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## Reasons for switching the primary health providers among national health insurance participants in Klungkung District, Bali Province, Indonesia

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### ABSTRACT

**Background and purpose:** National Health Insurance Provider (*BPJS Kesehatan*) facilitates the distribution of National Health Insurance (NHI) participants. High number of 1,947 NHI participants were switched primary health providers in Klungkung, Bali between July to December 2021. This study aims to explore the reasons for the switching of providers among NHI participants and the health providers' efforts to minimize it.

**Methods:** A qualitative descriptive study guided by an access theory was conducted in Klungkung District between December 2022 to March 2023. A total of 18 informants were purposively recruited, consisting of NHI participants (12 people), health service providers (4 people), *BPJS Kesehatan* (1 person) and staff of the district health office (1 person). Data was collected through in-depth interviews guided by interview guidelines. Data were analyzed using a thematic approach and presented in a descriptive narrative.

**Results:** NHI participants in Klungkung District switched provider due to spatial and non-spatial reasons. Spatial reason was the distance and time to the health provider. Non-spatial reasons included (1) conflict in social relations due to service and negative attitudes of health workers, (2) economic considerations in the health system which are difficult to reach, and (3) external encouragement. Strategies that have been or can be implemented to minimize the switching of PHCs were adjusting operational hours, improving the infrastructures, administration through fulfilling accreditation, service quality and training for human resources.

**Conclusion:** The dominant reason for switching of PHCs is associated with negative social interaction experiences related to human resources and service facilities at PHCs. PHCs are expected to be able to improve the quality of services through improving human resources and service delivery facilities.

**Keywords:** switching, primary health provider, national health insurance, participants, BPJS

## INTRODUCTION

The implementation of the National Health Insurance (NHI) by national health insurance provider (*BPJS Kesehatan*) in Indonesia is a strategic step by the Indonesian government to encourage efforts to achieve universal health coverage (UHC).<sup>1,2</sup> As of 2021, *BPJS Kesehatan* has collaborated with 22,764 primary health providers, and this number continues to increase to ensure essential health services for all Indonesians.

*BPJS Kesehatan* in Bali Province currently has collaborated with 644 primary health providers consisting of 120 (18.63%) public health centers or *puskesmas*, 299 (46.43%) private general practitioners, 89 (13.82%) dental practices as well as 136 (21.12%) primary care clinics.<sup>3</sup> Meanwhile, in Klungkung District, *BPJS Kesehatan* has collaborated with 35 primary health providers: 9 (25.71%) public health centers, 9 (25.71%) private general practitioners, 6 (17.15%) dental practices, and 11 (31.43%) primary care clinics.<sup>4</sup>

Primary health providers that have collaborated with *BPJS Kesehatan* are not evenly distributed, and they have variations in service quality, completeness of services and affordability. This triggers the phenomenon of primary health providers switching by NHI participants. Previous research found that there was an increase in primary health providers switching made by self-paid NHI participants in Denpasar City period June - November 2016 by 11.26%.<sup>5</sup> This phenomenon was also found in Klungkung District, where 1,947 NHI participants made primary health providers switching during the July - December 2021 period, an increase of 10.5%. This phenomenon of displacement may be due to lack of human resources, incomplete medical and non-medical facilities, inadequate capacity of service providers, long waiting times that lead to queues at one of the public health facilities that are often a source of complaints from NHI participants.<sup>6</sup>

The switching of primary health provider by NHI participants has various negative impacts on the provision of health services for the community. The distribution of participants is uneven, where some health facilities are overloaded with participants while other facilities are very short of participants. For example, in Klungkung District in 2021, 13 out of 35 primary health providers experienced overload or excess NHI participants. The number of NHI participants at these 13 providers has exceeded the ratio of the maximum number of participants at a public health center, which is 1:10,000. On the other hand, there is also a phenomenon of shortage of NHI participants, especially in the clinic category, which only receives as low as 34 NHI participants.<sup>7</sup> The switching of NHI participants can lead to differences in service quality, trigger competition between service providers and many Indonesian Health Card must be regenerated.<sup>8-10</sup>

There has not been much research on the aspects that lead to the switching of primary health provider among NHI participants in Indonesia. A previous study in Denpasar City found several factors were associated with the switching of provider among NHI participants including waiting time, facility availability, doctor services and also relocation of residential home.<sup>11</sup> This study aims to understand the reasons for primary health providers switching based on spatial and non-spatial aspects in NHI participants and primary health providers efforts to minimize the switching in Klungkung District.

Findings from this study can improve better understanding on this phenomenon of the primary health providers switching among NHI participants based on the access dimension approach through spatial (accessibility and availability) and non-spatial aspects (acceptability, affordability and accommodation) from the perspective of NHI users, service providers, and stakeholders namely *BPJS Kesehatan* and the District Health Office to explore the switching policies. Spatial and non-spatial aspects can underpin further research in developing more comprehensive research instruments and can be used by service providers to minimise the

switching among NHI participants and as a reference in providing quality health services to NHI participants by primary health providers.<sup>12</sup>

## METHOD

This study uses a descriptive qualitative research design that aims to describe the experiences and perceptions of informants related to the phenomenon of switching one health facility to another among NHI participants based on *Penchansky's* concept and theory of access consisting of spatial and non-spatial aspects.<sup>12</sup> The research was conducted in Klungkung District during the time period of December 2022 to March 2023.

The study informants were 18 people who were recruited purposively to represent different perspectives, consisting of 8 NHI participants who had switched primary health providers and 4 people who did not want to switch, which aims to identify the causes of the switching; health care providers as many as 2 people who receive a lot of switching and 2 people who lose a lot of NHI participants, which aims to identify efforts made by providers to minimise the switching of NHI participants; and 1 person each from *BPJS Kesehatan* and District Health Office, which aimed at identifying the provider switching policies.

Data were collected through in-depth interviews guided by interview guidelines, which took 18-49 minutes per informant. We explored the reasons for switching and strategies that have been implemented or potentially to be adopted to prevent switching. Before conducting data collection, researchers first explained the purpose, benefits, and risks of this research to potential informants. After that, the informant signed an informed consent as an agreement to participate in this study.

Data were analysed using a thematic approach through five stages: understanding the data, creating initial codes, searching for themes, examining and defining themes, and reporting. The data is presented in a descriptive narration and in maintaining and improving data quality, triangulation (by rechecking and comparing the quality of data from several sources namely users and service providers) and peer debriefing techniques were used.

This study has received approval from the Ethics Commission of the Faculty of Medicine, Udayana University Number 3086/UN14.2.2.VII.14/LT/2022.

## RESULT

The characteristics of the informants are presented in Table 1. The age of the informants was in the range of 23-47 years and the proportion of sex was the same, namely 9 people each male and female. The informants' education was from college to university and most of them worked as civil servants. Based on the switching of providers, most of the informants switched from puskesmas to private clinic. In terms of insurance classes, most of the informants came from class 2 and the number of family members ranged from 2-5 people. The length of time the informants became NHI participants was in the range of 5-16 years.

### Causes of switching the primary health providers

The results of the in-depth interviews revealed five main themes causing the primary health provider switching among NHI participants in Klungkung District which were divided into spatial and non-spatial aspects. A summary of the identified themes and sub-themes from the interview results is presented in Table 2.

**Table 1. Characteristics of informants**

| Informant code | Age (years) | Gender | Education level | Employment          | Previous providers   | Current providers    | Insurance classes | Number of family member | Member of years in NHI |
|----------------|-------------|--------|-----------------|---------------------|----------------------|----------------------|-------------------|-------------------------|------------------------|
| SP-01          | 28          | F      | University      | Self-employed       | General practitioner | <i>Puskesmas</i>     | 3                 | 4                       | 7                      |
| SP-02          | 23          | F      | College         | Self-employed       | <i>Puskesmas</i>     | Private Clinic       | 2                 | 5                       | 5                      |
| SP-03          | 27          | M      | University      | Self-employed       | <i>Puskesmas</i>     | Private Clinic       | 2                 | 4                       | 5                      |
| SP-04          | 30          | M      | University      | Self-employed       | <i>Puskesmas</i>     | <i>Puskesmas</i>     | 1                 | 4                       | 8                      |
| SP-05          | 30          | M      | College         | Civil servant       | <i>Puskesmas</i>     | General practitioner | 2                 | 2                       | 7                      |
| SP-06          | 33          | F      | College         | Civil servant       | Private Clinic       | <i>Puskesmas</i>     | 1                 | 4                       | 7                      |
| SP-07          | 28          | F      | College         | Civil servant       | <i>Puskesmas</i>     | General practitioner | 2                 | 2                       | 5                      |
| SP-08          | 42          | F      | University      | Civil servant       | Private Clinic       | General practitioner | 1                 | 4                       | 16                     |
| TP-01          | 23          | F      | College         | Civil servant       | -                    | General practitioner |                   |                         |                        |
| TP-02          | 31          | M      | University      | Civil servant       | -                    | Private Clinic       | -                 | -                       | -                      |
| TP-03          | 28          | M      | University      | Self-employed       | -                    | <i>Puskesmas</i>     | -                 | -                       | -                      |
| TP-04          | 31          | F      | College         | Self-employed       | -                    | General practitioner | -                 | -                       | -                      |
| FBKP 01        | 43          | M      | University      | Civil servant       | -                    | -                    | -                 | -                       | -                      |
| FBKP 02        | 31          | M      | University      | Civil servant       | -                    | -                    | -                 | -                       | -                      |
| FBMP 01        | 41          | M      | University      | Civil servant       | -                    | -                    | -                 | -                       | -                      |
| FBMP 02        | 47          | M      | University      | Civil servant       | -                    | -                    | -                 | -                       | -                      |
| BPJS 01        | 38          | F      | University      | Officer of BUMN     | -                    | -                    | -                 | -                       | -                      |
| Dinkes 01      | 31          | F      | University      | Officer in Contract | -                    | -                    | -                 | -                       | -                      |

Note: Informant code: SP = NHI participants who had switched provider, TP = NHI participants who did not want to switch, FBKP = provider who received many switchings, FBMP = provider who lost a lot of participants, BPJS = BPJS Kesehatan, and Dinkes = Health Office

**Table 2. Summary of themes and sub-themes that emerged from the interview results**

| Aspect      | Theme                                     | Sub-theme                                                                                              |
|-------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Spatial     | Temporospatial awareness                  | Inaccessibility of location, moving of domicile, long waiting time and discrepancy in operational time |
| Non-Spatial | Experience of interaction                 | Unavailability of human resources, incomplete facilities, and inadequate capacity of service providers |
| Non-Spatial | Social relations                          | Socio-cultural, personal closeness, service and negative attitudes of staff, doctor's shift schedule   |
| Non-Spatial | Economic considerations in health systems | Indirect costs, administrative complexities                                                            |
| Non-Spatial | External motivation                       | Workplace agency, switching policy from BPJS Kesehatan                                                 |

## Spatial causes of switching the primary health providers among NHI participants in Klungkung District

### *Temporospatial awareness*

Based on the results of interviews with NHI users, a number of informants admitted to experience difficulties in accessing the previous primary health services as a result of inaccessibility of locations, moving residency, long waiting times for services and a mismatch between operational hours and patients' free time. The main reason for temporospatial awareness considered by the informants in switching the providers is the inaccessibility of the location as it was difficult to reach due to the unclear directions and the long distance. This reason then makes informants decided to switch to the other primary health facilities which were easier to reach.

*"As for general practitioners, yes, but for dentists, I actually need access, at the previous location, yes, I have never had access to the previous location, because he was nowhere to be found. So I don't know where the doctor is, I don't know where the practice is. But now I can, I mean I can access it, I can use it" [SP-01]*

Relocation of residency is also an important reason for informants to switch health providers, because informants want to get health services at their new resident and can immediately get health services if something urgent happens.

*"That was because of moving my residence, which required me to switch my PHC. Because of that it doesn't make things difficult for me later when I want to do an examination using BPJS, like that" [SP-06]*

Another reason is the long waiting time for registration and services caused by long queues, long administrative processes and many patients at the registration counter and long waiting times for services. When the registration time is open then patients need to wait their turn to continue to the service queue, where it was frequently the doctor who arrived late, causing the informant to wait a long time in the service queue. The causes of switching due to the long waiting time for registration mainly came from patients who previously used *puskesmas*.

*"The previous one took quite a long time, the waiting time was quite a process, actually the first administrative process took a long time" [SP-02]*

*"We have to wait, because the doctor will come at eight o'clock, when we arrive at the poly, we wait around nine ten for the doctor to come, so it takes a long time to wait for the doctor too" [SP-07]*

Another reason that also determines the switching of providers in NHI participants is operational time which includes delays in service opening time at the public health center, and incompatibility between the operational time and patients' free time. Informants mostly complain about the operational time when the service time is short and limited. They did not have much free time to be able to access the health services and sick times are unpredictable.

*"The last experience is the opening time, the opening time is appropriate, but the service time is sometimes longer, maybe the officers come a little longer, so the wait is longer" [SP-05]*

*"The switching was of my own free will, because that time at the puskesmas I was arriving at 1 pm because of work, so I often received treatment in the late afternoon" [SP-05]*

## **Non-spatial causes of switching the primary health providers among NHI participants in Klungkung District**

### ***Experience of social interaction***

Some informants admitted to experience negative social interactions in accessing services at primary health providers due to the lack of human resources, incomplete facilities which include incomplete medical and non-medical facilities, and inadequate capacity of service providers. The main reason for the negative social interaction experienced by the informants was the lack of human resources in the general practitioners. Informants perceived that there is an imbalanced number of human resources providing services with the large number of patients. In addition, the number of doctors in the general practices is not proportional to the large number of patients who line up to receive health services.

*"In my opinion, the availability of doctors at that time was mediocre. In my opinion, when there was another activity, so in the polyclinic, there were no doctors on duty like that, in my opinion" [SP-05]*

Another reason was the incompleteness of medical and non-medical facilities at the primary health services. The informant admitted that the facilities at the general practitioner were incomplete, where there was no basic laboratory. In addition, non-medical facilities such as seating and parking facilities also determine the assessment of informants.

*"There is a pharmacy, I'm not sure about the laboratory. The laboratory was referred to a hospital, because next door is a hospital" [SP-01]*

*"In our previous health facilities. In fact, parking is rather limited, because it's on a main road, so because the clinic itself doesn't have parking, it's a bit difficult for us to park [SP-08]*

The capacity of service providers is also part of the social interaction that is of concern to informants such as if the health facilities are crowded which results in not getting a seat. The number of HR personnels compared to the number of patients is deemed inadequate, particularly at puskesmas, such as which disclosed by the following informant.

*"In terms of capacity, in my opinion, the number of patients is large and the staff there are, in my opinion, there are still too many patients like that, so the service is a bit long in my opinion" [SP-05]*

### ***Sustainability of social relations***

Based on the results of interviews with NHI users, a number of informants admitted that one of the reasons for switching the primary health providers was built through the socio-cultural context, the existence of personal closeness between patients and health service providers, low quality of services, negative attitudes of the health

officers and the frequent changes in doctors' shift schedules. The socio-cultural aspect also contributed to the informant's decision to switch the providers, particularly when they switch from puskesmas to the general practitioner. This decision was taken because of social influence or advice from relatives or friends to switch to another health facility which considered better according to their observations.

*"Once, from friends at work I also asked about which one was recommended, there were also some families there who continued to access, and it was also close to home, so I tried to choose that one and it turned out to be right for me" [TP-04]*

Another reason is because of the personal closeness that is built between NHI users and health professionals in the primary health facilities currently used. The informant admits that this personal closeness will provide distinct benefits for them, such as the ease of accessing health services and consulting a doctor regarding their health problems.

*"Another reason is because of closeness too, I also know several doctors there. After that, the access is easier. Sometimes we get sick, we don't know when we can get sick. And when we need a consultation with a doctor, the doctor also responds quickly and can be contacted every day, twenty-four hours, that's how it is" [SP-02]*

The doctor's quality of services and the negative attitudes of health workers such as the lack of comfort when consulting with a doctor also determine the switch of primary health providers in NHI participants. Informants complained of experiencing discomfort due to the large number of patients at the previous health centers, and the time for consulting with doctors was limited. Informants were also dissatisfied with the quality of services because it was not comparable to the long waiting time. Apart from that, the doctors' services such as inaccuracies in providing information were also the focus of the informants. The informants admitted that he received inaccurate information provided by the doctor as a result of the information provision that was brief and lacking in detail. There was also an error in diagnosing the disease and the informant had to receive repeated examinations.

*"Maybe it's more convenient for the consultation, yes, it's more comfortable for the consultation, so more time for examination or consultation for health problems, it's easier, easier and more comfortable. There were too many patients at the puskesmas, so there's a bit less consultation, a bit less time" [SP-05]*

The negative attitude of health workers was an important consideration for informants in changing health providers. Informants admitted that when they came to access services at health care facilities, they wanted to be noticed, receive good service and warmly welcomed by health workers. However, in reality there were health workers who showed an unfriendly attitude, unresponsive and lack trust to patients. This reason of switching mainly comes from informants in the puskesmas.

*"They are not friendly, there are some parts that I feel unfriendly. This time it happened when my parents needed emergency services" [SP-03]*

Another reason that also causes the switching of primary health providers among NHI participants is the

doctor's shift schedule which often changes. The informants from the clinic expected that they would be examined by the same doctor each time they come during the control period and the examination could be carried out optimally until the patient recovered. In fact, the doctors' schedule often changes, resulting in patients having to be examined by more than one doctor, and according to patients, the diagnosis was not correct.

*"...it's just that we think that when we have one of our children have the same illness, first we met with doctor A, then the next control we met with doctor B, so it was like keep changing a doctor. Also, the diagnosis might not be so precise. But if it's with the same doctor, it's better in my opinion. So if the next time is handled by the same doctor, the consultation process will be more accurate"* [SP-07]

### **Economic considerations in the health system**

Based on the results of interviews with NHI users, a number of informants admitted that economic considerations in the health system were difficult to reach due to indirect costs incurred and complicated administration at primary health providers. The indirect costs incurred by the informants were taken into consideration by the informants in accessing services at the health care facilities. An informant admitted that he switched health provider because he had to pay additional fees to access services at puskesmas.

*"There are times when the medicine runs out, so was told to buy it at the pharmacy, so I pay for it myself, and that's once, if I'm not mistaken, once or twice like that"* [SP-04]

Another reason that was also highlighted by the informants was the difficulty of the administrative process. The informant admitted that, the administration procedure in the puskesmas required a long time, such as finding a referral letter used for further examination in the hospital.

*"...then the current one is also quicker to get for the referral letter. Faster process. If the one at the puskesmas is like we go around and around, sometimes we don't want to get referrals from puskesmas, that's why I want to go to the clinic to switch it, like that"* [SP-02]

### **External motivation**

Conditions that require NHI users to switch primary health providers apart from decisions that come from themselves, are also influenced by factors that come from outside, such as the influence of the workplace agency and the existence of policy regarding the switching of health providers which issued by BPJS Kesehatan.

*"Basically, because one clinic cooperates with a hospital, coincidentally, it's like our obligation to switch the health facility to the clinic..."* [SP 02]

*"...that's because we don't see the adequacy of the doctors, but we will see from the infrastructure and facilities that we will switch it later..."* [BPJS 01]

### **Efforts made by health providers to minimize switching among NHI participants**

This research also identifies several strategies that have been or can be implemented by primary health providers to minimize the switching among NHI participants in Klungkung District. Based on the results of the

interviews, the efforts to minimize switching due to temporospatial awareness as a result of the discrepancy in operational time was made through the punctuality of opening services and adjusting the operational time of the health services to the patient's time.

*"We think we can only improve the quality of service, maybe improve it by increasing the number of guards where patients can still come to us without thinking about the hours so they can come to us 24 hours...." [FBKP 02]*

For negative social interaction experienced by informants, efforts are made to increase the facilities and capacity of service providers.

*"That's because the conditions for cooperation must be there, the examination room is there, if the lab we collaborate with the health center, for our pharmacy, the place provides 1 roof, we have been asked to cooperate with the pharmacy but in the end, other tools are needed. I also need to add that" [FBKP 01]*

In order to improve the sustainability of social relations, training for health workers are carried out to improve communication skills, including providing appropriate information and improving the quality of services.

*"...continue to train staff how to speak, be polite, communicate well, and deliver the right information so that they really know beforehand, yes we also learn like that..." [FBMP 02]*

*"Of course the efforts that we carry out are through quality improvement, so quality improvement is good quality of service, then the quality of human resources, and this includes the quality of our infrastructure so that later the public's perception of the services we provide can remain high..." [FBMP 01]*

For the economic considerations in the health system which is difficult to reach due to complicated administration, efforts to improve administration procedure are carried out.

*"Maybe yes we have too, because in anticipation of the beginning we offered ourselves for clinical accreditation so in Klungkung District we were one of the first batch to try for accreditation so we made improvements in terms of documentation or administration...." [FBKP 02]*

## DISCUSSION

High number of providers' switching reflect the quality of service and may also influence the distribution of participants. Our study found spatial and non-spatial reasons of switching. The NHI users consider temporospatial aspect is one of important factors. If the positive relationship in temporospatial i.e. distance and time can be maintained by service providers, it will be easier for informants to find and access health services. It should prevent them from switching.

The findings are in line with research conducted in Denpasar that inconvenience which include inaccessibility of locations, long waiting times for services, services that do not operate according to schedule

and inadequate facilities in the treatment process are the causes of the switching the health providers among self-paid NHI participants in Denpasar City.<sup>13</sup> Therefore, it is important to make improvements for primary health providers based on temporospatial reasons due to time and distance considerations. Providers can adjust their operational hours by exercising accuracy and discipline in terms of operational hours that are in accordance with the predetermined schedule of opening and closing services. For reducing the waiting time, online appointment can be considered. Meanwhile, BPJS must improve the distribution of primary health providers, and add the facilities' directions and road information through Google Maps applications to address distance issue.

The existence of negative social interaction considered important by NHI users as the cause of primary health providers displacement in Klungkung District. This is in line with other studies which show that the comfort level, which consists of inadequate facilities during treatment and the lack of health human resources, is the reason for moving health providers among independent NHI participants in Denpasar City.<sup>11,13</sup> This shows that the availability of human resources, facilities and capacity of service providers in the implementation of health services plays an important role as organizational goals can be implemented and health services can be carried out optimally. Primary health providers can increase their capacity including queues and waiting rooms, improve medical facilities which include examination rooms, pharmacies and basic laboratories and non-medical facilities such as providing parking lots, maintaining physical buildings, and creating good air circulation and lighting. Primary health providers are also expected to improve service quality by improving human resources' skills through education and training activities.

The sustainability of social relations considered important by NHI users, negative acceptance of the services and attitudes of health workers tend to make patients give a bad assessment of health services. The results of this study are in line with other studies which show that the failure of service interaction which includes the negative attitude of service workers who rush and convey information that is unclear is the reason for the switching of health providers among independent NHI participants in Denpasar City.<sup>11,13</sup> Therefore, it is important to make efforts to improve primary health providers based on the reason of sustainability of social relations, particularly by training health workers on how to communicate well, to display a friendly and polite attitude and provide appropriate information to patients which led to a sustainable positive relationship.

The economic consideration is associated with services that are difficult to reach, which can cause switching of health providers. Economic considerations were important for the informants because they had an influence on the informants' financial ability to access health services. NHI users will find it easier to reach health services if there is no additional costs that must be incurred beyond those already covered by *BPJS Kesehatan*. This is similar to other study that shows the transportation cost has a significant relationship with access to primary health facilities and the cost of medicines in health facilities is causally related to interest in repeat visits if drugs are available at the health center.<sup>14,15</sup> The primary health providers should increase service value through accreditation fulfillment without reducing unnecessary examination and treatment procedures and in the future the administration process can be carried out with good governance.

We also found the NHI participants perceived that switching health providers which is in collaboration with their workplace will give them positive incentive which served as external encouragement to switch. The external factors which can influence people such as encouragement from a reference group, namely neighbors around their house and co-workers.<sup>9,16</sup> While the other external reason comes from the *BPJS Kesehatan* policy where *BPJS Kesehatan* has the authority to switch NHI participants if there is a condition where the health providers used by NHI participants is no longer cooperates with *BPJS Kesehatan*. The *BPJS Kesehatan* has the

authority to move participants to other health providers based on equal distribution perspectives such as the number of registered participants, the adequacy of doctors, health workers other than doctors and infrastructure at the health facilities.<sup>17</sup>

There is a negative consequence if there is no updated information regarding the switching due to the providers is no longer part of BPJS providers. The NHI participants may visit the previous health providers to get health services but than have to pay for the services or is not able to received service with NHI coverage. Therefore, the switching of providers caused by encouragement from the workplace agency and the switching policy from *BPJS Kesehatan* should not be carried out unilaterally, it is better if the workplace agency and *BPJS Kesehatan* ask permission from the NHI participants and properly informed them.

Meanwhile, strategies that have been conducted by primary health providers to minimize the switching were increasing the availability of health workers. Inequality in the number of workers has an impact on services related to inconvenience and the waiting time for patients becomes longer.<sup>18,19</sup> Therefore, health workers are expected to be available according to needs, thus the main tasks and functions of health workers can be carried out in accordance with the competencies and skills that they have.

The limitations of this study are that there are several providers' variations that cannot be studied, such as the switching from clinics to clinics, general practitioners to general practitioners, and general practitioners to clinics so that the data obtained is less varied, especially in terms of the characteristics of education, employment, frequency of moving, membership class and type of membership.

## CONCLUSION

The reason underlying the switching of primary health providers among NHI participants based on the most dominant non-spatial aspect is social interaction due to the lack of human resources and incomplete facilities. While the most dominant non-spatial reason is the continuation of social relations due to services and negative attitudes of health workers. Thus it is necessary to improve the quality of services in primary health providers in accordance with the reasons for switching and they can provide optimal health services to NHI participants so as to increase the loyalty of NHI participants and the phenomenon of switchings the primary health providers can be minimized.

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## AUTHOR CONTRIBUTION

**IKW:** : Conceptualization, methodology, data curation, qualitative data analysis, writing – original draft. **IKS:** Conceptualization, methodology, data curation, writing – review & editing the draft. **INS:** Conceptualization, analysis, writing – review & editing the draft.

## CONFLICT OF INTEREST

The authors have no conflicts of interest associated with the material presented in this paper.

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