



IDENTIFYING LISTENING STYLES IN UNDERGRADUATE(UG) OCCUPATIONAL THERAPY(OT) STUDENTS AND OT PROFESSIONALS AND STUDYING THE DIFFERENCE BETWEEN TWO : A CROSS SECTIONAL STUDY

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ABSTRACT

Background- In recent times there has been an increase in the cases of conflicts between health care professionals and patients due to lack of communication skills. Effective listening is an essential component of communication skill required in occupational therapy. It is important to identify different listening styles used by O.T undergraduate students and professionals in order to devise more effective ways of therapist-patient communication.

Objective - To identify the listening styles preferences of Occupational therapy UG students and Professionals and to study the difference between the two.

Study Design- A cross sectional study design.

Methods:- Written consent from participants was taken. Paper-based version of the Listening Style Inventory (LSI) was given to OT UG Occupational therapy students (I to IV year) and OT professionals from OT Training School and centre. Preference styles of both the groups were analyzed.

Result – Occupational therapy UG students and professionals exhibited different listening styles. OT professionals exhibited more active listening style than occupational therapy undergraduate students.

Conclusion – Listening styles matured as the Occupational therapy student graduated to become a professional.

KEYWORDS : Listening Style, Occupational Therapy

INTRODUCTION:

Listening has been defined by The International Listening Association as the process of receiving, constructing meaning form, and responding to spoken and/or nonverbal messages². The skill of active listening is an essential aspect of the role of an occupational therapist in both addressing the whole person and providing appropriate emotional support (Rahman, 2000). Listening is the first language skill to be acquired and begins as a fetus in the mother's womb (Wolvin and Coakley, 2000)³. Verbal and nonverbal attending behaviors are an integral component of the listening process. The human process of efficient listening requires selection, segregation, and integration of information at a fast speed⁴. According to Imhoff (1998), listening includes both verbal and nonverbal information, such as paralinguistic characteristics of speech (e.g., prosody and timbre, body language, and situation and contextual cues)⁵. Listening rules suggest the listener look at the person, ask questions, do not interrupt, do not change the subject, check emotions, be responsive in demeanor, posture and facial expressions⁶. It is an active process that requires attention to the speaker (sender) in order to appropriately react and respond⁴.

The complex process of listening for humans constitutes about 45% of the time spent communicating, which is about 80% of the average person's waking hours (Pearce, Johnson and Barker, 1995: 28)¹. Listening competency requires successful adaptation to different situations to achieve an intended or desired communication result⁷. Occupational therapist roles include therapeutic use of self and occupations, consultation, education, and advocacy. Within these roles, occupational therapists use listening behaviors to understand patients and improve their patients' quality of life and overall life satisfaction (American Occupational Therapy Association, 2008). The majority of listeners tend to demonstrate a specific listening style. Therefore, people's listening behaviors tend to be more a function of habit than conscious choice, relying primarily as a single, predominant listening style – a structured, habitual response².

NEED OF THE STUDY –

In recent times there has been an increase in the cases of conflicts between health care professionals and patients due to lack of communication skills. Effective listening is an essential component of communication skills required in occupational therapy⁷.

It is important to identify different listening styles used by undergraduate occupational therapy students and O.T professionals in order to devise more effective ways of therapist-patient communication.

AIM:

- To identify the listening style preferences of undergraduate occupational therapy students and OT professionals and to study

the difference between the two.

OBJECTIVES:

- To identify the listening styles preferences of undergraduate occupational therapy students and OT professionals using listening style inventory.
- To study the difference between the two.

REVIEW OF LITERATURE:

Siva Ranjan , Umesh Pralhadrao Lad, Sai Shankar Prathap, M. Neethika(December 2014) conducted study on Medical students of today, practitioners of tomorrow; are they listening? Published in Asian pacific journal of health sciences. They concluded that the majority of the future practitioners are passive listeners and acute need to evaluate and improve listening of medical students by significant changes in teaching-learning environment¹.

Ted Brown, Malcolm Boyle et all conducted study on Listening and communication styles of undergraduate occupational therapy students: a cross-sectional study published in British Journal of Occupational Therapy (2011), They concluded that occupational therapy students exhibit a disposition towards listening and communication styles that were indicative of an underlying interest in the care and welfare of others and which were traits of the 'helping, people-oriented' professions. Also they stated implication of this study was important to consider the listening and communication styles of occupational therapy students during their professional education and while completing practice placement education⁷.

C. Glenn Pearce Iris W. Johnson Randolph T. Barker (2003) conducted study on Assessment of the Listening Styles Inventory: Progress in Establishing Reliability and Validity. Published in Journal of Business and Technical Communication. They concluded that the LSI in its present form can serve as a guide for assessing a manager's perceived listening effectiveness, but further research is needed to refine the instrument and to test other managerial group⁴.

Lisa McKenna, Malcolm Boyle, Liz Molloy, and Ted Brown (April 2011) conducted study on Listening and communication styles in nursing students. They concluded that participants' education had no effect on their preferences and may provide some information for educators aiming to develop such skills. Longitudinal studies of these attributes into the graduate year are recommended⁹.

METHODOLOGY:

Occupational Therapy students and Occupational Therapy professionals from the Occupational Therapy Department of a Municipal medical college and hospital participated in the study. They were explained the purpose and nature of the study. A consent letter

was taken from them in the language best understood by them. Any queries regarding the study were explained. There were total 62 participants which included

- I. Teaching faculty
- II. Clinical Therapists
- III. Post Graduate Students (I to III year)
- IV. Intern
- V. Undergraduates Students

The participants ranged in age from 19 to 52 years They were grouped as Undergraduate Occupational Therapy Students (I to IV year) and Occupational Therapy Professionals from OT Training School and center. Paper-based version of the Listening Style Inventory (LSI) ³ was used. The questionnaire was distributed among the Occupational Therapy students & Occupational Therapy Professionals, They were explained the study objectives and asked to give a single best response for every question in a five point likert scale (never to almost always)

Every question was given points ranging from 1 to 5 depending on the response given by the participants. All the questions had 5 points for Almost always and 1 for never, except question number 2 and 8 in which the scoring system was exactly opposite of this. Final score was calculated as sum of scores of individual question and then the listening style of participant was classified in four groups;

1. Active Listeners(45-50),
2. Involved listeners (38-44),
3. Passive listener (28-37),
4. Detached listeners(<27)

Listening Style of Undergraduate Occupational Therapy Students & Occupational Therapy Professionals was assessed, along with Gender a wise percentage of their listening styles. Area of work wise listening style were assessed in OT Professional. Mann-Whitney U test used in the options chosen by male and female participants for each questions.

RESULTS AND DATA ANALYSIS:

Graph 1

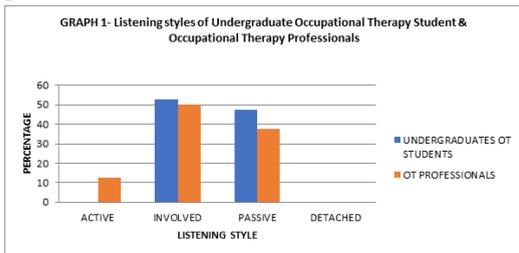


Table1: Males Vs Females

Sr	Item	Males (n=14)					Females (n=48)					Mann-Whitney 'U' test		
		1	2	3	4	5	1	2	3	4	5	U	Z	p
Q-1	I want to listen to what others have to say when they are talking	2	3	6	3	0	20	17	6	3	2	193	-2.519	0.012
Q-2	I do not listen attentively when others are talking	3	2	7	1	1	5	4	15	19	5	216	-2.109	0.035
Q-3	By listening, I can guess a speaker's intent or purpose without being told	4	5	3	2	0	10	19	16	3	0	322	-0.257	0.797
Q-4	I have a purpose for listening when others are talking	3	4	5	2	0	14	14	11	6	3	313	-0.410	0.682
Q-5	I keep control of my biases and attitudes when listening to others speak so that these factors won't affect my interpretation of the message	5	4	4	0	1	18	19	10	1	0	301	-0.626	0.531
Q-6	I analyze my listening errors so as not to make them again.	3	6	3	1	1	10	25	9	4	0	310	-0.482	0.630
Q-7	listen to the complete message before making judgments about what the speaker has said	6	4	4	0	0	24	17	5	2	0	296	-0.733	0.464
Q-8	I cannot tell when a speaker's biases or attitudes are affecting his or her message.	0	6	5	1	2	0	7	21	17	3	238	-1.747	0.081
Q-9	I ask questions when I don't fully understand a speaker's message	6	3	5	0	0	20	19	4	4	1	319	-0.314	0.753
Q-10	I am aware of whether or not a speaker's meaning of words and concepts is the same as mine.	4	4	6	0	0	11	24	10	3	0	318	-0.324	0.746

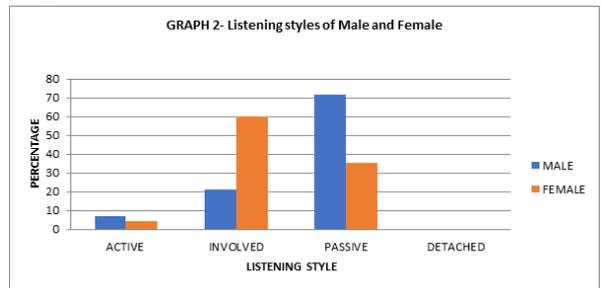
Mann-Whitney U test revealed that there is no statistically significant difference (Table 1) in the options chosen by male and female participants for each question except questions 1 & 2.

DISCUSSION:

Occupational therapy students and professionals exhibited "active, involved and passive "listening preferences, none of them showed

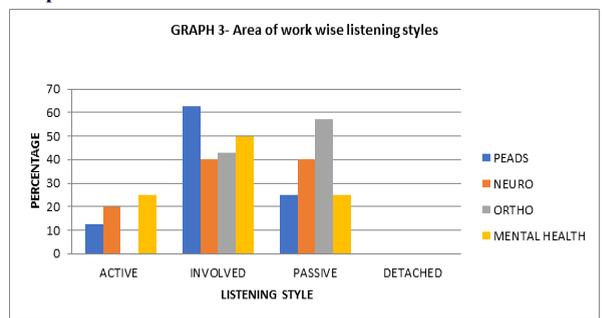
Comparison in Percentage of Listening Style of Undergraduate Occupational Therapy Student (I to IV years) & Occupational Therapy Professionals, It is observed that UG students demonstrates higher percentage of involved and passive listening styles compared to OT professionals . OT professionals demonstrated active listening style.

Graph 2



This graph shows comparison in percentages of Listening Styles amongst males and females. Males demonstrated higher percentage of active and passive listening style. Females demonstrated higher percentage of involved listening style.

Graph 3



Active listening style was demonstrated by Occupational Therapist working in mental health, neurology and paediatrics in descending preference. Involved listening style was demonstrated by Occupational Therapist working in paediatrics, mental health, musculoskeletal and neurology in descending preferences. Mental health and pediatrics exhibited the same preferences lower than other in Passive listening style.

interaction with patients.

Males demonstrated higher percentage of active and passive listening style. Females demonstrated higher percentage of involved listening style. This may be because females see conversation as a productive end in itself and tend to understand the emotional parts of message more effectively than men.

This is supported by Larry Barker and Kittie Watson, authors of the book "Listen up" in which they suggest that men and women typically employ different listening styles⁵. Men are more likely to be action oriented listeners, which means they focus on listening to information pertinent to the task at hand. Action-oriented listeners have little patience for speakers who ramble off topic or include unnecessary details. Women are more likely to be people oriented. They connect with emotional message and undertones of a conversation and are more concerned with the occurrence of the conversation than with the pertinent information discussed⁶. Siva Ranjan in their study title "Medical students of today, practitioners of tomorrow; are they listening?" concluded that males were active listeners, none of the female participants were found to be an active listener¹.

Occupational Therapy professionals working in mental health, paediatric, neurology and musculoskeletal areas exhibited active, involved and passive listening styles. Occupational therapists working in mental health, neurology and paediatrics showed descending preferences of active listening style. This may be because the narrative information is more important in psychiatric, paediatric and neurological patients listen to child, and play with child and community work. The therapist working in musculoskeletal area they exhibited higher percentage of passive listening style, this area required receiving information which does not depend on narrative style.

LIMITATIONS:

- The population was less in number.
- There was unequal proportion of Occupational Therapy UG student and Occupational Therapy Professional
- It was a Unicentric study.

STRENGTHS:

This study attempted to identify listening styles in Undergraduate Occupational Therapy students and Occupation Therapy Professionals. And attempted to show listening style of OT professional in working area.

CONCLUSION:

Occupational Therapy students and Occupational Therapy professional exhibit different listening skills.

Detached listening style was not exhibited by any Occupational Therapy students and professionals.

Females showed higher preference of involved listening style compared to males.

Males showed higher preference of active listening style compared to females.

Professionals working in mental health, paediatrics and neurology exhibited higher preferences to active and involved listening styles compared to those working in musculoskeletal area.

RECOMMENDATIONS:

- Larger data from multiple institutes can be compiled and analyzed together.
- The finding can be used to develop better communication skills among Occupational therapy students and professionals
- The finding can be used to improve patient therapist communication and avoid conflict.

REFERENCES:

- 1) D, S., Lad, *, Prathap, S., & Neethika, M. (2014). Medical students of today, practitioners of tomorrow; are they listening?. *Asian Pacific Journal Of Health Sciences, (Supplementary 2014)*, 35-39. doi: 10.21276/apjhs.2014.1.1.s.7 <http://www.apjhs.com/pdf/Medical-students-of-today-practitioners-of-tomorrow-are-they-listening.pdf>
- 2) Listening and Human Communication in the 21st Century Edited by Andrew D. Wolvin
- 3) Listening Style Inventory http://www.nova.edu/your_success/forms/listening_inventory.pdf
- 4) Pearce, C., Johnson, I., & Barker, R. (2003). Assessment of the Listening Styles

Inventory. *Journal Of Business And Technical Communication*, 17(1), 84-113. doi: 10.1177/1050651902238546

- 5) The Listening Style Inventory (LSI) as an Instrument for Improving Listening Skill May 2005, Master of English Language and Literature of Foreign Language Institute, Jinan University Volume 2, No. 5 (Serial No. 17) Sino-US English Teaching, ISSN1 539-8072, USA <http://www.documentsky.com/4321726081/>
- 6) Listening and communication styles of undergraduate occupational therapy students: a cross-sectional study conducted by Ted Brown,1 Malcolm Boyle,2 Brett Williams,3 Andrew Molloy,4 Lisa McKenna,5 Claire Palermo6 and Liz Molloy7
- 7) "listen up" author of the book - larry barker and kittie watson ,
- 8) McKenna, L., Brown, T., Boyle, M., Williams, B., Palermo, C., & Molloy, E. (2014). Listening and communication styles in nursing students. *Journal Of Nursing Education And Practice*, 4(11). doi: 10.5430/jnep.v4n11p50