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RESEARCH ARTICLE

THE RELATIONSHIP BETWEEN LISTENING KNOWLEDGE AND ACADEMIC PERFORMANCE AMONG NURSING STUDENTS OF THE UNIVERSITY OF CALABAR, NIGERIA

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ABSTRACT

Listening is an essential component of effective communication. Listening requires attention and practice to analyze and organize sounds into recognizable patterns, interpret the patterns and infer meaning to messages communicated. This descriptive study determined the relationship between listening knowledge and academic performance among nursing students of the University of Calabar. Simple random sampling technique was used to select one hundred and twenty (120) participants from 200 level class with a population of 220 students. Self-reporting questionnaire was used to collect listening knowledge information while academic performance information was retrieved from participants' academic records. Listening knowledge and barrier checklists used confirmed participants' knowledge. Socio-demographic data were analyzed using SPSS version 22 and reported in frequencies and percentages while Pearson Moment Product Coefficient determined the relationship between listening knowledge and academic performance. Socio-demographic characteristics findings showed participants to be within the age ranges of 25-31years (30.00%) and 32-38years (29.17%), 90 (75.0%) were females, 88 (73.33%) were generic students with 32 (26.67%) direct entry. Participants had high listening Knowledge with a mean and SD of 20.45±5.24 but failed to identify 4 key listening barrier issues. Listening knowledge and Academic performance findings revealed a negative correlation, indicating, a weak relationship since value is nearer to zero (calr-value = -0.0204, crir-value = 0.178, df = 118, P>0.05) thus accepted the null hypothesis. It was concluded that Listening is essential for successful academic performance that must be emphasized during nurse education training.

INTRODUCTION

Knowledge is described as power since it applies to facts or ideas acquired by study, investigation, observation, or experience. Knowledge acquisition is the process of extracting, structuring and organizing information from human experts for development. Successful learning is essential to increase knowledge to help one grow mentally, intellectually or even financially to cope with challenges of life. Academic success is the key criterion in judging the skills, capabilities and the total potentials that indicate the learning outcomes of students. There are many contextual indicators that are the determining parameters for academic performance and learning trajectories. Among these determining parameters is listening. Listening plays a vital role in the behavioral and intellectual development of a learner. Listening is a component of effective communication that involve a process of thinking, evaluating, judging, imagining, reasoning and problem solving (Camillo, Nóbrega and Théo, 2010; Kourkouta and Paphnasiou, 2014, Chinyeakaandwu Mgbakoigba, 2016). The construct listening in an educational environment is a deliberate act that requires conscious commitment to enable Individuals

critically assess information being communicated either by the teacher or learner to make meaning and give feedback (Mc Farland, Rhoades, Roberts and Eleazer, 2006, Papadantonaki, 2006, Calhoon and Rider, 2008; McGough, 2010, Yook, 2012). Shali, (2017) opined that listening takes a more fundamental social role in students' lives and has a spillover effect on future career and generations. Listening is therefore a construct and an activity that individuals engage in cognitive, affective and psychomotor processes (Moonaghi and Zardosht, 2015, Palani, 2012, Papadantonaki, 2012). The general purpose of listening in nursing education and practice is to gain full and accurate understanding of the teacher's point of view or ideas, specifically focus on the messages being communicated, avoiding distractions and preconceptions (Camillo, Nóbrega and Théo, 2010). It critically assesses what is being taught where both the teacher and learner show interest, concern and concentration in the art of listening. Listening thus forms, a substantive part of academic learning which defines the academic accomplishments of students resulting in more retention of important information such as content materials or instructions about assignments, thereby leading to higher academic performance. DeVito (2000) divided listening into

five (5) stages as: receiving, understanding, remembering, evaluating, and responding (feedback). The first stage of the listening process requires hearing and attending. Hearing involves the process of registering sounds as they enter the eardrum. Attending simply is the process of identifying accurately the sounds as words. The stage of understanding requires the listener to determine the context and meaning of the words heard. The concept of understanding is essential in gathering information. Understanding is enhanced when the listener asks questions to clarify issues. The stage of remembering occurs as the listener categorizes and retains information gathered. Gluck, Mercado and Myers (2008), Wikstrom and Sviden, (2011) assert that this stage involves the use of memory to recall information received. The evaluative stage is the actual listening stage where the listener critically assesses the information received and form opinion of what has been heard. This stage affects the listener's beliefs, ideas, decision and actions. The responding (feedback) stage is the last stage of the listening process where the listener provides verbal and/or non-verbal reactions to information received. The feedback could be formative where there is ongoing transaction between a speaker (teacher) and a listener (student) with the listener involvement with focused attention, note-taking, nodding, and other behaviors that indicate understanding or failure to understand the message. The summative feedback could come in the form of test, assignment, examination to ensure the learner has understood the information provided.

Shali, (2017), Connolly, (2016), Yook, (2012), McGough, (2010), assert that listening as a component of communication is influenced by individual attitude and skill. Very often people think they listen, but very rarely do they listen with real understanding yet listening is a very special kind of communication that is most potent force for change (Camillo, Nóbrega and Théo, 2010). An individual attitude often determines the type of listening option portray within a given situation. The type of listening chosen therefore depends on the purpose of the listener. Generally, it could be active, passive, selective, comprehension or evaluative, discriminative, critical, biased, appreciative, sympathetic, empathetic and therapeutic among others. Attentive listening brings about active observation- an important tool for quality nursing education. Several researches have shown the positive relation between listening knowledge and academic performance. Listening knowledge is very important as through the processes receiving, understanding, remembering, evaluating, and responding regulate the individual's learning in different areas (Shali, 2017, Connolly, 2016, Moonaghi and Zardosht, 2015, Palani, 2012, Yook, 2012, McGough, 2010, DeVito, 2000). Listening can be considered as a capability that enhances an organized behavior in cognitive, affective and psychomotor domains of an individual learner to achieve academic performance. The main objective of this study was to determine the relationship between listening and academic performance with a hypothesis stating that there is no significant relationship between listening knowledge and academic performance among Nursing students in University of Calabar. Bandura (1989).

Triadic Reciprocal Determinism model was adopted to guide the study. Triadic reciprocal determinism is a behavioral and personality model used in social cognitive theory with three core components that make up an individual personality: traits of the person, behavior, and environment.

By reciprocal determinism, Bandura believes that person variables, situation variables and behavior constantly interact and influence each other. According to this theory, an individual's behavior influences and is influenced by both the social world and personal characteristics which in turn influence cognition. Social cognitive theory strongly lays emphasis on one's cognition. It suggests that the mind is an active force that constructs one's reality selectively, encodes information, performs behavior on the basis of values and expectations and impose structure on its own actions. It is the understanding of the processes involved in one's construction of reality that enables human behavior to be understood, predicted and changed. In view of this theory, the student's academic performance is associated with listening interaction of the learner with other person(s) to develop effective listening strategies to meet learner's expectations of the outcome of his/her actions. Students' academic performance plays an important role in producing the most needed quality professional nurses to meet the most needed human resource for the healthcare system.

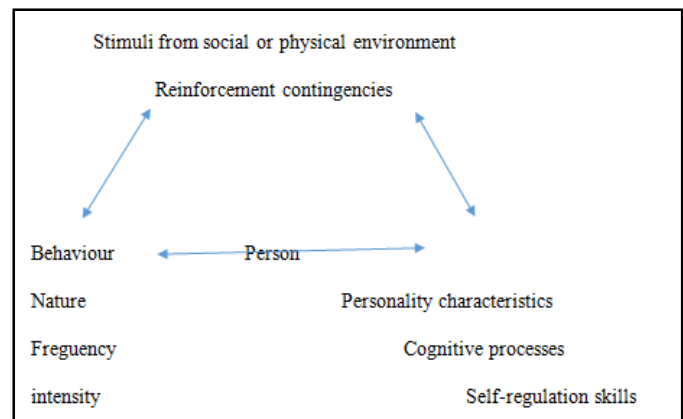


Figure 1. Bandura's Triadic Reciprocal Determinism (1989)

METHODS AND MATERIALS

This descriptive study was carried out among second, third and fourth year nursing students between January and March 2018. The study was conducted in the Department of Nursing Science, University of Calabar, Nigeria. One hundred and twenty (120) participants were enlisted for the study after obtaining ethical approval from the University of Calabar Ethical Research Committee, permission from the Head of Department and written consent from the students. Data was collected through a self-reporting questionnaire on listening knowledge and academic performance records of the participants. The instrument was validated by two experts in communication arts in University of Calabar. The instrument was divided into two sections (social demographic data and listening knowledge). Listening knowledge was assessed on 15 items. The instrument was pretested on 10 students who were not part of the study to ensure its reliability and validity. The questionnaires were distributed to the participants after explaining the importance of the study and assurance that information gathered will be treated strictly with confidentiality. Academic records of the participants were obtained from the departmental students' records and information on one of the core courses offered obtained. A checklist on listening knowledge and listening barriers was used to confirm participants' knowledge. Data were analyzed using Pearson Moment Product Coefficient to determine the

relationship between listening knowledge and academic performance while the sociodemographic data were reported using frequencies and percentages.

RESULTS

The socio-demographic characteristics of the respondents shows that 22 (18.33%), were within the age range of 18-24 years, 36 (30.00%) within 25-31 years, 35 (29.17%) in 32 years while 27 (22.50%) were in the age range of 39 years and above. Thirty (30) respondents were male (25.0%) and 90 (75.0%) were female. The generic students were 88 (73.33%) with 32 (26.67%) as direct entry. All participants derived from 200 level year of study. From table 2 above, participants

Knowledge of listening is very high with a mean and SD of 20.45±5.24 showing very high knowledge scores in agreement with statements except for four variables that had very low knowledge scores 78 (65%), 75 (62.5%), 68 (56.67%) and 79 (65.83%) findings by participants. Table 3 above reveals that the participants had the ability to identify listening barriers based on the variables presented. They, however, asserted that asking irrelevant questions 109 (90.83%), interrupting others conversation 100 (95.83%), Teacher discuss many topics in a short period 66(55%) were not barriers to listening. The findings in this table were confirmed with observational checklist adopted from the principles of effective listening. Participants' academic performance was obtained from the departmental students' records and information on one of the

Table 1. Socio-demography data of participants (n = 120)

Variables	Frequency/ %
Age:	
18-24	22 (18.33%)
25-31	36 (30.00%)
32-38	35 (29.17%)
39 years and above	27 (22.5%)
Total	120 (100%)
Gender:	
Male	30 (25.0%)
Female	90 (75.0%)
Total	120 (100%)
Category of students:	
*Generic	88 (73.33%)
** Direct entry	32 (26.67%)
Total	120 (100%)
Year of study:	
200 level	120(99.99%)

*Generic (Students directly from secondary schools)

**Direct entry Students (students who have undergone basic nursing training in a school of nursing).

Table 2. Summary of Assessment of participants Knowledge of listening (n = 120)

SN	Variable	Frequency		Mean	SD
		Yes	No		
1	Listening is an important aspect of communication in nursing education	75 (62.5%)	45 (37.5%)	20.45±5.24	
2	Listening is a process of thinking, evaluating, judging, imagining, reasoning and problem solving	106 (83.33%)	14 (11.67%)		
3	Listening is a receptive skill comprising of a physical, interpretive, analytical process	42 (35%)	78(65%)		
4	Listening enables individuals to critically assess what is being taught	104 (86.67%)	16 (13.33%)		
5	Asking questions during class session enhances one's listening skills	80 (66.67%)	40 (33.33%)		
6	Interruption of conversation results in poor listening	45 (37.5%)	75 (62.5%)		
7	Receiving and communicating non-verbal messages is part of listening	110 (91.67%)	10 (8.33%)		
8	Monopolizing a conversation is a sign of poor listening	52 (43.33%)	68 (56.67%)		
9	Looking distracted (checking time, phone, chew gum loudly) affective listening	62 (51.67%)	58 (48.33%)		
10	Listening is an activity that individuals engage in cognitive, affective and psychomotor-based ways	76 (63.33%)	46 (36.67%)		
11	Listening is key to academic success	41 (34.17%)	79 (65.83%)		
12	Listening plays a fundamental social role in individuals' lives with spill over effect on future career	100 (83.33%)	20 (16.67%)		
13	Good listening brings about active observation	50 (41.67%)	70 (58.33%)		
14	listening is a deliberate act that requires conscious commitment	61 (50.83%)	59 (49.17%)		
15	Listening is an act of learning	90 (75%)	30 (25%)		

Table 3. Participants identification of listening barriers (n = 120)

SN	Variable	Frequency		Total
		Yes	No	
1	Talking with other students	94 (78.33%)	26 (21.67%)	120 (100%)
2	Monopolizing a conversation	67 (55.83%)	53 (44.17%)	120 (100%)
3	Looking distracted (checking time, phone, chew gum loudly)	89 (74.17%)	31 (25.83%)	120 (100%)
4	Interrupts others conversation	20 (4.17%)	100 (95.83%)	120 (100%)
5	Dozing off	70 (83.33%)	50 (16.67%)	120 (100%)
6	Feeling hungry	85 (87.5%)	35 (12.5%)	120 (100%)
7	Feeling hot	116 (96.67%)	4 (3.33%)	120 (100%)
8	Asking irrelevant questions	11(9.17%)	109 (90.83%)	120 (100%)
9	Difficulty in hearing what is said	87 (72.5%)	33 (27.5%)	120 (100%)
9	Do other assignment while in class	74 (61.67%)	46 (3.83%)	120 (100%)
10	Teacher discuss many topics in a short period	54 (45%)	66 (55%)	120 (100%)
11	Classroom is not comfortable (Stuffy, dark)	109 (90.83%)	11 (9.17%)	120 (100%)
12	Classroom is noisy due to large number of students	118 (98.33%)	2 (1.67%)	120 (100%)
13	Prejudice feelings towards others	69 (57.5%)	51 (42.5%)	120 (100%)
14	Faking Attention	65(54.17%)	55 (45.83%)	120 (100%)

Table 4. Participants' knowledge of listening and Academic Performance (n = 120)

SN	*X value	**Y Value	SN	*Xvalue	**Y Value	SN	*X value	**Y Value
1	15	50	41	16	50	81	16	56
2	16	52	42	17	34	82	18	14
3	18	52	43	16	50	83	17	37
4	17	56	44	15	40	84	18	45
5	19	50	45	18	45	85	18	39
6	20	51	46	14	50	86	13	51
7	19	58	47	14	51	87	15	23
8	16	53	48	15	60	88	12	40
9	18	54	49	15	46	89	14	45
10	17	60	50	16	50	90	15	52
11	16	51	51	16	53	91	15	45
12	16	50	52	15	36	92	14	37
13	17	64	53	14	37	93	16	60
14	18	64	54	20	32	94	17	27
15	20	62	55	14	33	95	16	38
16	19	50	56	15	60	96	15	45
17	18	50	57	15	50	97	14	47
18	15	53	58	14	36	98	15	54
19	17	47	59	14	36	99	14	37
20	16	37	60	15	53	100	18	29
21	16	36	61	17	52	101	15	29
22	16	48	62	15	46	102	16	48
23	15	36	63	15	60	103	15	35
24	15	48	64	16	40	104	16	53
25	17	45	65	14	56	105	15	57
26	18	24	66	16	36	106	16	50
27	19	45	67	14	33	107	18	35
28	16	50	68	16	35	108	14	50
29	15	46	69	18	37	109	18	42
30	18	42	70	16	13	110	18	38
31	16	63	71	14	53	111	14	40
32	15	61	72	15	45	112	16	52
33	14	51	73	14	63	113	14	40
34	17	35	74	14	33	114	16	40
35	16	53	75	15	55	115	15	50
36	18	60	76	16	28	116	16	36
37	16	50	77	17	51	117	18	61
38	15	38	78	16	54	118	14	38
39	14	50	79	16	33	119	15	45
40	14	50	80	16	45	120	14	41

Table 5. Listening knowledge and Academic performance of Nursing students (n = 120)

Variable	$\sum X$	Mx (mean of X)	Deviation Score	Deviation Squared	r-cal
	$\sum Y$	My (mean of Y)			
Listening Knowledge (X)	1878	15.915	-37.559	271.153	-0.0204
Academic Performance (Y)	5386	45.644		12481.051	

*X Value = Listening knowledge

**Y Value = Academic performance

P > 0.05; df = 118; critical r = -0.0204

core nursing courses offered. Core nursing courses often require students' active attention as they relate to human health conditions and nursing care management determination for quality and positive healthcare outcomes. Listening knowledge scores obtained ranged from 14-20 while the academic performance scores ranged from 14 % lowest to 63% highest score. These were summarized in Table 5. Table 5 shows that; the null hypothesis is accepted. The result obtained from analysis of data reveals that the calculated r-value of -0.0204 is lower than the critical r-value of 0.178 when tested at 0.05 level of significance with 118 degree of freedom. This implies that, there is no relationship between Listening knowledge and students' academic performance. This result technically shows a negative correlation, it does, however, indicate a weak relationship since the nearer the value is to zero, the weaker the relationship.

DISCUSSION

This study was designed to determine the relationship between listening and academic performance of nursing students in University of Calabar. Questionnaires were distributed that collected data on students' listening knowledge and identification of listening barriers. The socio-demographic characteristics of the respondents shows that 22 were within the age range of 18-24 years, 36 within 25-31 years, 35 within 32 -38 years while 27 were in the age range of 39 years and above. Thirty (30) respondents were males and 90 were females. The majority of the respondents in the present study were generic students while the direct entry students were 32 in number. All participants were derived from 200 level year of study. Participants' knowledge of listening was adjudged very high in this study with mean = 20.45 and SD = ±5.24.

However, respondents demonstrated poor knowledge on four parameters of knowledge of listening one of which is that "listening is key to academic success" 79(65.83%), Asking irrelevant questions. The findings revealed that the factors affecting a student's academic performance arise from several reasons. It was found that listening skill is still considered as one of the most difficult skills for students' learning (McFarland, and Rider, 2008; McGough, 2010, Yook, 2012) even though the participant were taught communication skills in their first year of study. A study by Camillo, Nóbrega and Théo (2010) of Nursing undergraduate students' view on listening to patients during care deliver findings show that the undergraduate participants regarded being a good listener as a difficult task because it requires being willing to listen to others and learning how to put aside preconceived ideas in order not to hinder patients from verbally expressing their feelings and needs.

Listening plays a vital role that determines the effectiveness of communication events. It is an intrinsic characteristic of human nature that has content and value. Wikstrom and Sviden, (2011) opined that the content of communication is related to what is said while the value is seen in the relationship of how the message is said and how the people engaged in the exercise understand the communication sequence. This assertion is clearly demonstrated in four parameters showing participant's poor knowledge of listening. Listening is essential in all nursing activities particularly in nursing education. Nursing education focuses on preparing professionals in serving the needs of humans sick or well. According to Kourkouta and paphnasiou (2014) the practice of nursing requires scientific, interpersonal, technical and intellectual abilities and skills taught during nurse training. Interpersonal communication includes the application of four main skills of probing, listening, observing and telling. These skills are of great importance in education as at the end prepares the learner to learn the art of listening, asking and respecting individual clients' preferences for quality care delivery. During training learners are prepared for career development in nursing profession that requires exchange of information, thoughts and feelings using speech or other means. Effective listening is therefore a valuable skill and tool in learning that involve understanding of a teacher, learner and colleagues' views and experiences shared to convey the messages given in an understandable and acceptable form (Wikstrom and Sviden, 2011).

The participants had the ability to identify listening barriers based on the variables presented. Reacting to the observational checklist on barriers to listening, respondents also reported some key options as not being barriers to listening. These include; interrupting others' conversation, asking irrelevant questions and teacher discussing many topics within a short period. Though knowledge of listening is high as shown in this study, lack of identification of these parameters as barriers to listening affect the correlation of listening and academic performance (Shali, 2017, Connolly, 2016, Moonaghi and Zardosht, 2015). This finding is in agreement with Chinyeaka and Mgbakoigba (2016) study of Listening for effective communication: a study of undergraduates of Nnamdi Azikiwe University, Awka that asserted that listening is a skill that has many barriers to its effectiveness. The use of checklist in this study served as a tool that help the researchers to remain focus on what was important and needed for listening. It also served as keystone to improve themselves as a productivity technique

that helped them remember specific structure of their recurring tasks and get them right. It also offered a snapshot picture of what students did in class on that day and at that particular time. This helped the researchers to note and correct negative behaviour subsequently. Observation and assessment are essential tools of watching and learning to establish the progress that has already been made and explore the future learning that is yet to be achieved. Observation is best achieved with the use of checklist. The result of the observations strategies can be implemented to promote changes for the students, the practitioners and/or the setting to improve listening as a communication method.

Participants' academic performance was obtained from the departmental students' records and information on one of the core nursing courses offered. Core nursing courses often require students' active attention as they relate to human health conditions and nursing care management determination for quality and positive healthcare outcomes. Listening in nursing is thus a useful tool that requires concentration of attention and mobilization of all the senses for the perception of verbal and non-verbal messages emitted by those involved in the communication process (Papadantonaki, 2006, Camillo, Nóbrega and Théo, 2010, Yook, 2012). Good listening ability means having competence to comprehend information during academic exercises that results in learning (Bashir & Mattoo, 2012) and transferring this learning into practice. It is essential to remember that listening involves good interpersonal relationship that require the nurse to ask questions with meekness and give information in a way that demonstrate interest, create feeling of acceptance, trust and harmonious relationship (Papadantonaki, 2012, Shankar, Dubey, Balasubramaniam, and Dwivedi, 2013). Individualized, quality care demands that we ask, listen, and respect patient and family preferences. Listening knowledge and Academic performance findings revealed that the null hypothesis is accepted since the calculated r-value of -0.0204 is lower than the critical r-value of 0.178 when tested at 0.05 level of significance with 118 degree of freedom.

This implies that, there is no relationship between Listening knowledge and students' academic performance. Although the hypothesis result technically shows a negative correlation, it does, however, indicate a weak relationship since the nearer the value is to zero, the weaker the relationship. Based on this finding, it cannot be presumed that listening knowledge has a direct reason for academic performance, however, it can be inferred that listening knowledge is determined by individual's behaviour which influences and is influenced by the environment, the individual, and the behaviour of the individual as opined by Bandura's (2006) Triadic Reciprocal Determinism. An important component of emotional environment which can affect student acquisition of knowledge is the relationship between the teacher and student as this affect listening attitude. Thinking skill, usually a cognitive domain matter, primarily affects student's learning faculties if they do not listen to what they need to learn to make informed decision of information provided (Bandura's, 2006). This is so because by listening learners assess the goal of their learning activities, evaluate their actions and situations that need more attention to enhance self-esteem that promotes academic success (Moonaghi and Zardosht, 2015, Palani, 2012). Poor listening knowledge definitely make a huge, negative impact on students' morale and productivity as this results in misunderstanding of information disseminated. This

situation usually results in conflicts within an individual and misunderstandings directed either to the teacher, among classmates or prejudice towards a particular course. Prejudice is a preconceived opinion of feeling, which is usually irrational. A prejudiced person will not make any effort to listen and understand. This action definitely would result in poor academic performance. In summary, though respondents' knowledge of listening was generally high, their failure to identify some key points of listening as well as key barriers to listening explains clearly the weakness in the tested hypothesis which retains the null hypothesis. Gaining knowledge raises an awareness of personal and professional accountability and the dilemmas of practice. Knowledge is what improves care if the nurse is aware of the best knowledge or evidence to use in practice. Respondents need to be taught that listening is a key communication tool that will translate to good academic performance as it gives opportunity for learners to strengthen positive points and motivating factors to achieve successful training.

Conflicts of Interest: The authors declare that they have no competing interests.

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