



ECONOMIC LITERACY FOR THE BASIS OF ORGANIZATIONAL PERFORMANCE IMPROVEMENT: EVIDENCE FROM MUHAMMADIYAH HOSPITAL INDONESIA

Anna Marina

Department of Accounting, Muhammadiyah University of Surabaya, Indonesia

Bambang Sugeng

Economic Faculty, State University of Malang, Indonesia

Hari Wahyono

Economic Faculty, State University of Malang, Indonesia

J.G. Nirbito

Economic Faculty, State University of Malang, Indonesia

ABSTRACT

The aim of this paper is to find-out the role of economic literacy to improve organizational performance in hospital. This research was conducted under qualitative approach with phenomenology perspective. This research used focus group discussion, in-depth interview and outside observation for collecting data. Data analyzed with several activities: data reduction, data display, and conclusion drawing/verification. Finding of this research are economic literacy such as: need to help the others who are ill or have an accident; remind others to maintain health, to prevent illness; compete in goodness, do not wait for orders, be the first to help others, always in front of the good deeds. After Internalization of EL in Finance perspective, Customer perspective, and Internal Business Process perspective can improve hospital performance. The implication of these findings is need for management intervention in internalization process that can be done through role models and direction of virtue.

© 2014 AESS Publications. All Rights Reserved.

Keywords: Economic literacy, Organizational performance improvement, Hospital management, Muhammadiyah hospital, Internalization process, Role model.

Contribution/ Originality

The paper's primary contribution is finding that the role of economic literacy to improve organizational performance in hospital. Economic literacy is practiced by hospital staff as helping patients who are ill with pleasure, remind each other about health, helping in goodness, can increase the number of patients and simultaneously raise revenue.

1. INTRODUCTION

1.1. Economic Literacy (EL)

Refers to an individual ability to read and write about economics. As the [International Council for Adult Education \[1\]](#) notes as learning to read and write (text and numbers), reading and writing to learn, and developing these skills and using them effectively for meeting needs and wants. In term economic literacy, the reading and writing to learn about use scarce productive resources to produce of various kinds and distribute them among different groups [\[2\]](#). Included in the EL is the logic, language and worldview of economic theory. This includes views of the economics of supply-demand, on equilibrium price formation, on the factors of production, on limited resources, on the other factor beyond supply and demand as competition, marketing activities, etc.

1.2. Organizational Performance

Traditionally, organizational performance [\[3\]](#) define as encompasses three specific areas of firm outcomes: (1) financial performance (profits, return on assets, return on investment, etc.); (2) market performance (sales, market share, etc.); and (3) shareholder return (total shareholder return, economic value added, etc.). In fact, there is some non-financial perspective which also affects organizational performance. In this matter [Kaplan and David \[4\]](#) has introduce Balance Scorecard which in corporate the customer perspective and the internal business process perspective, and learning and growth perspective in addition to the financial perspective.

Measurements are typically used in the customer's perspective is customer satisfaction, the number of new customer additions, customer profitability and market share in the target market. A specific benchmarks that can so explain the values of the valued customers such as lead time, on-time delivery, responsiveness, new products innovations, and so on. Internal business process perspective constitutes attention directing information to direct the attention of the manager on the internal business processes is critical to survival and growth of enterprises. In the learning and growth perspective into account three main factors, namely the people, systems, and organizational procedures that play a role in the company's long-term growth [\[5\]](#).

Balance scorecard has been used to measure hospital performance. [Veillard, et al. \[6\]](#) when reporting PATH project financed by WHO stated that the hospital needed to improve the quality of the tool that is able to assess its performance, questioning their own results, and translating them into actions for improvement, by providing hospitals with tools for performance assessment and by enabling collegial support and networking among participating hospitals.

1.3. Hospital Management

Hospitals provided a place where patients could be supported and comforted until nature took its course. They were often small and widely dispersed, and they were frequently founded as parts of existing religious establishments. The basic structure of the hospital has changed little in the past century, even while the nature of diseases it must respond to, its possible responses and its role in the broader health care system have changed beyond recognition. Even today, hospitals that adhere to this traditional model are still being designed and built, often with little thought for how

health care may change in the future [7]. By the beginning of the twenty-first century, the work of a major hospital in an industrialized country has been transformed from that of a century earlier. A patient with a head injury is given an immediate magnetic resonance imaging scan and is seen by a neurosurgeon that has subspecialized in intracerebral trauma [8].

WHO stated that, there are several very substantial pressures on hospitals have been compelling them to change [7] namely: 1) Changes in health care, 2) Increasing specialization, 3) Changes in employment practice, 4) Improvement efficiency, 5) Quality and volume, 6) safety and quality.

Many owners / managers of the hospital today still believe the concept of production. In view of this, hospital leaders representing the interests of the owner, because he was appointed and dismissed by the owner. Meanwhile, today's business orientation is no longer a product oriented, but has turned into a customer satisfaction process where organizations are trying to meet the needs and fulfill the customer satisfaction form. Business orientation was changed to customer retention oriented where the organization is trying to maintain customer loyalty and maintain continuity of transactions in the long-term bonds [9].

Table-1. Business Characteristic Change

Old Characteristic	New Characteristic
Direct purchasing	Purchasing through third party (insurance, banks)
The main agent is a manufacturer of business	The main agent is the business channel
A resources of raw materials and the potential market is limited.	<i>Borderless business</i>
Poor information	Full of information
Quality and price is Separate	The importance of the balance of quality (outcomes) at the price (cost)

Source: Pudjirahardjo [10].

Hospital as a health services industry is essentially in carrying out socioeconomic activities in addition to emphasizing the application of social values must also consider economic principles. Management services at the hospital today are faced with a new paradigm. The new paradigm is emerging primarily driven by changes in the view, either the service user or patient, provider / health care providers or medical personnel, paramedics, and other health professionals, the public and from scientists or professional personnel in the development of science and medical technology [11].

In the health sector the customer will transact with agencies provide health care through health insurance. Therefore target potential customers are not just a product user (patient) but also the buyer of the product (insurance agency). Changes in these traits should be anticipated well into the concept of hospital marketing to ensure the success of the organization's goals. In a simple and schematic some characteristic changes in the business is going and will continue to occur in the future are identified in table 1 above.

Mean while, main dimensions in measuring performance of hospital had developed in terms of clinical efficiency, production efficiency, personnel, social accountability and reactivity, safety, and focus on patient, as shown in Table2 below.

Table-2. Main Dimensions in Measuring Performance

Dimension	Content of the Dimension
Clinical efficiency	Technical quality, evidence-based practice and organization, health improvement and outcomes (both individual and related to patients).
Production efficiency	Resources, financial component (financial systems, continuity, additional Resources) more high proficiency personnel and provision of state-of-the-art medical equipment and technique.
Personnel	Satisfying the human resources needs, creating motivational systems in order to stop migration of specialized human resources (physicians and nurses), providing proper conditions to keep the health of the hospital personnel safe and also to improve it, ensuring fair opportunities for continuous medical education.
Social accountability and reactivity	Orientation towards community (response to needs and requirements), access to resources, continuity, health promotion, equity, abilities to adapt to increasing demands of the population (strategically).
Safety	Patients satisfied by the medical services, suppliers aware of the importance of maintaining a partnership with a hospital, a functional organizational structure
Focus on patient	Availability towards patients: focusing on the client (prompt attention, access to social aid, politeness, selection of the services supplier), patient's satisfaction and patient's experience (dignity, confidentiality, autonomy, communication).

Source:Ioan, et al. [12], Adapted from: "Measuring Hospital Performance to Improve the Quality Of Care In Europe: A Need For Clarifying And Defining the Main Dimensions", Barcelona, Report on a WHO Workshop, Spain, 10 - 11 January, 2003, p. 25.

2. METHODS

In order to be able to uncover a broader perspective on the concept of economic liberation for the basis of how improve the organizational performance in hospital, this research use phenomenological approach. In addition this study will involve multiple disciplines (economics, management, organizational behavior, psychology, sociology, and accounting) directs researchers to improve perspective (worldviews) and take the issues and problems are complex [13]. This qualitative study which aims at understanding the meaning (noumena) is behind the phenomenon of action of each of the individuals who perform various actions on the basis of their own perceptions as well as various aspects of the underlying This qualitative study was conducted with data collection techniques with Focus Group Discussion (FGD), in depth interview and outside observation. With in-depth interviews, a series of questions prepared in order to answer the research question. Questions asked are not structured but flows to the rhythm of the time of the focus group with the aim to remove the ice and the boring [14]. Similarly, the question presented as in-depth interviews were semi-structured and intended to flow from one question to the next question to follow the situation and conditions in order to create an atmosphere of relax and not are limited to the researchers thought [15]. Meanwhile outside observation conducted to gain an objective perspective on some of the findings that are found either through interviews or found

through secondary data when making relevant documentation. Observations from outside are also useful to obtain the starting materials when design research question.

In-depth interviews and outside observations conducted by researchers by going on location to some informants include: Director, Deputy Medical Director, Director of Administration, Head of Emergency Unit, Chief Pharmacist Outpatient, Inpatient head, and some executive in charge of several employees serve of patients directly action [16].

This study took a general hospital setting established by community organizations (non-governmental organization) based religion. Selection of study subjects in the background is the background that religious hospital is the best place to see the implementation of economic literacy. The subject of this research is General Hospital of Aisyiyah Ponorogo (RSUAP), a public hospital under the auspices of the Regional Chairman Muhammadiyah in East Java, is located on Jalan Dr. Sutomo no. 18-24 Ponorogo, Indonesia.

Data were collected by conducting focus group discussions involving 1 moderator, 1 expert FGD, 2 person text registrar, 1 person photographer, and 21 FGD participants. Mean while FGD participants consisted of 21 employees from several units working with ages varying between 24 to 48 years. The lay out of the participants was randomly deliberately creating a dynamic atmosphere of FGD. More talk active participants express opinions, argue and justify the opinion of other participants. Moderate or just ignited and directing the course of the discussion group, be nighted expert to opine occasionally when needed or to lure opinion and if necessary bring anagonistic opinion.

Data were collected by in-depth interviews (in-depth interview) to 11 persons of RSUAP management, field observation notes, and using other tools to document data. Source data comes from the director of management and the directors and heads of health services installation that we chose as the subject of this study and the executive in charge of serving directly above the patient as informants. The results of the interview was mostly recorded in the audio-visual recording devices are practically with the pen-camera. Pen-cam practicality that is small like a pen which allows carrying and flexible to be used at any time, including when his informants felt uncomfortable when interviewed.

The data collected is also equipped with field observations indirectly and put herself outside researchers subject / object observed (out-side observation). The observations made not only over the workplace, but also in places where the topic of research, for example in the treatment room when matching informants about the implementation of economic literacy, so that every employee must maintain the quality of service that will result in of patient's satisfaction.

Researchers put themselves outside the subject / object being observed, it is important to get a correct view, clear, clean and not contaminated with explanations and confessions informants. Outside observation was also made in the emergency department of patients admission, treatment rooms Supari, Multazam treatment rooms, and treatment rooms Sofa, to see how the employees in the practice of economic literacy. Some key questions are also posed to employees to ensure that economic literacy are understood, internalized and practiced.

Data collection and field observations become important materials for data analysis and data processing. Observations can be used to control the interview answers guide and can then be used

as the test material for the triangulation. On management response, triangulation test submitted to the employee and the expertise informant. Looking for answers employees, triangulation test submitted to the management and expertise informant.

Next on the stage of transcription, data that has been collected and stored in the recorder either video or audio or audio-video at the same time, in the form of images (photographs health activities) and field notes, then outlined in the form of interview transcription. In this transcription will be presented informant name, where, when, and the information obtained. Included in this phase is making the minutes of FGD who informs informants and what the information.

Triangulation is used as a technique to test the validity of the data, carried out by testing the response from management and employees as key informants in the FGDs and the facts discovered over observation and documentation. Meanwhile, the expert opinion is executed when a problem or a question difficult to find a consistent answer for sure because some parties who were consulted did not provide an expressly answer to the same expert opinion is needed who have experience and expertise in the field of.

3. RESULTS

3.1. View on EL

This view of EL found in the current management is also found in interviewing employees during FGD with wide variation.

When asked about EL, some of them replied about the need to help the others who are ill or have an accident, this is due to the guidance of Islam for helping each other in goodness, as the following opinions:

For us EL is the willingness to help the patient or the patient's family in order to quickly recover because then the patient will be happy to go to our hospital again.

EL is meant to remind the patient to always obey the instructions of doctors, nurses and other medical personnel to quickly recover.

EL it does everything with the primary intention of helping patients by means of manners filled with good morals that patient satisfaction and a quick recovery.

EL is to provide good service and appropriate to the patient, maintain the quality of medical services and improve service quality, and improving science thus increasing customer satisfaction.

EL for me is to work effectively in the sense of achieving goals as written in the strategic plan (strategic planning), plan of income and expenditure (budget), and run it in accordance with the priorities.

EL for me is the ability to be able to develop them, is a good mutual relationship between hospitals with the other parties.

When asked about EL, some of them replied about the need to remind others (patient, family, and community) to maintain health, to prevent illness, this is due to the guidance of Islam to warn each other in terms of good and for bidding the evil, such as the following opinions:

I think the EL is racing in his favor, especially in curing the patient and give a lesson to others to maintain health.

I think, EL is to do the best possible with all efforts to help patients and their families.

EL also means people aware of the importance of maintaining the health of themselves, their families and the environment to reduce the burden of life due to health expenditure.

EL are thrifty in the sense hold emerge of unnecessary costs, to be have in a goal-saving efficiency and will have an impact on the hospital performance from a financial perspective.

EL is to control, especially in their communication with patients, to communicate to the patient according to the patient's language understood.

When talk about EL, some of them replied about the need to competein goodness, do not wait for orders, be the first to help others, always in front of the good deeds, this is due to the guidance of Islam to competein terms of kindness, such as the following opinions:

EL is not to differentiate the various kinds of services to patients, not differentiating patient's status, to help patientswho are unable to.

EL for meis to maintain discipline nurse, and work with considerate.

ELfor meis to empathize with the patient, to maintain and strengthen the faith of the patient.

EL is..... We must work seriously.....we will do the separation bed spreads and linen goods between the infection with non-infection for easy and saves energy as well as to produce high quality results.

EL is work with organized, strive to provide the right services, quickly and carefullyso thatpatients are satisfied and there Standard Operating Procedures (SOP).

EL ... in accordance with physician request: fast, precise and accurate.

EL is We have to work with the full initiative. No need to ordered, before the doctor comes we will prepareall the cards, give first aid to avert allowed. Still be an urgent priority for.

EL is We must work with sincerity. We should be able to serve patients who are still babies though not kid ourselves,we must treat with affection as if our own children.

EL is We must work with sincerity, only expecting reward from Allah only.

3.2. Internalization of EL on Improves Hospital Performance

Internalization of EL may affect the performance of RSUAP through practice, attitudes and behaviors of employees. Internalization process is more conducive, better attitude and a more positive and supportive behavior of employees in the performance of RSUAP. However,the process of internalization of EL was influenced by management. When asked about Internalization of EL in finance perspective, opinion of informantsg enerally refers to the performance that can be measured as shown in the financial statements as revenues, profits, investments, and others, such as the following statement:

RSUAP can get the benef it of the provision of services to patients, so RSUAP can make investments to improve and expand services to patients.

Patients will get quicker services that patients will be satisfied with such an increase will impact on hospital revenue.

The impact of internalization EL form of effectiveness in achieving budget targets and increasing the efficiency of its use is the form of hospital performance on increasing revenue.

..... the performance for hospitalis ability to invest and develop them.

..... saving behavior will stream line the budget and affect th eHospital performance improvement.

Regarding Customer perspective, opinion of informants generally refers to the customer satisfaction which is manifested in a decrease incomplaints, improving the quality of communication to patients and their families, a solution acceptable to patients, and others, such as the following statement:

EL Internalization impact on performance is perceived. After training Service Excellent, performance is improved and reduced complaints.

EL internalization influential on employee performance and further affects the performance of Hospital image for the better.

..... To improve the performance of RSUAP we strive to minimize complaints intensified communication with the patient.

Every complaint will be over come gradually, starting from the bottom with a simple action to the highest level with the intention of finding a work able solution.

To improve the performance of RSUAP we strive to ensure that each printed bill can really be justified.

To improve the performance of RSUAP we strive to ensure that every child installation patient family complaints received proportion at responses and solutions.

Regarding Internal Business Process perspective, opinion of informants generally refers to the ability to survive and growth of enterprises. Not only aimed at the improvement in the service and existing technologies, but also new product/process technology. In the internal business process-oriented concern for competition in the future, such as the following statement:

Internalization EL Impacton Performance Management form of improved services to patients. This was due to the new methods with new technology.

EL Internalization impact on performance, especially after the start we felt we follow some training. Now, we have a regularwork habits and constant, we conductan evaluation of each month depending on the service to patients, among employees and between sections.

..... To improve the performance of RSUAP we strive to improve services.....

To improve the performance of RSUAP we strive to ensure that each printed bill can really accountable.

...to improves the performance of RSUAP we would welcome any patient with 3S: a smile,a greeting,and hello.

The impact on the performance of RSUAP internalization EL: There is but momentary, temporary and needs to be refreshed every certain period.

4. DISCUSSION

4.1. View on Economic Literacy

The study's findings are in line with Juanda [17], that as the charitable efforts of Muhammadiyah, dulyRSUAP trying to bring values-based economy and in accordance with the doctrine of the doctrine of Muhammadiyah as:(1) Rahmatan Lil Alamin doctrine, (2) Amar Ma'ruf

Nahi Munkar doctrine, (3) Akhlakul Kharimah doctrine, (4) Work as a trustful and worship doctrine, and (5) Fastabikhul Khoirot doctrine.

Rahmatan Lil Alamin Rahmatan doctrine that mean that every Muslim was to bring/make a mercy to all the worlds(human and environment), while enjoining Munkar means that every Muslimis required to call on the good and forbidding of badness/evil. Akhlakul Kharimah doctrine teach every Muhammadiyah member to always practice the morals/good behavior/commendable, while the doctrine of Worship Working as a trustful and directing people to the intention of Muhammadiyah and make every job as a trust/confidence to be maintained and as worship because it is intended to keep God's commandments and imitatethe example of the ProphetMuhammad. And the doctrine intended to Fastabikhul Khoirot entire Muhammadiyah members competing in goodness.

The study found EL rahmatan lil alamin. This findingis alsoin linewith the [Maarif \[18\]](#), whichemphasizesthatthe behaviorof MuhammadiyahfounderKHAhmadDahlanwhoalwaysgivethe benefitof othersas well asto benefit thenatural environment(rahmatan lil alamin). This findingis alsoin linewith [Latief \[19\]](#), and [Mughni \[20\]](#) whoadvocatedMuhammadiyah memberstoactwithmorals/moralgoodrooted inthe QuranandAl-Hadith so as toavoida disgraceful act andalwaysdo good. This findingis alsoin linewith [Wahjono \[21\]](#) that theleaders ofthe organizationwill be successfulif itis able tobring benefits tohis followersas well as thesurroundingnatural.

The study found amar ma'ruf nahi munkar merupakan EL that live and thrive in hospital. This findingis also in line with [Jainuri \[22\]](#) and [Jatmiko \[23\]](#), which states that the Muhammadiyah as practiceits founders: KH Ahmad Dahlan who always invite others to the truth anda way from things that are bad or always perform and spreading the concept of amar ma'ruf nahi munkar. This findingis also in line with [Heyne, et al. \[24\]](#) which states that a true understanding of the EL can delive rhuman welfare. This finding is consistent with [Suzanne, et al. \[25\]](#) whoin his research in rural hospitals in Australia found that develop self, management and employees can find distinctiveness, consistency and consensus to strengthen the commitment and also increase job satisfaction. Able to develop themselves to be come better,more qualified is ultimately economic values are very useful for the development of hospital.

The study found EL akhlakul karimah. This finding is also in line with [Gerde, et al. \[26\]](#) that morality should be able to out perform capitalism contained in hospital business. This finding is also in lin ewith the [Maarif \[18\]](#) which states that the KHAhmadDahlan as the founder of Muhammadiyah greatly emphasized the importance of morality in business and through life. This findingis in line with [Wahjono \[27\]](#) which states that in the modern business is in dispensable moral high. This finding is also in line with [Qardhawi \[28\]](#) which states that the addition of science to improve the morals.

This research found EL Work as a trustful and worship. This finding is in line with [Latief \[19\]](#) and [Mughni \[20\]](#) which put pressure on members of Muhammadiyah to live this life by making trade-offs between working with worship so as to maintain trust. It is this fact that makes KH Ahmad Dahlan capable and effective in serving the people not just Muslims alone. The establishment of manyMuhammadiyah hospital based on the doctrine that the work was of equal

value with worship. So the generosity of Muhammadiyah runs in the direction of the welfare ideology operates hospital.

This study found evidence that the management and employees of RSUAP compete in goodness (fastabikhul khoiroh) such as giving the best service/quality, increase knowledge, develop self-esteem, better relationships and reducing complaint are economic values approaching Fastabikhul Khoiroh doctrine, work with sincerity is a reflection of the doctrine of work as a trust and worship. While the EL of maintaining and strengthening the faith of the patient is approaching the doctrine of commanding the good and forbidding the evil. These findings agree with [29, 30] which states that, as the Islamic movement, the Muhammadiyah movement will encourage the concept Fastabikhul Khoiroh.

Thus some of the EL were found in this study confirmed the spirit and the spirit of Muhammadiyah. This finding confirms that EL is taken by the founder of Muhammadiyah, namely KHAhmad Dahlan has been practiced and carried out in the charitable efforts of healthcare (hospitals) Muhammadiyah. EL can be stated that we found in this study, we divided them into 3 major groups, namely:

1. Fastabikhul Khoiroh, have competed in the good sense of the work as possible with the intention of running as a form of trust and worship to God.
2. Ta'awun, have a sense of siding with the oppressed, help those who have difficulty and distress so as to realize the concept Rahmatanlil Alamin.
3. Tawashi, have a mutual understanding advised in the good and forbid the evil (commanding the good and forbidding the evil) and uphold then noble behavior (akhlakul kharimah).

4.2. Internalization of EL on Hospital Performance

Internalization of EI to achieve better performance of hospitals is already a necessity not an option. This finding is consistent with Edwards, et al. [7] due to hospital configuration has changed. Fundamental change lies in the demands to increase efficiency, improving qualities while increasing the volume and improving safety, especially for the equipment and medical devices are used. This finding is also in line with Etienne, et al. [31] who showed more severe hospital challenge is to win the competition or increase the value of hospital as a business entity.

The findings of this study on internalizing EL on hospital performance divided in three perspectives: Finance perspective, Customer perspective, and Internal Business Process perspective. This found in line with Kaplan and David [4] which states that it takes another perspective to measure hospital performance in addition to financial perspective, i.e.: customer perspective, internal business process perspective, and learning and growth perspective. In this study also found that it is not easy to assess the performance of hospitals outside the financial perspective. These findings are in line with Kaplan and David [5], which states necessary to realize certain technique BSC concept into action plans that can be executed in hospital. But although it is not easy, the application of the BSC in the hospital management should be initiated. This finding is in line with Veillard, et al. [6] who reported that the WHO has recommended the use of the BSC as a tool to measure the performance of hospital.

EL internalization is needed to improve hospital performance, because the characteristics of hospital business have changed. This finding is in line with Pujirahardjo [10] and Widodo [11] which states that income derived from the hospital no longer direct purchasing patients but come from insurance companies, banks which are third party, so that the major player sare notin the business of hospital ldoctors and th ehospital medical staff. This finding is also in line with Soejitno, et al. [9] that the hospital has changedits business orientation to customer retention is trying to maintain customer loyalty and maintain continuity forlong-term transactions.

The findings of this study indicate the need to focus on patients with courtesy, improve access to the community and provide aid to thecommunity, and enhancing the authority of hospital. This finding is alsoconsistent with Champagne, et al. [32]. This findingis in line with Ioan, et al. [12] adapted from the WHO workshop report in Spanish stating that one dimensional measurement of hospital performance is a focus to the patient. Hospital is the ability to behavepolite and courteous, make the selection of suppliers to conform to a standard hospital lhealth and safety, meet the elements of medical record confidentiality, autonomy, and qualityof communication.

5. CONCLUSSION

This paper shows the challenges of generations of Malay/Indonesian in hospital into perspective economic education. Finding of this research are economic literacy such as: need to help the others who are ill o rhave an accident; remind others to maintain health, to prevent illness; competein goodness, do notwait for orders, be the first to help others, always in front of the good deeds. After Internalization ofEL in Finance perspective, Customer perspective, and Internal Business Process perspective can improve hospital performance. Therefore, the generation ofMalay/Indonesianhas much to learn about: balance scorecard, new dimension of hospital performance, creating economic literacy with moral based through Economic Education.

6. ACKNOWLEDGEMENTS

The authors would like to thank the National Education Minister Republic of Indonesia for the fellowship award, without which this study would not have been successful. Special thanks go to the Post Graduate Program State University of Malang Indonesia for the provision of facilities and enabling environment for the study. Finally we would like to acknowledge for their intellectual and technical support, my supervisor: Prof. JG Nirbitto and Dr. Hari Wahyono and all the other PhD students in the Economic Education class, State University of Malang, Indonesia. This paper was part of the PhD work for the first author.

REFERENCES

- [1] International Council for Adult Education, "Agenda for the future: Six years later, a Presentation to CONFINTEA+6," A United Nations Educational, Scientific and Cultural Organization (UNESCO) Conference on adult Education and Literacy held in Bangkok Thailand, 2003.
- [2] F. S. Weaver, *Economic literacy: Basic economics with an attitude*, 3rd ed. Maryland: Rowman & Littlefield Publisher, 2011.

- [3] K. Cameron and D. Whetten, *Organizational effectiveness: One model or several? Organizational effectiveness: A comparison of multiple methods*. New York: Academic Press, 1983.
- [4] R. S. Kaplan and P. N. David, *The balance scorecard : Translating strategy into action*. Boston, Massachusetts: Harvard Business School Press, 1996.
- [5] R. S. Kaplan and P. N. David, *The strategy focused organization: How balanced scorecard companies thrive in the new business environment*. Boston, Massachusetts: Harvard Business School Press, 2001.
- [6] J. Veillard, F. Champagne, N. Klazinga, V. Kazandjian, O. Arah, and A. Guisset, "A performance assessment framework for hospitals: The WHO regional office for Europe path project," *International Journal for Quality in Health Care*, vol. 17, pp. 487-496, 2005.
- [7] N. Edwards, S. Wyatt, and M. McKee, "Policy brief, configuring the hospital in the 21st century," *World Health Organization on Behalf of the European Observatory on Health System and Policies*, 2004.
- [8] M. McKee and J. Healy, "The role of the hospital in changing environment," *Bulletin of the World Health Organization*, pp. 803-810, 2000.
- [9] S. Soejitno, A. Alkatiri, and E. Dan Ibrahim, *Reformasi perumhaskitan Indonesia*. Jakarta: Grasindo, 2002.
- [10] Pudjirahardjo, "Pemasaran rumah sakit berbasis balanced scorecard," *Makalah Safari Manajemen Persi di Tulungagung, 27 Juli, 2009*.
- [11] J. P. Widodo, "Pemasaran rumah sakit berbasis balanced scorecard," *Makalah Safari Manajemen Persi di Tulungagung, 27 Juli, 2009*.
- [12] B. Ioan, A. S. Nestian, and S.-M. Tita, "Relevan of key performance indicator (KPIs) in a hospital performance management model," *Journal of Eastern Europe Research in Business & Economics. Article ID 674169*, vol. 2012, p. 15, 2012.
- [13] J. W. Creswell and V. L. P. Clark, *Designing and conducting mixed methods research*. California: Sage Publications, Inc., 2007.
- [14] R. A. Kruger, *Focus groups: A practical guide for applied research*. New York: Sage Publication, 2009.
- [15] V. Minichiello, R. Aroni, Hays., and N. Terrence, *In-depth interviewing: Principles, techniques, analysis*. Sydney: Pearson Education Australia, 2008.
- [16] A. Fatchan, *Metodologi penelitian kualitatif, beserta contoh proposal skripsi, Tesis Dan Disertasi*. Malang: Penerbit Jenggala Pustaka Utama Universitas Negeri Malang, 2009.
- [17] A. Juanda, *Membangun etos ekonomi kelas menengah di Muhammadiyah dalam gerakan ekonomi Muhammadiyah, Kajian dan pengalaman empiris*. Malang: UMM Press, 2010.
- [18] A. S. Maarif, *Independensi Muhammadiyah di tengah pergumulan pemikiran islam dan politik*. Jakarta: Pustaka Cidesindo, 2000.
- [19] H. Latief, *Melayani umat, Filantropi islam dan ideologi kesejahteraan kaum modernis*. Jakarta: Penerbit Gramedia Pustaka Utama, 2010.
- [20] S. A. Mughni, *Nilai-nilai islam, Perumusan ajaran dan upaya aktualisasi*. Yogyakarta: Pustaka Pelajar Offset, 2001.
- [21] Wahjono, *Perilaku organisasi*. Yogyakarta: Penerbit Graha Ilmu, 2010b.

- [22] A. Jainuri, *Ideologi kaum reformis, Melacak pandangan keagamaan Muhammadiyah periode awal*. Surabaya: Lembaga Pengkajian Agama Dan Masyarakat (LPAM), 2012.
- [23] R. D. Jatmiko, *Menumbuhkan gerakan ekonomi dan bisnis melalui partership strategik amal Usaha Muhammadiyah. Dalam gerakan ekonomi Muhammadiyah*. Malang: UMM Press, 2010.
- [24] P. Heyne, P. J. Boettke, and D. L. Prychitko, *The economic way of thinking*, 12 ed. London: Pearson Prentice Hall, 2010.
- [25] Y. Suzanne, T. Bartram, and P. Stanton, "High performance work systems and employee well-being, a two stage study of a rural Australian hospital," *Journal of Health Organizational and Management*. Emerald Group Publishing Limited, vol. 24, pp. 182-199, 2010.
- [26] V. W. Gerde, M. G. Goldsby, and J. M. Shepard, "Moral cover for capitalism, the harmony-of-interests doctrine," *Journal of Management History*, vol. 13, pp. 7-20, 2007.
- [27] S. I. Wahjono, *Bisnis modern*. Yogyakarta: Graha Ilmu, 2010a.
- [28] Y. Qardhawi, *Norma dan etika ekonomi islam*. Jakarta: Gema Insani Press, 2001.
- [29] A. M. Mulkhan, *Jejak pembaharuan sosial dan kemanusiaan kiai Ahmad Dahlan*. Jakarta: Kompas Penerbit Buku, 2010a.
- [30] Mulkhan, *Marhaenis Muhammadiyah*. Yogkarta: Penerbit Galang Press, 2010b.
- [31] M. Etienne, C. I. Sicotte, and F. Champagne, "Hospital performance: Competing or shared values?," *Health Policy*, vol. 87, pp. 8-19, 2008.
- [32] F. Champagne, A. L. Guisset, J. Veillard, and I. Trabut, *The performance assessment tool for quality improvement in hospitals*. Montreal, Canada: Universite De Montreal, 2005.