Additional file 4: Intention to leave practice.

E. Intention to leave practice

Please give check sign (V) on the options that appropriate with you carried out and explain the reason.

I.	Intention t	ention to leave practice as PHC physician for JKN	
	1. Do you	want to leave your practice as JKN PHC physician in the main place practice?	
	a.	Yes	
		Reason	
	_		
	b.	No	
		Reason	