



Strengthening Academic Partnerships via Balanced Scorecard-Based Satisfaction Evaluation at Unhas Hospital

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Abstract. Academic partnerships between teaching hospitals and higher education institutions play a vital role in ensuring the quality and competence of healthcare graduates. Hasanuddin University Hospital serves as a center for both clinical and non-clinical education, involving various academic partners. Therefore, evaluating partner satisfaction is essential for the sustainability of the teaching hospital's academic program. This study evaluates partner satisfaction using the Balanced Scorecard (BSC) approach, based on a survey of 11 active partners in 2024. The analysis reveals high levels of partner satisfaction, with average scores exceeding 4 on a 5-point Likert scale. The internal process perspective achieved the highest score (4.7), reflecting the effectiveness of educational delivery, while the partner perspective recorded a score of 4.5, indicating satisfaction with the quality and relevance of the programs. Nevertheless, challenges remain related to schedule flexibility, budget limitations, and communication consistency. These findings highlight the need to strengthen inter-institutional communication, optimize resource allocation, and develop more adaptive learning facilities. This study confirms that the BSC serves not only as a comprehensive evaluation tool but also as a strategic framework for reinforcing academic partnerships and ensuring continuous improvement in educational programs at Hasanuddin University Hospital

Keywords: Balanced Scorecard, Clinical Education, Non-Clinical Education, Academic Partnership, Partner Satisfaction

1 Introduction

Teaching hospitals play a strategic role as learning environments for both clinical and non-clinical training of healthcare professionals, while simultaneously serving as healthcare institutions that contribute to strengthening the national health system [1], [2]. The symbiotic relationship between teaching hospitals and academic institutions fosters a collaborative ecosystem that supports the development of professional competencies, research, and healthcare services aligned with community needs [1]. Within this context, Hasanuddin University Hospital functions not only as a tertiary healthcare center in Eastern Indonesia but also as a strategic partner for medical schools and other health professional institutions.

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Academic partnerships between teaching hospitals and their affiliated institutions must be managed effectively to ensure the sustainability of educational programs. Partner satisfaction serves as a critical indicator for evaluating the effectiveness of such collaborative programs [3], [5]. Satisfaction assessments not only reflect the extent to which partner institutions' expectations are met but also provide insights into the quality of partnership management, coordination, and the achievement of academic and healthcare goals [2]. Therefore, a comprehensive and structured evaluation instrument is required to measure the various aspects of educational program implementation at Hasanuddin University Hospital.

However, systematic evaluations of partner satisfaction in Indonesian teaching hospitals remain limited [3]. A report from the Ministry of Health of the Republic of Indonesia [3] indicates that only 35% of teaching hospitals in the country have structured mechanisms for partnership evaluation. This condition may lead to misalignments between partner institutions' needs and the implementation of educational programs, particularly in relation to facility limitations, schedule flexibility, and consistency of inter-institutional communication. Internal data from Hasanuddin University Hospital also reveal a 40% increase in the number of partner institutions over the last five years, further heightening the complexity of managing educational programs. These facts underscore the urgent need for a comprehensive evaluation of partner satisfaction as a foundation for strategic improvement [4].

The Balanced Scorecard (BSC) offers a relevant and systematic framework for evaluating organizational performance. With its four key perspectives financial, customer, internal processes, and learning and growth BSC provides a comprehensive tool to assess organizational effectiveness, including in academic and healthcare contexts [5]. Within teaching hospitals, the customer perspective is best interpreted as academic partner satisfaction, while the learning and growth perspective reflects institutional capacity development to support continuous educational activities [3].

Several prior studies have emphasized the importance of effective communication, adequate resource support, and flexible management in ensuring the success of both clinical and non-clinical education programs in teaching hospitals [5], [6], [8], [9]. Nonetheless, research on academic partnership evaluation using the BSC framework remains relatively scarce in Indonesia. This creates a knowledge gap regarding how the BSC can be optimally adapted to assess academic partner satisfaction and generate strategic recommendations to strengthen institutional collaboration.

In the case of Hasanuddin University Hospital, the need for strategic evaluation of partner satisfaction is increasingly pressing given its expanding role as a referral and educational center in Eastern Indonesia [3]. The involvement of diverse partners ranging from higher education institutions to healthcare organizations necessitates an evaluation mechanism that assesses not only technical aspects of program implementation but also communication, coordination, and resource management. Accordingly, this study was designed to evaluate partner satisfaction with the implementation of both clinical and non-clinical educational programs at Hasanuddin University Hospital through the Balanced Scorecard approach, while also providing strategic recommendations to reinforce academic partnerships. The partners included the Faculties of Medicine, Dentistry, Nursing, Public Health, and Pharmacy at

Universitas Hasanuddin, along with other higher education institutions and professional health organizations actively collaborating in clinical and non-clinical training programs.

Overall, this research contributes to the growing body of literature on academic partnership management in teaching hospitals, particularly in the context of developing countries. Furthermore, its findings are expected to provide practical implications for policymakers seeking to improve the quality of institutional collaboration, strengthen partner coordination, and enhance the role of teaching hospitals in supporting the national health development agenda.

2 Literature Review

2.1 Academic Partnerships in Health Education

Academic partnerships between teaching hospitals and higher education institutions play a fundamental role in establishing a sustainable health education ecosystem. Such collaborations are not only aimed at producing competent healthcare professionals but also at improving the quality of services through the integration of academic activities, research, and clinical practice [1].

Globally, academic partnerships are recognized as an effective strategy to address the challenges of health education, including the shortage of professionals, the need for interprofessional learning, and the demand for improved service quality [7]. An empirical study conducted in Slovenia demonstrated that the success of academic partnerships between teaching hospitals and partner institutions is strongly influenced by the quality of communication, coordination, and alignment of vision [8].

2.2 Partner Satisfaction as an Indicator of Collaborative Success

Partner satisfaction is a key indicator in assessing the success of academic partnerships [8]. The concept refers to the extent to which partners' expectations align with their actual experiences during the implementation of educational programs. High levels of satisfaction indicate goal alignment, effective communication, and sufficient resource support [9].

Within the context of teaching hospitals, partner satisfaction encompasses both the academic quality dimension and the integration of educational programs with the dynamics of healthcare services. Factors such as management transparency, schedule flexibility, and the availability of facilities play a critical role in shaping partner satisfaction. Partner satisfaction at Hasanuddin University Hospital can thus be viewed as a reflection of the hospital's success in managing complex educational programs that involve multiple institutions while maintaining healthcare service quality [10].

2.3 The Balanced Scorecard as a Strategic Evaluation Instrument

The Balanced Scorecard (BSC) is a managerial evaluation framework used to comprehensively assess organizational performance through four perspectives: financial, customer, internal processes, and learning and growth [3]. This model enables organizations to measure success not only from a financial standpoint but also in terms of service quality, process efficiency, and capacity for resource development [11]. In the healthcare sector, the application of BSC has proven effective in enhancing organizational accountability and strengthening the linkage between academic strategies and healthcare service delivery [12].

Recent empirical studies further support this view [3]. Research conducted at Aminah Islamic Hospital in Blitar demonstrated that the implementation of BSC had a positive impact on patient satisfaction, internal process effectiveness, and human resource development [13]. Similarly, the application of BSC at RSUD dr. Zubir Mahmud in East Aceh improved financial efficiency while simultaneously enhancing customer satisfaction [14]. Furthermore, a study at the Pharmacy Department of the National Brain Center Hospital in Jakarta revealed that integrating BSC with Objectives & Key Results (OKR) increased patient satisfaction to over 90% and accelerated internal service delivery [15]. These findings reaffirm the relevance of BSC as a strategic framework within the context of teaching hospitals and modern healthcare services. A systematic review shows that BSC implementation in health care organizations positively influences patient satisfaction, financial performance, and health care worker engagement, confirming its multifaceted impact beyond merely financial metrics [16].

3 Methodology

3.1 Research Design

This study employed a mixed-methods approach, combining a descriptive quantitative survey with qualitative analysis of narrative feedback. This design was chosen to obtain an objective overview of partner satisfaction levels while also gaining additional insights into partners' experiences in collaborating with Hasanuddin University Hospital.

3.2 Population and Sample

The study population comprised active partners partner institutions involved in educational programs at Hasanuddin University Hospital. The sample was determined using purposive sampling, with the following criteria: (1) partners actively participating in clinical or non-clinical educational programs during the 2024 academic year, and (2) partners with a minimum of one year of collaboration experience with Hasanuddin University Hospital. Based on these criteria, a total of 11 partners qualified as respondents for this study.

3.3 Research Instrument

The research instrument consisted of a structured questionnaire comprising 40 items, developed based on the Balanced Scorecard (BSC) framework [3], with four key perspectives: financial, partner (customer), internal processes, and learning and growth. Each perspective contained several questions representing essential aspects of the educational programs. For example, the financial perspective assessed the adequacy of budget allocation for education; the partner perspective measured satisfaction with program quality and administrative support; the internal process perspective evaluated the effectiveness of scheduling and coordination; and the learning and growth perspective examined opportunities for capacity building through training and workshops.

The content validity of the questionnaire was reviewed by experts from the Education and Research Department of Hasanuddin University Hospital, while reliability testing was conducted using Cronbach's Alpha, which demonstrated acceptable internal consistency across all items. The complete list of the 40 questionnaire items is presented in Appendix A to provide a comprehensive overview of the instrument used in this study.

The reliability of the questionnaire was tested using Cronbach's Alpha. All coefficients exceeded 0.70 across the four perspectives of the Balanced Scorecard, indicating acceptable internal consistency. Detailed results of the reliability test are presented in Appendix B.

3.4 Data Collection Procedure

In addition to quantitative responses, narrative feedback was collected through a set of open-ended questions included at the end of the questionnaire. A total of four open-ended questions invited respondents to share their experiences, perceptions of strengths, and recommendations for improving educational programs, thereby providing contextual insights to complement the descriptive survey results.

3.5 Data Analysis Technique

Quantitative data were analyzed using SPSS version 25, applying descriptive statistics such as mean scores, standard deviations, and score distributions for each item. The analysis was conducted across the four perspectives of the Balanced Scorecard to provide a comprehensive overview of partner satisfaction.

Qualitative responses from open-ended questions were examined using a content analysis approach, which is suitable for written feedback data. To enhance the reliability of interpretation, the analysis was independently conducted by two researchers, who subsequently discussed their findings to reach consensus. This process helped identify recurring themes, strengths, and areas for improvement suggested by partners.

Both quantitative and qualitative findings were then integrated to generate comprehensive conclusions. This integration was essential to ensure that the results not

only reflected statistical values but also captured partners' actual experiences in collaborating with Hasanuddin University Hospital [3].

4 Results

4.1 General Overview of Satisfaction Levels.

The survey involved 11 academic partner institutions collaborating with Hasanuddin University Hospital in clinical and non-clinical educational programs. These included faculties of medicine, nursing, dentistry, and public health from Hasanuddin University, as well as several health polytechnics and health sciences institutes in Makassar and the surrounding region. Each institution was represented by an official academic coordinator, program manager, or clinical education representative formally designated to oversee educational collaboration, thereby ensuring that the responses reflected institutional perspectives.

All 11 institutions submitted responses, resulting in a 100% response rate. The dataset was screened for completeness, and no missing values were identified across the 40 questionnaire items. A normality test (Shapiro–Wilk) indicated that the data were not normally distributed, and therefore non-parametric statistics were employed. Accordingly, median values and interquartile ranges (IQR) are reported instead of means and standard deviations.

Prior to descriptive analysis, the reliability of the questionnaire was confirmed, with Cronbach's Alpha values for all perspectives above 0.70, as shown in Appendix B. Overall satisfaction levels were categorized as high, with most responses ranging between 4 and 5 on the Likert scale. This indicates that respondents were generally satisfied with program implementation. While variations across items were relatively small, certain items displayed wider interquartile ranges, reflecting differences in partner perceptions.

The item with the highest satisfaction score concerned educational support facilities (Item 3), with a median of 5.00 (IQR = 0.00) and a mean score of 4.91 (SD = 0.30). Conversely, the lowest score was associated with access to seminars, workshops, or clinical training (Item 22), with a median of 4.00 (IQR = 1.00) and a mean of 4.36. The item with the greatest variability in responses concerned the hospital's support for academic development (Item 21), which recorded an interquartile range of 1.00 (SD = 0.69).

4.2 Result Based on Balanced Scorecard Perspectives.

To provide a structured overview, the 40 questionnaire items were categorized a priori into the four perspectives of the Balanced Scorecard (Financial, Partner, Internal Processes, and Learning and Growth), along with several general items. This categorization allowed for systematic analysis of partner satisfaction across different dimensions of hospital academic collaboration.

Table 1. Summary of 40 items by Balanced Scorecard perspective with central tendency and variability measures.

BSC Perspective	Item No.	Median (IQR)	Mean (SD)	Notes (Justification)
Financial	1–5	5.0 (0.0)	4.82 (0.34)	Budget adequacy, facility support, funding transparency
Partner (Customer)	6–15	4.0 (1.0)	4.56 (0.41)	Satisfaction, communication, complaint handling, planning involvement
Internal Processes	16–25	4.0 (1.0)	4.47 (0.38)	Scheduling, coordination, simulation, evaluation
Learning & Growth	26–35	4.0 (1.0)	4.40 (0.36)	Training, workshops, research collaboration
General/Overall	36–40	4.0 (1.0)	4.52 (0.32)	Overall support, IT, continuity, long-term commitment

Notes. Median and interquartile range (IQR) are reported as primary measures because the data were not normally distributed; mean and standard deviation (SD) are included for reference. Item numbers refer to the full list of questionnaire items provided in Appendix A

Overall, the results show that satisfaction levels across all perspectives were high, with the Financial and Partner perspectives receiving the strongest evaluations. In contrast, the Learning and Growth perspective demonstrated slightly greater variability, particularly in items related to access to seminars and research collaboration opportunities. The results were further examined by each Balanced Scorecard perspective to provide more detailed insights.

Financial Perspective. Most partners perceived financial resource allocation for educational programs as adequate. However, several respondents noted that financial support remained limited, particularly for the development of additional facilities in non-clinical education.

Partner Perspective. Partner satisfaction with educational program quality was rated high, with mean scores above 4.5. Respondents appreciated the support provided by teaching staff and preceptors, as well as the relatively fast administrative communication. Nonetheless, some emphasized the need for stronger coordination mechanisms, particularly regarding scheduling and partner involvement in planning processes.

Internal Process Perspective. This perspective received one of the highest scores, with averages around 4.7. The delivery of educational materials through clinical practice, simulations, and interprofessional activities was considered effective. However, limited flexibility in student practice schedules due to high patient service demands was highlighted as an area requiring improvement.

Learning and Growth Perspective. Opportunities for partner capacity building through training, workshops, and seminars received average scores around 4.3. While positively assessed, this aspect still requires improvement, particularly in expanding partner access to additional academic activities. This aligns with the finding that access to seminars and workshops was the lowest-rated item in the survey.

4.3 Narrative Feedback.

The qualitative analysis of respondents' open-ended comments generated four overarching themes that provide nuanced insights into the academic hospital collaboration.

Theme 1: Strengthening of Student Competencies. Respondents consistently emphasized the positive impact of direct clinical exposure, simulation-based learning, and participation in hospital administrative processes on students' professional development. As one participant noted, "Direct practice in the hospital, simulation-based learning, and involvement in hospital administration greatly enriched our skills" (Res. 3). These experiences were perceived to enhance clinical competence, critical thinking, and professional readiness.

Theme 2: Synergy Between Education, Healthcare Services, and Research. The collaboration was also recognized for fostering interdisciplinary engagement, integrating academic learning with healthcare service delivery and research activities. A respondent explained, "This collaboration opens opportunities for interdisciplinary cooperation and provides comprehensive experiences" (Res. 7). This synergy was seen as critical in preparing students for the complexities of modern healthcare systems.

Theme 3: Support and Responsiveness of Hospital Staff. *The* approachability and proactive assistance of hospital staff emerged as a pivotal factor supporting the student learning journey. One respondent highlighted, "Hospital staff are always responsive and approachable, assisting us whenever challenges arise" (Res. 5). Such responsiveness was perceived as instrumental in reducing barriers to learning and fostering a supportive educational environment.

Theme 4: Areas for Improvement. Despite the predominantly positive feedback, respondents identified several areas requiring enhancement. These included greater flexibility in practice and research schedules, expanded access to academic seminars and training, and improved coordination between the hospital and partner institutions. For example, one participant stated, "Practice and research schedules need to be more flexible, and opportunities to participate in seminars and training should be increased" (Res. 2). Another added, "Coordination with the university and hospital needs to be strengthened, especially regarding time management and educational facilities" (Res. 6).

Overall, these themes not only validate the quantitative findings but also provide actionable directions for enhancing the integration of academic and clinical

environments. The identified strengths particularly in competency building, interdisciplinary synergy, and staff support serve as a foundation upon which targeted improvements in scheduling, academic access, and inter-institutional coordination can be implemented.

5 Discussion

This study aimed to evaluate partner satisfaction with the educational and healthcare services provided by Hasanuddin University Hospital, with the broader objective of identifying key strengths and areas for improvement in the academic-clinical collaboration model. By integrating quantitative survey data with qualitative narrative feedback, the research sought to generate a comprehensive understanding of how hospital academic partnerships influence the quality of clinical education, service delivery, and institutional collaboration.

The survey on partner satisfaction at Hasanuddin University Hospital provided valuable insights into the overall effectiveness of the educational and healthcare services delivered. The results showed generally high satisfaction levels among respondents, with most rating their experience between 4 and 5 on the Likert scale. These findings reflect a positive perception of the hospital's commitment to delivering high-quality services. However, certain aspects require more focused attention to further enhance educational outcomes and healthcare quality.

5.1 High Satisfaction with Educational Facilities.

The highest-rated item (Item 3, mean = 4.91) referred to the adequacy of educational support facilities, such as discussion rooms. This indicates a high level of satisfaction with the availability and quality of facilities that play a critical role in enhancing student learning and skills development. Prior studies have consistently demonstrated that well-equipped educational infrastructure including classrooms, laboratories, and collaborative spaces significantly influences student satisfaction and academic performance in teaching hospitals [10], [2]. Similarly, emphasize that academic health centers must continuously invest in facility improvement to maintain their role as effective and high-quality learning environments [5].

Furthermore, the low standard deviation (0.30) reported in this study suggests a high degree of consensus among respondents, confirming that the adequacy of facilities is perceived uniformly as a major strength. These findings resonate with the argument that well-maintained educational spaces foster collaborative learning, professional growth, and stronger interprofessional competencies [8], [11]. Consequently, Hasanuddin University Hospital should continue to prioritize the maintenance and strategic enhancement of educational facilities to ensure sustainability in fulfilling its academic mission and to strengthen its position as a leading teaching hospital in Indonesia.

5.2 Variability in Perceptions of Academic Support.

Item 21, concerning the hospital's support for academic development, showed significant variability in responses ($SD = 0.69$). This suggests that while some respondents were satisfied with the hospital's contributions, others perceived room for improvement. Differences may stem from varying academic disciplines or expectations regarding the level of support. Prior studies indicate that satisfaction with academic support in teaching hospitals is often influenced by the alignment of institutional policies with partners' academic needs, including transparency in management, availability of facilities, and flexibility in scheduling [10], [2].

This finding underscores the need for a more tailored approach to academic support, involving closer collaboration between hospital staff and partner institutions to ensure consistent and high-quality academic experiences. Literature has emphasized that clear communication channels, equitable resource allocation, and adaptive institutional strategies are critical in harmonizing diverse academic expectations [5,9]. Strengthening these aspects could help Hasanuddin University Hospital better address the varied needs of students and faculty, while simultaneously enhancing its role as a collaborative and innovative academic health center.

5.3 Areas for Improvement in Clinical Training and Research Involvement.

The lowest-rated item (Item 22, mean = 4.36) related to access to seminars, workshops, and clinical training during academic programs. While respondents were generally satisfied with other aspects of clinical training, there was a clear demand for expanded professional development opportunities. Prior literature has emphasized that continuous professional development and lifelong learning are critical in ensuring healthcare professionals maintain high standards of practice, particularly in dynamic clinical environments [1], [11]. The integration of seminars and workshops into teaching hospital programs has been shown to improve both student competencies and institutional performance [15], [14].

Moreover, respondents highlighted the importance of strengthening synergies between education, healthcare delivery, and research. Although the hospital was acknowledged for facilitating research collaboration, there is still a need to refine scheduling and coordination to allow students to fully engage in research activities without conflicts with clinical training. Previous studies indicate that collaborative learning models that integrate clinical practice with research engagement foster innovation, interdisciplinary collaboration, and stronger academic outcomes [5], [9]. More flexible scheduling and greater availability of research seminars could therefore significantly enhance the student research experience while strengthening the hospital's role as a hub for both healthcare delivery and academic excellence.

5.4 Recommendations for Service Improvement.

Based on the findings, several strategic recommendations can be formulated to enhance institutional collaboration and educational quality. First, strengthening communication

and coordination between the hospital and its partner institutions is essential to minimize potential misunderstandings and ensure more effective program implementation. Second, increasing budget allocation for the development of educational facilities is necessary to provide sustainable, high-quality learning environments that support long-term institutional growth. Third, expanding training and workshop opportunities for academic partners will contribute to capacity building while fostering a more adaptive academic environment that remains responsive to the evolving needs of healthcare professionals. Together, these strategies are expected to create a more resilient and future-oriented framework for academic–hospital partnerships.

5.5 Addressing Social Desirability Bias in Survey Responses.

Although overall satisfaction scores were high, potential social desirability bias must be considered. Respondents may have been reluctant to provide negative feedback, resulting in inflated ratings. This is a common challenge in satisfaction surveys where participants may feel pressured to provide favorable assessments. To mitigate this, Hasanuddin University Hospital should emphasize anonymity in future surveys, ensuring that constructive criticism is valued equally as positive feedback. Providing alternative feedback mechanisms, such as anonymous suggestion boxes or digital platforms, may encourage more candid responses.

5.6 Implications of the Findings.

Overall, the survey confirmed that academic partner satisfaction with educational program implementation at Hasanuddin University Hospital was categorized as high, though several areas require further attention. Communication, coordination, and the provision of additional educational facilities emerged as primary areas for improvement. These findings align with prior literature emphasizing the importance of effective communication and resource support in sustaining academic partnerships in teaching hospitals.

A visualization of partner satisfaction survey results across the four Balanced Scorecard perspectives Financial, Customer (Partner), Internal Processes, and Learning & Growth further illustrates the average scores, providing a clearer overview of partners' levels of satisfaction with the hospital's services.

5.7 Study Limitations and Directions for Future Research.

This study is limited by its relatively small sample size of 11 active academic partners, restricting the generalizability of the findings. Moreover, the cross-sectional design does not capture long-term dynamics in partner satisfaction. Future research should involve larger samples encompassing a broader range of partner categories, including both educational institutions and healthcare organizations. Longitudinal studies are also recommended to track changes in satisfaction over time and to evaluate the impact of specific policy or program improvements. Additionally, incorporating more in-depth

qualitative approaches, such as interviews or focus group discussions, could provide richer insights into the experiences and expectations of academic partners in teaching hospital collaborations.

6 Conclusion

The partner satisfaction survey conducted at Hasanuddin University Hospital indicated a very high level of satisfaction, with most respondents assigning scores between 4 and 5, reflecting excellent service quality. Educational facilities particularly discussion rooms received outstanding evaluations, underscoring the hospital's success in providing an environment conducive to effective and collaborative learning. These findings demonstrate that Hasanuddin University Hospital has succeeded in creating an adequate academic atmosphere for students.

Nevertheless, the survey also highlighted several areas with potential for further improvement, such as access to seminars, workshops, and clinical training. This opens opportunities for the hospital to expand professional development initiatives and enrich practical learning experiences for students. Variability in responses concerning academic support also revealed the need to strengthen collaboration between the hospital and partner institutions to ensure a more consistent and high-quality academic experience.

Overall, Hasanuddin University Hospital has demonstrated exceptional commitment to both education and healthcare service quality. This survey provides clear insights into areas of achievement as well as those requiring further development. By enhancing flexibility in scheduling, expanding professional development opportunities, and strengthening inter-institutional communication, Hasanuddin University Hospital can further consolidate its position as a leading health education institution committed to continuous improvement in service quality.

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