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 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*
     
     _________________________________________________________________