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Service Quality, Citizen Satisfaction, and Citizen Participation: Evidence from Independent (PBPU) Members of Indonesia's National Health Insurance Program

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ABSTRACT: Universal health coverage schemes in developing countries face a recurring sustainability problem: keeping voluntarily enrolled members active once they have joined. This study investigates how the five dimensions of service quality proposed in the SERVQUAL framework, namely tangibles, reliability, responsiveness, assurance, and empathy, shape the satisfaction of independent participants (Pekerja Bukan Penerima Upah/PBPU) of Indonesia's Jaminan Kesehatan Nasional (JKN) programme administered by BPJS Kesehatan, and whether this satisfaction subsequently drives citizen participation. Data were obtained from 180 PBPU participants who had used BPJS Kesehatan services at least twice, selected through purposive sampling, and analyzed with Partial Least Squares Structural Equation Modeling (PLS-SEM) in SmartPLS. All five service-quality dimensions were found to exert a significant positive effect on citizen satisfaction, with responsiveness and empathy showing the strongest influence, while citizen satisfaction in turn had a strong positive effect on citizen participation and fully mediated the link between each service-quality dimension and participatory behavior. The measurement model satisfied established criteria for convergent and discriminant validity, and the structural model showed adequate explanatory and predictive relevance. The findings extend the SERVQUAL framework and expectation confirmation theory into the domain of participatory behavior and provide BPJS Kesehatan with practical direction for strengthening service delivery to sustain long-term member engagement.

KEYWORDS: Citizen Satisfaction, Citizen Participation, PLS – SEM, National Health Insurance, Service Quality, SERVQUAL.

INTRODUCTION

Universal Health Coverage (UHC) has become a global policy priority, with countries across the Global South striving to ensure that all citizens have access to quality health services without facing financial hardship (Prisie, 2025). Indonesia's Jaminan Kesehatan Nasional (JKN) program, managed by BPJS Kesehatan, represents one of the most ambitious UHC initiatives worldwide. Launched in 2014, the program consolidated over 300 existing health insurance schemes into a single-payer system that now covers more than 280 million people, approximately 98% of Indonesia's population (World Bank Group, 2026). The World Bank has highlighted that achieving such expansive coverage required complex policy measures, including strengthening primary healthcare, revising provider payment mechanisms, and ensuring equitable access across regions (World Bank Group, 2026). Yet, as the Minister of Health has acknowledged, the sustainability of JKN depends on parallel improvements in service quality and active citizen participation in the system (Prisie, 2025).

Despite its impressive enrollment figures, JKN faces persistent sustainability challenges. The program's financial health relies heavily on consistent contribution payments from participants, particularly in the self-employed (PBPU) segment, where payment is fully discretionary and participants must actively choose to pay their monthly contributions (Diahwahyuningtyas & Adit, 2026). Research has shown that payment compliance among independent participants is a significant concern, as one study found that while independent participants comprised approximately 14% of total JKN participants, 45.71% of them failed to pay premiums regularly (Sunjaya et al., 2022). This non-compliance is driven by multiple factors such as inadequate understanding of the program's risk-sharing concept, financial difficulties, negative attitudes toward the insurance system, and perceptions of service quality (Sunjaya et al., 2022). Thus, understanding what drives participants to sustain their contributions is essential to the program's long-term viability.

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Previous research has examined service quality through the SERVQUAL framework, with studies confirming that the five dimensions, namely tangibles, reliability, responsiveness, assurance, and empathy, influence patient satisfaction (Ali et al., 2024; Radu et al., 2022; Kalaja & Krasniqi, 2022), including in BPJS (Adinda & Achmadi, 2025; Ratnawati et al., 2021). However, these studies predominantly treat satisfaction as the end outcome, rather than as a mechanism driving behavioral engagement such as sustained contribution payment (Suryani et al., 2025). Research on payment compliance has largely focused on demographic and socioeconomic determinants such as gender, education, income, and health status. What remains underexplored is the pathway for service quality, satisfaction, and participation, which lleads to the question: does citizens' experience with BPJS services actually translate into willingness to sustain their contributions?

The service quality provided by public organizations through their physical appearance can influence citizen satisfaction. Tangibles can shape the initial perception of service quality. For example, when citizens find that the facilities are clean, comfortable, and easily accessible, they tend to perceive that the institution has a strong commitment to providing quality services. In addition, this study examines the role of reliability in citizen satisfaction with public services. As stated by Psomas et al. (2024), reliability is defined as an organization's ability to deliver the promised service accurately, consistently, and on time. According to Biswas et al. (2024), reliability is about providing good service from the beginning and maintaining it until the end. In the context of public sector services, particularly healthcare services, citizens who feel that they receive proper attention and prompt service are more likely to experience satisfaction. Responsive organizations have a long-term objective of maintaining sustainable relationships with their customers. According to Berry et al. (2002), responsiveness can be described as the speed of customer-oriented service delivery by providing timely solutions to address customers' problems.

This study addresses this gap by integrating the SERVQUAL framework with satisfaction theory to propose that five service quality dimensions influence PBPU members' satisfaction with BPJS services, which in turn drives their continued participation. This theoretical logic builds on the broader public administration literature establishing that citizen satisfaction with public services is associated with more participatory behavior (Kim et al., 2022; Islam et al., 2023). By positioning satisfaction as a mediator between the five SERVQUAL dimensions and contribution compliance, this research reveals the mechanism through which service quality affects participatory behavior. Furthermore, by focusing exclusively on PBPU participants, it provides actionable insights for BPJS Kesehatan in designing retention strategies for the segment most vulnerable to dropout.

A service quality model developed by Alkraiji & Ameen (2022) consisting of Tangibles, Reliability, Responsiveness, Assurance, and Empathy has become a widely used conceptual framework across various sectors, including business organizations, the public sector, and even in the context of digital services (e-government), smart cities, and modern public services. This model, known as SERVQUAL, explains citizens' perceptions of the quality of services provided in meeting users' expectations. Service quality is considered to be good when service performance meets or even exceeds users' expectations. In the context of public services, these five dimensions of SERVQUAL have become important factors in shaping citizens' perceptions. It has been confirmed that the resulting satisfaction and perceived service quality enable organizations to identify areas where service delivery is inadequate.

MATERIALS AND METHODS

Research Design and Sample

This study used a quantitative, cross-sectional design to examine the relationships among tangibles, reliability, responsiveness, assurance, empathy, citizen satisfaction, and citizen participation. Respondents were health-service users selected through purposive sampling, with the requirement that they had used BPJS Kesehatan services at least twice. A total of 200 questionnaires were distributed through WhatsApp groups and direct links, of which 180 were returned complete and valid, yielding a usable response rate of 90 percent. Prior to distribution, respondents received a cover letter explaining the purpose of the study and guaranteeing the confidentiality of their responses. All constructs were measured using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The indicators used for each construct are summarized in Table 1. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM) in SmartPLS, following the conventional two-stage approach of first evaluating the measurement model (outer model) for validity and reliability, and then assessing the structural model (inner model) for hypothesis testing.

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Table 1. Variable Measurement

Variable	Item
Tabgibles	▪ The physical facilities at public service agencies look clean and well-maintained. ▪ Service facilities and infrastructure are adequately available according to community needs. ▪ Service staff wear clear identification or insignia, making them easily recognizable. ▪ Information regarding service procedures is conveyed clearly and is easy to understand.
Reliability	▪ The company is able to provide services at the time they promised. ▪ The company delivers the promised services reliably and accurately. ▪ The service I received was done correctly the first time without any need for repetition. ▪ Officers provide consistent services to every member of the public without discriminating against them.
Responsiveness	▪ Service officers are always ready to help people who need services. ▪ Officers provide services quickly according to community needs. ▪ Officers are responsive in handling problems that occur during the service process. ▪ The officer provided the required information quickly and clearly.
Assurance	▪ Service officers have adequate knowledge in providing services. ▪ Officers provide services politely, friendly and respect the public. ▪ The attitude and actions of the officers made me believe in the service provided.
Emphaty	▪ The officers paid attention to my needs during the service process. ▪ The staff understood my needs and provided appropriate service. ▪ Staff provide services to all members of the public fairly, without differential treatment.
Citizen Satisfaction	▪ I am satisfied with the quality of service provided by this agency. ▪ My experience while receiving service at this agency was satisfactory. ▪ The service I received was in line with my expectations. ▪ The service results I received met my needs.
Citizen Participation	▪ I am willing to provide input to improve the quality of public services. ▪ I am willing to provide an assessment or evaluation of the service I received. ▪ I actively convey suggestions, aspirations, or complaints if I encounter problems in public services.

RESULTS

Respondent Profile

The final sample consisted of 180 valid responses from PBPU participants of BPJS Kesehatan. As shown in Table 2, respondents were predominantly aged 26 to 35 years (31.1%), held a bachelor's degree (41.1%), had been enrolled in BPJS Kesehatan for more than five years (45.6%), used BPJS Kesehatan services two to three times (48.3%), and most commonly accessed care through a Puskesmas or a government hospital. This profile suggests that the sample was dominated by working-age, relatively well-educated participants with an established history of programme membership, consistent with the general demographic composition of the independent (PBPU) segment.

Table 2. Respondent Characteristics

Characteristic	**Category**	**n**	**%**
Age	18 to 25 years	28	15.6
	26 to 35 years	56	31.1
	36 to 45 years	49	27.2
	46 to 55 years	31	17.2
	56 years or more	16	8.9

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Education	High school or equivalent	52	28.9
	Diploma	29	16.1
	Bachelor's degree (S1)	74	41.1
	Postgraduate (S2/S3)	25	13.9
Length of BPJS Membership	Less than 2 years	27	15.0
	2 to 5 years	71	39.4
	More than 5 years	82	45.6
Frequency of Service Use	2 to 3 times	87	48.3
	4 to 6 times	59	32.8
	More than 6 times	34	18.9
Healthcare Facility	Puskesmas	58	32.2
	Private hospital	18	10.0
	Government hospital	61	33.9
	Clinic	43	23.9

Source: *Authors' survey data (2026); N = 180*

Measurement Model Evaluation (Outer Model)

Convergent Validity and Construct Reliability. The measurement model was assessed for convergent validity and construct reliability. As presented in Table 3, all outer loadings exceeded the recommended threshold of 0.70, ranging from 0.786 to 0.906, while the Average Variance Extracted (AVE) values ranged from 0.644 to 0.776, comfortably above the minimum criterion of 0.50. All constructs also showed Cronbach's Alpha, rho_A, and Composite Reliability values above 0.70, with most Composite Reliability values above 0.88, indicating strong internal consistency. Together, these results confirm that the measurement model has adequate convergent validity and reliability, supporting its use for structural model analysis.

Table 3. Convergent Validity and Construct Reliability

Construct	Number of Items	Outer Loading Range	Cronbach's Alpha	rho_A	Composite Reliability	AVE
Tangibles (TAN)	4	0.831 - 0.845	0.858	0.865	0.903	0.700
Reliability (REL)	4	0.819 - 0.866	0.871	0.891	0.911	0.718
Responsiveness (RES)	4	0.827 - 0.862	0.865	0.868	0.908	0.712
Assurance (ASS)	3	0.822 - 0.906	0.822	0.842	0.893	0.737
Empathy (EMP)	3	0.842 - 0.894	0.834	0.844	0.900	0.750
Citizen Satisfaction (SAT)	4	0.786 - 0.823	0.816	0.818	0.879	0.644
Citizen Participation (CP)	3	0.864 - 0.892	0.856	0.856	0.912	0.776

Source: *SmartPLS data processing results (2026)*

Discriminant Validity

Discriminant validity was evaluated using the Fornell-Larcker criterion and the Heterotrait-Monotrait Ratio (HTMT). As shown in Table 4, the square root of the AVE for every construct (values on the diagonal) exceeded its correlations with all other constructs, satisfying the Fornell-Larcker criterion. Table 5 further shows that all HTMT values remained below the conservative threshold of 0.90, with the highest value (0.682, between Citizen Satisfaction and Citizen Participation) still comfortably within the acceptable range. Together, these results confirm that each construct is empirically distinct from the others and captures its intended concept.

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Table 4. Fornell-Larcker Criterion

Construct	ASS	CP	EMP	REL	RES	SAT	TAN
Assurance (ASS)	0.858						
Citizen Participation (CP)	0.161	0.881					
Empathy (EMP)	0.296	0.359	0.866				
Reliability (REL)	0.222	0.322	0.229	0.847			
Responsiveness (RES)	0.220	0.309	0.146	0.244	0.844		
Citizen Satisfaction (SAT)	0.377	0.572	0.481	0.422	0.392	0.803	
Tangibles (TAN)	0.078	0.351	0.435	0.275	0.184	0.402	0.837

Source: *SmartPLS data processing results (2026)*

Table 5. Heterotrait-Monotrait Ratio (HTMT)

Construct	ASS	CP	EMP	REL	RES	SAT	TAN
Assurance (ASS)	-						
Citizen Participation (CP)	0.188	-					
Empathy (EMP)	0.349	0.427	-				
Reliability (REL)	0.251	0.374	0.275	-			
Responsiveness (RES)	0.258	0.358	0.177	0.281	-		
Citizen Satisfaction (SAT)	0.456	0.682	0.575	0.487	0.467	-	
Tangibles (TAN)	0.105	0.408	0.516	0.313	0.212	0.475	-

Source: *SmartPLS data processing results (2026)*

Multicolinearity and Common Method Bias

Before assessing the structural model, multicollinearity and common method bias (CMB) were examined using the Inner Variance Inflation Factor (VIF). As shown in Table 6, all inner VIF values ranged from 1.000 to 1.354, well below the conservative threshold of 3.3 (Kock, 2015). These results indicate that multicollinearity is not a concern in this model and that common method bias is unlikely to distort the findings, confirming the data are suitable for structural model evaluation and hypothesis testing.

Table 6. Inner VIF Values

Path	Inner VIF
Tangibles -> Citizen Satisfaction	1.313
Reliability -> Citizen Satisfaction	1.170
Responsiveness -> Citizen Satisfaction	1.114
Assurance -> Citizen Satisfaction	1.170
Empathy -> Citizen Satisfaction	1.354
Satisfaction -> Citizen Participation	1.000

Source: *SmartPLS data processing results (2026)*

Structural Model Evaluation (Inner Model) and Hypothesis Testing

Coefficient of Determination (R2). The coefficient of determination (R2) was used to gauge the explanatory power of the structural model. As shown in Table 7, the five SERVQUAL dimensions jointly explained 44.8% of the variance in Citizen Satisfaction (R2 = 0.448), while Citizen Satisfaction alone explained 32.7% of the variance in Citizen Participation (R2 = 0.327). Following Chin's (1998) benchmarks, both values indicate a moderate level of explanatory power, suggesting that the model captures a meaningful share of the variation in both satisfaction and participatory behavior, while leaving room for additional predictors in future research.

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Table 7. Coefficient of Determination (R Square)

Endogenous Construct	R Square	R Square Adjusted
Citizen Satisfaction	0.448	0.432
Citizen Participation	0.327	0.323

Source: *SmartPLS data processing results (2026)*

Effect Size (f2). Table 8 reports the effect size (f2) of each exogenous construct on its corresponding endogenous construct. Among the predictors of Citizen Satisfaction, Empathy showed the largest contribution (f2 = 0.097), followed by Responsiveness (f2 = 0.084), Reliability (f2 = 0.073), Assurance (f2 = 0.054), and Tangibles (f2 = 0.040); all five effects fall in the small range according to Cohen's (1988) guidelines, though Empathy and Responsiveness approach the boundary of a medium effect. In contrast, Satisfaction exerted a large effect on Citizen Participation (f2 = 0.485), indicating that satisfaction is by far the most substantial driver of participatory behavior in this model.

Table 8. Effect Size Values (f Square)

Path	f Square	Category
Tangibles -> Citizen Satisfaction	0.040	Small
Reliability -> Citizen Satisfaction	0.073	Small
Responsiveness -> Citizen Satisfaction	0.084	Small
Assurance -> Citizen Satisfaction	0.054	Small
Empathy -> Citizen Satisfaction	0.097	Small (close to medium)
Satisfaction -> Citizen Participation	0.485	Large

Source: *SmartPLS data processing results (2026)*

Predictive Relevance (Q2). The model's predictive relevance was assessed via the blindfolding procedure. As shown in Table 9, both endogenous constructs produced Q2 values well above zero, Citizen Satisfaction (Q2 = 0.273) and Citizen Participation (Q2 = 0.249), confirming that the model possesses adequate predictive relevance for both outcomes and is therefore appropriate for hypothesis testing.

Table 9. Construct Crossvalidated Redundancy

Endogenous Construct	SSO	SSE	Q Square (=1-SSE/SSO)
Citizen Satisfaction	720.000	523.123	0.273
Citizen Participation	540.000	405.731	0.249

Source: *SmartPLS blindfolding results (2026)*

Hypothesis Testing. Hypothesis testing was carried out using the bootstrapping procedure with 5,000 subsamples. As reported in Table 10, all six hypothesized direct paths were statistically significant and positive. Among the SERVQUAL dimensions, Empathy showed the strongest effect on Satisfaction (beta = 0.269), followed by Responsiveness (beta = 0.228), Reliability (beta = 0.217), Assurance (beta = 0.186), and Tangibles (beta = 0.169). Citizen Satisfaction, in turn, exerted the strongest effect observed anywhere in the model on Citizen Participation (beta = 0.572, t = 10.503, $p < 0.001$). These results provide full empirical support for H1 through H6.

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Table 10. Hypothesis Testing Results

Hyp.	Path	Coefficient (Beta)	T Statistics	P Values	Decision
H1	Tangibles -> Citizen Satisfaction	0.169	2.444	0.007	Supported
H2	Reliability -> Citizen Satisfaction	0.217	3.579	0.000	Supported
H3	Responsiveness -> Citizen Satisfaction	0.228	4.356	0.000	Supported
H4	Assurance -> Citizen Satisfaction	0.186	3.100	0.001	Supported
H5	Empathy -> Citizen Satisfaction	0.269	4.049	0.000	Supported
H6	Satisfaction -> Citizen Participation	0.572	10.503	0.000	Supported

Source: *SmartPLS bootstrapping results (2026)*

Model Fit Test. Overall model fit was evaluated using the Standardized Root Mean Square Residual (SRMR) and the Normed Fit Index (NFI). As shown in Table 11, the estimated model produced an SRMR value of 0.060, below the commonly used cutoff of 0.08, indicating a good fit between the model and the data. The NFI value of 0.809 falls somewhat short of the conventional 0.90 threshold; nevertheless, taken together with the satisfactory SRMR result, the model can be regarded as reasonably well fitted and adequate for interpreting the relationships among the constructs.

Table 11. Model Fit Value

Index	Saturated Model	Estimated Model	Cut-off Value	Assessment
SRMR	0.053	0.060	< 0.08	Fit
NFI	0.813	0.809	> 0.90	Approaching fit

Source: *SmartPLS data processing results (2026)*

The estimated structural model, including outer loadings and path coefficients, is presented in Figure 1, while the corresponding bootstrapped t-statistics for all paths are presented in Figure 2.

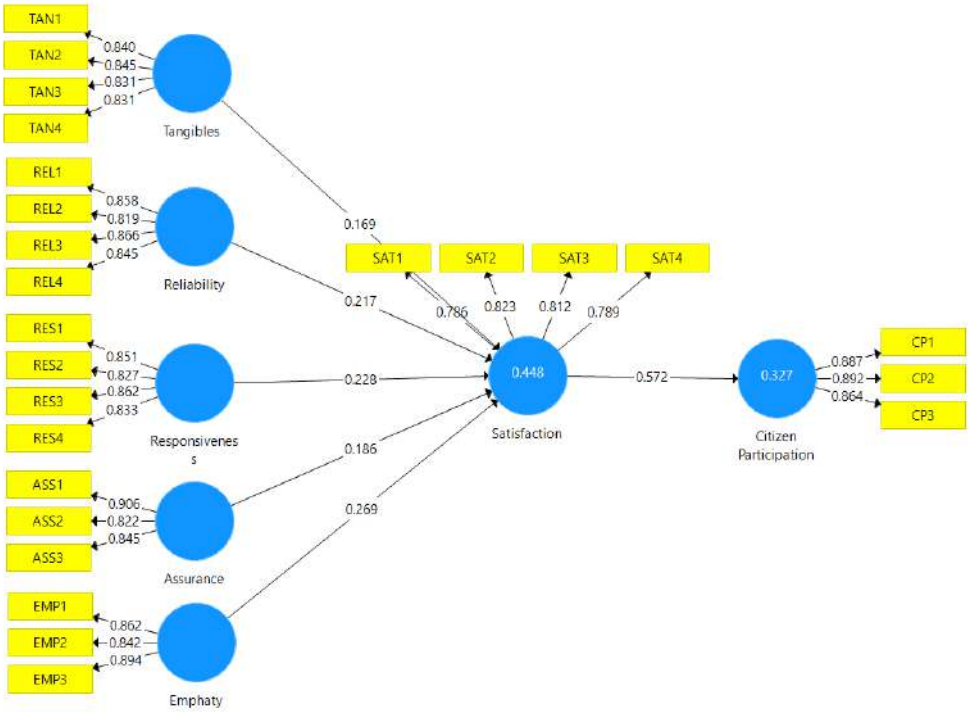

Figure 1. Structural model results (outer loadings and path coefficients)

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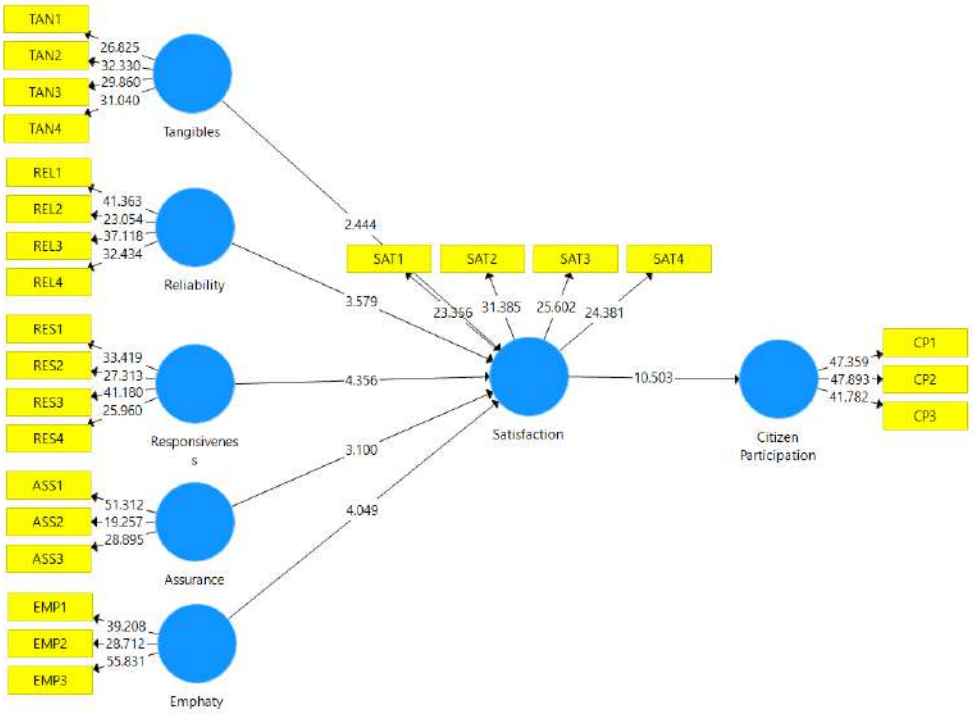

Figure 2. Bootstrapping results (t-statistics)

DISCUSSION

The findings provide empirical support for all six hypotheses tested (H1 through H6), all of which examine direct effects between constructs. Taken together, the results indicate that PBPU participants' perceptions of BPJS Kesehatan's service quality, across its tangible, reliability, responsiveness, assurance, and empathy dimensions, directly shape their citizen satisfaction, and that citizen satisfaction in turn directly shapes citizen participation. This pattern is consistent with the SERVQUAL model's original premise that citizens evaluate public services against their prior expectations Biswas et al. (2024), and it is consistent with Oliver, (1980) expectation confirmation theory linking the fulfillment of expectations to satisfaction and the participatory behavior that follows.

Among the five service-quality dimensions, empathy and responsiveness emerged as the strongest predictors of citizen satisfaction, followed by reliability, assurance, and tangibles. This ordering suggests that, for PBPU participants, the interpersonal quality of an encounter, being attended to promptly and treated with genuine concern, matters somewhat more than the physical environment in which the service is delivered. This is a plausible pattern for a segment of BPJS Kesehatan members who bear full personal responsibility for their monthly contribution: because their continued participation is entirely voluntary, the way they are treated during each visit may carry more weight in their overall evaluation than facility appearance alone. At the same time, tangibles, reliability, and assurance all remained significant contributors, indicating that no single dimension of service quality can be safely neglected; each aspect makes a distinct, additive contribution to how satisfied PBPU participants feel.

The direct effect of Citizen Satisfaction on Citizen Participation (H6) is the largest structural coefficient observed in the model (beta = 0.572), well exceeding the direct effects of any of the five SERVQUAL dimensions on Citizen Satisfaction. This finding confirms that citizen satisfaction is the single most powerful direct driver of PBPU participants' willingness to participate (Siallagan, 2023). In practical terms, this means that improvements to physical facilities, procedural reliability, staff responsiveness, staff competence, or interpersonal empathy need to be designed so that they genuinely translate into greater member satisfaction, since satisfaction is what most directly and most strongly drives participation. This finding is consistent with the broader public administration literature linking citizen satisfaction to more participatory behavior (Kim et al., 2022; Islam et al., 2023), and confirms that raising satisfaction is the most direct pathway available to BPJS Kesehatan for strengthening member engagement and, by extension, contribution compliance among the PBPU segment.

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These results also speak to the specific sustainability challenge that motivated this study: the tendency of independent (PBPU) participants to lapse in their monthly contributions (Sunjaya et al., 2022). While this study measured citizen participation in the form of willingness to provide input, feedback, and complaints rather than payment behavior directly, the strong direct relationship between satisfaction and participation suggests that citizens who feel heard and well served become more invested in the programme. This interpretation should, however, be treated as a hypothesis for future research rather than a conclusion drawn directly from the present data, since payment compliance itself was not measured in this study.

From a theoretical standpoint, this study contributes by showing that the five SERVQUAL dimensions directly shape citizen satisfaction, and that citizen satisfaction itself directly shapes citizen participation, reinforcing the relevance of the SERVQUAL framework and expectation confirmation theory in the context of a public health-insurance programme. These findings complement prior BPJS-focused service-quality research, which has largely treated satisfaction as the end point of analysis (Adinda & Achmadi, 2025; Ratnawati et al., 2021), by showing that satisfaction also directly contributes to participatory behavior. Practically, the findings suggest that BPJS Kesehatan and its partner facilities stand to gain the most from investments that visibly and consistently improve the responsiveness and empathy of frontline staff, while continuing to maintain baseline standards of reliability, assurance, and physical facilities, as a direct pathway toward higher citizen satisfaction and stronger participation among its independent, self-paying membership base.

This study has several strengths that support confidence in its findings, including the use of a validated multidimensional service-quality instrument, a sample restricted specifically to the PBPU segment most vulnerable to programme dropout, and a PLS-SEM approach that allowed both the measurement and structural models to be evaluated rigorously. At the same time, several limitations should be acknowledged. First, the cross-sectional design captures relationships among the variables at a single point in time and cannot establish causal order or capture how these relationships might evolve. Second, the use of purposive sampling limits the generalizability of the findings beyond PBPU participants who met the study's inclusion criteria. Third, citizen participation was measured through respondents' willingness to provide feedback and voice concerns rather than through actual contribution-payment behavior, so the connection between this study's findings and JKN's premium-compliance challenge remains inferential rather than directly demonstrated. Future research could adopt a longitudinal design, incorporate actual payment-compliance records as an outcome variable, examine the role of citizen satisfaction as a mediating or moderating variable in greater depth, and examine whether the relationships identified here hold across other BPJS Kesehatan participant segments, such as PBI or PPU members, or across other regions of Indonesia.

CONCLUSION

This study examined how the five SERVQUAL dimensions, tangibles, reliability, responsiveness, assurance, and empathy, directly affect the satisfaction of independent (PBPU) BPJS Kesehatan participants, and how that satisfaction, in turn, directly affects citizen participation. Using PLS-SEM on survey data from 180 PBPU participants, the results show that all five service-quality dimensions have a significant positive direct effect oncitizen satisfaction, and that citizen satisfaction has a significant positive direct effect on citizen participation. The measurement model demonstrated adequate convergent and discriminant validity, and the structural model showed moderate explanatory power together with satisfactory predictive relevance. These findings reinforce the relevance of the SERVQUAL framework and Oliver's (1980) expectation confirmation theory by showing that, in the context of a national health-insurance programme, service quality directly shapes citizens' satisfaction, and satisfaction itself directly drives their participatory engagement. For BPJS Kesehatan, the results point to responsiveness and empathy in frontline service delivery as priority areas for strengthening satisfaction among its most retention-sensitive segment, given that satisfaction was found to be the single strongest direct determinant of citizen participation; service-improvement initiatives should therefore be explicitly designed to raise satisfaction as the primary target for sustaining participation.

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