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Listening Education

Editor: Margarete Imhof

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Editor

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Are You Listening Healthcare Providers? Suggestions for Listening Skill Building Education for Healthcare Providers

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Abstract

Patient satisfaction has long been tied to the effective listening of physicians and other healthcare practitioners. Research suggests that when healthcare providers listen to patients, it can result in more compliance, enhanced patient satisfaction and physicians are less vulnerable to malpractice lawsuits. Listening skills are useful in health interactions. Stewart (1995) noted that when patients are encouraged by their physician to complete their statement of concerns they feel more comfortable with the interaction and relationship and reveal important medical information. However, often times listening is an underused and not completely understood skills set. This paper presents two methods for teaching listening skills to medical students and practicing physicians in an interactive workshop and/or interactive course designed to fit into the communication competency section suggested by the Accreditation Council for Graduate Medical Education (ACGME) for all medical school curriculums.

Keywords: Listening Skills, Listening Education, Physician Training

Listening and its Role during the Medical Visit

Holmes (2007) cites that since the time of Hippocrates professors in medical schools have been telling their students to listen to their patients. Furthermore, medical students and young doctors all come to realize that the medical history and listening to the patient's account of their own illness is the best source of information to help make an accurate diagnosis. Cocksedge and May (2005) note that listening to the patient's story has long been

regarded as central to the practice of medicine and therefore is important in health care for two reasons. First, patient satisfaction has long been tied to the effective listening of physicians and other healthcare practitioners (Brown et al., 2002; Trahan & Rockwell, 1999; Wanzer, Booth-Butterfield, & Gruber, 2004). Research suggests that when healthcare providers listen to patients, it can result in more compliance, enhanced patient satisfaction and physicians are less vulnerable to malpractice lawsuits (Davis, Foley, Crigger, & Brannigan, 2002). Second, communication being an essential component of physician-patient interaction is not a new concept, but has only recently been framed as a skill and competence of medical professionals.

Listening skills are useful in health interactions. Stewart (1995) noted that when patients are encouraged by their healthcare providers to complete their statement of concerns they feel more comfortable with the interaction and relationship and reveal important medical information. However, often times listening is an underused and not completely understood skills set. Just because an individual hears stimuli that does not necessarily mean they are processing meaning from that stimuli and actually listening (Wolvin & Coakley, 1996).

Some might attribute the lack of listening by physicians to limited consultation times, yet Boudreau and colleagues (2008) contend that a lack of consultation time need not be a limiting factor to effective listening. Listening has been reported by patients as the number one expectation of physicians (Boudreau, Jagosh, Slee, Macdonald, & Steinert, 2008). In Boudreau and colleagues (2008) study, one patient alluded to an episode where the physician seemed to dismiss the patient's narrative of their illness. Instead the physician listened to and believed another medical doctor's rendition of that patient's narrative. Additionally, other patients cite that healthcare providers paid more attention to their medical chart more than to the patients themselves. When confronted with poor listeners, patients may utilize different communication strategies in response. For instance patients may exaggerate medical symptoms, even though they might feel guilty about it, to create a sense of urgency and as a result, patients hope to compel the provider to listen. These reported communication strategies may reflect a breakdown of communication during the medical visit.

Researchers have investigated the impact of communication break downs on malpractice lawsuits and found that medical practitioners with good communication and listening skills were less vulnerable to lawsuits (Hickson, Clayton, Giethen, & Sloan, 1992). In fact, Brenner and Bartholomew (2005) found that break downs in communication and a deficiency in physician listening skills may lead to frivolous or excessive malpractice claims. More recent studies have confirmed this association (Greenberg et al., 2007).

Many clinicians who completed training more than a decade ago received little or no formal education in communication skill building and currently, there is no precedence required to complete advanced communication training after medical school graduation

(Coran, Arnold, & Arnold, 2010; Vanderford, Stein, Sheeler, & Skochelak, 2001). Reasons why physicians may not have practiced advanced communication skills include: decreasing consultation time, the escalating amount of medical information, variability in treatment regimens, and diversity of populations (Osborn, 2000). Integrating communication, particularly listening skills into the existing medical curriculum is important. However, medical students often feel that taking communication training courses are common sense and feel they already have sufficient communication and listening skills for practicing medicine (Wright, Sparks, & O'Hair, 2008). Holmes (2007) cites that "teaching medical students to take medical histories efficiently and correctly, to listen to patients, is probably like teaching someone to act, dance, or swim. You can write about it, read books about it, watch videos, and even watch experts do it. However, only when you have done this a number of times yourself, with some expert surveillance of your effort, can you gain competence. The questions are more easily learned then the listening skills" (p. 156).

Despite the theoretical emphasis on teaching listening skills to physicians and medical students, studies of health care interactions make it clear that patients' cues are frequently missed or not acknowledged by healthcare providers (Beckman, & Frankel, 1997; Campion, Foulkes, Neighbour, & Tate, 2002; Levinson, Gorawara-Bhat & Lamb, 2000; Suchman, Markakis, Tuckett, Boulton, Olson, & Williams, 1985). Despite having introductory training as medical students, residents and attendees missed 70% of 160 empathic opportunities during oncology patient interviews (Easter & Beach, 2004).

Arguably, healthcare providers do not really learn in medical curriculums how to effectively demonstrate therapeutic and empathic listening. Often times listening is solely referred to as 'empathy' in medical discussions (Coran et al., 2010). Researchers are interested in how empathy can be taught in medical programs and how best to create health care cultures that value empathy in treatment (Jenkins & Fallowfield, 2002; Larson & Yao, 2005). Healthcare providers, particularly physicians, who learn to listen and adapt to the emotional needs of their patients may circumvent potential communication barriers. This paper will present two methods for teaching listening skills to medical students, practicing physicians, or other healthcare providers in an interactive workshop and/or interactive course designed to fit into the communication competency section suggested by the Accreditation Council for Graduate Medical Education (ACGME) for all medical oriented school curriculums.

Elements of Critical Listening Skills for Physicians

Before listening can occur, general practitioners must recognize that someone needs listening by spotting verbal and/or nonverbal cues given by patients. Listening at the start of

interactions is integral to models of consultation, such as gathering data on the patient and defining the patient's story (Cocksedge & May, 2005). The listening skills of providers should be highly valued and have been discussed as "essential" for ideal doctoring (Boudreau et al., 2008; Cousins, 1985). Basic listening styles, types, and skills should be addressed in any introductory medical communication workshop or course.

Barker and Watson (2000) developed a Listener Preference Profile which provides a way to learn about the listening preferences of yourself as well as others. They suggest that four listening preferences be distinguished: (1) people-oriented listeners (concerned with how listening influences relationships with others; (2) action-oriented listeners (concentrate intensely on the task at hand); (3) content-oriented listeners (carefully evaluate everything they hear; and (4) time-oriented listeners (value time management and efficiency while listening). In addition, a person could have multiple preference categories such as a combination of people- and action-oriented listening styles. If physicians tend to have the same or different listening preferences, then this would impact the type of listening training one would design to enhance their patient consultation skills.

Different types of listening with a variety of skill sets include: (1) discriminative listening (listening beyond the content and into emotion), (2) critical (listening to comprehend and evaluate (3) empathic (trying to understand the others point of view), (4) therapeutic (diagnostic listening by qualified medical personnel) and (5) comprehensive (listening to understand, remember, and retain, especially during interruptions) (Berko, Wolvin, & Wolvin, 2007; Burgoon, Buller, & Woodall, 1996; Lucas, 2009; Vora & Vora, 2008; Wolvin & Coakley, 1996).

Cocksedge and May (2005) discuss a specific listening skill termed the "listening loop." This may be defined as a definite period of listening by the general practitioner within the interaction, generally separate to hearing the patient's initial story. The loop is a patch of active listening, in response to a cue, in addition to the listening required at the start of a consultation to hear the patient's presenting complaint. There was a general acknowledgement among doctors that this "listening loop" can be switched on and off and as a result of inadequate amounts of time that may not be utilized enough during physician-patient medical visits. Additional factors that limit listening include work pressures, doctor's mood, doctor's feelings about the patient, whether the doctor finds the patient likable, preconceived opinion on behalf of the patient, and context of the encounter (Cocksedge & May, 2005). Brittin (2005) suggested five ways to improve family physicians' listening skills: (1) Concentrate on the person speaking, (2) avoid trying to think of an answer, (3) eliminate distractions, (4) be respectful, (5) pay attention to vocal inflections. These are all good tips for listening but arguably do not cover the use of other types of listening such as Discriminative, Critical, and Comprehensive listening.

There are many applied listening exercises that support the different types of listening. For example, we can teach auditory memory sequencing skills (Wolvin & Coakley, 1996), which are useful for short and long term memory recall of items not necessarily related to each other. In a medical scenario patients may present symptoms such as headache, fatigue, nausea, vomiting, dizziness, joint aches and loss of appetite. The medical diagnoses and subsequent charting of these symptoms depend heavily on whether the physician can recall patient information after the medical interview. Auditory memory sequencing is a simple exercise that upon cognitive repetition can enhance memory significantly for physicians and other healthcare providers. Another useful memory technique that could be adapted to the medical profession is that of interrupted rehearsal memory building. In this exercise, healthcare providers or medical students would be asked to use both hemispheres of their brain in order to remember components of a patient's medical case. This could be accomplished by having the student or physician recite the results of a patient's laboratory test and a short list of their current symptoms. Following these instructions the student or physician would be asked to count backwards by three to simulate an interruption in the memorization of the material just provided to them. We believe this is an important exercise because it teaches physicians how to recall a patient's information after an emergency or other interruption.

A Listening Course and Workshop for Medical Students and Healthcare Providers

In order to improve listening skills for both medical students and practicing healthcare providers, we propose a listening course for inclusion into medical school curriculums (see Table 1) and a shorter skills-based workshop for practicing healthcare providers (see Table 2). Our rationale for having both a listening course and workshop is to provide listening skills training for two different groups of healthcare providers: (1) medical students and (2) practicing healthcare providers. These are just two examples of what could be included to further listening education within the healthcare system. A medical school listening course could be included as a fourth-year, medical elective within curriculums that support advanced communication training. In addition, a listening workshop can be treated as a form of continuing education for practicing healthcare providers who were not exposed to advanced communication training during their medical education. We note that the optimum learning environment for listening education should be within medical curriculums, where a listening course would be more inclusive of listening skills, styles and techniques. Alternatively, the workshop format for listening education is mutually exclusive from the suggested listening course, and can be a need-based training supplement depending on medical specialty and communication voids.

Table 1: Course topics and information: A four week advanced listening short course for healthcare providers.

Course Week	Course Topics	Course Topic Information Includes:
Week 1	1. Introduction to course. 2. Listener Preference Profile. 3. Intro to the five types of listening. 4. Listening loop 5. Five ways to improve listening.	2a. People-, action-, content-, time-oriented listening style. 3a. Listening types: Therapeutic, Empathic, Critical, Discriminative, and Comprehensive. 4a. Definite period of listening by the general practitioner within the interaction, separate to hearing the patient's initial story. 5a. Concentrate on person speaking, avoid thinking of an answer, eliminate distractions, be respectful, and pay attention to vocal inflections.
Week 2	1. Discriminative listening. 2. Listen for vocal cues. 3. Detecting nonverbal cues. 4. Lying and deception cues. 5. Auditory memory sequencing exercises geared for medical personnel.	1a. Listening to distinguish and decode auditory and visual stimuli. 2a. Pitch, inflection, tension, volume, intensity, rate, quality. Tone, dynamics of the voice. 3a. Nonverbal cues: body language, facial expression, ocalics, gestics, haptics, paralanguage. 4a. How to suspect if your patient is deceptive or lying with their answers. 4b. Verbal, visual, paralinguistic, contradictions, and other deception cues. 5a. Recall of short term memory medical information.
Week 3	1. Therapeutic listening.	1a. How to provide supportive communication climates so patients are comfortable to express themselves. 1b. Teaching description problem/orientation spontaneity/equality as supportive climate skills. 1c. How to avoid negative climate such as ordering, directing, judging, criticizing, blaming, etc. 1d. Role playing therapeutic medical scenarios.
Week 4	1. Empathic listening. 2. Comprehensive listening.	1a. Identification with and understanding of patients' situations, feelings, and motives. 1b. Sounding board skills, paraphrasing, clarifying, and listening to patient narrative. 1c. Role playing empathic clinical encounters. 2a. How to listening to understand, remember, and retain messages. 2b. Memory techniques (i.e. interrupted rehearsal recall). 2c. Note taking techniques (i.e. mapping, précis, Cornell method, and outlining) for medical charting.

Table 2: Workshop topics and skill building exercises: An eight hour advanced listening workshop for healthcare providers.

Time Periods	**Workshop Topics**	**Workshop Application and Skill Building Exercises:**
Hours 1-2	1. Listener Preference Profile. 2. Five ways to improve listening.	1. Every workshop participant will discover their listening profile and learning style. 2. Exercises to improve narrative listening for medical interview.
Hours 3-4	1. Discriminative listening. 2. Vocal and nonverbal cues. 3. Lying and deception cues. 4. Memory techniques for medical personnel.	1. Decoding auditory and visual stimuli skill building. 2. Video examples to demonstrate deceptive communication. 3. Auditory memory sequencing exercise to enhance short term recall.
Hours 5-6	1. Therapeutic listening.	1. Role playing- supportive vs. inappropriate communication climates. 2. Applying supportive verbal techniques and medical role playing scenarios.
Hours 7-8	1. Empathic listening. 2. Comprehensive listening.	1. Sounding board skills, paraphrasing, clarifying, and listening to patient narrative. 2. Role playing empathic clinical encounters. 3. Skill strategies include long term memory techniques (i.e. interrupted rehearsal recall), 4. Note taking techniques (i.e. mapping, précis, Cornell method, and outlining) for the medical interview.

Both the course and the workshop are critical to introduce interactive and skill based training for physicians and other healthcare providers and as a result, we hope to enhance their listening skills during medical consultations. We feel that more concentrated listening competence is a necessary piece of the communication puzzle that is currently not emphasized enough in a majority of communication coursework, already offered within medical schools. Arguably, introducing skill-based listening alongside clinical skills will benefit not only the healthcare provider, but also enhance patient satisfaction with the medical visit.

People “assume” they automatically can listen if they simply can hear. This is not so, hearing is a physiological act, while listening involves hearing the stimuli, attending to stimuli, and trying to make sense of stimuli (Wolvin & Coakley, 1996). Therefore, five types of listening (i.e. discriminative listening, critical, empathic, therapeutic and comprehensive listening) will provide the foundation for both our course and workshop (Berko et al., 2007; Burgoon et al., 1996; Lucas, 2009; Vora & Vora, 2008; Wolvin & Coakley, 1996).

We understand that medical curriculums are filled with time constraints and are hard pressed to teach basic clinical skills, however listening courses can be built to fit specific programs or marketed as fourth year medical electives. Furthermore, we believe a four week course or workshop could potentially enhance specific memory techniques, note taking styles, listening styles and deception leakage cues for participants. Arguably, the earlier you start learning listening skills the more proficient a healthcare provider could become over the course of their career.

Although additional medical courses that emphasize listening as a skill would be ideal, it is important to develop listening workshops for practicing healthcare providers in order to teach them new skills, not learned previously, or to continue their communication education. Advantages of workshop formats are that they are adaptable to different medical specialties, can be taught in different teaching environments, and can be completed in a succinct period of time. In Coran and colleagues' study (2010), listening was cited as one of physician's more important skills, yet only one healthcare provider reported any formal communication training outside of medical schools.

Conclusion

A doctor performs 160,000-300,000 interviews during career making the medical interview the most commonly performed procedure in clinical medicine (Lipkin, 1996). Calhoun and Rider (2008) found that medical students have a predisposition towards delivering information and away from listening, gathering information, and sufficient engagement to understand the patient's and family's perspective. In two cases, subjects were ranked poorly in understanding the family's perspective but highly in demonstrating empathy. This finding may reflect the presence of empathic attitudes and statements in the subject's delivery that nevertheless were concurrent with deficiencies in their listening skills (Watson, Lazarus, & Thomas, 1999). Active listening is a critical component of the medical interview. Arguably, the therapeutic provider-patient relationship is dependent on the ability of the healthcare provider to communicate effectively with the patient (Davis et al., 2008).

We would like to go down the path of better defining and practicing listening skills in medical curriculums and for practicing healthcare providers. Currently, medical curriculums abstractly discuss the importance of listening, but thus far the medical literature has not provided a clear definition of what is a competent listener. Integration of listening skills into medical education could arguably enhance provider-patient visits and reduce medical litigation due to miscommunication.

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Listening to Stories: An Initial Assessment of Student Listening Characteristics

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Abstract

Listeners enjoy listening to stories. The speakers and conversationalists we most remember are those who have used stories to convey important ideas. Although storytelling is important, scholars are beginning to emphasize the need to refocus on story *listening*. In order to deepen our understanding of this emerging field, we collected and analyzed data about how students listen to stories before and after a listening-focused communication course. Based on our findings, we suggest that novice story listeners are more attentive to listening behaviors, while trained story listeners are more cognitively focused. We also observe that visualization is central to the process of story listening.

Keywords: Classroom Listening, Cognition, Listening Behaviors, Organizational Communication, Stories

Introduction

Listeners enjoy listening to stories. The speakers and conversationalists we most remember are those who have used stories to convey important ideas. Miley (2009) explains that "a good story is a good story, as evidenced by the myriad of adults who can still recount their favourite childhood fairy tales" (p. 367). But stories provide much more than entertainment: they also help us understand ourselves and the world around us. Through stories, "we can transcend the experience of daily living and know ourselves as more enduring than the little occurrences that mark our individual existences" (Livo & Rietz, 1986, p. 4).

Researchers recognize that stories are central to communication. Fisher (1987) has identified the narrative as a major component of communication theory. Rappaport (1995) observes that stories have powerful effects on human behavior, creating meaning, emotion, memory, and identity. Manguel (2010) adds that "stories teach us who we are and where we are. They allow us to ask why and to imagine ourselves as someone or somewhere else" (p. B6). And Bergquist (1993) argues that stories are the primary ingredient of culture — the means by which organizations often are held together. Indeed, storytelling research, which spans several disciplines, offers critical perspectives on the importance of stories in our society.

As with communication itself, stories are dynamic: they change each time they are told. McDrury and Alterio (2001) assert that "each telling of a story provides additional opportunities for practitioners to reflect on experience, gain insight into its significance, and assimilate subsequent learning into practice" (p. 64). In the same way that the speaker will have a different experience each time that she tells a story, the listener will have a different experience each time that she hears it. To be sure, the "point is not to control what people take away from a story but [rather] to engage their imaginations" (Gargiulo, 2006, p. 5).

Powerful storytellers carefully decide what to tell their audience. To be effective, storytellers must be selective, choosing the right story and the right details for their intended listeners. Far too many narratives fall apart because the speaker packs the story with unnecessary explanation and embellishment instead of focusing on a single moment—a "snapshot in time that engages listeners in an emotional experience" (Cohen, 2011, p. 77). The takeaway is that "effective storytelling is an interactive process and cannot be accomplished successfully without a strong ability to listen to the audience, and adjust the storytelling as the story performance evolves" (Denning, 2001).

The Power of Storytelling

Modern-day storytelling has come to be understood primarily from the perspective of telling stories to children. Teachers and parents have long known the benefits of telling childrens' stories, especially as a precursor to the development of critical reading and language skills. The central function of storytelling and story hearing in childrens' lives has led Gardner (1973) to observe that "the narrative impulse plays an important role in organizing the child's world" (p. 203). George-Warren (1992) posits that storytelling help children make sense of life: "Storytelling can offer a child a means of expressing feelings that are difficult to understand or verbalize … [it] provides a powerful way for children to gain empathy and understanding for people from cultures, races, and backgrounds different from theirs" (p. 16).

Storytelling, however, is not just for children: it draws diverse audiences all over the world. Professional storytellers visit Jonesborough, Tennessee, for an annual storytelling festival. Thousands of people attend the annual Alden Biesen International Storytelling Festival, the largest storytelling festival in Europe. And two professional organizations, the National Storytelling Network and the International Storytelling Center, play an instrumental role in enabling storytellers to find audiences.

Family traditions also depend on the stories that family members share with one another. A Thanksgiving holiday, for example, usually includes recollections of past Thanksgiving dinners and other family gatherings. Oftentimes, the older members of a family tell stories about past experiences and family history. Mills (2003) notes that many of these stories recount "the good old days" but also connect the past with the future (p. 17). These stories tend to "reveal a continued optimism about the future, thus providing a strong message that growing older is not something to fear" (Mills, 2003, p. 18).

Likewise, an entire organizational culture can be kept alive through the stories that employees share over and over again. Many employees often participate in story sharing: an act in which members of an organization transfer experiences and insights (McLellan, 2006). One example involves the employees who work at one of the oldest federal buildings in Washington, D.C.—a prominent building that used to be an observatory. People who work in the building frequently tell stories about how Abraham Lincoln would use an underground tunnel to slip out of the White House so that he could look at the stars from the observatory. In doing so, these employees are "'bootstrapping' on other people's experiences, inspiring insight, and providing catalysts for communication" (McLellan, 2006, p. 17).

Story Listening

Although storytelling is important, scholars are beginning to emphasize the need to refocus on story *listening*. Callahan (2006) stresses that an organization would do well to listen rather than tell: by listening, managers can "make sense of what is really going on in an organisation" ("Anecdote – Business Narrative"). Since an organization's communication and learning depend on its stories, "the simple act of making time for people to share their organizational stories and encouraging them to actively listen yields tremendous results in people's level of engagement and excitement" (Gargiulo, 2005; Gargiulo, 2006, p. 7). The storyteller's approach should create a listening mood that implicitly says, "Listen deeply, for I have something special to share with you" (Greene & Del Negro, 2010, p. 100).

Research shows that the narrative process involves both speakers and listeners. Bavelas, Coates and Johnson (2000) explored story listening in an interactive, conversational context. They found that listeners are essentially co-narrators: "the narrator elicits responses from the listener and the listener's responses affect the narrator" (p. 951).

These findings are supported by a recent scientific study: Stephens, Silbert and Hasson (2010) measured the brain activity of speakers who told stories and listeners who listened to stories. The fMRI images revealed that the speakers' and listeners' brain activity were spatially and temporally coupled. The greater the coupling, the greater the listener's understanding of the story.

Given the importance of listening in storytelling, it is important to question how listeners should approach story listening. Fisher (1987) asserts that narratives should be judged by the standards of "probability" (the extent to which the story is internally coherent) and "fidelity" (the extent to which the storyline is consistent with the listeners' own experiences) (p. 5). Friedman (1993) expands on how listeners should judge stories: "… since stories unify events into a meaningful structure, listeners must consider whether the [related events] occurred as described, are parts of a coherent whole, are connected in cause-effect patterns, are complete … are aptly sequenced, and are interpreted appropriately" (p. 215). Simmons (2007) characterizes story listening as "being present to other people's words and meaning," which one can achieve by retelling someone else's story without changing its meaning (p. 206).

Research Question

We designed the present study to explore the story listening process in more depth. In particular, we wanted to understand how students approach story listening and whether their approach changed after learning about the listening process.

RQ: *How do students describe the way that they listen to stories at the beginning and end of a listening-focused communication course?*

We hypothesized that the students' descriptions at the beginning of the course would be different from the students' descriptions at the end of the course.

Method

Before we taught any course material, we asked 69 undergraduate students enrolled in two listening-focused communication courses at a large public university to complete the statement, "When I listen to stories, I …" After spending a semester on the process and role of listening and the importance of story listening, we asked our students to complete the same statement.

Once we reviewed the data, two research assistants coded and categorized the responses. One author of this paper trained the research assistants and asked them to practice coding sample responses before they were given the full data set. Inter-coder agreement between the two research assistants was .94. The author also reviewed some of the coded responses to ensure that they were coded reliably.

Following the coding process, we were able to identify pre-course and post-course story listener characteristics. The students recorded 114 individual characteristics at the beginning of the course and 125 individual characteristics at the end of the course. We grouped similar individual story listener characteristics together to identify the most frequent characteristics.

Results

The results offer useful information about the ways in which students listen to stories. Table 1 provides a breakdown of the novice (pre-course) story listener characteristics, while table 2 provides a breakdown of the trained (post-course) story listener characteristics.

As the results reveal, novice story listeners tend to “visualize what is happening,” “pay attention,” and “ask questions.” They are “engaged” in the story, in part, because they “imagine” themselves in the story and “make eye contact with the speaker.” Trained story listeners also tend to “visualize what is happening” and “pay attention.” However, they are more likely than novice story listeners to “look for the elements,” “focus on the details,” and “relate to the speaker’s emotions.”

Table 1: Story Listener Characteristics at the Beginning of the Course

Rank	Characteristic	Count	%
1	Visualize what is happening	17	14.91%
2	Pay attention	15	13.16%
3	Ask questions	6	5.26%
3	Am engaged	6	5.26%
3	Imagine myself in them	6	5.26%
3	Make eye contact with the speaker	6	5.26%
7	Decide if I am interested	5	4.39%
7	Listen selectively	5	4.39%
7	Give feedback	5	4.39%
10	Nod my head	4	3.51%
10	Follow along	4	3.51%
10	Relate to them	4	3.51%
10	Remember a lot	4	3.51%
14	Look at the speaker	3	2.63%
14	Listen until I am not interested anymore	3	2.63%
14	Listen for the main theme	3	2.63%
17	Enjoy hearing them	2	1.75%
17	Move toward the speaker	2	1.75%
17	Guess the ending	2	1.75%
17	Focus on the details	2	1.75%
21	Relax	1	0.88%
21	Take them in	1	0.88%
21	Relate to the speaker's emotions	1	0.88%
21	Paraphrase what is being said	1	0.88%
21	Place the events in chronological order	1	0.88%
21	Become fascinated	1	0.88%
21	Give input	1	0.88%
21	Forget the minor details	1	0.88%
21	See everything around me	1	0.88%
21	Listen for the humor	1	0.88%
Total		**114**	**100.00%**

Table 2: Story Listener Characteristics at the End of the Course

Rank	Characteristic	Count	%
1	Visualize what is happening	17	13.60%
2	Look for the elements (setting, characters, plot, moral)	12	9.60%
3	Pay attention	7	5.60%
4	Focus on the details	6	4.80%
4	Relate to the speaker's emotions	6	4.80%
6	Focus on the story	5	4.00%
6	Look for the message	5	4.00%
6	Make eye contact with the speaker	5	4.00%
6	Relate to them	5	4.00%
10	Imagine myself in them	4	3.20%
10	Decide if I am interested	4	3.20%
10	Ask questions	4	3.20%
10	Look at the speaker	4	3.20%
10	Am open-minded	4	3.20%
15	Listen for the humor	3	2.40%
15	Listen to understand	3	2.40%
17	Listen for the inflection point	2	1.60%
17	Am bored	2	1.60%
17	Focus on the speaker	2	1.60%
17	Give feedback	2	1.60%
17	Evaluate the speaker's credibility	2	1.60%
17	Am interested	2	1.60%
17	Place the events in chronological order	2	1.60%
24	Remember a lot	1	0.80%
24	Listen to appreciate	1	0.80%
24	Stay motivated	1	0.80%
24	Show that I am interested	1	0.80%
24	Make note of the beginning, middle, and end	1	0.80%
24	Look at the speaker's body language	1	0.80%
24	Get distracted	1	0.80%
24	Think about the context	1	0.80%
24	Think about what they mean	1	0.80%
24	Am patient with the speaker	1	0.80%
24	Find it difficult to follow along	1	0.80%
24	Figure out the speaker's purpose	1	0.80%
24	Listen for the main theme	1	0.80%
24	Use my imagination	1	0.80%
24	Follow along	1	0.80%
24	Am engaged	1	0.80%
24	Listen for the climax	1	0.80%
Total		**125**	**100.00%**

Interpretation and Discussion

If we focus on the top nine characteristics in each table, we observe that the novice story listeners are more attentive to listening *behaviors*. Indeed, the novice story listeners reported three behaviors ("ask questions"; "make eye contact with the speaker"; "give feedback"), while the trained story listeners reported just one behavior ("make eye contact with the speaker"). We also note that the trained story listeners are more *cognitively focused*: these listeners identified eight cognitive dimensions ("visualize what is happening"; "look for the elements"; "pay attention"; "focus on the details"; "relate to the speaker's emotions"; "focus on the story"; "look for the message"; "relate to them"). In contrast, the novice story listeners identified six cognitive dimensions ("visualize what is happening"; "pay attention"; "am engaged"; "imagine myself in them"; "decide if I am interested"; "listen selectively").

These characteristics suggest that trained story listeners may be more cognitively engaged in listening to stories, because they understand the listening process at a deeper level. These listeners appear to recognize some of the "mental processes and activities used in perceiving, remembering, thinking, and understanding, as well as the act of using those processes" (Ashcraft, 2006, p. 11). Perhaps they are more conscious of these cognitive processes, because they have spent a semester learning about the different components (including the cognitive dimensions) of the listening process and the behaviors that underlie effective listening.

Furthermore, it is significant to observe that visualization is central to the process of listening to stories. Given that "visualize what is happening" is the top ranked characteristic for both novice and trained story listeners, listening educators ought to consider exploring the visualization component of the listening process in more depth. Our findings suggest that this type of training should focus on the visual, nonverbal components, which are "so critical to listening processing and responding" (Wolvin, 1989, p. 526). However, additional research is needed to understand the curricular implications of teaching visualization.

Although many studies focus on how speakers tell stories, the present study highlights the role of the listener in the storytelling process. Lane (1986) reminds us that the story listener is just as important as the storyteller: "Without the listener's participation in helping to bring the story to life, the singer of tales would be speaking into a languorous void, a night without echoes. Yet the gifts of story listening are far too often minimized, if not overlooked entirely" (p. 4).

Listening scholars can respond to the need for further research about story listening by examining how often and to what extent story listening takes place at home, at school, and at work. Another approach would be to build an instrument based on the most frequent characteristics from the present study and ask participants to rate the characteristics on a scale. Additionally, scholars could explore the extent to which story listener characteristics

depend on the listener's gender or culture. Through further research, we will enhance our understanding of the story listening process and the impact of story listening in our personal and professional lives. As storyteller Larry Littlebird notes, "Storytelling is about learning to listen, not about the information" (Vuko, 1996, p. C5).

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Peers and Pragmatics: Listening to ESL Students in a Mainstream Australian School

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Abstract

This paper discusses a listening initiative aimed at assisting newly arrived ESL adolescents to meet the sociolinguistic challenges they faced in an Australian school. Proponents of a mainstream approach to ESL learning maintain that immersing students into age appropriate classrooms with native speakers provides superior opportunities for ESL students to those of a language school. Listening to native speaking peers is viewed as a way to accelerate sociolinguistic learning. Yet the school where this study took place acknowledged that many of the ESL students were quickly marginalized rather than supported within the school environment, and their academic success was erratic. A listening based initiative was introduced to raise awareness of pragmatics, the knowledge of meaning in context. Observed instances of communication analysed in this paper typify those likely to isolate ESL adolescents in their early years of mainstream secondary school. Furthermore, the positive impact of the outlined peer listening intervention on social inclusion as a precursor of significant language development is demonstrated. This case study has curriculum and welfare implications relevant to schools offering ESL students mainstream education.

Keywords: Listening; ESL; pragmatics; sociolinguistics; mainstream education

Introduction

The wisdom of immersing ESL students into regular secondary school programmes and expecting sociolinguistic success was called into question at the Australian rural boarding school where this case study into pragmatic listening took place. It was assumed that being taught in English and hearing English native speakers within the school community would automatically result in the accelerated uptake of English language skills by the English Second Language (ESL) learners who comprised fewer than six percent of the

school population. Yet staff noticed ESL students' listening and speaking skills tended to fossilize rather than improve in this mainstream setting. A strategy was developed to assist ESL learners engage in carefully scaffolded peer interactions centred on pragmatic understanding.

The research context and hypothesis

School marketing brochures designed to recruit full fee paying international students highlighted many curriculum and social opportunities that were in reality not easily accessed by these students. It seemed that rapid mainstreaming neither motivated ESL students to learn English nor encouraged them to share common social outlooks. Studies of students placed in mainstream before they were able to compete equally with native speakers showed language minority students are seldom able to take advantage of the language use and interaction needed to further improve their speaking and listening (Harklau, 1994; Leve, 2002). Furthermore, findings of applied linguists and language teachers have shown that a second or foreign language is rarely mastered without addressing the culture of the community in which it is used, and violations of cultural norms often lead to socio pragmatic failure and the stereotyping of non native speakers (Gibbons, 2002; Hinkel, 2009;Thomas, 1983).

The school which was the focus of this case study typically enrolled students with only elementary communication skills who on arrival were taught all their subjects in regular classes with very limited timetabled ESL support. Staff noted that the 'honeymoon' period of good will and peer group interest when a new ESL student arrived was often cut short, and that this was mainly due to behaviour marked by pragmatic failure. How could this be addressed? In their Australian findings, Arkoudis and Love (2004), concluded that the language and cultural needs of the ESL students they observed in a similar mainstream rural secondary school were not being adequately met and that these needs were largely regarded as the students' own responsibility. While Arkoudis and Love met the challenge of mainstream education's inability to adequately assist its ESL learners by emphasising the need to improve *teacher* professional development, the initiatives reported in this study instead sought to improve peer interactions by teaching listening skills that promoted an awareness of pragmatics to *native speaking peers.* By making student peers aware of the powerful role of pragmatics in meaning- making and social integration, the aim was to remove critical barriers to friendship. By improving the understanding of native speakers of ESL language challenges it was hoped to provide a more inclusive and supportive setting.

Method

Instead of ESL staff concentrating all of their teaching effort conducting classes with the ESL students, the focus was also on teaching student volunteers how to listen for the sociolinguistic issues likely to aid or impede students' language acquisition. It was anticipated this would lead to the empathic and skilled listening needed to provide ESL students with improved access to the mainstream school's adolescent friendship groups, and in turn to the kinds of interactions likely to accelerate their language learning and acceptance into the culture of broader school community.

ESL teachers held three training sessions with native speaker peers that included and highlighted an increased awareness and knowledge of *pragmatics*, explained to students as the ability to use available linguistic resources in a contextually appropriate way, that is, how to do things appropriately with words (Rose, 2009). At the conclusion of the training sessions, an after- school conversation and discussion group was established where listening with an increased level of pragmatic awareness was targeted and taught. Twelve 'trained' peer listeners were then invited to participate in a series of conversation classes with eight newly arrived ESL classmates in an after school setting that was designed to scaffold language immersion in a social and relaxed way. The ESL teacher facilitating the discussion group encouraged students to notice and reflect upon any observed instances of pragmatic failure.

Results

The following three examples from researcher observation and reflective notes illustrate the impact of an improved knowledge of pragmatics in listening for and understanding instances of miscommunication. As well they show how this awareness promoted language learning and social cohesion.

Harry Pragmatic failure: the noodle bowl.

During snack time before a discussion group, the student volunteers experienced an example of contextual misunderstanding. A request, "Can you get rid of your noodle bowl from our room?" implied the smell was unpleasant in the confined class space but this request was regarded as hypocritical by Harry (pseudonym), an ESL student: "His books are over the table. My bowl is small." Furthermore, Harry mistook the connotation as well as the relevance of his discussion partner's follow up question: "Are those books smelly"? Perhaps unaware of the foreign smell of his food to the Australian boy and not adept at reading between the lines, his reliance on denotative rather than connotative meaning seemed to be a common source of growing resentment at the school. Some of the more vocal native

speaking peers labelled non native speakers as insensitive or selfish, as was the case with the noodle bowl episode, whereas non native speakers responded by calling native peers racist. Although the locution was seemingly a yes/no interrogative about the student's ability to remove his bowl and as such an answer of *yes* or *no* would be appropriate, the illocution would conventionally expect him to comply with the request as a matter of consideration towards his classmate. The perlocutionary effect was unexpected: the ESL student was indignant at his classmate's double standard about their shared space. This bore no relationship to the intended effect of the utterance. It was obvious that the meaning was distorted due to a misinterpreted speech act. By discussing this scenario as an illustration of the role of pragmatics in analysing communication, native speakers were able to listen for comparable examples and view them in a different way. The noodle bowl misunderstanding was in itself a minor incident but resentment and cultural intolerance can often be traced to such pragmatic failure and if unchecked a school community can become an intolerant place.

Sally Teaching conversation: do you have air pears?

One of the students, Sally, (pseudonym) was usually left out of peer selected work groups and staff had noticed her sitting alone during breaks. Despite initially befriending her when she first arrived, classmates soon made little effort to converse with her at all. She was described as sullen by several teachers who noted she typically gave too little information to keep a conversation going despite the relatively strong written language level recorded in her intake assessment. The suggestion was that Sally had *chosen* not try. She avoided detail as she was possibly afraid of making mistakes. Conversation, an everyday speech event, has many rules operating and these rules need to be taught to some students and particular interactions practised. There can be the mistaken idea that it is predominantly vocabulary and grammar that are undeveloped but in the case of this girl, what was needed was increased awareness of the organizational principles of speech acts such as turn taking and the ability to use tag questions such as "Are you..?" or "What's your ?". She needed to master what Finegan (1997, p. 367) refers to as the "conversational architecture" of speech events.

Native speaking peers in the discussion group were encouraged to listen for signs of Sally's lack of confidence and evidence that she was struggling to keep a conversation going until appropriate tags were incorporated. They were taught ways to use conversational tags so that with almost drill like exchanges in initial stages Sally was able to *chat* after all. Tagged exchanges produced a range of alternative, pragmatically appropriate conversational directions for different situations including this observed exchange with prepared conversation scaffolds:

S: Do you have air pears?

A: What do you mean?

S: Air pears

A: Sorry, I don't understand. Can you please explain what you mean?

S: Okay- Um, I (points to her ears)

A: Oh! Pierced - ears. Yes, I do have my ears pierced.

What followed was a light hearted, inclusive and sustained discussion about jewellery and teenage fashion using a teenage magazine as a resource. Far more instances of risk taking with language than usual were observed. Sally was at last involved in a cooperative conversation. Grice's maxims of quantity, relevance, manner and quality provided a tool for students to use to assess the linguistic behaviour within the peer discussion group (Finegan, 1997; Leech, 1983).These maxims defined common expectations and explained why some speakers appeared to break the cooperative assumptions that generally keep conversations efficient. By teaching the peer volunteers to listen for this, Sally was understood and given a chance to learn.

Anna Signposting pragmatic failure through role play

Within the conversation group students were given the chance to role-play violations of cooperative principles of politeness likely to prevent students from meeting culture specific norms. The exercise was exaggerated for fun and effect and it became clear to participants that many misunderstandings occur because of different assumptions and expectations about what is appropriate to say and do in a situation. Given the fact that different ethno-linguistic styles may carry different meanings in a new context, the role-plays demonstrated poignantly how this can lead to mistaken judgements about abilities and personal qualities, as well as the building and reinforcement of negative group stereotypes.

The linguistic behaviour of one of the more vocal ESL students in the group was relevant: a relatively fluent writer and speaker, Anna (pseudonym) was denied the benefit of the doubt that it was her grasp of English not her abrasive personality that made her utterances seem inappropriate. Requests observed within the group were typically expressed as commands such as this: *you will show me how to do it now* rather than *would you mind showing me if you have time now.* Lacking verbal softeners like *please* or *would you mind*, she had been labelled impolite, manipulative and spoilt and shunned by peers. Isolated from the social relationships likely to fine tune her language so that it met more conventional norms, the discussion group provided a crucial opportunity for peers to gain better understanding of why Anna breeched paralinguistic and socio pragmatic conventions and

this led to significant improvements in her pragmatic competence. The group did more than listen for and recognize the problems for together they guided each other and practised ways to overcome the following observed examples of pragmatic failure. The insult implied when she said within the discussion group "you copied me" became a more collaboratively expressed "we share similar ideas" and speech acts involving appearance were explained. Thus her explanation of a drawing "this is you, the fatter one. I didn't make it so fat as you are because it wouldn't look as good" was no longer branded and dismissed as cruel and arrogant. Instead this was heard as an instance of pragmatic failure, a misunderstanding to do with the taboos associated with comments about size and shape. It was thus something native speakers could explain and acknowledge as a typical pragmatic error and as such no more offensive in intent than the other student's previously noted communicative mispronunciation of "air pears".

Interpretation and Discussion

Implications for teaching

In order to avoid situations of rejection and misinterpretation, it is useful to teach all students, ESL and others, how to listen to speech acts involving refusals, apologies, complaints, expressions of gratitude, greetings and responses to leave takings with knowledge of pragmatic understanding (Bardovi-Harlig, 1992). Certainly by actively teaching and practising typical speech acts the discussion group took on a damage control role in tackling the socio pragmatic failure that was threatening the successful integration of the minority ESL students like Harry, Anna and Sally into this school. The native speakers became pragmatics learners and teachers. Observing the discussion group it was clear that cultural knowledge in contextual exchange is crucial. The authentic examples peers used to explain ways messages were encoded and decoded went well beyond the scope of any learners' phrase book or electronic dictionary and they were interesting, entertaining, often humorous, and certainly age appropriate. The discussion group embraced shifting communicative protocols and these interactions taught socialization in ways that conventional language texts could not do.

The interventionist role of the peer discussion group accelerated the chances for the school's ESL students to listen and to be listened to and understood in their social and academic context. This gave the students a better chance to access rather than alienate the friendship groups that were the cornerstone of their language learning in a mainstream setting.

Implications for further research

The dilemma of how best to engage ESL students and encourage communicative competence is not new. The social constructivist paradigm so influential in western mainstream classrooms assumes learner centred and communicative approaches will help *all* students make meaning during active interaction with their peers. This case study and others investigating peer based learning strategies (Ashton-Hay, 2009; Rudduck & Flutter, 2004) suggest a mainstream setting is unlikely *ipso facto* to offer inclusive or faster language learning skills. The experience needs to be value added. Peers in this study were specifically trained to listen for and respond to pragmatic miscommunication. This approach offered a way for teachers to improve the cross cultural experience of all students in this rural school. It seems to signpost a research direction that may assist the language acquisition of ESL students in other mainstream schools.

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Listening Metacognitions: Another Key to Teaching Listening?

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Abstract

A metacognitive listening strategy is a technique previously utilized to monitor listening comprehension in second language scenarios (L2). While the research in L2 has thrived and an instrument demonstrating evidence of validity designed to measure metacognitive listening strategies currently exists, there is no such measurement tool for application concerning listening in a first language (L1). Such an instrument would not only provide a research tool to develop additional listening theory from a cognitive, intrapersonal standpoint, but it also could be used as the basis for developing curriculum for first language listening. This study evaluates the L2 model and applies a slightly revised version to first language listening. The instrument was tested on a sample (n = 142) of freshmen students at a small Midwestern institution. Statistical analyses indicate that the original 5-factor 20 item instrument should be reduced to a 3-factor 11 item model to accurately represent the data. This pilot study is the first part of a much larger effort to develop an instrument pertinent to L1 settings that displays an ability to represent independent datasets and indicates preliminary evidence of internal consistency and validity.

Keywords: listening, cognition, metacognition, theory, education, curriculum development

Introduction

This pilot study is meant to be a precursor to theory building in listening research. Listening metacognition investigation is well underway in the *listening to a second language* (L2) literature. The L2 and education fields distinguish between cognition and metacognition; a listener might use a cognitive listening strategy to *comprehend* or “make progress”, but a

metacognition would *monitor* the process (Flavell, 1985), and include both self-reflection and self-direction (Vandergrift, Goh, Mareschal, & Tafaghodtari, 2006). Metacognitive thinking is generally viewed as a strategy; a metacognition is not one single tactic or skill, but rather a sequence of tactics that are used (Stein, 1999). An example of a cognitive strategy might be an inference or a paraphrase of given information, and a metacognition the ability to monitor one's own understanding while engaged in that task (Flavell, 1985). As *cognitive* listening aids in comprehension, then, *metacognitive* listening assists in monitoring the listening process.

In listening to a first language (L1) research, metacognitive listening has been referred to as self-monitoring strategies of listening (Imhof, 1998). Imhof identified not only strategies that take place before, during and after listening, but also approaches that account for the self, the speaker and the content. Presumably, individuals who use self-monitoring listening strategies not only use them during the listening process, but also prepare for the process and debrief what was learned. Imhof's work was important in beginning to identify listening strategies; however, with a sample of 32 participants, it was meant to be exploratory.

A more in depth view of listening metacognition was conducted by Stein (1999), who defined metacognitive listening strategies as, "the various tactics listeners use in order to comprehend or achieve whatever their goal might be" (Stein, 1999, p. 22). For example, a single cognitive strategy during listening would include evaluating the speaker's message, while a metacognitive listening strategy might entail checking perceptions during listening to assess understanding. If understanding was not present, then a "fix it" strategy might be employed, which is generally a metacognitive listening strategy. Stein approached her research from a qualitative perspective, so while she developed an extensive categorization of listening metcognitions, no instrument was developed.

In L1 listening, no researcher to date has produced a metacognitive listening instrument. However, L2 second language listening is far advanced in the study of metacognitive listening. Vandergrift et al. (2006) produced the Metacognitive Awareness Listening Questionnaire (MALQ). Their pilot study had 966 participants, and the final study had 512 participants. Both samples were intercultural, and English was always the second language for the participants. Thus, although there was no evidence of invariance testing across cultures, there is preliminary support in favor of the ability of the scale to be generalizable across sociocultural locations. However, the instrument is limited to *thinking about and responding from the viewpoint of learning a second language* through listening, not from listening in the first (L1) language. The theoretical framework grounding the MALQ is the model of metacognition, "a construct that refers to thinking about one's thinking or the

human ability to be conscious of one's mental processes" (Flavell, 1979; Metcalfe & Shimamaura, 1994; Nelson, 1996; as cited in Vandergrift et al., 2006, pp. 432-433).

According to Goh (2008), one of the leading researchers in L2 listening, metacognitive instruction offers two benefits. First, learners increase their motivation, thereby becoming less anxious, and more confident. Second, with increased confidence, listening performance improves. Both high performing and low performing listeners gain from instruction, though low performing listeners make greater gains. In fact, in a meta-review of 179 studies about what influences learning, metacognitive strategies were second only to psychomotor strategies in terms of the students' influence on learning (Wang, Haertel, & Walberg, 1990). The most highly rated metacognitive items included comprehension monitoring (planning; monitoring effectiveness of attempted actions; testing, revising, and evaluating learning strategies), self-regulatory, self-control strategies (e.g. control of action), and positive "strategies to facilitate generalizations of concepts" (Wang et al., 1990, p. 36). Developing a L1 listening instrument would have great application in a number of areas not necessarily involving learning second languages, especially as we begin to explore theory surrounding the concept of *thinking about listening*.

Thus, a metacognitive instrument in L1 listening would not only provide a research tool to develop listening theory, but it also could be used as the basis for developing curriculum for L1 listening. This research-based instrument could serve as the foundation for developing curriculum to be used for teaching listening in the elementary, secondary, and higher education classrooms. The curriculum would be a welcome addition to ease the tension between theory and application in teaching listening (Janusik, 2010). Therefore, the study posits the following research question.

RQ1: *To what extent is the MALQ applicable to L1 listening situations?*

Method

The data from this study were collected in the 2009 – 2010 academic year at a private Midwestern institution.

Participants

Participants included both freshmen and upperclassmen, all from the same institution. The freshmen were from the College of Arts & Sciences and were enrolled in a 1-credit hour freshmen seminar. All freshmen are required to enroll in this seminar; thus, the entire class was asked to participate in this study. The upperclassmen were drawn from three different communication courses. They varied in majors, and their only similarity was the instructor for the class. All students were offered course credit for their participation.

The entire sample included 142 students: 84 women, 44 men, and 14 not reporting gender. The mean age was 19.33 (*SD* = 2.36), with an age range of 18 to 33. The freshmen numbered 86 students, with 58 women and 28 men. The mean age was 18.29 (*SD* = .50), with an age range of 17 to 19. The upperclassmen numbered 42 students, with 26 women and 16 men. The mean age was 21.58 (*SD* = 3.10), with an age range of 18 to 33.

Procedure

Instrumentation. A modified version of the Metacognitive Awareness Listening Questionnaire (MALQ) (Vandergrift, et al., 2006) was utilized for this study (see appendix A). The MALQ was initially designed for L2 listening. Thus, three modifications were made. First, the original MALQ questions 11 and 18 dealt specifically with translation of words from one language to another, so those two items were dropped. Second, based on Imhof's work (2004) with the Listening Preference Profile (Barker & Watson, 2000), she showed the importance of contextualizing listening activity. Thus, when appropriate, each of the MALQ's probes added phrasing about the student being in a classroom listening to lectures or discussions. Finally, based on Zull's (2002) work on learning and the brain, the final probe was added: "When I listen to class lectures and discussions, I consciously try to connect what I'm hearing to things I've learned in other (not this) classes."

Results

The original MALQ (Vandergrift et al., 2006) identified five factors: Planning-Evaluation, Problem Solving, Directed Attention, Person Knowledge and Mental Translation. The fifth factor was not retained due to its inadequate demonstration of face validity in regards to the current goals of the study. Therefore, a four-factor model was tested for its ability to fit the current data. In addition, it was assessed for its capability of producing consistent reliability estimates.

Part 1

Preliminary Analyses. Data were inspected to ensure the assumptions of normality. For each sample (freshmen, upperclassmen), all data for the revised MALQ met the assumptions of normality with non-significant skewness and kurtosis (≤ |1.5|), suggesting that the variables were distributed normally in the population (Brown, 1997; Lomax, 2001). Internal consistency of each subscale was assessed using Cronbach's α and are as follows: Planning-Evaluation (α = .64), Problem Solving (α = .71), Directed Attention (α = .62) and Personal Knowledge (α = .35).

Commonly used fit indices and comparison thresholds were used to evaluate the ability of the factor structure to fit the data, including the comparative fit index (CFI) above

.90, the standardized root mean square residual (RMSR) below .10 and the root mean square error of approximation (RMSEA) below .08. Standardized residual covariance matrices were inspected for values greater than two in absolute value. Specifics related to these statistics are found in an assortment of different sources (e.g., Byrne, 2010; Hoyle, 2000; Hu & Bentler, 1999; Kline, 2005; Raykov & Marcoulides, 2006). Prior to fitting the measurement model, data were inspected for adherence to statistical assumptions (Tabachnick & Fidell, 2007). No standardized residual covariances were above 2.58 in absolute value. Two cases were deleted because of their conditions as multivariate outliers (Mahalanobis Distance > 45.32, $p < .001$). Eleven additional observations were removed that contained no data.

MALQ Fit. The original scale suggested five latent factors, ranging from three to six items each. One factor dealing with mental translation was not retained. Inspection of fit indices regarding the remaining factors indicated poor fit, $\chi^2(129) = 246.42$, $p = .000$, CFI = .29, RMSR = .09, RMSEA = .08, CI90% = .07, .10). Because the MALQ did not conform to the data or exhibit satisfactory reliability estimates, an exploratory analysis was conducted to deduce the factor structure most indicative of the data.

Part 2

Exploratory Factor Analysis. Because this study is attempting to discern a relevant underlying factor structure explaining listening metacognition, the study implemented principle axis factoring with orthogonal rotation. Well-accepted criteria were used to determine if the 20 items were factorable, including an examination of the Kaiser-Meyer-Olkin measure of sampling adequacy, KMO = .734, which was above the recommended value of .60 (Tabachnick & Fidell, 2007) and Bartlett's test of sphericity, which was significant, $\chi^2(190) = 632.48$, $p < .000$. However, three items failed to correlate at least .30 with at least one other item. Two were part of the original Person Knowledge construct from Vandergrift et al. (2006), which may indicate some problems with its factorability (Tabachnick & Fidell, 2007). An inspection of an anti-image correlation matrix supported the inclusion of every item in the analysis with all diagonals above .50 (Coakes & Steed, 2003). Because the data met virtually all of these criteria, a factor analysis was performed with all 20 items.

As can be observed in Table 1, an inspection of eigenvalues indicated that a first factor explained 10.39% of the variance in the overall analysis, a second 9.35%, a third 8.49% and a fifth 5.96% (see Table 1). Only four factors had Eigenvalues greater than one. Therefore, this four-factor solution explaining 34.18% of the total variance is advanced after examination of the scree plot (Cattell, 1966), which confirms the decision.

Table 1: Descriptive Statistics for Initial Factor Analysis

Factor	# Items	Eigen	% Var.	M	SD	Skewness	Kurtosis	α
Problem Solving	5	2.08	10.39	3.53	.57	-.33	.40	.70
Planning-Evaluation	6	1.87	9.35	3.11	.62	-.12	-.12	.69
Directed Attention	4	1.70	8.49	3.37	.60	-.47	.20	.69

Factor Groupings. Five items loaded onto the first factor, which contained many of the same items as the original Problem Solving subscale. Six items loaded onto the second grouping and consisted of similar variables to the original Planning-Evaluation factor. The four items consisting of the third grouping continued this trend by having overlap with the original Directed Attention subscale. Because bivariate correlations between the original factors suggested by Vandergrift et al. (2006) and our resulting groupings were all significant and high (Table 5), we retained the labels. Internal consistency was once again evaluated using Cronbach's α: Problem Solving (α = .70), Planning-Evaluation (α = .69) and Directed Attention (α = .69). All hovered within range of acceptable scale reliabilities. The reliability estimate for the entire scale was acceptable (α = .77). These numbers can also be observed in Table 1.

Inter-factor correlations were all significant and ranged from .21 (Problem Solving/Planning-Evaluation) to .35 (Problem Solving/Directed Attention), to .39 (Planning-Evaluation/Directed Attention). The average inter-factor correlation was .32; a value greater than .70 elevates the possibility of making errors in factor interpretation (Nunnally, 1978). This indicator is regarded to be a conservative criterion, lending credence to the ease of interpretability of our resulting factors. Subsequent confirmatory analysis results revealed this structure better represented the current data: $\chi^2(87) = 126.16$, $p < .004$, CFI = .82, RMSR = .07, RMSEA = .06, CI90% = .04, .08.

Based on deleting (a) low loading items (b) items representing more than one latent construct and (c) items whose error component systematically varied with other error components, a final model is advanced that includes 11 items and three latent constructs, which were allowed to freely vary. This model replicated the data covariance matrix accurately, $\chi^2(41) = 59.64$, $p < .03$, CFI = .91, RMSR = .05, RMSEA = .06, CI90% = .02, .09, and factor loadings were adequate (see Table 2). The resulting scale reliabilities were all relatively satisfactory, ranging from .67 to .72 (see Table 2). Table 4 provides the estimated correlations between the factors. Correlations between the new subscales and the original ones were all high, indicating that while some items were deleted, the integrity of the subscales were not compromised. These figures can be observed in greater detail in Table 3.

Table 2: Improved Factor Structure

Factor	Coef.	R^2	α
Problem Solving			.72
When I guess the meaning of a word in a class lecture or discussion, I think back to everything else that I have heard, to see if my guess makes sense.	1.00	0.38	
I use the general idea of the lecture or discussion to help me guess the meaning of the words that I don't understand.	1.06	0.58	
I use the words I understand to guess the meaning of the words I don't understand when listening to class lectures and discussions.	1.11	0.45	
Planning-Evaluation			.67
After listening in class, I think back to how I listened, and about what I might do differently next time in class.	1.00	0.36	
Before I start to listen in class, I have a plan in my head for how I am going to listen.	1.09	0.27	
I have a goal in mind as I listen in class.	1.10	0.37	
As I listen in class, I periodically ask myself if I am satisfied with my level of comprehension.	1.16	0.35	
Directed Attention			.69
When my mind wanders in class, I recover my concentration right away.	1.00	0.45	
I try to get back on track when I lose concentration while listening in class.	1.18	0.63	
As I listen in class, I quickly adjust my interpretation if I realize that it is not correct.	0.58	0.22	
I consciously make meaning in my head as I listen to class lectures and discussions.	0.70	0.23	

Table 3: Correlations between the Exploratory Subscales and Improved Subscales

Problem Solving	.88
Planning-Evaluation	.93
Directed Attention	1.00

Table 4: Correlation Matrix for Revised Factor Structure

Factor	1	2	3
Problem Solving	1.00	--	--
Planning-Evaluation	.03	1.00	--
Directed Attention	.31	.34	1.00

Table 5: Correlations between the Vandergrift (2006) Subscales and the Exploratory Subscales

Problem Solving	.84
Planning-Evaluation	.89
Directed Attention	.74

Note: Correlations were significant at the $p < .01$ level.

Discussion

The research question queried to what extent the MALQ was applicable to L1 listening situations. The initial evidence indicated modest reliability estimates for the subscales posited by Vandergrift et al. (2006) and an inability for the subscales to accurately represent the data. Therefore, substantial revision was necessary. Subsequently, the data were analyzed for latent factors. A three-factor solution was revealed that was reasonably aligned with the original subscales advanced by Vandergrift et al. (2006). This resulting structure was analyzed for its ability to represent the data and it fell short, also exhibiting scale reliability estimates that were modest at best. The structure was refined and again tested for goodness-of-fit. The revised and adapted Metacognitive Awareness Listening Questionnaire fit the data well, although it still displayed only modest subscale reliabilities. The new instrument was named the Janusik-Keaton Metacognitive Listening Strategies Instrument (MLSI).

The need for the revisions on the MALQ may have extended from the actuality that they measured two different, though related, phenomena. Therefore, the next step is to test this new structure for its ability to represent additional independent data. Additional measures of internal consistency may also be necessary given the small number of items per latent factor.

One limitation of the study involved its sample size, which although adequate, may have been small enough to increase the chances of Type II errors (an issue of statistical power). This potential constraint is more problematic given the utilization of χ^2 statistical techniques, which are sensitive to sample sizes both small and very large. These results can fluctuate as a product of sample size alone.

Future research should focus on further testing of the Janusik-Keaton Metacognitive Listening Strategies Instrument (MLSI) with these observations in mind so that it can better serve the advancement of theory building efforts in listening research (Bodie, 2009; Bodie, Worthington, Imhof, & Cooper, 2008; Janusik, 2007). The ability to measure the extent an individual is aware of their listening process has practical consideration in the improvement of listening in L1 contexts.

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Appendix A

Metacogntive Awareness Listening Questionnaire
Adapted from the 2nd language instrument developed by Vandergrift, L., Goh, C.C.M., Mareschal, C.J., and Tafaghodtari, M.H. (2006).

Directions: Think of your least favorite class that you're taking this school term. Answer each of these questions concerning that class only. There are not right or wrong answers, and your honesty will help us better understand how to help you.

1	Before I start to listen in class, I have a plan in my head for how I am going to listen.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
2	I focus harder on the lecture or discussion when I have trouble understanding.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
3	I find that listening in English is more difficult than reading, speaking, or writing in English.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
4	I consciously make meaning in my head as I listen to class lectures and discussions.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
5	I use the words I understand to guess the meaning of the words I don't understand when listening to class lectures and discussions.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
6	When my mind wanders in class, I recover my concentration right away.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
7	As I listen in class, I compare what I understand with what I know about the topic.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
8	I feel that listening comprehension in class is a challenge for me.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
9	I use my experience and knowledge to help me understand when listening in class.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
10	Before listening in class, I think of similar lectures or discussions that I may have listened to.				

	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
11	I try to get back on track when I lose concentration while listening in class.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
12	As I listen in class, I quickly adjust my interpretation if I realize that it is not correct.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
13	After listening in class, I think back to how I listened, and about what I might do differently next time in class.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
14	I don't feel nervous when I listen in class.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
15	When I have difficulty understanding what I hear in class lectures and discussions, I give up and stop listening.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
16	I use the general idea of the lecture or discussion to help me guess the meaning of the words that I don't understand.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
17	When I guess the meaning of a word in a class lecture or discussion, I think back to everything else that I have heard, to see if my guess makes sense.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
18	As I listen in class, I periodically ask myself if I am satisfied with my level of comprehension.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
19	I have a goal in mind as I listen in class.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5
20	When I listen to class lectures and discussions, I consciously try to connect what I'm hearing to things I've learned in other (not this) classes.				
	Strongly Disagree	Disagree	Sometimes	Agree	Strongly Agree
	1	2	3	4	5