

- When learning a foreign language, one's grammar improves if one learns to listen to the language prior to speaking it (Benson, & Heilt, 1978).
- Both business practitioners and academics listed listening as one of the most important skills for an effective professional, yet only 1.5% of articles in business journals dealt with listening effectiveness (Smeltzer, 1993).
- Individuals agree less on the ratings of good listeners, but agree more on the ratings of poor listeners (Cooper & Buchanan, 2003).
- Listening accounts for approximately 1/3 of the characteristics perceivers use to evaluate communication competence in co-workers (Arnold, 1995).
- Listening and listening-related abilities such as understanding, open-mindedness, and supportiveness constitute the single dimension upon which people make judgments about communication competence (Wienmann, 1977).
- An individual's willingness to listen is positively correlated with communication skills and negatively related to receiver apprehension and sender based communication apprehension (Roberts & Vinson, 1998).

- The average person talks at a rate of about 125 – 175 words per minute, while we can listen at a rate of up to 450 words per minute (Carver, Johnson, & Friedman, 1970).
- People listen through one of four primary styles, including people oriented, time oriented, action oriented and content oriented. Females are more likely to be people-oriented and males are more likely to be action, content, or time oriented (Barker & Watson, 2000).
- 40 % of individuals choose to listen with two or more distinct styles (Weaver, Richendoller, & Kirtley, 1995).
- One's schema, agentic or communal, is a better predictor of listening style preference than one's gender (Johnson, Weaver, Watson, & Barker, 2000).
- Those with a high people-orientation have a low apprehension for receiving information (Bodie & Villaume, 2003).

- People have a general tendency to prefer the help of informal caregivers to formal helpers (Barker & Pistrang, 2002).
- There is conflicting evidence of what "effective support" entails. Dunkel-Schetter and Wortman (1982) report that potential support providers believe that "patients should avoid thinking or talking about negative aspects of their situation and try to be as cheerful and optimistic as possible" (p. 82). Dakof and Taylor (1990) found, in general, victims of major life stressors having been exposed to (a) inappropriate responses (e.g., minimization, criticizing), (b) individuals who fail to express concern, empathy or affection, and (c) avoidance from one or more network members including medical professionals. Similarly, Perrine (1993) reports a study that suggests potential support providers have a greater tendency to want to solve problems than to engage in supportive listening behaviors. In other words, informal help providers may avoid listening to the distressed other that may lead the distressed other to feel worse rather than better.
- The two most "helpful" listening behaviors when interacting with the bereaved include 1) provide the opportunity to ventilate, and (2) presence ("being there") (Lehman, Ellard, and Wortman, 1986).
- Supporters who are effective listeners provide more direct eye contact, are receptive to disclosures, and ask more follow-up questions (Miller, Berg, & Archer, 1983).

- The most frequently reported listening barriers among students are listening primarily for details or facts; becoming distracted by noise; daydreaming or becoming preoccupied with something else while listening; thinking of another topic or detouring because of what the speaker has said; and lack of interest in the speaker's subject (Golen, 1990).
- The top three reported listening barriers for business students were identified as 1) Personal disinterest in the topic, 2) Personal and internal distractions, such as hunger, headache, or preoccupation with something else, and 3) Inattentiveness such as daydreaming. The top three reported listening barriers for business practitioners were identified as 1) Environmental distractions such as phones ringing and other people talking, 2) Personal and internal distractions, such as hunger, headache, or preoccupation with something else, and 3) Rebuttal tendency – developing a counter argument while the speaker is still speaking (Watson & Smeltzer, 1984).

- Listening is critical to academic success. An entire freshman class of over 400 students was given a listening test at the beginning of their first semester. After their first year of studies, 49% of students scoring low on the listening test were on academic probation, while only 4.42% of those scoring high on the listening test were on academic probation. Conversely, 68.5% of those scoring high on the listening test were considered Honors Students after the first year, while only 4.17% of those scoring low attained the same success (Conaway, 1982).
- Students do not have a clear concept of listening as an active process that they can control. Students find it easier to criticize the speaker as opposed to the speaker's message (Imhof, 1998).
- Students report greater listening comprehension when they use the metacognitive strategies of asking pre-questions, interest management, and elaboration strategies (Imhof, 2001).
- Students self-report less listening competencies after listening training than before. This could be because students realize how much more there is to listening after training (Ford, Wolvin, & Chung, 2000).
- Listening and nonverbal communication training significantly influences multicultural sensitivity (Timm & Schroeder, 2000).

- Physicians interrupt 69% of patient interviews within 18 seconds of the patient beginning to speak. As a result, in 77% of the interviews, the patient's true reason for visiting was never elicited (Lee, 2000).
- Patients are less likely to sue practitioners with good bedside manners. In fact, 2/3rds of all malpractice cases were tied to breakdowns in communication. Conversely, medical practitioners with better communication skills were less likely to be involved in malpractice cases (Hickson, et. al, 1992).
- Residents of a nursing care facility were more satisfied with nursing assistants that had specific listening training as opposed to those who weren't trained (Trahan & Rockwell, 1999).
- Patients are more satisfied with oncologists who use shared decision-making strategies, including active listening, when deciding treatment (Brown, et. al, 2002).
- Physicians who use a biopsychosocial approach with patients, including expressing empathy, involving patients in decision-making, asking open-ended questions, and listening attentively, take no more time per average office visit and produce increased patient satisfaction, which leads to better and more responsible decisions, and increases the patient's willingness to carry out the prescribed treatment (du Pre, 2001).
- The most important communication skill in the doctor-nurse relationship, as well as the nurse-patient relationship, is listening (Worobey & Cummings, 1984). Further, nurses identify listening as highly important when dealing with doctors, patients, and hospital administrators (Worobey & Cummings, 1984).