RESEARCH PAPER

Why Spoken Communication Should Be Taught to Everyone: A Review of the Evidence

A review of the evidence on spoken communication: how much U.S. work depends on it, how it relates to pay and learning, how common speaking anxiety is, and whether instruction works. The evidence supports teaching it to everyone, with stated limits.

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Key findings

- 85.5% of U.S. workers are in occupations where O*NET ratings place speaking at important or higher, and speaking outranks writing in 77.8% of occupations.
- Occupations that demand more speaking pay more, but most of that gap reflects education and preparation requirements, not speaking itself.
- Public speaking was the most common lifetime social fear in a national U.S. survey, reported by 21.2% of adults.
- Randomized trials and meta-analyses show that children's oral language, speaking anxiety, and clinicians' communication improve with instruction and practice.

Spoken communication should be taught to everyone, and the case rests on evidence from several fields. Using the O*NET® 31.0 Database and May 2025 federal employment estimates, Wellspoken Institute finds that 85.5% of U.S. workers are in occupations where speaking is rated important or higher [1,2]. In schools, children's oral language predicts later reading comprehension, and randomized trials show it can be improved at scale. Fear of speaking is common, it begins early, and courses and therapies reduce it. This review brings that evidence together across 8 areas. We report correlations as correlations, and we say where the evidence is thin or mixed.

The argument concerns general education for everyone. A skill that nearly every worker uses and that responds to instruction belongs in the core of what schools, colleges, and training programs teach. The sections below test each part of that claim against the best available studies.

1. How much work depends on speaking

The O*NET database, maintained for the U.S. Department of Labor, rates the skills, abilities, and work conditions of each occupation. One of its skills is Speaking, defined as "talking to others to convey information effectively." Importance ratings run from 1 (not important) to 5 (extremely important) [1]. Wellspoken Institute combined these ratings for 910 occupations with national employment and wage estimates from the Bureau of Labor Statistics Occupational Employment and Wage Statistics program [1,2]. For worker-weighted figures, we used one O*NET occupation per 6-digit occupation code, which gives 759 occupations covering 143.0 million workers. The full table is published as open data at /data/speaking-by-occupation.

85.5%

of U.S. workers are in occupations where O*NET ratings place speaking at important or higher (3 or above on a 5-point scale), about 122.3 million people[1,2]

Three thresholds describe the spread. Of the 143.0 million workers covered, 85.5% work in occupations where speaking importance is 3 or higher, 55.6% in occupations rated 3.5 or higher, and 26.4% (about 37.8 million people) in occupations rated 4 or higher, which we call "very important" [1,2]. Counting occupations instead of workers gives similar results: 89.1% of the 910 occupations rate speaking at 3 or higher, and the median rating is 3.62 [1]. Face-to-face conversation is close to universal. 90.2% of workers are in occupations where face-to-face discussion happens, on average, at least once a week [1,2].

The occupations with the heaviest speaking demands are not limited to obvious cases such as lawyers, clergy, broadcast announcers, and college teachers. Among occupations with a speaking importance of 4 or higher, the largest by employment are general and operations managers (3.5 million workers), registered nurses (3.4 million), secretaries and administrative assistants (1.7 million), first-line supervisors of office workers (1.4 million), and elementary school teachers (1.4 million) [1,2]. These are mass occupations, entered through very different routes, and speaking is central to each of them.

Speaking compared with writing and mathematics

The O*NET database rates every occupation on the same list of skills, so speaking can be compared directly with skills that schools already treat as core. Across the 910 occupations, speaking is rated more important than writing in 77.8% of occupations and at least as important in 90.7%. It is rated more important than mathematics in 93.8% [1]. The average importance of speaking is 3.54, compared with 3.19 for writing, 2.55 for mathematics, and 1.93 for science.

Among the skills compared, only active listening (3.60) scores higher, and reading comprehension (3.49) is close behind [1].

These ratings do not say how a curriculum should divide its hours. They do show that the two spoken skills, speaking and listening, are rated about as important as reading comprehension and more important than writing or mathematics in most U.S. jobs. A school system that treats writing and mathematics as required has no ratings-based reason to treat speaking as optional.

Speaking demand and pay: a correlation explained mostly by preparation

To compare occupations on a single scale, Wellspoken Institute computes a Speaking Demand Score from 0 to 100, the average of three rescaled O*NET ratings: Speaking importance, Speaking level, and Oral Expression importance [1]. Across 755 occupations with wage data, the score is correlated with the logarithm of median annual wage at r = 0.588 [1,2]. Before any adjustment, each 10-point increase in the score is associated with a median wage about 25.7% higher. Ranked into quartiles, the occupations with the lowest scores have a median of median wages of $48,745, and those with the highest have $95,780 [1,2].

Read this correlation carefully

Most of the raw wage gap reflects how much preparation an occupation requires. The O*NET database groups occupations into 5 Job Zones by the education, related experience, and on-the-job training they need [1]. Holding Job Zone fixed, the pooled within-zone correlation between the Speaking Demand Score and log wage falls to r = 0.073, about 3.3% higher pay per 10 points [1,2]. The association stays modestly positive only in Job Zone 2 (3.4% per 10 points) and Job Zone 3 (6.5%). In Job Zones 4 and 5, the two zones that require the most preparation, it is close to zero (minus 0.4% and minus 2.6%). These

figures describe occupations, not individual workers, and they cannot show that speaking skill causes higher pay.

The data establish demand: most work, including most well-paid work, requires a great deal of speaking. They do not establish a wage return to speaking well. For that question, the next section turns to studies that measure skills in individual workers.

2. Labor-market returns to social and communication skills

The strongest evidence on the value of interpersonal skills comes from labor economics. These studies usually measure social skills, people skills, or leadership, which are broader than speaking. These constructs overlap with spoken communication, but no study we found isolates a causal return to speaking ability alone.

David Deming's widely cited study found that between 1980 and 2012, jobs requiring high levels of social interaction grew by nearly 12 percentage points as a share of the U.S. labor force, while math-intensive jobs with little social interaction shrank by 3.3 percentage points [3]. Using two national longitudinal surveys, he found that the labor-market return to social skills was much greater in the 2000s than in the mid-1980s and 1990s [3]. His explanation is that social skills reduce the cost of coordinating work, so workers who have them can specialize and trade tasks more efficiently.

Several other studies point the same way. Catherine Weinberger linked adolescent skill measures from 1972 and 1992 to adult outcomes and found growing complementarity between cognitive and social skills: employment in, and earnings premiums to, occupations requiring high levels of both grew

substantially compared with occupations requiring one or neither [4]. An analysis of the text of job advertisements from 1950 to 2000 found that U.S. work shifted toward nonroutine interactive and analytic tasks by more than earlier research had estimated, and that much of the change happened within narrowly defined job titles [5]. In other words, much of the change happened inside existing jobs.

Employer demand can also be read from job postings. Deming and Lisa Kahn classified keywords in job advertisements for professionals and found positive correlations between social skill requirements and both pay and firm performance, along with evidence that cognitive and social skills are complements [6]. In the Job Outlook 2025 survey of 237 employers by the National Association of Colleges and Employers, more than two-thirds said they seek verbal communication skills on graduates' resumes [7]. That survey is small and not representative of all employers, so we treat it as an illustration, not a measure.

Studies that follow individuals over time add detail. Lex Borghans and colleagues found that people skills are important determinants of occupational choice and wages. They also argue that the rising importance of people skills between the late 1970s and early 1990s helps explain why the U.S. gender wage gap closed while the Black-white wage gap stagnated during those years [8]. Peter Kuhn and Catherine Weinberger found that men who held leadership positions in high school earned more as adults, controlling for cognitive skills, with estimates ranging from 4% to 33% depending on definitions and period [9]. They also report evidence that leadership skills may be fostered by exposure to leadership opportunities in school. In Sweden, a psychologist-assessed measure of teamwork and leadership skill roughly doubled in economic return between 1992 and 2013, while the return to cognitive skill was stable or declined slightly [10].

James Heckman and Tim Kautz reviewed this broader literature on what they call soft skills. They concluded that these skills predict success in life, that they

causally produce that success, and that programs that build them have an important place in public policy [11]. Their review covers personality traits, goals, and preferences, not speaking specifically.

Taken together, these studies support a narrower claim than popular writing often makes. The labor market has shifted toward interactive work, and workers with stronger social and interpersonal skills earn more on average. Most of the evidence is observational. Given how much work involves face-to-face discussion (Section 1), speaking is likely a large part of what these measures capture, but its separate contribution has not been measured in a causal design.

3. Spoken language in school: oral language and oracy

The case for teaching speaking does not start in the workplace. Oral language is a foundation for reading comprehension, and difficulties with it are common at school entry.

A Campbell systematic review of 64 longitudinal studies found that children's linguistic comprehension in preschool is directly related to their later reading comprehension, and that language comprehension matters more for reading comprehension in older readers than in younger ones [12]. Once children can decode words, their understanding of spoken language becomes a larger part of what they understand in print.

Language difficulties are common. In the first population study of language disorder at school entry in the United Kingdom, Courtenay Norbury and colleagues estimated the prevalence of language disorder of unknown origin at 7.58% and the total prevalence of language disorder at 9.92%. Of the children with language disorder, 88% did not make expected academic progress [13]. The authors put the result in classroom terms: about 2 children in every class of 30

have a language disorder severe enough to hinder academic progress [13]. A British birth cohort of 17,196 children, followed from age 5 to age 34, found that language difficulties at school entry were associated with poorer literacy, mental health, and employment outcomes in adulthood [14]. That study is observational, and it describes risk, not inevitability.

Oral language interventions

The more important finding for education is that oral language can be improved, including at scale. In a randomized controlled trial with 180 children in 15 nursery schools in England, a 30-week oral language program for children with weak language skills, delivered by trained nursery staff and teaching assistants, produced better oral language and narrative skills than a waiting control group, both immediately and 6 months later. The gains also generalized to a standardized measure of reading comprehension at follow-up [15]. A second trial, with 394 children, found effect sizes of d = 0.21 for a 20-week version and d = 0.30 for a 30-week version, maintained 6 months later, but no statistically significant effect on early word reading or reading comprehension [16].

A much larger test was a cluster randomized trial of the same program, the Nuffield Early Language Intervention, in 193 primary schools. School staff screened 5,879 children with an automated assessment and identified 1,173 for support. Children who received the 20-week program made larger gains than the control group on standardized language measures (d = 0.26) and on the school-administered assessment (d = 0.32). The effects did not vary by home language background or gender [17]. A review of this research program summarized targeted language interventions as producing small but significant improvements (d = 0.16), with larger effects in studies with high-quality implementation (d = 0.24) [18].

Wider syntheses show both promise and limits. A meta-analysis of 67 studies of vocabulary interventions for preschool and kindergarten children found an average effect of 0.88 standard deviations on vocabulary measures, but concluded that such interventions are not powerful enough to close the gap, and that at-risk children from low-income families benefited less than other at-risk children [19]. A Campbell systematic review of linguistic comprehension programs found a small positive immediate effect on broad language outcomes, a negligible effect on reading comprehension, and few studies with follow-up assessments [20].

Classroom talk and oracy

A second body of research looks at how talk is used across the curriculum. Researchers in this tradition often use the word oracy for the ability to speak and listen well, and dialogic teaching for classroom practice that develops it.

A meta-analysis of classroom discussion approaches found that several of them produced strong increases in the amount of student talk, reductions in teacher talk, and substantial improvements in text comprehension. Few approaches improved literal or inferential comprehension or critical thinking and reasoning [21]. In a video study of 72 classrooms with students aged 10 and 11, elaboration and querying of previous contributions were positively associated with curriculum mastery, as long as students participated extensively [22]. That study controlled for prior attainment and other factors, but it remains correlational.

Randomized evidence is smaller in volume and positive. In an Education Endowment Foundation trial of a dialogic teaching program with nearly 5,000 Year 5 students (U.S. grade 4) and 208 teachers, students in the intervention group were 2 months ahead of the control group in English, mathematics, and science tests after 20 weeks [23]. A randomized evaluation of Philosophy for Children, in which pupils practice questioning, reasoning, and building

arguments together, involved 48 schools and 3,159 pupils. It found small positive effects on progress in reading (+0.12) and mathematics (+0.10), and larger effects for the most disadvantaged pupils (+0.29 in reading) [24]. An earlier experimental program taught 60 children aged 9 and 10 explicit ground rules for talking together. Their use of language shifted as intended, and their individual scores on a test of nonverbal reasoning improved relative to matched control classes [25].

The honest summary is that the effects are real and mostly small. Oral language gains do not always carry over to reading, and long-term follow-up is scarce. Still, the evidence is clear on the point that matters most for policy: spoken language is teachable in ordinary schools, by ordinary staff, at scale.

4. Communication apprehension: how common, and what it costs

James McCroskey defined communication apprehension as "an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons" [26]. Public speaking anxiety is the best-known form, and Graham Bodie's review of the field covers its definition, causes, and the techniques used to reduce it [27].

How common it is

Estimates depend on the population and the measure, but the studies reviewed here all find a sizable minority affected. In a 1977 review, McCroskey reported that extensive studies of college populations suggested that about 20% of students at major universities could be described as having high trait communication apprehension [26]. In a companion paper, drawing on data from nearly 20,000 college students at three universities, he estimated that 15% to

20% of American college students suffered from debilitating communication apprehension [28].

National survey data put public speaking at the top of social fears. In the National Comorbidity Survey Replication, a nationally representative U.S. household survey, 24.1% of respondents reported at least one lifetime social fear. The most common was public speaking (21.2%), followed by speaking up in a meeting or class (19.5%) [29]. The same survey estimated the lifetime prevalence of social phobia, the clinical disorder, at 12.1% [29].

Community and student samples give similar or higher figures. In a random telephone survey of 499 residents of Winnipeg, Canada, one third reported excessive anxiety when speaking to a large audience. The fears started early: 50% of cases began by age 13, 75% by 17, and 90% by 20. In total, 10% of respondents said public speaking anxiety had markedly interfered with their work, social life, or education, or had caused them marked distress [30]. In a survey of randomly selected Swedish university students (523 respondents), the point prevalence of social phobia was 16.1%, and the disorder was associated with avoidant strategies in educational settings and in anticipation of public speaking [31]. In the 2026 wave of the Chapman University Survey of American Fears, 28.9% of Americans said they were afraid or very afraid of public speaking [32].

What the popular statistics get wrong

Two claims about public speaking circulate widely without good sources. The first is that people fear public speaking more than death. Karen Dwyer and Marlina Davidson traced this claim to a 1973 survey by R. H. Bruskin Associates and replicated the question with 815 college students. Public speaking was selected as a fear more often than any other item, including death, but when students chose a single top fear, death was chosen most often [33]. The

Chapman survey shows the same pattern in adults: in 2026, 30.3% were afraid or very afraid of dying, slightly more than the 28.9% afraid of public speaking [32]. Public speaking is often named as a fear about as frequently as death, but when people rank their fears, death comes first.

The second claim is that 75% of people fear public speaking. We do not use this figure because we could not identify the primary study it comes from. The national figure we can source is 21.2% for a lifetime social fear of public speaking [29], and roughly 29% for being afraid or very afraid in a recent general-population survey [32].

Consequences

Communication apprehension is associated with choices and outcomes that matter. In a 1975 study, people with high apprehension rated occupations with low communication demands as more desirable, and their actual occupational choices had lower communication requirements than those of people with low apprehension [34]. McCroskey reported that when students entering public speaking classes at two universities were screened, between 50% and 70% of the high-apprehension students had dropped the class within 1 to 2 weeks, even though the course was required for most of them. The comparable rate for students with low or moderate apprehension was 5% to 10% [26]. He also reported that among government employees, those with low apprehension had served an average of 11.3 years in their organization, compared with 7.5 years for those with high apprehension, while noting that the reasons for the difference were unknown [26].

In school, McCroskey described the classroom consequences as reduced communication with teachers and peers and lower learning as measured by grades and standardized achievement tests [28]. A meta-analysis of 30 experiments found a statistically significant negative correlation between

communication apprehension and cognitive performance measures such as grades and test scores [35]. These are correlations, and some of the underlying studies are decades old. They are consistent with a simple mechanism: people who fear speaking avoid situations that require it, and many of those situations are where learning and advancement happen.

The age of onset matters for education. If half of public speaking fears begin by age 13 [30], then waiting until college or the workplace to address speaking means intervening after the fear has had years to shape choices.

5. When spoken communication fails in high-stakes work

In some settings, the cost of poor spoken communication can be counted in errors and patient harm. Medicine offers the most direct evidence we found, partly because handoffs, team briefings, and clinical conversations can be observed and changed.

Amy Starmer and colleagues in the I-PASS Study Group begin from the observation that miscommunications are a leading cause of serious medical errors [36]. In nine hospitals, they introduced a resident handoff program that included a mnemonic to standardize oral and written handoffs, training in handoff and communication skills, faculty observation, and a sustainability campaign. Across 10,740 patient admissions, the medical-error rate fell by 23% (from 24.5 to 18.8 per 100 admissions) and the rate of preventable adverse events fell by 30% (from 4.7 to 3.3 per 100 admissions). Oral handoffs did not take longer: 2.4 minutes per patient before and 2.5 minutes after [36]. The study compared periods before and after implementation rather than randomizing sites, and the program combined spoken and written changes, so the result

shows what structured communication training can accomplish without isolating the spoken part.

Observational studies show how often clinical communication fails. Trained observers in operating rooms recorded 421 communication events during 48 surgical procedures and classified 129 of them as failures, about 30% of team exchanges. Of the failures, 36.4% had visible effects such as delay, inefficiency, team tension, or procedural error [37]. In interviews with 26 medical residents about 70 recent mishaps, communication was one of the two most commonly cited contributing factors. The authors tied these failures to hierarchy, concerns about upward influence, and unclear roles, as well as to missing information [38]. If hierarchy and upward influence are part of the problem, training in how to speak up to someone with more authority is a plausible target for instruction.

Team communication training has been associated with better surgical outcomes. After the Veterans Health Administration introduced a national medical team training program built around operating room briefings and debriefings, the 74 trained facilities saw an 18% reduction in annual surgical mortality, compared with a 7% decrease at 34 facilities that had not yet been trained [39]. The study was retrospective with a contemporaneous comparison group, so it shows an association, not proof of cause.

Communication also affects what patients do after a visit. A meta-analysis of 106 correlational studies found a 19% higher risk of nonadherence among patients whose physicians communicate poorly. Across 21 experimental interventions, training physicians in communication raised the odds of patient adherence by a factor of 1.62 [40]. A meta-analysis of 13 randomized trials in which the patient-clinician relationship was systematically manipulated found a small but statistically significant effect on objective or validated health outcomes (d = 0.11) [41].

Most of this evidence comes from medicine, and most of the interventions bundle spoken communication with checklists, written tools, and changes in team culture. The pattern is still informative. In work where mistakes are costly, structured, practiced spoken communication is associated with fewer errors, and some of the strongest designs (a large multisite intervention study and randomized trials of training) find measurable benefits.

6. English learners, immigrants, and spoken proficiency

For millions of people, the speaking skill that matters most at work is speaking a second language. The American Community Survey asks people who speak a language other than English at home how well they speak English, with four answer choices: very well, well, not well, or not at all. In 2019, 67.8 million people in the United States spoke a language other than English at home, up from 23.1 million in 1980. Between 2009 and 2019, the share of the population who spoke English less than "very well" fell from 9% to 8% [42].

English proficiency is linked to earnings, and some studies use designs that go beyond simple correlation. Because younger children learn languages more easily, Hoyt Bleakley and Aimee Chin used age at arrival to separate the effect of English proficiency from other differences among immigrants. They found a significant positive effect of English proficiency on wages among adults who arrived in the United States as children, with much of the effect working through education [43]. In the United Kingdom, Christian Dustmann and Francesca Fabbri found that language proficiency raised the probability of employment among non-white immigrants, and that a lack of English fluency led to earnings losses [44]. Both studies measure language proficiency broadly, not speaking alone.

The research on accent points instruction in a specific direction. In a study of English spoken by native speakers of Mandarin, Murray Munro and Tracey Derwing separated three things that are often confused: how strong an accent sounds, how easy speech is to understand (comprehensibility), and how much of it a listener actually understands (intelligibility). They found that a strong foreign accent does not necessarily reduce comprehensibility or intelligibility [45]. For teaching, this implies that instruction should aim for speech that listeners understand easily, and that accent strength alone is a poor measure of progress.

Listeners also bring their own biases. In experiments by Shiri Lev-Ari and Boaz Keysar, American participants rated trivia statements as less likely to be true when they were read by non-native speakers, even though participants knew the speakers were reading prepared statements [46]. When participants were told the study was about accents, they corrected the bias for mildly accented speakers but not for heavily accented ones [46]. Part of the burden of accented speech falls on listeners, which is a reason to teach listening and audience awareness to everyone, alongside pronunciation for second-language speakers.

Pronunciation itself responds to instruction. A meta-analysis of 86 study reports found generally large effects of pronunciation instruction (d = 0.89 within groups and 0.80 between groups), with larger effects for longer interventions, for treatments that included feedback, and for more controlled outcome measures [47]. A later meta-analysis of 77 studies refined this result: instruction was most effective when it targeted learners' careful production of specific sounds or rhythm and intonation features, and its effect was less clear when gains were judged globally by listeners in spontaneous speech [48]. Instruction works, and the hardest gains to show are the ones that matter most in daily life, which is fluent, spontaneous, understandable speech.

7. Can speaking be taught?

The case for universal instruction depends on whether instruction works. The evidence across age groups and settings says it does, with effects that range from small to large depending on what is measured.

Anxiety and confidence

The strongest synthesis is a 2019 meta-analysis of 30 randomized controlled trials with 1,355 participants. Psychological interventions for fear of public speaking, mostly cognitive and behavioral, had an overall effect of g = 0.74, and the effect at follow-up was larger (g = 1.11). Interventions delivered with technology, such as internet-delivered therapy, were as effective as face-to-face treatment [49]. The authors also note limits: effects were larger on self-report measures than on physiological and behavioral measures, and there were some indications of publication bias [49]. They describe fear of public speaking as reported by up to one third of the population [49].

Ordinary communication courses show similar changes, though with weaker designs. In a basic college communication course, students' communication competence rose and their communication apprehension fell over a semester, and students who started with high apprehension or low competence changed the most [50]. A comparison of two different courses, one focused on voice and diction and one on general public speaking, found that 139 undergraduates reported less apprehension and more confidence and competence after both, with no difference between the two course types [51]. An assessment of a large, multisection fundamentals of speech course found a significant reduction in public speaking anxiety, with an especially large effect for women [52]. These are mostly pre-post studies without randomized control groups, and they rely on self-report. They are consistent with the trial evidence, but they cannot rule out that some students would have improved anyway.

Skills in professional settings

Training also changes what professionals say in observed encounters. A meta-analysis of 13 trials of communication skills training for oncology staff found a moderate effect on observed communication behavior (effect size 0.54), with weaker and less certain effects on patient outcomes [53]. A Cochrane review of 17 randomized trials involving 1,240 health professionals found that training made professionals more likely to use open questions and to show empathy, and less likely to give facts only. It found no difference in professional burnout or in patient satisfaction [54]. The review also notes that research suggests communication skills do not reliably improve with experience alone [54], which is an argument for deliberate teaching. As noted above, physician communication training raised the odds of patient adherence by a factor of 1.62 [40], and handoff training was associated with fewer medical errors [36].

Children and second-language learners

For children, the randomized evidence from Section 3 shows that oral language can be improved in school settings, with effect sizes mostly between about 0.16 and 0.32 for targeted programs [17,18,16]. For second-language speakers, pronunciation instruction produces large effects on the features it targets [47].

What the pattern shows

Where the evidence allows a comparison, feedback and duration both matter, though not without exceptions. Longer pronunciation interventions and those with feedback produced larger effects [47]. In the early oral language trials, a 30-week program did not outperform a 20-week version by a statistically significant margin [16], and the dialogic teaching trial produced its gains within 20 weeks [23]. The effective programs in this review involved sustained practice over weeks or months, delivered by trained staff or structured treatments.

8. Implications for schools, colleges, adult education, and workforce programs

The evidence supports treating spoken communication as a core skill at every stage of education. The recommendations below are educational. They describe what programs could do based on the evidence, not what any government should legislate.

Early years and primary school. Oral language difficulties affect a meaningful share of children at school entry [13], and the largest trial shows that school staff can screen children and deliver effective support at scale [17]. Early years settings could screen oral language routinely and offer structured small-group language support to children who need it. Teaching children explicit ground rules for talking together has improved reasoning in an experimental program [25].

Primary and secondary classrooms. Dialogic teaching and structured discussion increase student talk and can raise attainment across subjects [21,23]. Schools could plan for student talk in every subject, including mathematics and science, and could teach presentational speaking with graduated practice and feedback. Because fear of public speaking often begins before age 13 [30], early low-stakes practice may prevent avoidance from becoming a habit. In England, the Commission on the Future of Oracy Education reported in 2024 that oracy should become the fourth "R" of education, and described it as a building block for reading, writing, and academic progress [55]. That is one national review, and its recommendations are specific to England, but it reflects the same evidence base reviewed here.

Colleges and universities. Basic communication courses reduce apprehension and raise self-reported competence [50,52], and the students who start with the most apprehension often gain the most [50]. The same students are also the most likely to drop such a course early [26]. Colleges that offer speaking instruction

could identify high-apprehension students at the start and give them graduated practice and support, and anxiety treatments delivered with technology have been as effective as face-to-face treatment in randomized trials [49].

Professional education. Medical and nursing programs already have evidence that handoff training and communication skills training change behavior and are associated with better outcomes [36,54]. Other professions where speaking is rated very important, including management, sales, human resources, and law, could adopt similar structured training and measure observed performance as well as confidence.

Adult education and workforce programs. For adult English learners, instruction could target intelligibility and comprehensibility, with feedback and enough duration, instead of accent reduction [45,47]. Workforce programs could use occupation-level speaking demands to decide where to invest. In the largest occupations where O*NET ratings place speaking at very important, such as general and operations managers, registered nurses, and administrative assistants, speaking practice tied to real tasks is likely to be relevant to job performance [1,2]. The open data at /data/speaking-by-occupation lists speaking ratings for every occupation.

Measurement. Many studies in this review measure self-reported confidence or controlled tasks. Programs that teach speaking could measure spoken performance directly, using recorded speech rated against clear criteria, and follow learners over time. Better measurement would also answer the questions that the current evidence leaves open.

Limitations of the evidence

This review has several limits that readers should weigh.

Occupational data. O*NET ratings describe occupations, not individual workers, and the Speaking Demand Score is a composite built by Wellspoken Institute, not an official O*NET measure. Worker-weighted figures use one O*NET occupation per occupation code and BLS employment estimates. The association between speaking demand and wages is a correlation across occupations, and it shrinks to near zero once preparation requirements are held constant [1,2].

Labor-market studies. The economics literature measures social skills, people skills, leadership, or teamwork, not speaking as such [3,10]. Most studies are observational. We found no study that estimates the causal wage effect of improving an adult's speaking skill.

Education trials. The strongest trials are concentrated in early-years settings in England, and their effects are small to moderate. Gains in oral language do not consistently carry over to reading comprehension [16,20], and long-term follow-up is rare. Classroom dialogue studies outside randomized trials are correlational [22].

Prevalence estimates. Estimates of speaking anxiety range from about 1 in 5 to about 1 in 3, depending on the population, the wording, and whether the measure is a fear, a clinical disorder, or a trait score [29,30,32]. Some foundational studies of communication apprehension are more than 40 years old.

High-stakes settings. Most evidence comes from health care. The interventions combine spoken communication with written tools and team processes, and the largest studies use pre-post or retrospective designs [36,39].

Intervention studies. Many course evaluations lack randomized control groups and rely on self-report, and the meta-analysis of anxiety treatments found some indications of publication bias [49]. Pronunciation gains are clearest on controlled tasks and less clear in spontaneous speech [48].

Conclusion

The three strands of evidence carry different weight. Demand is the most secure: speaking is rated important or higher in about 9 of every 10 occupations, and more than 100 million U.S. workers are in jobs where it is rated important or higher. Returns are suggestive but indirect, and our own wage analysis shows how easily a correlation between speaking and pay can be overstated. Teachability is the strand most useful to educators, because it comes from randomized trials and meta-analyses in classrooms, clinics, and colleges.

The largest gap is a long-run trial of speaking instruction itself, one that teaches speaking to a broad group of students or workers and follows their education, employment, and earnings for years. Until that study exists, the case for teaching spoken communication to everyone rests on how much people use it, how often it fails when it matters, and how consistently it improves with instruction. On that basis, it belongs alongside reading, writing, and mathematics as a skill that schools and training programs teach on purpose.

Frequently asked questions

Does being a better speaker cause higher pay?

The evidence shows correlation, not proven causation. Occupations with higher speaking demands pay more, but most of that gap disappears once you account for the education and training those jobs require, and studies of individual workers measure broader social skills, not speaking alone.

How common is fear of public speaking?

It is common but often overstated. In a nationally representative U.S. survey, 21.2% of adults reported a lifetime fear of public speaking, the most common

social fear, and 28.9% of Americans in a 2026 survey said they were afraid or very afraid of it.

Can adults still improve their speaking?

Yes. Randomized trials of anxiety treatments, communication courses, and professional communication training show measurable improvement in adults, and pronunciation instruction produces large gains on the features it targets, especially when practice includes feedback and continues over weeks.

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