launch the Purchaser-provider split (PPS) model to create competition between providers, until early 2000s, the PPS model has been implemented in a national scale. The PPS is a service delivery model in which the operations of the providers are managed by contracts and third-party payers are kept organizationally separate from service providers. However, the development and implementation of PPS in Finland has been unusual compared to other countries with PPS. First reason is the size of the Finnish purchasers (municipalities) is extremely small where in other countries purchasing is mostly carried out at the regional or national levels. Second difference is in Finland, PPS is also applied to primary health care and accident & emergency services while in other countries the services mainly include specialized healthcare and residential care for the elderly. Third difference is, PPS in health and social services is regulated within the same framework as public procurement in general instead of regulated by any specific legislation, regulative mechanisms, or guidelines (Tynkkynen, Keskimäki & Lehto 2013). After 1994, GDP subsequently increased, decreasing the proportion of GDP spent on health services to 6.6 percent in 2000 (OECD cited in Häkkinen & Lehto 2005: 82).

In Finnish elderly care sector, Anttonen and Karso argues that deinstitutionalization is represented as an important and positive trend in the redesign of long-term elderly care. It refers to a process where traditional institutional care is partly replaced by home care services and creative homelike housing units. The main theme deals with deinstitutionalization of long-term eldercare includes cutting back on institutional care, transition from nursing homes to intensive service housing, prioritization and idealization

of home, home care services as additional living support for the severe case (Anttonen & Karsio 2016: 151).

3.5 The Chinese healthcare history

From the founding of New China in 1949 to the reform and opening up policy promulgation in 1979, China implemented a planned economic system, and the main task of the medical and health undertakings was to solve the problem of lack of doctors and medicines. The four guiding principles of the medical and health undertakings established at that time include 1) medical and health services for all Chinese residents, 2) prevention-oriented, 3) the integration of Chinese and Western medicine and 4) the combination health care work with people´s involvement. During this developing stage, Chinese economic level is relatively low, and medical and health resources are relatively scarce. Through the 30 years effort by government´s macro management, China has provided a relatively low level but comprehensive medical health system for most urban and rural residents, and the reform has been received with positive effectiveness. (Luo 2014: 89-90)

From 1958 to 1980, the healthcare service charges were significantly reduced three times. During this period, the government´s approaches in the medical and health industry were concentrated in the following aspects: first, a highly centralized medical service management system was implemented, and a system of vertical integration and fragmentation was established according to administrative divisions and affiliation; second, government increases input, defines pricing, and provides financial subsidies. It is forbidden for private capital to enter the medical service field, and the investment in medical and health care industry is basically government-based. In 1952, 1960 and 1972, the government significantly reduced the charges for medical prices three times and provided financial subsidies for the adverse costs; third, the government directly accesses micro-management. The government directly establishes hospitals, under unified management, provides financial subsidies for the daily operations and investments of the hospital, and distributes medical resources in a unified manner. It can be said that this medical and health management model under the national conditions at that time ensured the accessibility and fairness of the public to enjoy the most basic medical and health care services, which was in line with the level of economic development and government supply capacity at that time. By the end of the 1970s, the three major medical systems basically covered the whole country. China's health investment, which accounts for about 3% of GDP, generally meets the basic medical and health service needs of almost all members of society, and the national health level has

rapidly increased. However, the various disadvantages of the traditional planned economic system have also been exposed in the medical and health system, such as the serious shortage of medical and health resources, the low quality of service and efficiency, the waste of resources , the problem of unfair possession of health resources caused by region, social identity and power is serious. The country is overwhelmed, and reform is imperative (Luo 2014: 90-91)

In 1979-1990, China entered a period of economic and social transition. During this period, the government took many new measures to manage medical and health services. First, it changed the management system of medical and healthcare institutions. Second, it gradually loosened direct economic controls and gave more freedom for medical and healthcare industry. Third is to reduce the micro-management of public hospitals. Fourth is to greatly reduce the proportion of financial compensation and increase the proportion of business income in the financial compensation mechanism. Fifth is to explore the reform of the urban medical insurance system. During the economic transition period, the government's management strategy had changed. For instance, the government made more efforts on activating the enthusiasm and power of the society, and individuals to a certain extent instead of relying solely on the government. From the perspective of fund-raising, multi-party fund-raising and other forms of ownership of medical institutions are allowed, and the urban social medical insurance system has been piloted. From the perspective of investment, the proportion of financial compensation had decreased, and the proportion of medical institutions' business income has increased; From the perspective of management, a variety of forms of responsibility systems have been implemented. For medical institutions, management methods have changed from direct management to indirect management. Public healthcare institutions can engage in paid business services and can pay out bonuses and benefits after completing contract tasks. In general, the distinctive features of this period are emphasizing the welfare of health services, not paying attention to economic accounting, heavy financial burden, and increasingly inadequate compensation for health institutions (Luo 2014: 92.)

The main features of the reform exploration phase (1990-2003) include the following aspects: first, the establishment of a social and healthcare control system, the government is committed to establish an urban and rural medical security system with social medical insurance as the core. The second is to cancel direct pricing by government. The third is to further expand the autonomy of healthcare institutions, open market access, and encourage competition. Judging from the characteristics of this

period, from the perspective of fund-raising, the pilot of social insurance has been widely launched among urban employees and residents, and rural residents. From management point of view, the medical services market has been further liberalized and direct government pricing had been eliminated. Contract responsibility system has become a common phenomenon in public hospitals. Public hospitals have begun to carry out enterprise management. Quality control and price surveillance measures were introduced. In general, the medical and health industry developed vigorously, and medical and health resources increased substantially, which alleviated the long-term shortage of medical and health services. The government's investment in medical and health services began to change, the social medical insurance system was gradually promoted, and medical assistance began to be implemented. The government's management approaches gradually renovating, and new attempts and explorations of management methods began. (Luo 2014: 93-95) Due to the reform, the medical expenses in 1990 is 6% of GDP, afterwards declined to 4,12% in 2002 (Gu&Yu 2010).

Since 2003, Chinese healthcare system steps into the adjustment and innovation phase, the main measures include: First, a new round of medical and health system reform was initiated. The second is to strengthen the control of medical service charges. The third is to improve the basic medical security system for coordinating urban and rural areas. Judging from the characteristics of this period, from the perspective of fundraising, social insurance is gradually moving towards full coverage, and become one of the world’s largest basic medical security system. The responsibilities for state, society and individual in financing gradually became clear. From the perspective of investment, the responsibility of government investment gradually becomes rational, and public health and basic medical services have become the focus of attention. From the management perspective, the government's investment management has also been tested and explored, and the policy implementation concept of efficiency and fairness has gradually emerged. In general, during this period the government took a lot of reform measures to alleviate the unsightly and expensive medical problems and achieved remarkable results. (Luo 2014: 96) During this period, medical expenses slightly increased, in 2015, the total medical expense occupied 5. 32% of GDP (Zhang 2018). Even though the reform has brought certain achievement, Author Zhang (2018) argue that if the medical industry continues to adhere to the reform direction of industrialization and marketization, medical expenses will increase significantly, which may threaten China's fiscal security.

According to the research conducted by Xue, Xu and Zhang in ShanXi province, China, in 2000, the proportion of Chinese elderly who are aged 60 years or older has increased

more than 10% of the whole population. This means that China has become an aging country. In 1979, the Chinese government enacted the one-child policy, which caused the dramatic decline of the births. Currently, many family structures have been transformed into a 4-2-1 model, that means, there are four elders, two young adults and one child in a family. In this case, it´s easy to see there is a lot of pressure on young adults to provide elderly care especially when the elderly suffers from physically and mentally diseases. Therefore, the demand for home care is particularly urgent. Due to the development of the economy and medical technology, healthcare quality is increasing, the disease spectrum is changing as well. Nowadays, the main cause of death has become chronic diseases, degenerative diseases and accidental injuries instead of infectious diseases and malnutrition. (Xue, Xu& Zhang 2008.) The reason of the delayed development of home care system is due to 1) the concept and model of home care services in China is not quite recognized by the public, 2) uncomplete legislation and policy systems, 3) the home care has not been included into national medical insurance system (Xue, Xu& Zhang 2008).

4 LITERATURE REVIEW

4.1 Introduction

In this part, the author gives a general review from a global scale to explore the entrepreneurs´ perceptions regarding motivations and challenges with home care entrepreneurship from intrinsic and extrinsic aspects. During the process of searching for suitable literature, there is very few research sources in the Chinese and Finnish contexts respectively; therefore, the related research from different countries have been demonstrated in this chapter. The result of the literature review is serving to frame the research questions.

4.2 Motivations of homecare entrepreneurs in global context

Koiranen (2007: 120) defines motivation as the following: an internal state, condition or the process that influences the arousal, strength, and direction of human and collective behaviour towards goals and activities which are regarded as meaningful and beneficial.

One study conducted in Canada, African immigrants claimed that the primary motivation for setting up their homecare businesses was influenced by their family, especially their children. Immigrant women facing the challenge of work-life and family balance, coupled

with huge cost of privatized childcare services, choose an option that makes them economically active and at the same time be there for their family, hence self-employment (Nkrumah 2016: 70-76).

In the study conducted in the USA by Elango et al. (2017) revealed three reasons for nursing staff to become entrepreneurs. The first is the shortage of nursing staff, which encourages nurses to create an opportunity for nurse entrepreneurs to act as agents to temporary nurses; the second is demographic trends such as aging population and lack of personal time to take care of the elderly at home provided the entrepreneurial opportunities for nurses to offer home care services; the third is social trends such as modern lifestyle, emphasis on preventive healthcare, closure to rural areas where there are no hospitals as these conditions created entrepreneurial opportunities for nurses to create nurse clinics to provide basic healthcare services. Therefore, the three factors of demographic trends, opportunities within healthcare facilities and social trends are motivating factors for nurses to step onto the entrepreneurial road.

According to the study carried out in Ghana by Jane Owusu (2018:58-59), results revealed the motivations of building a healthcare business due to frustration at a former workplace, the desire to own a business, maintaining the family legacy, the need for additional income and something to do during retirement.

The research conducted in Canada, which studied the motivators of nursing entrepreneurship revealed the reasons of entering nursing self-employment. The motivators include outcome of responding to system restructuring, dissatisfaction of hospital work and their capacity was limited in hospital working settings. Furthermore, exercising a broader vision of healthcare and practicing their knowledge and skills in a unique way is another strong motivator as well (Wall 2013: 33-35).

According to a research conducted in Sweden for 20 immigrants from 13 countries, the motives of becoming entrepreneurs are mainly due to three reasons: first, the processes of ethnic and gender sorting in the care sector, process of ethnic and gendered “sorting” in the labour market influence why immigrant women randomly “happen to” enter the healthcare sector in the first place. There are many nuances on the scale from involuntariness to a more active choice. An involuntary choice of working in the sector often served as a motivation to become an entrepreneur; second, ethnic strategies in the labour market, ethnic motivations were identified in three ways. Whereas some were entrepreneurs in the contexts provided by their own ethnic group, regarding both

employees and customers, most of the interviewees emphasized cross-cultural entrepreneurship and the mixed origin of their employees and customers. As entrepreneurs, they identified themselves as “immigrants” rather than by their national origin. The third ethnic strategy was to approach Swedish customers with a “caring ethnic profile”, where their ethnicity should grant the customers good quality; and third, the wish to gain independence and improve the quality of care, the women became entrepreneurs in order to achieve a vision in the quality of care and to reach personal freedom. Many times, their entrepreneurship could be a reaction towards the poor quality they experienced as employees within private or public home-help services (Hedberg & Pettersson 2012: 423-440).

The findings of a study conducted in Finland demonstrate the motivations are 1) the need for independence was the most frequently mentioned reason for starting up a business, 2) desire to provide better care, growing demand for care services, and need to offer an alternative to the public sector, 3) dream or personal interest, 4) the need to employ oneself 5) a desire to earn a greater income can be interpreted as care branch-specific start-up motivations (Rissanen et al. 2011: 65).

4.3 Challenges for starting up homecae entreprises in global context.

The challenges had been found for nurses to practice as entrepreneurs are due to awareness and public attitude reasons according to one study carried out in Australia by Wilson et al. (2012). The paper stated that for nurses to be full partners with other health professionals, lack of recognition about their role and relationship with other care providers, lack of knowledge about fiscal issues, client reimbursement and legal issues are addressing challenges to practice as entrepreneurs. A lack of research findings to inform changes to nursing education so that nurses may envision and pursue entrepreneurial roles also been mentioned as certain challenges (Wilson, Whitaker& Whitford 2012). Another study conducted by Wilson et al. (2003: 236) show that “for nursing entrepreneurship, there are barriers such as not accepting the role, lack of public knowledge, payments not being made by private and governmental insurance companies, attitudes of other professions and other colleagues toward nurses’ private jobs, reference problems, lack of protective training.”

According to a study carried out in 2015 about Iranian entrepreneur nurses’ perceived barriers to entrepreneurship, the results demonstrated the barriers of nurses entering entrepreneurship is due to 1) The traditional structure. In this regard, nurses’ scope of activity was restricted to working in hospitals and did not allow them to work

independently; 2) the attitude of acceptance, standardization, and following orders prevents nurses from changing and taking risks; 3) lack of necessary knowledge and skills of entrepreneurship; 4) complicated and long process of legal procedures, high taxes, lack of insurance coverage; 5) the attitudes of governmental officials will delay or reject the applications from homecare entrepreneurs due to the traditional mindsets of governmental officials, their reluctance to changes and innovations made the entrepreneurial road more difficult; 6) unprofessional behaviours such as colleagues' jealousy and stinginess; 7) immoral business: such as illegal healthcare services and unhealthy competitions. (Jahani et al. 2015.)

Regarding to the payment of homecare service in American, the National Long-term Care Survey, first conducted in 1982 and then repeated in 1984 and every five years through 2004, private payments were always the most commonly reported source of financing for home care, cited by 50-60% of those who received any paid help (Liu, M.& Liu 1985; Liu & Aragon 2000; Spillman 2016). In Ghana, homecare entrepreneurs reported the customers have the difficulties of purchasing the expensive home care services (Owusu 2018: 59.)

Wall (2013: 36) found out that nursing entrepreneurs encounter the challenges of resistance from public and other health professionals, as well as significant regulatory scrutiny. The author also emphasized the standards of education are needed for nurse entrepreneurs, and these standards would have to be adopted by educational and regulatory authorities to fill the gap between conventional nursing education and the knowledge needed for independent practice (Wall 2013). Wall (2014) also mentioned certain strategies of influencing change such as capitalizing on opportunities, preparing nurses for innovative work, managing and expanding the scope of nursing practice, and building new ideas on foundational nursing knowledge and experience had faced significant resistance because of their non-traditional approach to nursing practice.

A case study carried out in UK addressed the challenges of marketing for homecare entrepreneurs. The research demonstrated their findings as: "small and medium sized enterprises (SME) owners/managers lack a theoretical grounding in marketing and instead rely on networking, relationship marketing, word of mouth and their entrepreneurialism" (Resnick et al. 2010:2). The subject entrepreneur in the study unveiled her comprehensions as: costs of marketing will mislead their customers to suspect care quality instead, other factors such as lack of budget, human resource, time and expertise are other barriers of marketing of care (Resnick et al. 2010).

In late developing countries such as Nigeria, the development of homecare services are still struggling on the awareness stage. A study conducted by Joe-Akunne et al. (2017) proved that there is a pressing need to stimulate awareness on the potentials of professional homecare services in Nigeria and gave a call against the current status quo upon barriers of homecare development, which is due to lack of legislation, near absence of sensitization on the potentials of the homecare business, lack of interest and enterprising vision among the stakeholders, the government and the people. In Iran, one study also addressed the professionalism in home care nursing is one of today's challenges in the health system of the country, and professionalism requires more attention and conditions for its prosperity (Fatemi et al. 2018).

In China, Shanxi Provincial People's Hospital had conducted the experimental home care service as a sub-department, the response had been positive. As the responsible head nurse reported: home care service is urgently needed by community residents and their families, it had maximized their convenience and was quite accepted and welcomed, at some level, got certain social effects and economic benefits; however, competent home care nurses are needed to provide patients and their families more training about their diseases and handy nursing knowledge; from management aspect, relevant management regulations and policies still need improve (Bai & Yang 2003).

5 Methodology, research methods and data collection

This research is exploratory in nature. It aims to gain insights into the intrinsic and extrinsic entrepreneurial motivations in healthcare sector, to reveal and identify the challenges in entrepreneurial activities in different cultural, historical and economic backgrounds, especially in the subject countries of China and Finland. Furthermore, this research is exploratory in the sense that the very limited amount of academic research has been found, the insights related with entrepreneurial motivations and challenges in the specific contexts of Finnish and Chinese are scarce in academic circle. Given the exploratory nature, the qualitative methods of literature review and in-depth interview are utilized to collect research data, and thematic content analysis is subsequently utilized.

5.1 Literature review

The author used systematic literature review to approach the intrinsic and extrinsic motivations and encountered challenges of homecare entrepreneurs in Chinese and Finnish contexts, however, the reseach regarding homecare entrepreneurs motivations

and encountered challenges are scarce as almost no suitable research has been done in the two subject countries. As such, a global-scale approach had been carried out to provide a relevant research findings as the fundamental knowledge base for the in-depth interviews and final research results.

Paula (2010 cited in Wei et al. 2017: 6) defined "literature review as a research approach through surveying current academic information and research-related information on a particular topic, and aim to provide a holistic and strict statement of knowledge and research-based theory to the topic". The key progress of literature review involves identifying the research question, collecting data by using inclusion and exclusion criteria, implementing research strategy, electronic searching, recording searching strategy, framing description and stating results via adding confirming relevant articles (Helen 2010 cited in Wei et al. 2017: 6). This literature review follows next steps: identifying the topic, searching the literature, reading, and critiquing sources, analysing sources and synthesizing sources (Burns & Grove 2001).

A comprehensive data screening was explored for research questions. The data was collected from five databases: Google Scholar, Metropolia academic library (MetCat-Finna), Medic, academic search elite (EBSCO), US national library of medicine national institutes (PubMed) and search ProQuest. The articles are selected by certain inclusion and exclusion criteria, the inclusive criteria listed as below:

- Articles published between the years 2000-2020.
- Available as free full text and peer reviewed.
- Articles with related findings about motivation & challenges of homecare entrepreneurs
- Language is in English

The elementary screening was done by keywords: healthcare, homecare, entrepreneurial/entrepreneur, motivation/motivative factors, challenge/barrier/difficulties, Finland/Finnish, China/Chinese. In first step selected by key words, thousands of articles were found. The second screening by the title of article found around 500 suitable articles. The third selection was carried out by reviewing abstract part of these articles thoroughly, around 47 articles were found as potentially existing suspected findings. At last, by reviewing the whole articles and scrutinizing the result/finding part of these articles, 14 articles were used for providing evidence for answering the research questions. The

findings were grouped into Main Category, Sub-category and extracted original texts, the detailed results listed in the table 1 and table 2.

KEY MOTIVATING FACTORS FOUND FROM LITERATURE REVIEW

Author(s) & Year	Country	Main category	Sub-category	Extracted original texts
Nkrumah (2016)	Canada	Implicit and explicit motivation	Family ties; Economic incentive	The primary motive was for children; Need for additional income
Elango, Hunter & Winchell (2017)	America	Explicit motivation	Market driven	Offer an alternative to the public sector; Need/demand for the services
Owusu (2018)	Ghana	Implicit and explicit motivation	Social pressure; Self-achievement; Family ties; Economic incentive; Interest exploration	The frustration at a former workplace; the desire to own a business; maintaining the family legacy; the need for additional income; something to do during retirement.
Wall (2013)	Canada	Implicit and explicit motivation	Social pressure; Self-achievement	Dissatisfaction of hospital work; Exercising a broader vision of healthcare.
Hedberg & Pettersson (2012)	Sweden	Implicit and explicit motivation	Ethnicity and sexuality	The processes of ethnic and gender sorting in the care sector; Self-achievement; Desire to develop and offer better care.
Rissanen, Hujala, Laukkanen, Helisten & Taskinen (2011)	Finland	Implicit and explicit motivation	Self-achievement; Interest exploration; Market driven; Social pressure; Economic incentive	The need for independence; dream or personal interest; desire to provide better care; growing demand for care services; the need to employ oneself; a desire to earn a greater income

Table 1. Key motivating factors found from literature review.

KEY CHLLENGES FOUND FROM LITERATURE REVIEW

Author(s) & Year	Country	Main category	Sub-category	Extracted original texts
Wilson, Whitaker& Whitford (2012)	Australia	Implicit challenges	Awareness and education;	Lack of recognition about their role, relationship with other care providers, fee setting and client reimbursement, legal issues; a lack of research findings to inform changes to nursing education
Wilson, Averis and Walsh (2003)	Australia	Implicit and explicit challenges	Awareness and education; Government interventions	Lack of necessary knowledge and skills of entrepreneurship; Lack of protective training to reduce risks; attitudes of other professions and other colleagues toward nurses' private jobs, not accepting the role; Payments not being made by private and governmental insurance companies.
Jahani, Abedi, Elahi & Fallahi-Khoshknab (2015)	Iran	Implicit and explicit challenges	Government interventions; Business environment; Business management; Social environment; Awareness and education	The traditional working scope of activity was restricted in hospitals; The attitude of acceptance, standardization, and following orders prevents nurses from changing and taking risks; Lack of necessary knowledge and skills of entrepreneurship; complicated and long process of legal procedures, high taxes, lack of insurance coverage; the poor attitudes of governmental managers; unprofessional behaviours such as colleagues' jealousy and stinginess; immoral business: such as illegal healthcare services and unhealthy competitions.
Owusu (2018)	Ghana	Explicit challenges	Business environment	Poor purchase capacity: the customers have the difficulties of purchasing the expensive home care services
Wall (2013)	Canada	Implicit and explicit challenges	Social environment; Awareness and education; Government interventions.	Resistance from public and other health professionals; significant regulatory scrutiny; standards of education are needed for nurse entrepreneurs.
Resnick, Cheng, Brindley & Foster (2010)	UK	Implicit and explicit challenges	Social environment; Awareness and education; Business management	Lack a theoretical grounding in marketing; lack of budget, human resource, time and expertise of marketing of care
Joe-Akunne, Nwafor, Etodike & Anyaegbunam (2017)	Nigeria	Implicit and explicit challenges	Social environment; Awareness and education; Government interventions.	Stimulate awareness on the potentials of professional homecare services; lack of legislation; near absence of sensitization on the potentials of the homecare business; lack of interest & enterprising vision among the stakeholders, the government and the people
Fatemi, Moonaghi & Heydari (2018).	Iran	Implicit challenges	Awareness and education	Professionalism in home care nursing is one of today's challenges in the health system of the country, professionalism requires more attention and conditions for its prosperity

Table 2. Key challenges found from literature review.

5.2 In-depth Interviews

Regarding the limited data found from academic databases in subject countries Finland and China, the in-depth interviews were chosen to collect the primary data for the research questions, serving as an abductive approach to data collection of a case study (Dubose & Gadde 2014). The qualitative data collected from in-depth interviews were conducted with two enterpreneurs in Finnish SMEs and two entrepreneurs in Chinese SMEs (hereafter Finnish entrepreneur A and B, Chinese entrepreneur C and D to ensure anonymity) in healthcare industry.

The interviews were semi-structured and in-depth. Following the questions of 1) can you tell me your backgrounds such as work experiences, education, qualifications, families? 2) what made you decide to be an entepreneur? 3)what are those most impressive challenges you have met since you start the business. Due to the ethical and confidential consideration, all the information extracted from interviews only work for the research purpose and the informants´ private information will be kept confidential. The interviewers and interviewees all have signed the consent paper before interviews.

In consideration of the difficulites with large geographical span and the idiosyncrasis of busy entrepreneurial leaders, the interviews with A and C are carried out face-to-face with an average of 1,5 hour´ communication, the interviews with B and D are conducted by phone with 1,5 hour and 50 minutes, respectively. All four interviews had been voice-recorded and transcribed verbatim. The backgrounds of key informants: three of them A, B, C holding bachelor degrees, D is holding a master´s degree, A and D have social and healthcare degrees and have been practicing as entrepreneurs and managers in homecare business for around five years, B has the working experience of business management and administration for more than ten years, C has achieved the engineering education but have been practicing enterpreneurial acitivities in different fields, healthcare sector is his current focus. In order to ensure the confidentiality, the transcripts were interpreted in writing version, the key information for answering research questions was grouped and listed in tables, the examples of the lenghty tables shown in Table 3 and Table 4.

EXAMPLE OF THE EXTRACTED MOTIVATIVE FACTORS FROM INTERVIEWS.				
Key informant	Original texts	Category	Main category	Nationality
A	I do not feel satisfied with my job in hospital, I wanted to make my own decision and believed I can do more.	Self-achievement	Implicit	Finland
A	At the beginning I wanted to do nursing home, but it´s very expensive, it´s need a lot of investment. So, I was thinking maybe I can start to do homecare business.	Budgeting consideration	Explicit	Finland
B	The other motivation is we want to do the things we want, that´s the big thing for us. That´s why we start to think to do our own company, we can do the things we want.	Self-achievement	Implicit	Finland
B	Another motivation is economic reasons, it´s hard to say that doing business is not for profit, so that´s the other reason.	Profit pursuit	Explicit	Finland
C	My mom got sick 4ys ago which made me to move back to Beijing from HongKong, she did not get good care in the hospital which caused serious bedsore due to lack of nursing staff, this affair triggered me to think about homecare business.	Family ties	Implicit	China
C	In China, the current situation is government cannot afford the costs for all aspects, the expenses are spending more on hospital care, medicine development, educational projects etc. Elderly care is still on the subsidiary position, because there is no enough budget for elderly care, the government is encouraging private companies to undertake the responsibility of elderly care.	Government strategies	Explicit	China
D	Chinese aging population is remarkable nowadays. People start to be aware of the significance of homecare and become more acceptable of homecare model.	Social trend	Explicit	China

Table 3. Example of the extracted motivative factors from interviews.

EXAMPLE OF THE EXTRACTED CHALLENGE FACTORS FROM INTERVIEWS.				
Key informant	Original texts	Category	Main category	Nationality
A	Another challenge is how to get a doctor, as healthcare provider, you need to have your own doctor, if you do not have a doctor, nobody is going to buy your service.	Team building	Explicit	Finland
A	The most difficult challenge is the time limitation, I did not have time for myself, either for my family, I did not have time for vacation more than five years at the beginning of the business. I almost give up at the beginning stage.	Time limitation	Implicit	Finland
B	Human resource is another challenge, because people know homecare is a mess, they prefer to work in hospital or children care sector, but homecare, they want to keep away.	Human resource	Explicit	Finland
B	The other challenge is whether, especially winter. People go home with cars, the car maintenance and safety are big challenge.	Weather challenge	Explicit	Finland
C	The other challenge is the safety issue, in china, the homecare risks are various, the safety of healthcare staff, safety of patients all need to be considered in. We need to consider the customers´ economic background, family network, community environment, medical background, etc. At home, many procedures cannot be carried out such sterile procedures or infusions.	Safety control	Explicit	China
C	The people´s awareness upon homecare model is poor still, Chinese people don´t have strong awareness of prevention, they are more familiar with treatment instead of disease prevention, therefore, people don´t think it´s necessary to be taken care of professionals at home.	General awareness	Implicit	China
D	Healthcare personnel don´t have enough experiences to work at home.	Deficiency of experiences	Implicit	China
D	There is no clear standard for homecare workers, for example, what kind of qualifications are needed to be qualified to work at homecare sector.	Incomplete legislation/regulation	Explicit	China

Table 4. Example of the extracted challenge factors from interviews.

5.3 Thematic content analysis

The Finnish sample selection posed remarkable difficulties due to language skills and challenging research access. With the help of social networks and persistent efforts, the author successfully conducted two interviews with the key informants from two of the most prestigious homcare companies located in south part of Finland. Informant A is the founder of a 59-employee homecare company and informant B is a family member of a

60-employee homecare family enterprise. Both A and B had provided profound insights for the research.

The Chinese sample selection addressed more challenges due to China´s regional variances and complex societal and economic structure. Since the achievement and capacities in first-class cities such as Beijing, Shanghai, Guangdong are more representative than other less commercial cities, the author chose the key informants from two private homecare companies located in Beijing, China. Informant C is the founder of 65-employee homecare company and informant D is the leader of homecare service branch of the over 10,000-employee company, both had provided their insights and perspectives regarding research questions.

Thematic content analysis is defined as a set of analytical techniques (syntactic, lexical and thematic), in which systematic and objective procedures are employed to describe the content of messages, using qualitive or quantitative indicators that allow knowledge to be inferred (Bardin cited in Oliveira, Bitencour and Teixeira 2013). Thematic content analysis (TCA) is a descriptive presentation of qualitative data. Qualitative data may take the form of interview transcrips collected from research participants or other identified texts that reflect on the topic of study. TCA consists of three stages: pre-analysis, exploration and treatment and interpretation. Pre-analysis involves defining the objectives of the content analysis, selecting the material according to its relevance in relation to the goal, reading the material to be analyzed, and organizing the material for analysis. (Bardin cited in Oliveira, Bitencour and Teixeira 2013.) A satisfactory TCA portrays the thematic content of interview transcripts by identifying common themes in the texts provided for analysis. TCA is the most fundamental or qualitative analytic procedures and in some ways inform all qualitative methods (Anderson 2007).

The messages embedded in in-depth interviews were content analysed for the purpose of providing insights and perspectives into the intrinsic and extrinsic motivations and challenges. The two-by-two matrix encompassing regional contexts (Finland and China) as one axis and broad themes (motivations and challenges) as the other axis. Within each case, data obtained from key informants were analysed separately to reveal the findings systematically. After the analysis, the author found that literature review provided a general and global insights and in-depth interviews gave a more vivid and detailed picture on national level; however, the outcomes of interviews are consistent with literature review in main categories.

5.4 A summary of data collection.

Data collection and organizing
➢ Primary literature review selected around 500 topic related articles, after second screening, 47 articles were selected for last screening, at last 14 articles were used for this paper. ➢ Four homecare entrepreneurs were chosen as key informants, two in-depth interviews carried out in Finland, two in-depth interviews carried out in China. ➢ Snowball approach to ensure data saturation and interview transcripts interpretation and analysing. ➢ Analysed findings grouped into certain categories, illustrated in tables and elaborate explanations put into thesis. ➢ Thesis review and rechecking the logics and remodify accordingly.

Table 5. A summary of data collection.

6 Findings and results

6. Findings and discussion

In this chapter, the research findings will be demonstrated through an abductive approach. The author will reveal the broad generated answers under each research question in sub-chapter 6.1, the expanded and detailed answers will be demonstrated in sub-chapters of 6.2, 6.3 and 6.4 respectively. In chapter 7, the author will reveal the similarities and differences in Finnish and Chinese contexts, and provide an insight of homecare´s future in both cultural contexts on the base of the findings.

6.1 Research questions and answers.

1) What are the motivations to be an entrepreneur in homecare sector?

The findings regarding with motivations for homecare entrepreneurs include intrinsic factors and extrinsic factors. Intrinsic factors consist of *self-achievement, interest exploration, working experience-based decision and family ties*. Extrinsic factors consist of *market driven and stimulation, social pressure, economic incentive, ethnicity and*

sexuality, budgeting consideration, working environment and style, profit pursuit, social influence, government encouragement and macro-control.

2) What are the most significant challenges/ difficulties as entrepreneurs to build up business in homecare sector?
The findings regarding with challenging factors for homecare entrepreneurs cover intrinsic factors and extrinsic factors as well. The intrinsic factors include *attitude, general awareness, incomplete trust foundations, language challenge, cultural background, deficiency of experiences, education and time management*. Extrinsic challenges include *human resource, incomplete regulations, legislation and policies, business management, improvement of working system, safety control, payment capacity, team building, customers accumulation, business operating skills, social environment, insurance coverage, weather challenge and business environment.*

3) What are the similarities and differences between Finland and China in homecare sector?
In this study, the similarities in intrinsic motivations showed that *family ties* have motivated entrepreneurs stepping into homecare business career. The *profit pursuit* has been found as the common extrinsic motivation to motivate people become entrepreneurs. The differences showed in motivative factors are quite variable, in Finnish context, results reveal that *self-achievement* is the distinguish intrinsic motivation, *budgeting consideration and unfavourable Finnish working environment* are the extrinsic motivations for people to step into homecare business. In Chinese context, except the common *family ties* as intrinsic motivation, author found that the *social influence*, *government strategy* and *market stimulation* are the remarkable extrinsic motivations for people to step into healthcare business.

From the perspective of challenges, the similarities in Finnish and Chinese contexts are relatively small. The result showed that in intrinsic aspects, *building trust foundation/system* is the common challenges in both cultural contexts, in extrinsic aspect, entrepreneurs in both countries are *facing lack of employee engagement and develop in their current or past jobs*, *improvement of working system* and *incomplete insurance coverage challenges*. The differences are tremendous, in Finnish context, intrinsic factors of *language challenge* and *time management*, extrinsic factors of *team building*, *customer accumulation*, *business operating skills*, *social position*, *weather challenge* are regarded as the prominent challenges. However, in Chinese context, *awareness upon homecare model*, *cultural background*: *Chinese filial piety* and

deficiency of experiences have been found as intrinsic challenges. *Incomplete homecare related regulations*, *legislation and policies and safety control of healthcare staff and customers* are found as distinguish extrinsic challenges.

6.2 Motivations and Challenges in Global Context

The findings in global context are based on the literature review method and results are elaborated in the following chapters in a detail manner.

6.2.1 Intrinsic motivations

Self-achievement as the first remarkable intrinsic motivation has been found from various literatures and key informants. The common voices of healthcare entrepreneurs is the wish to be independent. A self-owned business can keep them away from routine work and get the antonomy of their life, therefore, the needs for independence have motivated many people to start homecare businesses. Some entrepreneurs also explained that the desire to develop and offer better care is one of the important motivation for them to start up a homecare business, expecially when they saw the low-quality homecare services provided by the public healthcare sectors; therefore, they want to provide better care as private healthcare providers to improve the condition. Pursuit of a better career has been found as an intrinsic motivation as well as many healthcare professionals envision that owning a business is their ultimate career dream, running a business can fully use based on their learned knowledge and release their potential capacity. Indead, starting a business is realizing their dream.

Interest exploration is summarized as second intrinsic motivation. According to the literature findings, many office workers and clinical staff get bored with their routine job, and the desire for new things and change is growing day by day. Therefore, after achieving certain years´experiences and collected resources, they feel passionate and enthusiastic to learn new things during the implementaion of their new business as self-employed person. For the retired people, start a new business can ignite their ambition and energy to envolve into the main stream of the society, they feel fullfiled during their retired life.

Family ties are the most common intrinsic motivation which have influenced family members to step into entrepreneurial road. In this paper, 50% of key informants were influenced by their family members. One key informant from the interview told author that

because his mother wanted to provide better care for elderly, as her son, he was quite aspired by his mother´s ambition and dream, therefore, he was quite motivated to participate into the enterpreneurial career as well. The results from literature reviews also reveal that if the person have a entrpreneur spouse or was born in a enterpreneur family, they have more tendency to choose to become entrepreneurs in their career path, the reason as one study showed that they would like to maintain their family legacy. Part of the female entrepreneurs who don´t fix the above case, but due to the consideration of their children, they also chose to start a small entreprice such as homecare business to win more time for staying with their children. To summarize, the influence of family ties are powerful and was found as the most significant intrinsic reasons for people to start their homecare enteprises.

6.2.2 Extrinsic motivations in global context

The first extrinsic motivation for starting a homecare business is *market-driven*. People have sensed that homecare is in highly demand in the trendy aging time. Especially in highly developed countries such as America, Canada and European countries, public healthcare sector is undertaking the large proportion of the responsibilities of the care for elderly, disabled and mental health people, however, the shortage of human and medical resource have made many governments to outsource the medical services into private sector. In this background, people want to provide an alternative for public sector to meet the market needs.

The second extrinsic motivation have been found for starting homecare business is due to *social pressure*. For those people who are unemployed, to employ themselves as entrepreneurs have become an option for support their livings. Homecare as a relatively small-budgeted enterprese undoubtedly emerges into their consideration lists. Studies also reveal that people who encountered frustrations in their former working places also intend to consider to start their own business to escape the frustrations in their former working places.

Economic incentive have been found as the third extrinsic motivation for stepping onto entrepreneurial road. In our society, the desire to be rich is not regared as an intrinsic and ashamed motivation any more. People are more frankly to express their wish to get better income for their living. According to the literature review, some people state that starting a business is simply for earning more income for their future. Some people also told the income from their regular-paid job cannot cover their livings, they need additional

income to compensate. In this case, starting a small-scale homecare business to earn additional income become their motivations.

One study carried out in Sweden reveal that the reason for people to start healthcare business is due to the *ethnic and gender sorting in the care sector*. In most developing countries, nursing care are undertaken by female workers in the labour markets, the big proportion of care are undertaken by women, their contributions have made the care business flourish and prosperous, therefore, as study illustrates, ethnic strategies and orientation have become an indirect motivation for women to step into care business.

MOTIVATIONS FOR HOMECARE BUSINESS ENTEPRENEURS IN GLOBAL CONTEXT		
Main Category	**Sub-category**	**Extracted original texts**
Intrinsic factors	Self-achievement	The need for independence Desire to develop and offer better care Pursuit of better career
	Interest exploration	Desire for more change Try something new and interesting Fulfilment of retired life
	Family ties	Entrepreneur family/entrepreneur spouse The primary motive was for children Maintain family legacy
Extrinsic factors	Market driven	Offer an alternative to the public sector Need/demand for the services
	Social pressure	Need to employ oneself Frustration at former working place
	Economic incentive	Want to have a better income Need for additional income
	Ethnicity and sexuality	The processes of ethnic and gender sorting in the care sector Ethnic strategies in the labour market

Table 3. Motivations for homecare business entrepreneurs in global context.

6.2.3 Intrinsic challenges in global context

The attitude have been summarized as the first intrinsic challenge. According to a study in Iran, author found out that nurses themselves are holding the attitude of their profession as acceptance, standardization, and following orders. This profession attitude prevents nurses from changing and taking risks. Except nurses´ own attitude, other professions and colleagues often hold `not accepting´ attitude toward nurses' private jobs as well. A study carried out in Nigeria also revealed that people has little or no awareness of professionalization of homecare service at all, the public attitude towards homecare as unprofessional and traditional random care still. Therefore, the individual and public attitude towards homecare career have stopped many people to make efforts to become entrepreneurs in healthcare sector.

The awareness and education factor has been found as the most difficult intrinsic challenges for starting up a healthcare business. Literature reveals that many people feel that they don´t have enough knowledge and skills of entrepreneurship, the knowledge gap become an barrier on their entrepreneurial career even though the business idea is facinating. Some new start-up entrepreneurs also told their confusion about their role and relationship with other care providers, the ignorance of their market position and responsibilty also appeared at the beginning phase of their business. Regarding with education, some entrepreneurs wish that they could have more protective training to reduce the risks in legistative, financial matters from government or other non-profit organizations. One study also found that a lack of research findings to inform changes to nursing education so that nurses may envision and pursue entrepreneurial roles. Some entepreneurs argue that even though, they are well educated, their education trained them become competent employees, however, it´s hard to find relative references to figure out how to become an competent entrepreneurs.

6.2.4 Extrinsic challenges in global context

The first extrinsic challenge is *social environment*. By literature review, in certain cultural backgrounds, homecare services are not commonly recognized and paid close attention by public, therefore, the social negligence has made homecare service undeveloped, unattractive and unproductive. In some developing countries such as Iran, more shocking phenomenon have been found that there is resistance from public and other

healthcare professionals towards homecare entrepreneurs, private entrepreneurial activities are not welcomed and encouraged. Author also found that in the traditional structure, nurses' scope of activity was restricted to working in hospitals and did not allow them to work independently. The traditional structure undoubtebly limited the peoples´ enterpreneurial practices and development.

The second challenge is *business management*. During literature review, the author found out the existence of unprofessional behaviours such as colleagues' jealousy and stinginess in healthcare organizations will bring certain challenges for start-up entrepreneurs. How to improve staff performance, increase professionism and find competent workers in choatic homecare sector is an challengable task for all enterpreneurs. The other challengs is time management. Business building is time consuming, how to balance entrepreneurs´ private time and working time have been found out as big challenges for many entrepreneurs.

Government interventions are summarized as another group of challenges for healthcare entrepreneurs. The found main complains are poor attitudes of governmental officials and irresponsible performance, delays in obtaining approval, excessive surveillance and inconsistent interpretations about what constitutes nursing practice, legislation not fully protective, complicated and long process of legal procedures. Except the legislation, procedure and poor official performance isues, the payments also address more challenges for entrepreneurs. As we know, fiscal issues affecting fee setting and client reimbursement, high tax rates and lack of insurance coverages by private and governmental insurance companies are the most significant challenges for a small entreprise to develop and grow. Therefore, government´s proper intervention on legal, financial and processing issues can bring big challenges even determine the fate and the growth of small and medium-sized enterprises at certain level.

Business environment has been found as the decisive extrinsic facter which will challenge the growth of a homecare business. For example, the existence of immoral business such as illegal healthcare services and unhealthy competitions will shake the trust foundation of the society, if the trust foundation is shaky, homecare entreprices have to face more challenges on customer mainteinance, fundraising, safety control, payment system and so on. One study reveals that costs of marketing will mislead customers to suspect care quality. Healthcare as traditional industry, most care customers don't have the reasonable awareness and attitude towards commercial activities, over costs of marketing enforced their biases of business is simply profit-

driven. Therefore, how to balance the marketing at the same time maintain care quality address more challenges for entrepreneurs. Literatures also reveal that shortage of healthcare professionals especially nurses is becoming global challenges for all healthcare industries, homecare as complementary industry located on the top of hierarchial heathcare system, the shortage of human resources even worse. Due to the same reason, even though, people who need homecare services, they still cannot afford to pay the fees if insurance don´t cover. In this case, the survival will become difficult if the homecare business cannot generate revenue.

CHALLENGES FOR HOMECARE BUSINESS ENTEPRENEURS IN GLOBAL CONTEXT		
Intrinsic factors	Attitude	The attitude of acceptance, standardization, and following orders. There is little or no awareness of professionalization of homecare service. Other professions and colleagues appeared not accepting attitude toward nurses' private jobs
	Awareness and education	Lack of necessary knowledge and skills of entrepreneurship Ignorance and confusion about their role and relationship with other care providers Lack of protective training to reduce risks There is also a lack of research findings to inform changes to nursing education so that nurses may envision and pursue such roles; reference problems
Extrinsic factors	Social environment	Social negligence has made homecare service undeveloped, unattractive and unproductive Resistance from public and other healthcare professionals The traditional structure, nurses' scope of activity was restricted to working in hospitals and did not allow them to work independently
	Business management	Unprofessional behaviours such as colleagues' jealousy and stinginess; Time limit and poor time management skills.
	Government interventions	High tax rates Lack of insurance coverage Poor attitudes of governmental officials and irresponsible performance Regulatory issues, delays in obtaining approval, excessive surveillance and inconsistent interpretations about what constitutes nursing practice Fiscal issues affecting fee setting and client reimbursement. Payments not being made by private and governmental insurance companies. Legal issues need to be addressed, legislation not fully protective. Complicated and long process of legal procedures
	Business environment	Immoral business: such as illegal healthcare services and unhealthy competitions Costs of marketing will mislead customers to suspect care quality Lack of budget and funding Poor human resource, shortage of healthcare professionals especially nurses Poor purchase capacity: the families who need homecare services but cannot afford the price.

Table 4. Challenges for homecare business entrepreneurs in global context.

6.3 Motivations and challenges in Finnish environment

The academic researches related to homecare entreprises from entrepreneurs´ perspective in Finnish context are quite scarce, even there is no same topic literature has been found in accessible databases. There is a big research gap in homecare field still in Finland, therefore, the findings elaborated in this chapter are mostly based on the key informants from the two interviews which have carried out in Finnish context.

6.3.1 Intrinsic motivations

The intrinsic motivations have been found are *self-achievement*, *working experienced-based decision* and *family ties*. *Self-achievement* is summarized as the first intrinsic motivation. According to the interviews, we got to know that the desire for independence and pursuit of self-and collective interest are the strong motivations for people to start their own business. The original texts from key informants revealed as below:

"I do not feel satisfied with my job in hospital, I wanted to make my own decision and believed I can do more."

"We want to do the things we want, that´s the big thing for us. That´s why we start to think to do our own company, we can do the things we want."

" The motivation for myself, when I pay salaries for my employees, and they can pay bills for their families, also we are helping the kids who are abroad or far away to take care their parents, often their comments and feedbacks make me feel so valuable. Now we are taking care of 60 employees and their families, this motivates me to keep going. "

The findings illutstrate that the reason to become an homecare entrepreneurs also based on their *previous experiences*. Both of the key informants have the nursing background and have been working in healthcare system for many years, the familairities with the healthcare system and homecare structures give them confidence to start an homecare business.

The third intrinsic motivation has been found is *family ties*. The influences by family members and supports have strong impacts for enterpreneurial motives. According to the findings, both of the key infromants have got influences by their families, original texts reveal that:

"My mother has been working in healthcare sector for 20ys, she has multiple experiences in both public and private sectors. My mom´s sister is doing homecare business as well in XX, she has a lot of homecare contacts in homecare business, so for us it´s natural and normal to start this kind of business."

" My husband has his own business, he knows how to run a business in Finland, homecare don't need big offices at the beginning and can share the working space with my husband, therefore, once I decided to do homecare, he is quite supportive, which motivated me to go further."

6.3.2 Extrinsic motivations

The extrinsic motivations have been found are *budgeting consideration*, *Finnish working environment* and *profit pursuit*. *Budeting consideration* means in general, homecare compare with other healthcare business don´t need big investment, and relatively small budget can make a small-scale homecare company come true. This is due to homecare in nature don´t need fancy working offices because most of the employees are providing services in customers´ homes, the other reason is the investment for homecare at beginning stage don´t have to be big, which has reduced the investment risks and operating pressure. Therefore, the budgeting consideration have motivated entrepreneurs to step into homecare businesses. This was told in original texts:

"At the beginning I wanted to do nursing home, but it´s very expensive, it´s need a lot of investment. So, I was thinking maybe I can start to do homecare business."

The second extrinsic motivation is *Finnish working environment*. It´s the only adverse motivation that have been found to force entrepreneur to escape the previous working environment. In Finland, especially in healthcare sector, working labour is strictly calculated by time and workers get paid by assigned working hours instead of workload. In most of the healthcare institutions, nurses are quite punctual with their working hours and they will leave their working places on exact assigned time even though their assigned job have not yet finished. The overladen rigidity and punctuality on working time, negligence of actual workload caused the unbalanced workload distribution in most healthcare institutions in Finland. This phenomenon motivates high productive nurses to escape the working place to start their own businesses.

The third extrinsic motivation is *profit pursuit*. Profit- driven is one of the most common motivation for all the businesses, this finding is not surprise. The original text revealed as below gave a vivid description:

"Another motivation is economic reasons, it´s hard to say that doing business is not for profit, so that´s the other reason."

6.3.3 Intrinsic challenges

The intrinsic challenges include building *trust foundations, language challenge* and *time management.* Building *trust foundation* in Finnish context is more related with Finnish culture. According to key informant, Finnish people in nature don´t like socialize and skeptical, in another word is Finnish people don´t easily trust the other. In this case, how you can make your customer trust the homecare services your company provided in a competitive market? This trust buiding process between customers and homecare providers addresses big challenges for entrepreneurs. As one key informant described her concern as:

> *"Finnish people are generally suspicious, they don´t trust anyone, they only trust themselves, so this become one big challenge. How can we make the customers and co-operators trust me?"*

The second challenge is *language challenges*. Language challenges are embodied in two aspects. One aspect is addressing the language capacities of entrepreneurs, one of key informant is immigrant, who have to overcome the difficulites of poor Finnish language skills during the start-up buiding process. The other aspect is addressing customers, Finland is becoming an intercultural country, especially in big cities, customers are speaking different languages, when people get old, their second or third learnt language skills are degenerating. This phenomenon have brought certain challenges for homecare entreprises to provide services for their customers due to poor communications.

The third intrinsic challenge is *time management*. Key informants both complained the limited time brought big challenges for managing their personal lives. Since the operation of homecare business are time-consuming and has occupied most of their time, they hardly have private time for their social and family life. Both informants told:

> *"The most difficult challenge is the time limitation, I did not have time for myself, either for my family, I did not have time for vacation more than five years at the beginning of the business. I almost give up at the beginning stage."*

> *"When you run the company, it´s 24/7 running company, you don´t have rest time, even though, we work as a family, still always someone get burnout."*

6.3.4 Extrinsic challenges

The extrinsic challengs have been found include *team building*, *customer accumulation*, *business operating skills*, *human resource*: *shortage of homecare workers*, homecare is in *unfavorable social position*, *insurance coverage is small in Finland*, *weather challenge* and *working tool: lack of automatic door-opening system*.

The first extrinsic challenge brought up is *team building*. As told by informants, in Finland, if you want to provide healthcare services, you need to have your own team, healthcare professionals expecially an doctor is essential. In this case, to organize an team with an doctor is addressing big challenges for new entrepreneurs. The initial text by key informant revealed as:

"Another challenge is how to get a doctor, as healthcare provider, you need to have your own doctor, if you do not have a doctor, nobody is going to buy your service."

The second challenge is *customer accumulation*, this factor addresses how to get customers at the beginning of homecare business. Both entrepreneurs have mentioned that the initial marketing at the beginning of their businesses have encountered tremendous challenges, the customers are suspecting the quality of the services and worried that they cannot get the holistic care as good as in public sectors. In the case of lacking of budet to do the marketing, the challenges are more overwhelming, even though, an initial business and marketing plan have been made, however, the realities are not comply with the plan. Once the market was opened, it´s not easy to maintain the customer base as well, it takes long time to get the stability.

The business operating skills have been found as third extrinsic challenges. The operating skills include in general, team management, leadership, human resource, financial management and so on. Even though enprepreneurs have certain kinds of experiences in their previous experiences, in real practice, they still feel that their capacities are not enough to cope with the facing challenges when their own business growing up. One key informant told everyday she have to challenge herself to learn something new, on the fourth year since her business registered, she almost gave up due to the overwhelming challenges from business operating perspective. The other informant told in original text as:

"We did not know how to run a company, how to make the revenue flow, how to hire people."

The fourth and fifth challenges are *human resource*: shortage of homecare workers and homecare´s unfavorable social position. These two challenges are interactive with each other, therefore, they are illustrated together. In Finnish healthcare system, homecare belong to the primary and affiliated healthcare, which includes the basic nursing care such as washing, dressing, feeding, basic medical care such as medicine giving, evaluation and dispatching, househood assistance, purchasing assistance, health condition evaluation and mainteinance, social network promotion and so on. The nature of homecare decided that unnecessary medical procedures and interventions, in this case, many healthcare professionals prefer other healthcare institutions where they can practice their professional skills more, therefore, the shortage of healthcare professionals is getting worse and worse. As one key informant told:

"We felt that homecare is not quite respected by society, it´s a big mess."

The six challenge is *insurance coverage*. In Finland, Kela, the Social Insurance Institution of Finland, is a government agency that provides basic economic security for everyone living in Finland (Kela 2010). In another word that Kela will cover partial or total costs of the homecare services if residents needed, however, the criterions for the full compensations are high, if the customers´ condition cannot meet the criterions, they have to pay the services by themselves. In this case, private homecare enterprises will loss the customers who cannot afford the costs. As key informant told:

"In Finland, the cities are paying only part of homecare service, for example, only when the people need whole day homecare, otherwise, government is not going to pay, the criterions for getting free homecare services is really high. In Germany, when you work, you pay the taxes and the insurance, when you need homecare, the government is going to pay the 100% of it."

The seventh challenge for Finnish homecare entreprises is *weather challenge*. Homecare entreprises need to provide transportation for staff to go to customers home, in Finland, the car is the main transportation tool due to Finnish weather and distancy. Especially in winter time, the car consumption is really high, the maintenance is costy. The Finnish winter is dark and cold, this condition bring more safety risks on the road. In the winter, due to the nature of homecare, one nurse needs to visit many customers in one shift, due to freguent changes between indoors and outdoors, the sick leave during winter is extremely high. Therefore, the challenge brought by Finnish weather is also outstanding.

The last challenge in Finnish context is *working tool: lack of automatic door-opening system*. As informants told, most of public homecare sectors are using automatic door-opening system, city authorities didn´t give private homecare providers to use the same automatic system. Therefore, homecare workers have to take the customers´ normal keys every home visit, this situation requires more intensive cooperation within teamworks and at the same time, which often causes the extension of working hours and low working deficiency. The original text reveals as below:

"The other is the keys of the doors, you know, in our city, government use electronic keys, open the door with the phone, but for us, government did not give us the electronic locking system, we have to use normal keys. This mean we need more cooperation within teamwork to make it more economic and efficient."

MOTIVATIONS AND CHALLENGES IN FINNISH CONTEXT	Intrinsic Factors	Extrinsic Factors
Motivations	Self-achievement	Budgeting consideration
	Working experience in homecare sector/experience-based decision	Finnish working environment and style
	Family ties/support	Profit pursuit
Challenges	Build trust foundations	Team building
		Customers accumulation
	Language challenge	Business operating skills
		Human resource: shortage of homecare workers
	Time limitation/Time management	Homecare is in unfavorable social position
		Insurance coverage is small in Finland
		Weather challenge
		Working tool: lack of automatic door-opening system

Table 5. Motivations and challenges in Finnish context.

6.4 Motivations and challenges in Chinese environment

Due to the research gap from databases especially Chinese database CNKI, limited literature has been devoted to the entrepreneurs´ perspectives regarding to challenges and motivations in homecare sector. Given the complex context of entrepreneurial activities in China and the lack of theoretical development in this area, author conducted two in-depth interviews from two dominant private entrepreneurs. The contents in this chapter are mainly rely on the information extracted from interviews.

According the interviews, author found that *family ties* is the only intrinsic motivation. *Social trend, profit-driven market, government´s encouragement and macro-control* are summerized as the extrinsic motivations. Intrinsic challenges have been found include *general awareness upon homecare model is poor/societal awareness, incomplete trust system, cultural background: Chinese filial piety and deficiency of experiences*. Extrinsic challenges include *human resource: low-qualified homecare workers, incomplete homecare related regulations, legislation and policies, working tool: difficulties of building electronic medical record system, safety control and poor payment due to incomplete welfare system.* The details in each factor will be demonstrated below.

6.4.1 Intrinsic motivations

Family ties in Chinese context also has been found as one significant factor motivate entrepreneurs stepping onto entrepreneurial road. The key informant witnessed that his mother was suffering bedsore for a long time due to the poor quality of nursing care in a government hospital in Beiijing. This event triggered and motivated him to open an good homecare company like in HongKong at the beginning. The other reason is the entrepreneur´s wife is healthcare professional in HongKong public sectors, under the encouragement of his wife, he decided to import the homecare model from HongKong to mainland Beijing. The original texts is:

> "My mom got sick 4ys ago which made me to move back to Beijing from HongKong, she did not get good care in the hospital which caused serious bedsore due to lack of nursing staff, this affair triggered me to think about homecare business."

6.4.2 Extrinsic motivations

Social trend is the first extrinsic motivation have been found in Chinese context. As previous chapters implied that China is already become an aging country. The elderly

care is drawing unprecendented attention than before. The four-two-one family model decided the deteriorating strengths to undertake the responsibilities of elderly care. The weight of responsibilities of elderly care is inclining from domestic familties to societal organizations. The unprofessional family-care model is getting gradually threatened by the professional care model. The trend dedicates to the rapid economic growth and the transformation of living models. The prestigious homecare manager told during interview as:

"Chinese aging population is remarkable nowadays. People start to be aware of the significance of homecare and become more acceptable of homecare model."

The second extrinsic motivation is *profit-driven market*. Chinese medicial and healthcare industry is going through its transition along with rapid economic growth during last thirty years. The nature of market economy has decided the state-owned healthcare industry obsolete. The materialized diversity replaced the traditional monotonous and contented lifestyle, people are becoming more reckless with their boring and small-paid job. The ambitious souls are catching all the potential opportunites to challenge their capabilities to achieve their goals. In this prosperious and active market, profit-driven become the underling motivatoin for potential entrepreneurs to step into healthcare businesses.

Government strategies: *encouragement and macro-control* is the most important and extinguish motivative factor has been found in Chinese context. As previous contents demonstrate that China implements government-led system, that means Chinese government is playing essential leading role in development of medical and healthcare industry. Since the market-driven economy is becoming more dominant, government also perceived the trend, and trying to divide the responsibilities of social and healthcare evenly into public and private sectors, encouraging private entreprises to undertake more responsibilities of primary care such as homecare. Certain amount of policies and regulations are enacted for protecting the small and medial entreprises (SMEs) to grow, therefore, many entrepreneurs try to catch the apportunities to occupy the relatively sparse homecare market. As entrepreneurs explained that:

"In China, the current situation is government cannot afford the costs for all aspects, the expenses are spending more on hospital care, medicine development, educational projects etc. Elderly care is still on the subsidiary position, because there is no enough budget for elderly

care, the government is encouraging private companies to undertake the responsibility of elderly care."

"Chinese government encourages SMEs to extend hospital care to community/home care by enacting relative regulations. For example, increase welfare and salaries for community healthcare staff."

6.4.3 Intrinsic challenges

General awareness or societal awareness upon homecare model has been found as the first intrinsic challenge. In Chinese context, people especially over fifty-year-old adults or elderly generally don't recognize homecare model or even give a snort of contempt to the people who attempts to adopt it, because it´s an implication of their unfilial children. In first-class cities such as Beijing, Shanghai, Guangdong, Shenzhen, the home care model adopted from western countries are combining with the local healthcare networks to find out a way to survive. The other reason is that the awareness of prevention of disease are still poor, people are used to be treated inside of hospitals, if don´t have the treatment needs, they think the nursing care is not necessary, they prefer to be taken care of by hired private unprofessional helpers or family members instead of professional care givers. in this case, many people don´t have a right perception of homecare model yet. Entrepreneurs told:

"The people´s awareness upon homecare model is poor still, Chinese people don´t have strong awareness of prevention, they are more familiar with treatment instead of disease prevention, therefore, people don´t think it´s necessary to be taken care of professionals at home."

"The Chinese society is not quite familiar with homecare model yet, many don´t have right perception regarding to homecare."

The second intrinsic challenge is *the incomplete trust system* makes the marketing difficult. This means people don´t trust the homecare services even though the platform is ready. The first reason is homecare model is new still, people are sceptical and suspicious with the outcomes and worried that it´s just a new commercial entreprise that

trying to suck the money from customers. The second reason is the traditional trust system is shaped and built on social realationships and family ties. There is no official trust system such as credit system or authorified protective system which can protect and connect entrepresices and customers. In this case, the uncomplete trust system addresses more efforts on continious marketing and service developing. This is partially as same as in Finnish context.

The third intrinsic challenge is *cultural background*: *Chinese filial piety*. As we know, China has more than five thousands years of history, some traditional and even ancient values are still flowing in the blood of Chinese people such as Confucianism and Taoism. Twenty-Four Filial Piety is one of those traditional values which is regarded as the moral standards for all Chinese children. The Twenty-Four Filial Piety is embedded into twenty four stories which happened in Chinese ancient times to demonstrate its filial values, which require all children should take good care of their parents in any cases especially when they become older and disabled, otherwise, children will be judged as immoral or without human consicences. This filial value is still being educated in modern Chinese educational system and grassroot societal units such as families. In this background, the Chinese elderlys subconsiously thought they would be and should be taken care of by their children instead of others such as homecare nurses. In certain cases, the piety value is bringing more challenges for homecare busiesses to grow in Chinese context. The entrepreneur´s original text can tell more vividly.

"The other big challenge is Chinese people have the deep value of filial piety, elders naturally thought they will be taken care of by their children even though they are knowledgeable of nursing care at home, however, the deep-rooted value make many people refused the professional care."

Deficiency of experiences is the last intrinsic challenge. Since homecare model is relatively new in China, the practice is immature. For example, homecare nurses behave unprofessionally and unconfidently at customers homes due to lack of the standardized code, there is seldom related examples and models can be used as references, the poor systematic reactions when emergency happens. The entrepreneurs demonstrate that homecare model is still in explorative stage, healthcare professionals are not yet well trained and prepared for working at customers´ home, the leadership in homecare staff is missing commonly.

6.4.4 Extrinsic challenges

Human resource: Low-qualified homecare workers is outlayed as the first extrinsic challenge. In Chinese context, homecare is traditionally carried out by unprofessional home servants, they generally are senior adults with lower level education, most of those are unemployed ladies, the job describtion include household work, cleaning, making food, basic care for the elderly or disabled such as dressing, feeding, changing diapers and so on. In this backgroud, professional homecare nurses are commonly misunderstood as mobile home servants. This common steoretype and social awareness have made many ambious and well-educated nurses escaping from homecare businesses, instead, most of the nurses have been found to participate homecare is low-qualified and less-experienced vocational nurses. Therefore, lack of human resource and low-qualified homecare team address more challenges for entrepreneurs to give trainings to provide high-level professional services. As entrepreneur explained

"In China, communities are undertaking the responsibility of elderly care at home, however, due to negligence of governance and healthcare workers' qualifications are low, the quality of elderly care at home are low-level, majority of elderly care was undertaken by the family members or hired low qualified personal assistant. Therefore, the training for the low-qualified nursing staff are the big challenge for us."

Incomplete homecare related regulations, legislation and policies is the most important extrinsic challenge have been found. Since professional homecare model is a new explorative field in Chinese context, obscure governing regulatiions, laws and relative policies related to homecare area are bringing tremendous challenges for entrepreneurs. Challenges in these issues have been found include achieving approvals to run a homecare business, the process of approvoal generally takes months even year. Once business is opened, the excessive surveillance and inconsistent interpretaitons of what nursing practices can be allowed at home. The stardards of homecare workers also lack of clear description in law. The most important is the safety protective legislations are missing as well, the safety related law which can protect the safety of homecare workers and customers are in urgent needs. The gaps in regulatory legislations are yielding more risks and uncertainties for entrepreneurs to undertake, these challenges are so huge that can threaten the survival of their business.

The third extrinsic challenge have been found is *imcomplete working tool*, which is reflected in difficulties of building electronic medical record system. Compare with the challenge in Finnish context, the difficulties is reflected in automatic door-openning

system, the basic electronic medical system in Finnish healthcare sector is already relativly mature, however, in Chinese public healthcare network, electronic medical record system is limited in hospital domain, a more extensive medical system which can cover hospital institutions and primary healthcare networks is still under big challenge. In this case, the responsibility to build up an efficient and comprehensive electronic system which fits in homecare sector such as in mobile settings is pressing down to private homecare providers. Furthermore, due to financial and regulatory issues, the direct adoption from other countries is facing certain challenges as well. Therefore, an efficient working platform for homecare entreprices are addressing significant challenge as well.

The safety control of healthcare staff and customers have been found as another significant challenge. As previous paragraghs mentioned, the imcomplete regulations and laws make entepreneurs lose the backbones, therefore, homecare entepreneurs have to figure out their own way to ensure the safety of their employees and customers. The practical implementations include drafting company-level policies, standardization of ethic code, profesisonal trainings and educations for employees, safety control team building and so on. All these efforts address challenges in daily lives. As entepreneurs concern:

"The other challenge is the safety issue, in china, the homecare risks are various, the safety of healthcare staff, safety of patients all need to be considered in. We need to consider the customers´ economic background, family network, community environment, medical background, etc. At home, many procedures cannot be carried out such sterile procedures or infusions."

Poor payment due to incomplete welfare system is found as the last extrinsic challenge. This is the same challenge have been found in Finnish context, the differences is the Finnish welfare can cover certain proportion of the costs for the elderly who really in critical situations, however, in Chinese context, the national welfare don´t cover any costs of homecare services. Therefore, the homecare services are only affordable for those people who have private insurance or rich people. The poor payment capacity have decided the amount of customers and the annual revenue, the revenue also decided the growth and development of their business. How to promote the national welfare coverage and reach grassroot customers is the long-term challenge for all the homecare entepreneurs to face. As entrepreneurs explained:

"The payment system is another big challenge, as I mentioned above, government is encouraging homecare system but national welfare system don´t cover the costs of homecare services yet, this have stopped a lot of customers, most of our customers have private/business insurance, through those, they can afford, or, the customers who have better economic background can afford to pay. Therefore, homecare cannot cover for majority of the elderly yet."

MOTIVATIONS AND CHALLENGES IN CHINESE CONTEXT	Intrinsic Factors	Extrinsic Factors
Motivations	Family ties/consideration	Social trend
		Profit-driven market
		Government strategies: encouragement and macro-control
Challenges	General awareness upon homecare model is poor/Societal awareness	Human resource: Low-qualified homecare workers
	Incomplete trust system makes the marketing difficult	Incomplete homecare related regulations, legislation and policies.
	Cultural background: Chinese filial piety	Working tool: Difficulties of building electronic medical record system
	Deficiency of experiences	Safety control of healthcare staff and customers
		Poor payment due to incomplete welfare system

Table 6. Motivations and challenges in Chinese context.

7. Discussion

In this chapter, the author discusses the profound insights and certain implications generated from the findings. As results implies, homecare entrepreneurs are mostly intrinsically motivated by family ties and self-achievement, extrinsically motivated by financial, economic and societal pressures. The facing challenges are variable in different cultural, political and societal settings. However, specifying into Finnish and Chinese contexts, the comparative results can generate some insights.

In Finnish healthcare context, Finnish entrepreneurs are more self-motivated, such as the desire of providing better care, interests exploration, pursuit of dreams, this characteristic is distinctive. Comparatively, Chinese entrepreneurs are tended to be motivated by external motivators such as social trend, governmental guidance and profit-driven market. This phenomenon implies the entrepreneurial mindsets are remarkably different. Chinese entrepreneurs are rooted more with speculator´s mode of thinking and Finnish entrepreneurs is more ingrained with self-growth´s mode of thinking. The differentiation is probably dedicated to the different cultural, educational, economic and political backgrounds.

From the perspective of challenges. In general, Chinese entrepreneurs are facing much more tremendous challenges and obstacles than Finnish entrepreneurs. In Finnish healthcare, the challenges are mostly coming from business managing and operating aspects. However, in Chinese healthcare, except the business operating challenges, Chinese entrepreneurs are facing more political, cultural and societal obstacles. According to the findings, we can easily see there are big gap in the development of homecare industry between Finland and China. The big gap is contributing to the differences of historical backgrounds, social and healthcare structure, economic development and governmental interventions.

In summary, Finnish homecare industry are relatively more developed than Chinese homecare industry, the homecare platform and model are relatively mature, and the challenges are more focusing on the business-scale. Chinese homecare industry is still at the initial stage, the homecare platform and model are still under exploration, traditional care model is under transformation, private entrepreneurs explore in the homecare industry as pioneers, professional homecare model is finding its way to fit into Chinese healthcare context.

8. Ethical consideration and research limitation

8.1 Ethical consideration

Ethical fundamentals and standards are taken into considerations as a crucial part in this study. As the principle of ethical using in healthcare research, it standardizes research behaviour to avoid harm and restrict risk of harm for research participants (Doody & Noonan 2016). The code of ethics requires authors to eliminate falsifying or fabricating from the original data which are adopted in relevant research and also guarantee this research to be true and reliable.

In this thesis, author collected academic literature from dominant scholastic databases: Google Scholar, Metropolia academic library (MetCat-Finna), Medic, academic search elite (EBSCO), US national library of medicine national institutes (PubMed) and search ProQuest. The information collected are serving for finding research questions. For preventing vulnerability, the author used the limit criteria following the aim of research in each database via selecting the key words, language, year of publication and peer reviewed as well as full text in availability. The findings and results of researches are displayed without misconducts after understanding and summarizing. To ensure the confidentiality for research participants, the written contract (consent letter) and anonymity principle have been applied and followed strictly.

For avoiding plagiarism, all the quotes and references from other databases are adhered with the thesis Guidelines for Written Assignments of Helsinki Metropolia university of Applied Sciences as well as the advice of supervisor of the Health Business Management project.

8.2 Research strengths and limitation

The main strength of this study was that author explored the motivation and challenge factors from entrepreneurs´ perspectives, which revealed the vivid and general concerns for all future healthcare entrepreneurs and future researchers. The cross-regional comparation between Finnish and Chinese healthcare contexts enrich the insights and vision for healthcare stakeholders worldwide. The second strength related to the data collection which gathered from five different databases worldwide and primary data by in-depth interviews from two countries. The worldwide literature review improves the generalizability of the findings, and sample-specific data from interviews improves the validity and vividness of research results.

This study has a few limitations that should also be acknowledged. Despite the demonstrated contributions, this study is based on general literature review and two themes (motivation and challenge) in each subject context respectively (In Finland and China). However, due to the limited number of researches have been found in homecare industry worldwide limited the depth of the perceived knowledge, the overview from literature only provided insights in a general level. Future research may deepen or articulate the causing factors in each theme using a larger sample and focus on the changes in healthcare development. Furthermore, the author only collected a small number of samples for this study, the scale is not applicable for a comparative study. Future research may extend to a comparative study relating with either motivations or challenges in different cultural backgrounds even globally.

9. Conclusion

The findings of this study have clear implications: Overall, Finnish homecare system is more developed and structural complete than Chinese homecare system, another word is Finnish homecare network is developed, comparatively, Chinese homecare network is under development. In perspective of motivators, Finnish homecare entrepreneurs are more motivated by intrinsic factors such as self-achievement, comparatively, Chinese homecare entrepreneurs are more motived by extrinsic factors such as market-driven, government interventions. In perspective of challenging factors, Finnish homecare is facing tremendous human resource/competent homecare workers, weather and managerial challenges, comparatively, Chinese homecare is facing more platform building, trust foundation building, general awareness promotion, homecare professionals´ education and professionalism enhancement, government support, insurance coverage etc. challenges.

Regarding the results, tremendous efforts should be made to improve the condition of private homecare networks. In Finland, healthcare insurance coverage and private homecare working platform and governing interventions considering with homecare worker shortages need to be addressed and taken care of. In China, China´s legislation regarding the social welfare of the elderly is conspicuously lacking and sketchy at best, Chinese government urgently needs to take immediate and swift action to develop rigorous and comprehensive laws to protect the elderly and create a social safety net for the low income elderly and healthcare workers (Hon 2019:522). Conclusively, both Finnish and Chinese government and private healthcare providers should strengthen the

co-operations, keep alignment with the common goal of improving healthcare system and make efforts to overcome the challenges shoulder by shoulder.

The nature of this study is explorative on base of the author´s self-interest. The total time span for completing the whole research have been taken more than two years. During these two years´ explorative journey, the author has been nurtured by the evidence-based theoretical and empirical knowledge related with research topic, regarding this fact, the author is quite satisfied with the knowledge has been learnt. One the other side, the author has achieved certain researching and analysing skills, which reshaped the mindset and will continuously to help in author´s future life. Despite the self-achievement, the most important purpose of this research is hoping that the findings will help future entrepreneurs and researchers to gain certain insights and vision, which will help to build the homecare industry a better future.

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Title of the Appendix

Appendix 1 Email Template for Data Collection Access

I am a first-year master's degree student from Metropolia University of Applied Science in Health Business Management Project on part time study from Aug 2018 to June 2020. My supervisor is Principal Lecturer Tricia Cleland Silva.

For my master's degree graduation research, I am currently interviewing individuals who are homecare services providers/ entrepreneurs in private sector in Finland and China.

My research specifically examines and reveals the intrinsic reasons for motivating people to step forward to the entrepreneurial road, as well as lay out the challenges/ difficulties behind the business building process.

Would it be possible to conduct an interview with yourself? The interview will be no longer than an hour, and I can meet you on a day, time, and location that is convenient for you.

I look forward to hearing from you.

Jinqi Wei

Appendix 2 INTERVIEW QUESTIONS

1. Can you tell me about previous work experiences, education backgrounds / qualifications, families ….?

2. What made you decide to be an entrepreneur?

3. What are those most impressive challenges you have met since you start the business?

Appendix 3 Approval Letter

To Whom It May Concern:

RE: Jinqi Wei

This letter is to confirm that ***Jinqi Wei*** is a registered master student of ***Health Business Management at Metropolia University of Applied Sciences.*** She has undertaken full-time courses, including a mandatory Master thesis.

I can confirm that ***Jinqi Wei*** is under my supervision and has completed all the requirements for her degree thus far.

To complete her thesis work, it is required that the students collect data on their respective topics. Jinqi Wei has chosen a qualitative method which includes interviews and her topic of interest is in regard to entrepreneurs within elderly care, both in Finland and China.

Jinqi is aware of ethical consideration and will take precautions to handle any data received with care.

Sincerely,

Principle Lecturer: Tricia Cleland Silva, PhD

Metropolia University of Applied Sciences

Date: 13.2.19

确认信

致：企业家

兹证明, ***尉金琦*** 女士 (护照号 G58615826) 现就读于 ***赫尔辛基城市应用科技大学,*** 攻读 ***健康管理硕士*** 学位，本专业为全日制课程包括 必修毕业论文项目。

特此证明 学生 ***尉金琦*** 在我的指导下，至今为止已完成相关学习课程。

为完成该篇毕业论文，尉金琦需要进行一系列的调研与访谈工作。尉金琦 已经选择访谈这种定性研究方式作为其毕业论文 ***《居家护理公司企业家的创业动因及其困境研究——基于中芬两国企业家视角的对比分析》*** 的主要研究方法。

尉金琦将严格遵守科研伦理与学术规范，所有访谈内容将被严格保密，仅供本篇毕业论文使用。

此致

赫尔辛基城市应用科学大学讲师，
硕士生导师: Tricia Cleland Silva 博士

日期 : 13.2.2019

Appendix 4 Consent Letter

As a requirement for partial fulfillment of a research project regarding ***entrepreneurs´ perspectives within elderly care sector, both in Finland and China*** at the Metropolia University of Applied Sciences, students are required to conduct interviews to gather data for the research project. Participation in this research is entirely voluntary. You may refuse to participate or withdraw your participation at any point.

This interview will be recorded and collected data only for the research purpose. Rosenthal´s biographical interpretation method will be transcribed for evaluation of the interview techniques used by the student. The identity of participants will remain confidential with only the interviewer ***Jinqi Wei*** and her supervisor ***Tricia Cleland Silva (PhD)*** being the only individuals listening to the recorded interview or viewing any transcribed reports.

If you have any questions or concerns regarding this research, please contact Principle Lecturer Tricia Cleland Silva, Health Business Management, Metropolia University of Applied Sciences. at Tricia.ClelandSilva@metropolia.fi. And Principal Investigator Jinqi Wei at jinqi.wei@metropolia.fi.

This form does hereby declare that

____________________ (interviewee’s name)

on the date of _________ agrees to the interview by

Interviewer Jinqi Wei

.

Your time and effort are integral aspects of our project and we appreciate your
participation.

Signitures:

____

(interviewee's name)

____

(interviewer's name)