# The Views of Educational Supervisors on Clinical Supervision

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**Abstract**
Contemporary educational supervision expresses democratic and leadership focused supervisory approach which consists of collaboration, trust, sharing and improving. The aims of the study are to investigate the answer of how current teacher supervision in Turkey is conducted according to the views of educational supervisors, and to unearth what the general attitudes and evaluations of educational supervisors regarding clinical supervision. A phenemological research design was used in the study. The study group consists of 53 educational supervisors working in the province of Antalya. A structured form consists of both open and close ended questions was delivered to the supervisors participated in the study. Data was gathered oral and written via interviews. A conference lasting six hours on clinical supervision's aim, processes, techniques, observation and data collecting tools was held for the supervisors within the study. According to the results of the study, current supervision may be categorized under four stages; the stage before reaching the school setting, pre-observation, observation, and post-observation. That the views of educational supervisors are positive regarding the applicability of clinical supervision. The participants, mostly, stressed that the supervisory duties must be divided from the duties of investigation, and that the supervisors must be trained on clinical supervision.
**Keywords:** clinical supervision, educational supervisors, evaluation, schools

## 1. Introduction

Supervision is one of the key requirements in order to use organizational resources efficiently, and to develop the organizations (Katz & Kahn, 1978). We ought to value supervisory facilities in schools more since educational activities are to be renewed and developed continuously. Supervision in education is voiced as an assisting tool for teachers that enables educational development and increases the achievement of students (Spears, 1956; Sullivan & Glanz, 2000). Similarly, Jeffrey and Woods (1998) stress that the philosophical root of supervision is based on the fact that the more teachers are qualified the more students learn more and better.

The approaches of the supervision have developed in parallel to the management theories from past to present. For instance; traditional supervision, affected by traditional approaches, is authoritarian, oppressive and control focused in parallel to classical management approach (Öz, 2003). Supervision approaches based on contemporary theories, as well, stress to develop organizations, and staff in the circumstances of leadership and democracy (Aydın, 2000). Traditional supervision creates different problems, since it, as a threatening tool for employment, causes to arise a fear on teachers, and is conducted in the domains needed by supervisors rather than the domains needed by teachers. Because of these problems arisen in traditional supervision, the interaction between teacher and supervisor decreases to the least (Acheson & Gall, 1997). Whereas, the positive interaction between supervisor and supervisee is, necessarily, a precondition for an effective supervision. Especially, it is asserted that traditional supervision aiming controlling and monitoring is not useful for effective education. The supervisory approach that is sensitive to concerns and problems, is based on cooperation, and solves the problems together with the employee is stated as so much effective in terms of the quality and productivity of education (Acheson & Gall, 1997; Goldhammer, Anderson & Krajewski, 1980; Özmen, 2000). That the supervisory approach in which anxiety and fear are dominant (Güler, 2009), and the problems related to human relations, efficiency and productivity (Bilir, 1991; Kayıkçı & Şarlak, 2009) may be evaluated as the natural results of the traditional supervisory approach. Here, Acheson and Gall (1997), suggest clinical supervision, an alternative supervision model, which is democratic, teacher centred and based on mutual dialog rather than which is authoritarian, coercive and supervisor centred. Turkey, one of the counties in which traditional supervisory approaches are still dominant in the field, needs an alternative contemporary supervisory model in order to minimize supervisory problems, to increase the effectiveness of supervision, and to make the supervision system run according to the criteria of contemporary supervisory approaches. In this study clinical supervision is presented as an alternative for the practitioners. In this context, to investigate the views of supervisors and policy makers regarding clinical supervision is so crucial in order to explore the feasibility of clinical supervision in the education system.

The supervisory approaches have, recently, changed from looking for deficiency to improvement (Glickman, Gordon & Ross-Gordon, 2013; Sullivan & Glanz, 2000). In parallel fashion, the basic function of the contemporary supervision approach stressing improvement is to evaluate students' successes and teachers' performances, to monitor curriculum and instruction, and to develop them (Pajak, 2010). Contemporary

supervision approaches have an important role in fostering the efficacy of learning and teaching facilities. We may list some of them here as clinical supervision, peer supervision, instructional supervision, differentiated supervision, artistic supervision, and developmental supervision. According to these approaches, supervision is assessed as a social process that encourages and assists teachers in their professional development, focuses on the learning and teaching activities, and evaluates the instruction for improvement (Ağaoğlu & Ceylan, 2010; İlgan, 2008; Memduhoğlu & Zengin, 2012; Memişoğlu, 2004; Öz, 2003; Ünal, 1989; Yılmaz, 2004).

Clinical supervision is one of the most popular and comprehensive approaches of contemporary supervision. According to Pajak (2010), in the second half of the 21st century, under the circumstances forcing educational changes, clinical supervision was arisen as an adaptation of the types of supervision approaches helping to preserve the most remarkable classical values of traditional supervision such as rationality, decentralization, and problem solving based on cooperation. Cogan (1973) and Goldhammer (1969) introduced the concept of clinical supervision while they were working at the University of Harvard in the 1960s. Later, related studies went on at the University of Pittsburg (Pajak, 2002). Clinical supervision is to increase the success of students through developing the instructional process. It succeeds that by improving the instructional behaviours of teachers by means of the observation of a qualified supervisor in class (İlgan & Kıranlı, 2007). Goldhammer, Anderson & Krajewski (1980), as well, define the clinical supervision as a part of instructional supervision and state that clinical supervision is a process in which supervisor and teacher come face to face for analysing the instructional behaviours and activities, and in which data are directly gained from the real instructional environment. Sergiovanni and Starratt (1979), similarly, acknowledge that clinical supervision is a mutual professional development between supervisor and teacher, and improvement of instruction as meeting face to face with teachers in class.

Researchers may classify the stages of clinical supervision in different numbers and labels. Goldhammer, Anderson and Krajewski (1980), for example, propose the stages of clinical supervision as (1) pre-observation conference, (2) observation, (3) analysis and strategy, (4) supervision conference, and (5) post-conference analysis. As for Aydın (2000), he states the stages as (1) pre-observation conference, (2) observation, (3) analysis, (4) post-observation conference, (5) post-conference analysis, and (6) re-planning. Despite the stages of clinical supervision were classified in different numbers and labels in literature, the cycles are, in general, similar, and the researchers usually agree on three basic stages: (1) planning conference, (2) class observation, and (3) feedback conference (Acheson & Gall, 1997). Clinical supervision has diversity not only as a technical process but also as qualitatively. Pajak (2002; 2010), for example, talks about four different clinical supervisions: (1) original clinical supervision, (2) humanistic/artistic clinical supervision, (3) technical and didactic clinical supervision, and (4) developmental and reflective clinical supervision. Another clinical supervision approach introduced by Munson (1993) is the clinical social work supervision approach (Gallacher, 1997).

According to Acheson and Gall (1997), clinical supervision is based on a perception that teachers may welcome a supervisory style focused on their own interests and expectancies. The main purpose of clinical supervision is to increase the professional performance of teachers and to improve instructional effectiveness (Acheson & Gall, 1997; Grimmett, 1981). The most distinctiveness of clinical supervision is to stress, directly, teacher-supervisor interaction, and to focus on enhancing the professional quality of teachers (Aydın, 2005). That the clinical supervision increases individual consciousness, personal and professional competencies, and self-confidence of teachers, it causes an increase in job satisfaction, and decreases in organizational burnout levels of teachers (Hyrkas, 2005; McMahon & Patton, 2000). Clinical supervision not only provides the efficiency of learning and teaching process in class via in-service training of teachers, but also assists teachers to climb the peak in their profession by reaching the top stage "Self-actualization" as stated in Maslow's Hierarchy of Needs.

Some studies conducted state that supervisory approach being practiced in Turkey is still traditional and does not have the characteristics of contemporary or clinical supervision (Karakaya, 1988; Kayıkçı & Uygur, 2012; Yavuz, 1995). Some other studies evidence that existing supervision system in Turkey faces critical problems, and it is not effective enough because of those problems (Bilir, 1991; Kayıkçı, 2005; Kayıkçı & Şarlak, 2009). Some of those problems are lack of duration devoted to supervision (Açıkgöz, 1990; Büyükışık, 1989; Karaköse, Aslan & Kılıç, 2009; Kayıkçı & Şarlak, 2009; Kılıçaslan, 2010), incompetence of the administrators and supervisors (Argon, 2010; Atay, 1992; Burgaz, 1992; Karaköse, Aslan & Kılıç, 2009; Kılıçaslan, 2010; Sarıçam, Selvi & Göksu, 2010), lack of communication skills of supervisors (Karaköse, Aslan & Kılıç, 2009; Yılmaz, 1998), teachers being supervised by the supervisors having different teaching subjects apart from their subjects and expertise, each year different supervisor supervises the teacher, using the same supervision scale for all teachers from different subjects (Karaköse, Aslan & Kılıç, 2009; Yılmaz, 1998). According to a study conducted by Çetinkanat and Sağnak (2010), the supervision that the primary school teachers prefer is, firstly, non-directive supervision, then, cooperative supervision, and then directive supervision. According to these results, we may conclude that the characteristics of the supervision preferred by teachers and the clinical supervision which focuses on humaneness and creativeness, and which is based on democratic leadership and

cooperative problem solving rather than managerial hierarchy and orders (Pajak, 2010) are similar.

The study is important since it, scientifically, introduces characteristics, principles and mechanism of the model of clinical supervision to the supervisors in the field. Secondly, it states clinical supervision as an alternative model for solving the problems stated in the studies above. It also satisfies the expectations of the supervisors regarding contemporary educational supervision. In addition, to investigate the feasibility of the clinical supervision as a contemporary supervisory approach, to suggest implementation ways for the practitioners, and thus, making the principles of the contemporary supervisory approach dominant in education system increase the importance of the study.

The purpose of the study is to identify and reveal the views of educational supervisors about clinical supervision and applicability of clinical supervision and things that should be done to apply clinical supervision. To do that answers were searched for the following questions:

1) What are the ideas of educational supervisors about the clinical supervision?

2) What are the ideas of educational supervisors about applicability of the clinical supervision in the Turkish education system?

3) According to the educational supervisors what should be done to apply clinical supervision in the education system?

## 2. Method

In order to reach the purpose mentioned above, qualitative research method which is used to investigate social phenomena in deep was used. In qualitative research, researchers enter the natural worlds of people and collects deep information about social phenomena (Mayring, 2000). Via qualitative researches, importance is given to commenting people's perceptions and point of views (Yıldırım & Şimşek, 2011). The pattern of the research is a phenomenology study into the thoughts of educational supervisors' facing clinical supervision and applicability of clinical supervision. Phenomenology studies work by trying to determine the perceptions and actions of human (Fraenkel, Wallen & Hyun, 2011).

In order to improve knowledge of educational supervisors' on clinical supervision, a seminar on clinical supervision lasting six hours was presented at the Conference Hall of Antalya Educational Directorate, to educational supervisors who participated in the research. Aim of clinical supervision, supervisory techniques such as techniques that is used to gather data, observation techniques, cycle of clinical supervision were lectured in the seminar. So educational supervisors were able to separate similar terms which were used in other type of the supervisions. Also, they easily filled the forms which were used to collect the data in the study.

### 2.1 Data Collecting Tool

In the study, a structured question form which was developed by the researchers was used to collect the data to identify and reveal the views of educational supervisors about clinical supervision and applicability of clinical supervision and things that should be done to apply clinical supervision. The form consists of both open and close ended questions was delivered to the supervisors participated in the study. Data was gathered oral and written via interviews. Also, researchers met some educational supervisors after finding themes to get much deeper information. By selecting meeting technique which is most used technique in qualitative researches (Mason, 2005) it is aimed to understand feelings and ideas of interviewed people and it is also aimed to collect deeper information (Kuş, 2007).

### 2.2 Data Analysis

Data related to the sub problems is qualitative data gathered by open ended questions. The data gathered from open ended questions and meetings was analysed via content analysis technique. Before content analysis the data was read by researchers a few times. Information divided into meaningful parts then those parts classified, coded and named. Qualitative coding is inseparable part of data analysis (Neuman, 2006). Then all the data coded and a code list was written. This data list was investigated and codes that have similar meanings were collected into the same categories. Later these categories matched with the similar terms and categories in literature and then themes were constructed. Educational supervisors were coded according to their numbers in the list like S1, S2 etc.

### 2.3 Study Group

All of 70 educational supervisors who work in Antalya province were invited to the seminar. 68 of them participated in the seminar. Since the voluntary participation is highlighted in qualitative studies, 53 educational supervisors participated in the study. Educational supervisors were selected by the researchers because of the thought that they can give the most significant information about supervision. Lincoln and Guba (1985) stated that in the qualitative researches, the study group must contain people who can give the most information. When the demographic data evaluated, it is seen that the sampling of the study has also the characteristics of maximum

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variation sampling. Maximum variation sampling is used to increase the probability of including most of the characteristics of the studied group (Patton, 1990). Demographic data about the participated educational supervisors is given in Table 1.

Table 1. Demographics of the participants

| Educational Supervisors (N=53) | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | n | % | | | n | % |
| Gender | Female | 2 | 3,77 | Work Experience as Supervisor | 1-5 years | 3 | 5,66 |
| | Male | 51 | 96,23 | | 6-10 years | 2 | 3,77 |
| Work Experience | 15-20 years | 5 | 9,43 | | 11-15 years | 4 | 7,55 |
| | 21-25 years | 1 | 1,89 | | 16-20 years | 23 | 43,40 |
| | 26-30 years | 4 | 7,55 | | 21-25 years | 10 | 18,87 |
| | 31-35 years | 12 | 22,64 | | 26-30 years | 3 | 5,66 |
| | 36+ years | 18 | 33,96 | | 30 + | 0 | 0,00 |
| | No information | 13 | 24,53 | | No information | 8 | 15,09 |
| Graduated Department | Pre Graduate | 1 | 1,89 | Age | 30-40 | 5 | 9,43 |
| | EMS (Graduate) | 22 | 41,51 | | 41-50 | 8 | 15,09 |
| | Education Fac. | 18 | 33,96 | | 51-60 | 26 | 49,06 |
| | Science and Literature Fac. | 2 | 3,77 | | 61 + | 2 | 3,77 |
| | No information | 10 | 18,87 | | No information | 12 | 22,64 |

As it is seen in Table 1 some of the educational supervisors didn't fill some or all of the demographic data. The reason for that may be some educational supervisors didn't feel in comfort.

## 3. Findings

In this section, the findings of the analysed data were given. The tables show the views of supervisors and after tables, views of supervisors' were given in their context.

Table 2. The views of educational supervisors on clinical supervision

| Views | n |
|---|---|
| I support it. | 27 |
| Clinical supervision will develop education. | 21 |
| It increases cooperation between teachers and educational supervisors, so teachers become open to benefit from supervision. | 17 |
| Clinical supervision will develop teaching. | 17 |
| It increases quality and success in education. | 14 |
| Tension and fear which are superior on supervision will decrease. | 13 |
| It makes educational supervisors focus on education. | 7 |
| I think clinical supervision will develop supervisors. | 7 |
| Clinical supervision develops supervision. | 6 |
| I believe it will be useful. | 5 |
| The supervisory continuity can be provided supervision via clinical supervision. | 5 |
| It will increase productivity in supervision via change, development and renewal. | 4 |
| I believe clinical supervision is the most effective supervisory approach. | 4 |
| I believe it will develop educational processes. | 4 |
| It provides positive opinion about educational supervisors. | 3 |
| I believe when clinical supervision is applied, contemporary principles of supervision will be dominant. | 3 |
| Negative thoughts between teachers and educational supervisors will be less. | 3 |
| I believe assessment will be more objective by application of clinical supervision. | 3 |
| It takes long time. | 2 |
| Clinical supervision makes the system systematic. | 2 |
| The process will be documented more effectively with the clinical supervision. | 2 |
| Via clinical supervision, educational supervisors, teachers and other staff share the responsibility of supervision and that develops supervision. | 2 |
| Also, it is expensive to change into clinical supervision I am not against it. | 1 |
| There is a change from class supervision to institutional supervision I don't believe there will be a chance to apply clinical supervision. | 1 |
| It will provide acceleration to supervision system. | 1 |
| It makes supervisors experts in their subject areas. | 1 |

According to the Table 2, the views of supervisors on clinical supervision are generally positive. One out of

26 views is negative. The negative one claims that clinical supervision will take long time to evaluate a teacher.

Referring to supervisors' views on clinical supervision in schools, one of the most frequently voiced views is that clinical supervision increases cooperation between teachers and educational supervisors. Regarding the issue, S9 voices that: *"Since clinical supervision depended to expertness, teachers will be keen to take advantage of being supervised. So educational supervisors will help teachers much more and teachers will develop themselves."*

Supervisors, also, emphasize that via clinical supervision, educational supervisors, teachers and other staffs share the responsibility of supervision and that develops supervision.

About sharing responsibility, one respondent uttered the following words: *"Sometimes teachers get less marks from supervision than they expected. So they think why the supervisor reduced his/her marks. Thus, damage trust to the supervisor and supervision. If supervisors have a chance to meet the teacher before observation, supervisors will have a chance to prepare teachers to supervision and they will develop good communication and trust so teachers and supervisors can share the responsibility of supervision together (S38)".* S12 and S5, also, support application of clinical supervision. They claim that teachers will try to find the best way when they will be a part of the supervision and share responsibility. According to them sharing responsibility will develop supervisory.

Another important issue that supervisors emphasize is clinical supervision will increase effectiveness of supervision via change, development and renewal. S17 stresses his view as *"I believe if teacher and supervisor plan and evaluate observation together as it is in clinical supervision will increase objectivity in supervision. Thus provide effectiveness to the supervision."*

One of the most significant advantages of clinical supervision is tension and fear which is superior on supervision will decrease. In accordance with this issue, S22 says *"Since educational supervisors observe areas that they are not experts, tension and lack of authority occurs in the supervision process. Some supervisors try to be authoritarian to fill this lack and that sometimes increase tension between teacher and supervisor. I think this problem can be solved via clinical supervision which depends on expertise and cooperation."*

The most voiced view supervisors stressed is clinical supervision will enhance learning and teaching processes in schooling. About the issue one of the supervisors says *"Teachers can't tell us their problems in comfort since educational supervisors are occupied in two sectors, guidance and investigation. So we can't solve their problems. I believe these two missions will be separated with the clinical supervision. Thus, we are able to enhance schooling via developing supervision (S11)".* Another respondent voices *"It is necessary to separate investigation function from supervision and guidance functions. Also, it is needed to select and train investigators apart from supervisors. So supervisors can focus on supervision of education. Educational supervisors must specialize in their area and they have to assess their expertise area. Clinical supervision can be applied after these arrangements. I believe the application of clinical supervision will increase success in education (S16)".*

Clinical supervision will, also, make supervisors use contemporary supervision principles more effectively. Related to the issue *"I observe that educational supervisors are not careful about using contemporary principles of supervision in application. We have some deficiencies. Workload and time shortage cause those deficiencies. We are always in a hurry to complete the supervision process. I believe that with the application of clinical supervision contemporary principles of supervision will be dominate."* said S15.

Another view that the supervisors emphasize is that continuity and documentation will be provided via application of clinical supervision. So assessment will be more effective. One of the respondents says *"Clinical supervision is like a systematic state of current supervision. We don't like writing and documentation as a society. So we don't document that we did. With the application of clinical supervision, supervision and observation processes will be documented and more objective assessments will be done."* (S27). Another one says *"I support this application. Supervision is very important for the educational system. Effectiveness of supervision can be provided via clinical supervision."* (S37). Another supervisor stresses the disorder in the continuity of the supervision system in Turkey like that: *"Educational supervisor can't assess same director or teacher again when they visit a school. So there is not a connection between prior and later supervisions. This situation has a negative effect on supervision cycle. I believe with the application of clinical supervision this kind of problems will be solved."* (S25).

Some of supervisors emphasize clinical supervision is necessary to decrease workload of educational supervisors. They, also, claim that the number of educational supervisors is not enough to complete the missions they have. They think it is necessary to decrease the number of teachers and institutes that a supervisor has to assess. Also, they state the application of clinical supervision will be useful for education (S2, S3, S13, S16, S27, and S30).

In addition, one respondent argues that negative thoughts between teachers and educational supervisors will be less by saying *"Teachers should have education in clinical supervision. Negative prejudice is removed and trust must be provided between teacher and supervisor. Teacher and supervisor should believe each other. The*

*teacher should be open to help of supervisor"* (D16).

Table 3. The views of educational supervisors on the applicability of clinical supervision

| Views | n |
| --- | --- |
| Applicable | 19 |
| Applicable with changes | 9 |
| Not applicable | 5 |

When the data is evaluated in Table 3, educational supervisors agreed on three main views. 19 educational supervisors (38%) think that clinical supervision is applicable, 9 (18%) said it is applicable with some changes and the other 5 (12%) claimed that it is not applicable. The others (20 supervisors, 32%) did not declare their thoughts on the applicability of clinical supervision.

According to the supervisors that claim clinical supervision is applicable in the current educational system in Turkey, since it creates a good communication climate between supervisor and teacher. S13 stresses his view as *"Clinical supervision can be applied. Misunderstandings between teacher and educational supervisor decrease. Worries decrease and productivity increases. It is a good method. I use techniques similar to principles of clinical supervision."* Another respondent voices *"Perhaps you won't believe, but clinical supervision can be applied in the present situation."* (S23).

However, some supervisors emphasize that clinical supervision is not applicable in the current state. One respondent says *"Since educational supervisors have many different duties and they are occupied very wide areas there is not enough time to apply the steps of clinical supervision. So it is hard to apply clinical supervision"* (S19). Another one says *"I don't think it is applicable. Because educational supervisors have to assess too many teachers, institutions and they have to perform researches and investigations, so they can't apply clinical supervision"* (S43).

Table 4. The views of educational supervisors on "what should be done to apply clinical supervision".

| Views | n |
| --- | --- |
| Educational supervisors must have courses on supervision. | 13 |
| Supervision and investigation duties of supervisors must be separated. | 10 |
| Laws have to be changed. | 9 |
| Number of teachers that an educational supervisor has to supervise must be decreased. | 4 |
| Workload of educational supervisors must be decreased. | 3 |
| The number of educational supervisors must be increased. | 3 |
| Educational supervisors must be experts in one area and they only supervise in that area. | 2 |
| There must be enough equipment that supports supervision. | 2 |
| Discrimination between central supervisors and provincial supervisors must be removed. | 1 |
| Supervision must focus on problems. | 1 |
| Educational supervisors must be powered by law. | 1 |
| There must be a national policy. | 1 |

When the data is evaluated in the Table 4, educational supervisors agreed on twelve main codes about what should be done to apply clinical supervision. Some supervisors claimed that less number of teachers should be assessed by one supervisor. A few supervisors mentioned that supervisors should be experts in one area, one supervisor said discrimination between supervisors should be removed. Some supervisors pointed out enough equipment have to be provided and some specified supervision and investigation functions must be separated. Some supervisors remarked supervisors must be educated, one supervisor defined supervision must focus on clinical problems. Another supervisor stated that supervisors must be powered by law. Some supervisors signified workload of supervisors must be decreased. A group of supervisors claimed laws have to be changed and one supervisor stated there must be a national policy on supervision. In the end a group of supervisors pointed out that the number of supervisors must be increased.

The idea, the number of educational supervisors must be increased is voiced by S1 as *"The number of supervisors must be increased, supervisors have to be experts in one area and supervision and investigation functions must be separated."* Also, S53 states the same issue and Educational Supervisors have to be trained on supervision as *"The number of educational supervisors is not enough. The teachers should work with supervisor for a long time. It may take weeks. So there are not enough supervisors to do that. Clinical supervision is a good tool to develop teacher. This must be argued in the system. Educational supervisors must have courses on clinical supervision. Seminars should be organized for supervisors. Their number must be increased. Universities should organize educations for supervisors in cooperation with educational ministry. After that clinical supervision can be applied. Clinical supervision is a process which is depended to cooperation between teacher and supervisor. So it is necessary, infrastructure and superstructure must be constructed according to this need".*

One of the most emphasized views on the application of clinical supervision is supervision and

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investigation duties of supervisors must be separated. Related to the issue S3 says *"Educational supervisors should not perform investigation duty."* S3, also, added "*The number of the teachers that a supervisor has to assess should be limited to 30-40. Managers and teachers should be informed about clinical supervision"* by emphasizing the number of teachers that an educational supervisor has to supervise is more than 150 teachers in the current system.

Some supervisors claim that the laws have to be changed, since the current acts don't support the clinical supervision process. S11 states his view as *"Infrastructure of clinical supervision must be constructed. Supervisors should be powered by law. Staff must be educated."* S18 supports S11 as saying *"Laws must be changed. It is necessary to train and develop supervisors. The workload of the supervisors should be decreased."* Similar to S18 and S11, another supervisor voices *"Supervision subsystem must be redesigned according to clinical supervision. Laws should be changed and supervisors must be educated according to the new system."* (S37).

## 4. Discussion and Conclusion

The research findings reflect only the personal opinions of the respondents, and we analysed them accordingly without aiming to generalize.

The views of supervisors on clinical supervision are generally positive except one. Negative view claims that clinical supervision will take long time to evaluate a teacher. In the current supervision system, the number of teachers that an educational supervisor has to supervise is too many. So it is clearly impossible to supervise that many teachers in clinical supervision since supervisor and teacher need more time to improve teaching and learning process. This idea is mentioned by other supervisors as "the number of teachers that a supervisor has to supervise must be decreased" and "the number of supervisors must be increased".

Referring to supervisors' views on clinical supervision in schools, the clinical supervision increases cooperation between teachers and educational supervisors, and decreases negative thoughts via cooperation. Supervisors, also, emphasize that via clinical supervision, educational supervisors, teachers and the other staffs share the responsibility of the supervision and that develops the supervision. They claim that teachers will try to find the best way when they will be a part of the supervision and share the responsibility. Another important issue that supervisors emphasize is clinical supervision will increase effectiveness of supervision via change, development and renewal.

According to the views, one of the most significant advantages of clinical supervision is tension and fear which are superior on supervision will decrease. Another positive effect of the clinical supervision is that it will be able to enhance learning and teaching processes in schooling. Clinical supervision will, also, make supervisors use contemporary supervision principles more effectively. Another view that the supervisors emphasize is that continuity and documentation will be provided via application of clinical supervision. So assessment will be more effective.

It can be said that educational supervisors have positive views on the applicability of clinical supervision. Because 19 supervisors stated that it can be applicable and nine supervisors said it can be applicable with changes and five supervisors stated it cannot be applicable out of 33 supervisors who stated a view on the applicability of clinical supervision. This finding is supported by the findings of Kayıkçı, Cantürk and Yılmaz's (2014) study which was run by school directors. In that study, nearly all school directors stated positive views on clinical supervision. Also, most of the directors agreed on clinical supervision can be applied in educational systems. Just 10% of the directors mentioned that clinical supervision cannot be applied. Also, this finding is well matched with Anagün's (2002) study's findings as school directors and teachers have positive opinions on idea of objective criteria should be used to evaluate education.

According to the educational supervisors' opinions on what should be done to apply clinical supervision, it is mostly stated that supervision and investigation duties of supervisors must be separated and supervisors must have training in clinical supervision. The other views are it is necessary to change laws, the number of teachers that one supervisor has to evaluate must be decreased, the workload of supervisors should be decreased, number of supervisors should be increased, supervisors must be specialized and every supervisor should evaluate his own area. Also enough equipment should be provided to supervisors, apartheid between supervision units must be taken away. Also, supervisors stated that supervisors must be strengthened by law, national supervision policy must be developed and supervision should focus on clinical issues. When the findings of research investigated the view that "teachers and supervisors must be trained on clinical supervision" is supported by results of Aydın's (2000) and Yavuz's (1995) studies. The view the competencies of supervisors on clinical supervision must be developed is supported by studies of Altun and Memişoğlu (2010), Burgaz (1992), Çelik, Akkurt, Bayar and Sarıçam (2010), Goldhammer, Anderson and Krajewski (1993), Oğuz, Yılmaz and Taşdan (2007), Öz (1977), Yavuz and Yıldırım (2009). The view that it is necessary to change the structure of the educational system for the contemporary educational supervision is similar to the results of the study of Bilir (1991), Karaköse, Aslan and Kılıç (2009) and Kayıkçı (2005). The inspection duty of the supervisors contradicts with

the duties of guidance and supervision. It is effective on occurring of fear culture in the educational system (Kayıkçı & Emiroğlu, 2012). This view supports the view inspection and supervision duties must be separated that stated in the study.

The view that the workload of the supervisors must be decreased is similar to the results of studies of Altun and Memişoğlu (2010), Hilo (1987), Karagözoğlu (1972), Karagözoğlu (1977), Karaköse Aslan and Kılıç (2009), Kayıkçı and Şarlak (2009) and Terzi (1996). The view that it is necessary to provide cooperation depended to the trust between supervisors and teachers is supported by the principle that "clinical supervision is depended to the cooperation and trust between supervisor and teacher" Cogan (1973) and Goldhammer, Anderson and Krajewski (1980). Also Yavuz's (1995), result that the supervision activities in primary schools are not similar with the clinical supervision activities is supported by the results of this study.

When supervisors' views evaluated generally it is seen that supervisors have positive attitude towards clinical supervision and its supervision techniques and they state clinical supervision will help to develop the educational system. It must be evaluated separately, when all the teachers are evaluated according to the one form and one set of criteria in that form it can be said that is not useful to solve personal or regional problems. As Kayıkcı, Şahin and Cantürk (2016, p.1203) stated, it is suggested that supervision system must be reorganized and this construction must base on contemporary supervision theories and practices. During the reorganization of supervision, inspection and guidance duties must be separated and supervision must focus on guidance and in-service training activities.

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