Comparison of roles and professional development needs of nurse executives working in metropolitan, provincial, rural or remote settings in Queensland.

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ABSTRACT
This research provides a profile of nurse executives’ roles, career opportunities and professional development needs across metropolitan, provincial, rural and remote settings in Queensland. A cross-sectional survey was posted to all Directors / Assistant Directors of Nursing in the Queensland Public Health Sector (n = 281), with a response rate of 52.3% (n=147).

Findings indicated that nursing executives’ roles have expanded and diversified, with multiple role responsibilities increasing with distance from the metropolitan area. Nurse executives in remote areas were less satisfied with the quality of supervision and mentorship they received, and least likely to participate in career enhancing activities. Metropolitan nursing executives utilised more of the career enhancing opportunities provided by the Queensland Public Sector than provincial, rural or remote nursing executives. Provincial nurse executives were the group most likely to network, attend conferences and participate in informal educational activities. Professional development needs, although generally common to all groups, were more practice specific for those in rural and remote areas. Many nurse executives begin their careers in rural or remote areas where limited opportunities for career development may be detrimental to their future development.

KEY WORDS: nurse executives, roles, professional development, location
INTRODUCTION

Historic changes are occurring in the health care industry. Programs of managed care, expanding outpatient services and day surgery, cost containment and demands for efficiency and quality outcomes are transforming the roles of health care providers\(^1\). These changes have dictated the need for nursing executives to acquire new skills and competencies to enable them to develop their corporate focus. They will then be able to work towards organisational strength and development while ensuring that nursing as a profession is not compromised\(^2,3\). Nurse executives of today need to ensure they foster collegiality while establishing and maintaining effective shared management relationships with other professionals\(^2\).

It is well recognised that nursing practice in rural and remote settings can differ significantly from practice roles in metropolitan or provincial settings. Nurse executives in rural and remote areas need to be prepared for roles incorporating broader responsibilities and multiskilling, whilst simultaneously coping with the barriers of isolation, distance and limited resources\(^4\). Given the changing environment and role for nurse executives, it is important that the skills and competencies required for the different environments be identified. The professional development needs of nurse executives in specific practice settings may vary considerably from nurse executives in other settings.

This research provides a profile of nurse executives’ roles and responsibilities, career opportunities and professional development needs across metropolitan, provincial, rural and remote settings in Queensland. This information will enable future planning for
professional development strategies to enhance the effectiveness of nursing executive roles.

AIMS
1. To describe the impact of change in the health industry on the role and careers of nursing executives in public sector hospitals and health services throughout Queensland.
2. To explore what professional development programs can do to assist this group to meet changing organisational and health industry needs.
3. To examine differences in roles, responsibilities and professional development needs of nurse executives working in metropolitan, provincial, rural or remote settings.

METHOD
Study design
A cross-sectional self-report descriptive study design was used.

Sample
The sample included all Directors / Assistant Directors of Nursing employed in the Queensland Public Health Sector with a minimum of 12 months experience as a nurse executive (N = 281). At the time of the study 57.4% of the nurse executives employed in this sector were Level 4s and 49.4% were Level 5s. The response rate of 52.3% (N = 147) was made up of 39.5% of Level 4 and 60.5% of Level 5 nurse executives.
**Instrument**

A survey tool developed by Harris et al.² to investigate health service managers’ roles and career paths was adapted to suit the roles and responsibilities of nurse executives. Feedback from a pilot study of the tool, undertaken with nurse executives employed in the private sector (25% response rate), was integrated into the final questionnaire. The questionnaire consisted of 46 items in total, with 44 quantitative questions covering demographics, job description, roles and responsibilities, career path and professional development needs, including 11 Likert scale questions measuring satisfaction with career prospects and job satisfaction. The remaining two items asked participants to discuss recent changes in working life and barriers to addressing their professional development needs.

**Procedure**

Ethical approval was granted from the Queensland University of Technology Ethics Committee. Following this, each nurse executive meeting the inclusion criteria and employed in the public health sector was posted a package containing a covering letter from the President of the Directors of Nursing Association Queensland Inc. (DONA), to introduce the study, a questionnaire, and a reply paid envelope.

**Data analysis**

Responses to quantitative items were entered into SPSS. A thematic analysis of qualitative responses was undertaken by one of the authors and the results were coded prior to entry into SPSS. Participants were asked to classify the area in which they worked as rural, remote, provincial or metropolitan. The data were analysed by location.
of employment, that is, metropolitan, provincial, rural and remote areas. ANOVA tests were performed to identify differences between locations. Where significant differences were identified, a Scheffé test was performed to determine between which groups there were differences. Square root transformations of the data were used for p value analysis where there was heterogeneity of variance.

Definitions

For the purposes of this study, area classifications are defined as:

Metropolitan – A capital city or urban centre with a population > 100,000.

Provincial – An urban centre with a population from 25,000 – 100,000.

Rural – An urban centre with a population from 5,000 – 25,000.

Remote – A centre with a population < 5,000.

RESULTS

Demographics

Age and gender

The age ranges for nursing executives from all settings were similar, with provincial nurse executives having the highest mean age in years, 50.4 (SD 8.6), and rural nurse executives the lowest, 46.6 (SD 7.8). Eighty-four percent of the sample was female and 16% males.

Area of employment

Respondents were asked to identify the geographical area in which they were currently employed, i.e. metropolitan, provincial, rural or remote. Of those who responded 27.4%
worked in a metropolitan area, 30.8% provincial, 30.1% rural and 11.6% in remote areas.

**Educational background**

Nurse executives in metropolitan areas were more likely to hold tertiary qualifications than their colleagues. Ninety percent of metropolitan executives held a diploma or degree, with fewer tertiary qualifications in provincial (75.6%), rural (77.3%) and particularly remote areas (47.1%). Fifty-eight percent of metropolitan respondents held postgraduate tertiary qualifications, compared to 36% of provincial, 18% of rural and 29% of remote area respondents. Forty-one percent of all respondents reported completing some postgraduate studies in business or management.

**Roles and responsibilities**

**Roles**

Approximately half of metropolitan (55.3%), provincial (46.5%) and rural (50.0%) nurse executives reported a primarily administrative role. However, as the area of employment moved from cities to more remote areas, roles became more diverse. Thirty-eight percent of rural and 71% of remote nurse executives reported dual or multiple roles.

Financial and human resources management were the most frequently reported roles for metropolitan (69.2%, 51.3%), provincial (62.5%, 62.5%) and rural nursing executives (79.5%, 53.8%), whereas clinical management (43.8%) was nominated most frequently by remote respondents. The most frequently identified roles were similar for metropolitan and provincial executives (financial management, human resources
management, strategic management, staff development, quality improvement, operational management, clinical management, staff management and committee meetings/networking). Differing roles reported by rural nursing executives were community health and development and a general nursing role. Remote nursing executives reported a general nursing, domestic supervisory and an educational leadership role, as well as the varied roles associated with nursing in a remote area.

**Responsibilities**

Budgeting was the most frequently reported responsibility in all locations. Metropolitan and provincial nursing executives again reported similar issues, while those from rural and remote areas included the additional responsibilities of giving direct patient care, intersectoral liaison, forming community partnerships, managing resources and departments, health promotion, community education and the responsibilities of a sole practitioner in a remote area.

**Career satisfaction**

*Satisfaction with aspects of current position*

All nursing executives reported more satisfaction with co-worker relationships, their current position and the work itself than organisational or environmental aspects of their position. Remote area nurse executives reported significantly less satisfaction with the quality of supervision they received than did either rural (p=.01) or metropolitan nursing executives (p=.02).

Nursing executives’ satisfaction with aspects of their current position is displayed in Table 1.
Over 70% of nursing executives from all locations were satisfied with the work they do and their relationships with their co-workers. However, dissatisfaction with the quality of mentorship was reported by more than 40% of nursing executives from all areas. This was reported most frequently by remote nursing executives (> 70%). More than 40% of provincial and rural executives were dissatisfied with their opportunities for promotion and over 40% of metropolitan, rural and remote nursing executives reported dissatisfaction with their level of pay.

**Career opportunities provided**

When asked whether career opportunities were provided for nurse executives, metropolitan nursing executives were the most likely to agree. However, over 40% of all groups disagreed that useful career advice and counselling, timely feedback on performance, career opportunities for part-timers and opportunities to criticise employment policies were provided.

Remote nursing executives were significantly more likely to disagree that timely feedback is given on performance (p=.02) and that facilities are provided for the disabled (p=.02) than metropolitan nursing executives. These results are displayed in Table 2.
More than 70% of metropolitan nursing executives agreed opportunities were provided for multiskilling, for clinicians to move to management, for women to access senior positions and were overall satisfied with their career prospects. Provincial and remote nursing executives (>70%) disagreed that career opportunities were provided for those in part-time employment and over 70% of remote nursing executives disagreed there were facilities for disabled employees, flexible working hours and opportunities to criticise employment policies.

**Professional development needs**

**Difficult problems for nurse executives**

Problems encountered by nursing executives varied by location of employment. Metropolitan and rural nursing executives identified financial (57.7%, 42.3%), personnel (38.5%, 23.1%) and human resource management problems (23.1%, 26.9%) most frequently. Provincial nursing executives reported management (25.7%), information technology (20.0%) and workload demands (17.1%) and remote nursing executives reported financial (30.8%), workload (30.8%) and clinical skills (23.1%) as their most frequently encountered problems.

**Professional development and education activities required**

Nursing executives from all locations identified human resource management, financial management and information technology as areas to be targeted by professional development activities. Metropolitan and provincial respondents nominated leadership courses, while provincial and rural respondents specified the need for organisational training, guidance and communication skills. Provincial and remote executives identified that group support through meetings and networking would be helpful.
Provincial executives also reported the need for supportive structures and mentoring, while nursing executives from the metropolitan area identified time management skills and professional development for Level 3 nurses.

Both rural and remote nursing executives identified the need for rural and remote area nursing to be acknowledged. Rural respondents reported the need for promotion opportunities for nurse executives and remote respondents identified a need for district wide succession planning. Remote nursing executives were the only group who did not identify that their current study would address their educational needs.

**Barriers to professional development**

Provincial, rural and remote nursing executives all highlighted the barrier of distance. Those in provincial areas also identified lack of research funding. Remote executives identified the cultural inappropriateness of available professional development programs. Nursing executives from all areas reported cost, lack of time, problems with access, support and relieving staff as barriers to meeting professional development needs.

**Career enhancing activities**

Nursing executives from all areas reported attendance at workshops as a frequent method used to promote career advancement. Other activities differed between areas: metropolitan executives networked and participated in informal educational activities (78% & 68%); those in provincial and rural areas attended conferences (80% & 66%)
and networked (80% & 75%); and those in remote areas undertook formal and informal educational activities (82% & 71%).

Remote nursing executives were least likely to work on a research project, network, form partnerships, attend conferences, apply for or be seconded to another position. Provincial nurse executives were the group most likely to network, attend conferences and participate in informal educational activities. Overall, metropolitan nursing executives utilised more career enhancing opportunities than provincial, rural or remote nursing executives.

DISCUSSION

This investigation provides a profile of public sector nursing executives throughout all geographical areas in Queensland. The study identified that nurse executives employed in different locations, while reporting many similar roles, responsibilities and professional development needs, also identified issues that were specific to their location. These findings will enable general and specific programs to be developed to assist nursing leaders meet the changing demands of their positions.

Career satisfaction

It is of concern that nursing executives from all areas reported dissatisfaction with the quality of mentorship they receive, with remote area nurses reporting significantly less satisfaction with both quality of supervision and mentorship. This issue is of importance for future professional development programs. Previous studies have identified that mentorship can provide future executives with valuable learning experiences. Rural and remote nursing executives work in isolated environments where staff shortages are
common. Addressing mentorship and supervision needs is important for recruitment and retention of nurses in these areas.

**Career opportunities provided**

The findings from this study highlight the differences in career enhancing opportunities for nursing executives employed in different locations. Metropolitan respondents were able to utilise more career enhancing opportunities than any other group, which poses questions of equity. Metropolitan nursing executives were also the most likely to hold postgraduate tertiary qualifications, which may reflect access to educational institutions. The career structure and professional development programs for nursing executives need to be examined to determine how to provide equity in opportunities for all nursing executives. At the time of writing, a review of the career structure is currently under way in Queensland as part of Enterprise Bargaining IV agreements.

**Actions taken to enhance career prospects**

Career enhancing actions differed depending on the location of employment. Metropolitan nursing executives were more likely to collaborate with other health care professionals to obtain secondments, work on a research project and form partnerships. Provincial executives were most likely to apply for another position, attend conferences, network and undertake informal education.

The choices for rural and remote executives appear more restricted, with rural nursing executives most likely to attend skills workshops, while remote nursing executives were most likely to undertake a formal education course. It is recommended that rural and remote nursing executives’ attendance at career enhancing activities should be
Roles and responsibilities

The results from this study illustrate the expanding roles of nursing executives. As well as responsibility for nursing services, nursing executives today are responsible for financial management, human resources, clinical, operational, strategic and resource management, quality assurance and staff development. Although most nursing executives were employed primarily in an administrative role, multiple role responsibilities increased with distance from the metropolitan area. These varied roles highlight the multi-skilling and flexibility required of nursing executives.

The findings from this study agree with previous reports in the literature of expansion in nurse executive roles and responsibilities\(^3,7,8\). These roles require advanced leadership qualities including team leadership skills, broad vision and the use of sophisticated communication skills and resources\(^2,9\). Nurse executives’ competencies significantly impact on patient care outcomes, continuous learning, and relationships within and across agencies\(^3\). Preparation of future nurse executives must adjust to meet the current role requirements.

Professional development needs

It has been suggested that nurse executives should be prepared with postgraduate business and management education in order to effectively meet the requirements of their role\(^7,10-12\). In this study, nurse executives from all areas identified financial management, human resource management and information technologies as
professional development needs. It was interesting to note that 41% of the sample had completed some postgraduate studies in business or management, with another 23% currently undertaking these studies.

Additional professional development needs varied according to location. Professional development programs and tertiary education courses designed to meet the specific requirements of nurse executives working in isolated areas are needed, along with financial, logistical and management support to allow access to these opportunities. Although 82% of remote nurse executives were undertaking or had previously completed formal education courses, they were the only group not to identify that their academic study would meet their needs. A study on educational support for health professionals in rural and remote areas in South Australia found these workers have difficulty finding a suitable education program and require flexibility and recognition of the learning needs of local areas in their course content\textsuperscript{13}.

The majority of nursing executives identified cost and lack of time, relief staff and district support as barriers to their professional development. These problems have been consistently identified in previous Australian studies, with reported problems of finance\textsuperscript{14-16}, distance\textsuperscript{15,16}, leave availability\textsuperscript{14-17}, substitute staff\textsuperscript{15,18}, family commitments\textsuperscript{17} and employer support\textsuperscript{14,15}. A national survey of Australian rural nurses found that a lack of professional and educational opportunities was an important factor preventing their continuation in rural nursing\textsuperscript{15}. In this study, the group most likely to report no barriers to meeting professional development needs were metropolitan nursing executives, again raising questions of equity.
Limitations

Voluntary involvement, use of a self-report questionnaire and a response rate of 52.3% place limitations on the interpretation of these results. Nurse executives were asked to identify the geographical area in which they worked. Some nurse executives’ perceptions of their geographical location may have differed and therefore could limit the findings of this study.

CONCLUSION AND RECOMMENDATIONS

The roles of nursing executives have expanded and diversified, with multiple role responsibilities increasing with distance from the metropolitan area. Metropolitan nursing executives were able to utilise more career enhancing opportunities than any other group, which poses questions of equity.

Financial management, human resource management and information technologies were identified by nurse executives from all areas as professional development needs. Other professional development needs varied according to location. Financial cost, distance and lack of time, relief staff and regional support were identified as barriers to meeting professional development needs. Metropolitan nursing executives were the group most likely to report no barriers to meeting professional development needs.

Many nursing executives begin their executive careers outside the metropolitan area. However, the conditions and opportunities available for career development whilst working in these areas do not promote professional advancement. These nursing executives may be the nursing leaders of the future. Their lack of supervision,
mentorship and attendance at career enhancing activities could lead to sub-optimal management and leadership skills, inability to keep pace with the current demands on health service executives and poor staff retention.

RECOMMENDATIONS

- Improve the quality of supervision received by nursing executives in remote areas.
- Expand, refine and evaluate the mentorship program for all nursing executives, in particular addressing the needs of nurse executives in remote areas.
- Include postgraduate business and management education in the preparation of future nurse executives.
- Design professional development programs to address the specific roles and needs of nurse executives practicing in all geographical areas.
- Provide financial, logistical and management support to improve access for nurse executives outside the metropolitan area to professional development and career enhancing opportunities.

ACKNOWLEDGEMENTS

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REFERENCES


Table 1: Nurse executives’ level of satisfaction with aspects of their current position by location of employment

<table>
<thead>
<tr>
<th>Satisfaction with</th>
<th>Metropolitan</th>
<th>Provincial</th>
<th>Rural</th>
<th>Remote</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td>Mean  SD</td>
<td>F</td>
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<tr>
<td>Relationships with co-workers</td>
<td>5.73 1.01</td>
<td>5.62 1.13</td>
<td>5.59 1.06</td>
<td>5.12 1.27</td>
</tr>
<tr>
<td>The work itself</td>
<td>5.25 1.39</td>
<td>5.13 1.27</td>
<td>5.16 1.27</td>
<td>4.88 1.36</td>
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<tr>
<td>Current position</td>
<td>5.23 1.63</td>
<td>4.98 1.42</td>
<td>4.93 1.28</td>
<td>4.35 1.27</td>
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<td>Security of position</td>
<td>4.88 1.65</td>
<td>4.27 1.78</td>
<td>4.55 1.45</td>
<td>4.19 1.47</td>
</tr>
<tr>
<td>Quality of supervisiona</td>
<td>4.72 1.86</td>
<td>4.29 2.01</td>
<td>4.77 1.38</td>
<td>3.12 1.69</td>
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<tr>
<td>Level of paya</td>
<td>4.22 1.72</td>
<td>4.71 1.70</td>
<td>3.68 1.64</td>
<td>3.41 1.87</td>
</tr>
<tr>
<td>Opportunities for promotion</td>
<td>4.21 1.72</td>
<td>4.02 1.63</td>
<td>4.07 1.69</td>
<td>4.38 1.89</td>
</tr>
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<td>Quality of mentorshipa</td>
<td>3.92 1.94</td>
<td>3.70 2.01</td>
<td>3.95 1.48</td>
<td>2.44 1.26</td>
</tr>
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</table>

*a due to heterogeneity of variances, analysis (p values) are based on square root transformations of the data

* p < .05;

** p < .01

Range = 1 to 7 where 1 = very dissatisfied and 7 = very satisfied
### Table 2: Career development opportunities provided for Nurse Executives

<table>
<thead>
<tr>
<th>Provide opportunities for:</th>
<th>Metropolitan Mean</th>
<th>Metropolitan SD</th>
<th>Provincial Mean</th>
<th>Provincial SD</th>
<th>Rural Mean</th>
<th>Rural SD</th>
<th>Remote Mean</th>
<th>Remote SD</th>
<th>F</th>
<th>p</th>
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<tr>
<td>Career advancement</td>
<td>2.85</td>
<td>1.11</td>
<td>3.11</td>
<td>1.11</td>
<td>3.00</td>
<td>1.06</td>
<td>3.00</td>
<td>0.89</td>
<td>0.425</td>
<td>0.74</td>
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<td>Multi-skilling</td>
<td>2.41</td>
<td>1.16</td>
<td>2.73</td>
<td>1.03</td>
<td>2.27</td>
<td>0.92</td>
<td>2.31</td>
<td>0.87</td>
<td>1.705</td>
<td>0.17</td>
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<tr>
<td>Specialist skill development</td>
<td>2.62</td>
<td>1.09</td>
<td>2.91</td>
<td>1.10</td>
<td>2.98</td>
<td>0.90</td>
<td>2.63</td>
<td>1.15</td>
<td>1.125</td>
<td>0.34</td>
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<td>Suitable management and training</td>
<td>2.97</td>
<td>1.16</td>
<td>3.31</td>
<td>1.12</td>
<td>3.23</td>
<td>1.17</td>
<td>3.38</td>
<td>1.31</td>
<td>0.750</td>
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<td>Useful career advice and counselling</td>
<td>3.49</td>
<td>0.91</td>
<td>3.69</td>
<td>1.04</td>
<td>3.72</td>
<td>1.16</td>
<td>4.25</td>
<td>0.93</td>
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<td>Timely feedback on performance</td>
<td>3.05</td>
<td>1.21</td>
<td>3.29</td>
<td>1.20</td>
<td>3.51</td>
<td>1.01</td>
<td>4.06</td>
<td>1.06</td>
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<td>Opportunities for clinicians to move to general management</td>
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<td>0.89</td>
<td>2.96</td>
<td>0.82</td>
<td>2.93</td>
<td>0.99</td>
<td>2.88</td>
<td>0.81</td>
<td>0.582</td>
<td>0.63</td>
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<tr>
<td>Career opportunities for part-timers</td>
<td>3.44</td>
<td>1.05</td>
<td>3.38</td>
<td>1.07</td>
<td>3.23</td>
<td>1.11</td>
<td>3.69</td>
<td>1.20</td>
<td>0.720</td>
<td>0.54</td>
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<td>Facilities for disabled employees(^a)</td>
<td>2.92</td>
<td>0.87</td>
<td>3.07</td>
<td>1.03</td>
<td>3.07</td>
<td>1.06</td>
<td>3.81</td>
<td>0.66</td>
<td>3.386</td>
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<td>Access for women to senior positions(^a)</td>
<td>2.69</td>
<td>1.08</td>
<td>2.73</td>
<td>1.25</td>
<td>2.79</td>
<td>1.10</td>
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<td>Flexible working hours</td>
<td>2.97</td>
<td>1.20</td>
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<td>3.35</td>
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<td>3.69</td>
<td>1.14</td>
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<td>Career opportunities for people from ethnic minorities(^a)</td>
<td>2.84</td>
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<td>2.82</td>
<td>0.98</td>
<td>3.09</td>
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<td>Opportunities to criticise employment policies</td>
<td>3.10</td>
<td>1.17</td>
<td>3.43</td>
<td>1.17</td>
<td>3.47</td>
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<td>0.979</td>
<td>0.41</td>
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</table>

\(^a\) due to heterogeneity of variances, analysis (p values) are based on square root transformations of the data

\(* p < .05\)

Range 1-5 where 1 = strongly agree and 5 = strongly disagree