

Reality of Supervisors' Clinical Supervision Practice in Kuwaiti Public Schools

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Abstract

Teachers' classroom performance is an important aspect of the learning process. Improving teaching quality lies at the heart of this process, in which evaluation is thought to oversee the quality of classroom instruction. This study aims to examine the practice of clinical supervision by general supervisors in Kuwaiti public schools. To this end, it adopted a descriptive methodology using Serkesian's (2011) questionnaire as a data collection instrument. The sample consisted of 169 teachers who were randomly chosen from different public schools in different educational districts across Kuwait. Data was processed and codified by using Statistical Package for Social Science software. The results showed that most teachers view their supervisors' clinical supervision practice positively, and no statistically significant differences were found in their responses with regard to their gender, specialization, educational level, and work experience. However, some clinical supervision areas have been neglected, such as conducting preconferences, helping to resolve classroom management problems, and aiding in lesson planning. Therefore, this study calls on supervisors to direct more of their efforts on these aspects.

Keywords: clinical supervision, supervision, teachers, Kuwaiti public schools, instruction

1. Introduction

Teachers' classroom performance is an important aspect of the learning process. Improving teaching quality lies at the heart of this process, in which evaluation is thought to oversee the quality of classroom instruction. Teachers are believed to be the only ones capable of improving classroom instruction (Hoy & Forsyth, 1986), as they constantly and directly interact with learners. Hence, teacher evaluation is crucial in ensuring that the quality of instruction is tailored to learners so that they enjoy an engaging and sustained learning experience. The role of supervisors lies here, as they collaborate with teachers to address classroom issues as well as engage with them in the teaching and learning processes (Hoy & Forsyth, 1986). Supervision involves classroom visits and observation with the aim of assessing a teacher's performance and providing constructive feedback (Zepeda, 2013) and good supervision is one that aims at guiding and building teachers as educators, rather than a mere ritual intended at finding faults (Velloo, Komuji, & Khalid, 2013).

Traditional supervision underwent some changes in the 1950s when Harvard University's Morris Cogan, Robert Anderson, and Robert Goldhammer developed an effective method to supervise Harvard interns. The main idea of clinical supervision involves a supervisor conducting a preconference with a teacher, whom they intend to observe, before entering the classroom and discuss the problems the teacher faces, whether related to pedagogy or classroom management. The supervisor then observes the teacher in the class and takes notes of their teaching techniques or behavior. After the observation, these notes are then discussed in a postconference meeting, where the supervisor informs the teacher about certain missteps that were made and offers suggestions to tackle such issues. This kind of supervision allows teachers to understand their strengths and weaknesses to improve their teaching performance (Smyth, 1985).

The term clinical supervision denotes intensive observation, where supervisors and teachers work together, interacting face-to-face (Goldhammer, 1969). This kind of supervision helps create an intimate professional relationship between supervisors and teachers, which in turn helps relieve the tension between them, considering the supervisor's job as an evaluator of teachers and their role as "inspectors." In this regard, Acheson and Gall (1987) suggest modifying the term clinical supervision to teacher-centered supervision to remove any misconceptions about who is more dominant in the process.

While the implementation of clinical supervision has yielded several positive results such as increasing teacher commitment, efficacy, collaboration, and trust (Ebmeir & Nicklaus, 1999), this may not always be the case. Sergiovanni and Staratt (2002) caution that clinical supervision may not be suitable for everyone. Glanz, Shulman and Sullivan (2005) found that clinical supervision has failed to increase teachers' integrity and encourage them to become innovative or take initiative. Moreover, clinical supervision is an intensive supervisory process that is time consuming (Kent, 2001), which may result in it not being administered adequately.

2. Rationale for the study

In evaluation literature, supervision has long been associated with bureaucracy (Hoy & Forsyth, 1986). Teachers

view supervision as a source of suspicion and fear as well as the anxiety of having an “unwanted guest” in their classrooms. This may be attributed to the supervisors’ out-of-school authority on teachers or the behaviors they exhibit during their visits. In a study by Dirani (2005), most teachers felt uncomfortable when supervisors held surprise visits, lacked praise for their efforts, and expected exaltation when dealing with them. Because of such behaviors, teachers may express their displeasure in the supervisor’s presence and may refuse to cooperate with them, which in turn affect the teaching and learning processes.

Unlike the case in some countries like the U.S. where principals are at the core of the supervisory process, teacher supervision and evaluation in Kuwait is typically performed by the head of department and the supervisor, who lies outside of the hierarchical design of the school. As of the beginning of the academic year 2017-2018, supervisors were not included in the summative evaluation of teachers, leaving 70% of the evaluation to the head of department and 30% to the school’s principal (Ministry of Education, 2017). However, the supervisor still engages in the formative evaluation and acts as a guide to direct teachers’ professional development and enhance their pedagogical skills.

Although clinical supervision has not been officially introduced to the general supervision of Kuwaiti public schools as a model to follow, some aspects of this type of supervision is exhibited in the supervisors’ practice such as paying a number of classroom visits during the academic year and conducting post-conferences. Therefore, this study aims to explore the reality of the clinical supervision practice of Kuwaiti public school supervisors from the perspective of teachers.

3. Research questions

The following questions intend to guide this research:

- (1) What is the extent of supervisors’ clinical supervision practice with Kuwaiti public school teachers from the latter’s standpoint?
- (2) Are there statistically significant differences among teachers’ perspectives about supervisors’ clinical supervision practice with regard to the former’s gender?
- (3) Are there statistically significant differences among teachers’ perspectives about supervisors’ clinical supervision practice with regard to the former’s specialization, educational level, and work experience?

4. Methodology

4.1 Research design

A descriptive analytical approach was adopted for this study, using a questionnaire to collect data on teachers’ perceptions of supervisors’ clinical supervision practice.

4.2 Instrumentation

Serkesian’s (2011) questionnaire was used to achieve the study’s objectives. The questionnaire is divided into two sections:

- Section I contains demographic information: gender, specialization, educational level, and duration of work.
- Section II measures teachers’ perceptions of supervisors’ clinical supervision practice.

Marital status has been omitted from the demographic information, as the authors felt it was not valuable to the analysis. The instrument was reviewed by educational supervision experts to ensure validity and was tested in a pilot study to confirm reliability; Cronbach’s alpha was calculated at .95, demonstrating good reliability.

4.3 Participants

The participants (n = 169) were randomly recruited from different public schools at all levels (primary, intermediate, and secondary) from six Kuwaiti school districts during the first semester of the academic year 2017-2018.

4.4 Data analysis

Statistical Package for the Social Sciences software was used to codify and process data from the questionnaires and determine the averages and standard deviations of teachers’ responses. A t-test was performed to examine the mean differences between male and female teachers’ responses, as well as those of arts and science majors. One-way analysis of variance (ANOVA) was conducted to explore the mean differences in the teachers’ responses regarding their educational level and work experience. All statistical tests were run at the significance level 0.05.

5. Findings

Research question 1: What is the extent of supervisors’ clinical supervision practice with Kuwaiti public school teachers from the latter’s standpoint?

Table 1. Means and standard deviations of teachers' responses

	Mean	SD
Clinical supervision	3.248	.800

Table 2. Means and standard deviations for some questionnaire items

No.	Item	M	SD
5	The supervisor conducts post-conferences after the observation.	4.09	.971
2	The supervisor pays a number of classroom visits throughout the academic year	3.86	.990
13	The supervisor encourages teachers to build good relationships with students.	3.75	1.133
14	The supervisor works cooperatively with the teacher to improve instruction.	3.72	1.080
12	The supervisor encourages collegiality among teachers.	3.69	1.107
4	The supervisor aids in solving classroom management issues.	2.85	1.107
16	The supervisor works with the teacher to design educational activities.	2.76	1.245
18	The supervisor caters to the teacher's psychological needs.	2.70	1.33
3	The supervisor assists in lesson planning with the teacher.	2.60	1.196
40	The supervisor schedules the next visit with the teacher.	2.02	1.178

Table 1 displays the results of the teachers' overall responses regarding their supervisors' clinical supervision practice. Most teachers agreed that their supervisors focus on different clinical supervision aspects during their visits, with the grand mean score being 3.248 and a standard deviation of 0.80. In Table 2, items 5, 2, 13, 14, and 12 recorded high mean scores of 4.09, 3.86, 3.75, 3.72, and 3.69, respectively, which indicates that the majority of the respondents agreed on these items. However, most respondents slightly agreed on items 4, 16, 18, and 3, which recorded mean scores of 2.85, 2.76, 2.70, and 2.60, respectively. The majority of the respondents disagreed with item 40, which had a mean score of 2.02.

Research question 2: Are there statistically significant differences among teachers' perspectives about supervisors' clinical supervision practice with regard to the former's gender?

Table 3. T-test for mean differences between male and female teachers' responses

	Gender	N	Mean	SD	T	Sig.
Clinical supervision	Male	68	3.354	.759	1.421	.704
	Female	101	3.176	.823		
	Total	169	3.248	.800		

The results displayed in Table 3 show that both genders positively view their supervisors' clinical supervision practice and that no statistically significant differences exist among their responses.

Table 4. T-test for mean differences between the responses of arts and science teachers

	Major	N	Mean	SD	T	Sig.
Clinical supervision	Science	43	3.475	0.716	2.182	.493
	Arts	126	3.170	0.815		
	Total	169	3.248	0.800		

Table 4 also shows that teachers of both specializations (arts and science) positively view their supervisors' clinical supervision practice and that no statistically significant differences exist among their responses.

Research question 3: Are there statistically significant differences among teachers' perspectives about supervisors' clinical supervision practice with regard to the former's specialization, educational level, and work experience?

Table 5. One-way ANOVA for the mean differences among teachers' responses based on educational level

		SS	DF	MS	F	Sig.
Clinical supervision	Between groups	.659	2	.329	.511	.601
	Within groups	107.020	166	.645		
	Total	107.679	168			

Table 6. Means and standard deviations of teachers' responses based on educational level

Educational level	N	Mean	SD
Bachelor's	154	3.258	.788
Master's	14	3.092	.953
Doctorate	1	3.800	-
Total	169	3.248	.800

In Tables 5 and 6, one-way ANOVA was conducted to answer question 3. The results revealed no statistically significant differences among teachers' viewpoints in the context of their educational level and work experience. Table 5 shows a grand mean score of 3.248, indicating a positive perception, with doctorate and

bachelor's levels having the highest mean scores.

Table 7. One-way ANOVA for the mean differences among teachers' responses based on work experience

		SS	DF	MS	F	Sig.
Clinical supervision	Between groups	.802	2	.401	.623	.538
	Within groups	106.876	166	.644		
	Total	107.679	168			

Table 8. Means and standard deviations of teachers' responses based on work experience

Work experience	N	Mean	SD
Below 5 years	38	3.169	.923
5–10 years	62	3.206	.750
Above 10 years	69	3.329	.776
Total	169	3.248	.800

One-way ANOVA was also conducted for the mean differences according to work experience. Table 7 shows no statistically significant differences among teachers' responses. Table 8 illustrates an overall positive score, with a grand mean score of 3.248.

6. Discussion

The supervisory process in clinical supervision allows teachers to reflect on instruction, promotes collaboration between teachers and supervisors, and supports teachers in every aspect of teaching and learning (Williams, 2007). Based on the study's findings, the overall results were revealed to be positive, as most teachers agreed that their supervisors adopted different clinical supervision techniques ($M = 3.248$, $SD = .80$), which comes in consistence with Veloo et al.'s (2013) findings. This may be because one of the tenets of general supervision in the public education of Kuwait is the emphasis on fostering rapport with teachers, as one of the basic beliefs of supervision is to treat every educator ethically so that trust and collaboration prevails in their professional relationship (Nolan & Hoover, 2004).

The results for the first research question indicated that most teachers agree that supervisors conduct a number of annual visits to keep abreast of their performance. They also concur with supervisors being keen on building a rapport with them, which may be because of supervisors' intention to work cooperatively with teachers in the teaching and learning processes. Promoting collaboration and supporting teachers aids in creating a positive attitude towards teaching, which in turn is reflected in their instruction and enhances student learning (Nolan & Hoover, 2004). Teachers also agree on the supervisors' emphasis on fostering good relationships with students.

However, most teachers disagree with the items pertaining to supervisors helping them with lesson planning, catering to their psychological needs, as well as helping them resolve classroom management issues, which is outside the realm of clinical supervision. This does not align with Veloo, Komuji, and Khalid's (2013) findings which revealed that clinical supervision had positive effects on lesson planning in terms of the opening and closure of the lesson, tasks and assignments, as well as questioning techniques. This result may indicate some challenging aspects supervisors face such as time constraint and work overload (Chidobi, 2015), wherein supervisors oversee approximately ten teachers in a single department from more than one school in an educational district. This in turn might hinder effective clinical supervision practice. The item that was ranked last was one that referred to supervisors' failure to schedule the next visit with the teachers ($M = 2.02$, $SD = 1.178$), and this may be because supervisors do not have fixed schedules for each teacher or school.

The results for the second question revealed no statistically significant differences with regard to genders (male and female) and specialization (arts or science). The reason behind this is that regardless of the segregation in Kuwaiti public schools, supervisors evaluate both genders similarly and provide the same training in every specialization from general supervision.

Finally, findings in the third question also showed no statistically significant differences regarding work experience and educational level, which contrasts Serkesian's (2011) findings that indicated statistically significant differences with teachers who had five to ten years of experience. This means that supervisors treat each teacher equally regardless of whether they are novices or veterans in the field.

7. Conclusion

From the outlook of teachers, this study examines the reality of clinical supervision practice by Kuwaiti public school supervisors. Although the study's findings revealed the positive regard of most teachers for their supervisors' clinical supervision practice, some aspects of such supervision is neglected, including cooperation with teachers in addressing classroom management dilemmas as well as preconferences. It is therefore vital that supervisors consider these aspects to bring out the most from their supervision practice.

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