



Teachers' Perceptions on Clinical Supervision by Primary School Heads of Makonde District, Mashonaland West Province of Zimbabwe

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ABSTRACT

The study was designed to investigate the teachers' perceptions on the role of primary school heads in the application of clinical supervision programmes. It was discovered that a number of problems in clinical supervision programmes emanated from the fact that there was lack of consultation by supervisors, the need for better methods for these programmes and the need for clear explanation on the role of the supervisor during the process.

The descriptive survey research design was used because the researcher could describe in detail and in comprehensive terms what was found out in the field. The random sample consisted of ten primary schools in Makonde District which has a population of about 300 teachers from these schools. For data collection the questionnaire was used. The results of the study indicated that the majority of the teachers appreciated the existence of clinical supervision programmes in schools. Teachers accepted the head's role in clinical supervision. It was found out that the head's role affected the running of clinical supervision programmes. Major recommendations were that the staff should be given opportunities to suggest the best method for clinical supervision. It was recommended that supervisors and supervisees be colleagues in the process.

INTRODUCTION AND BACKGROUND TO THE STUDY

Every administrative, managerial or leadership position has clinical supervision as one of its most significant facets notes Behlol et al (2011). Schools may fail to operate as effectively as they should, hence the need for an on-going training for teachers through clinical supervision to enable them to perform their duties effectively. This training should be in response to felt and identified needs. This enables staff members to keep abreast with educational developments and changes say Mhlanga et al, (2012).

Bondi and Wiles (1996) discovered that supervision practices in schools in Kenya were largely based on one or more general views by supervisors. They carried out a case study at three schools to determine the source of the supervision problems and how to arrive at a solution of these problems. The following were some of the problems they came up with:

- The problems at one school were attributable to the people who worked there. Teachers had not yet adopted the new curriculum and its procedures and were incapable of functioning in a school committed to school improvement. It was discovered that the supervisor at this school was not the expert he was assumed to be and therefore was to blame for inadequate monitoring of the system and for his inability to provide the teachers with proper help and supervision needed so that they might use the system better.
- The second incident at another school was that teachers were not consulted about the type of curriculum and were excluded from the decision making process that led to poor results at the school.
- The third incident had problems of failure to provide teachers (by the supervisor) with opportunities to fulfil their individual needs for autonomy and their natural desire to do competent work.

Bondi and Wiles (1996) found out that teachers in most schools are mature adults who, under the right motivating conditions, will want to do their best for the school. They want to enjoy their work and are capable of supervising themselves. Mhlanga et al (2012) suggested clinical supervision as the best supervisory practice to improve the performance of teachers.

The form supervision takes depend in part on the purpose envisioned. Sergiovanni (2006) say, when the purpose of teacher evaluation is professional, the process is informal: criteria are tailored to the needs and capabilities of individual teachers : the emphasis is on helping teachers reach agreed upon professional development goals; and teachers assume major responsibility for the process by engaging in self-evaluation through clinical supervision programmes in schools Ayeni (2012).

In her study of primary schools in Hurungwe district, Chihota (1997) found that there was heated debate among school heads on the role of clinical supervision in schools. Most of the heads felt that it was their administrative role to run clinical supervision programmes in their schools. Heads of schools also viewed clinical supervision programmes as a waste of time since teachers acquired the necessary knowledge and skills at college to cope efficiently and effectively with classroom responsibilities.

According to the Chief Education Officer Circular minute number 22 of 1996, The Chief Education Officer showed great concern on how supervision was being carried out in some schools. The Chief Education Officer was worried that most of the school heads practiced scientific supervision at the expense of clinical supervision. The Chief Education Officer reminded supervisors to let their teachers take a leadership role during discussions which is only possible through clinical supervision.

The Chief Education Officer said that, with effect from January 1996, the Ministry of Education through the standards control unit had embarked on a new phase of Better Schools Programme of Zimbabwe (BSPZ) to improve on supervision skills of heads of schools. The emphasis was to improve through the use of different supervision models, clinical supervision included.

Therefore, the teachers' perceptions on the role of the head in clinical supervision, plays a vital role in the implementation of the programme a statement supported by Ayeni (2012). If teachers lack positive perceptions towards the role of the heads in clinical supervision programmes, progress in this endeavour cannot be achieved.

Statement of the Problem

What are the teachers' perceptions on the role of primary school heads in the application of clinical supervision programmes with reference to ten primary schools in Makonde District in Zimbabwe?

Research Questions

- Do heads of schools dominate in planning clinical supervision programmes in schools?
- Does the heads' role affect the running of clinical supervision programmes in schools?
- Do teachers appreciate/accept the head's role in clinical supervision programmes?
- Do teachers feel that they were being left out in planning clinical supervision programmes?
- Does clinical supervision as an on-going training method bring effectiveness in the teaching/learning process?

Research Sub Questions

- What perceptions do teachers have about the role of the school heads in clinical supervision programmes?

- How are clinical supervision programmes being run in ten primary schools in Makonde District?
- What are the best strategies for running clinical supervision that brings efficiency and effectiveness?

Review of Related Literature

Zepeda (2007) say, clinical supervision as a leadership specialty in professional education, is first about helping people grow and develop. The supervisor's job is to work with people to improve the educational process and to aid the growth and development of students. The goal of clinical supervision is to contribute to a better learning experience that will help people develop Wadesango (2011).

Ayeni (2012) says, clinical supervision is a practice focused professional relationship that enables one to reflect on his practice with the support of a skilled supervisor. Through reflection one can further develop skills, knowledge and enhance understanding of one's own practice.

Ayeni (2012) says: Clinical supervision is that aspect of instructional supervision which draws upon data from direct first hand observation of actual teaching, or other professional events, and involves face-to-face and other associated interactions between the observer(s) and the person(s) observed in the course of analyzing the observed professional behaviours and activities and seeking to define and/or develop next steps towards improved performance.

This definition shows that clinical supervision is an in-class support system designed to deliver assistance directly to the teacher to bring about changes in classrooms' operation and teacher behaviour as advised by Sergiovanni (2006).

Goldhammer (1993) identified benefits of clinical supervision as stated below;

- Clinical supervision provides an opportunity and forum to reflect upon aspects of teacher supervision that may be difficult, and provides an opportunity for solving problems.
- Improves relationships between supervisors and supervisees.
- Encourages evidence – based practice.
- Develops new knowledge, through the critical evaluation of practice against the research available.
- Provides a mechanism for guided reflection with a skilled supervisor to help supervisees validate their clinical decision making process.
- Creates confident decision makers, which in turn leads to empowerment and self-assurance, leading to innovative and creative practice.

Cogan (1995) says, clinical supervision is a powerful model for professional development as it works and provides a conceptual framework that can be transferred to other models of supervision and evaluation also directed at professional development.

Cogan identified eight phases in the cycle of clinical supervision viz.

- Phase 1 - Requires establishing the teacher-supervisor relationship.

The first phase is of particular importance, for, upon its success rests the whole concept of clinical supervision. The supervisor has two tasks in Phase 1: building a relationship based on mutual trust and support, and inducting the teacher into the role of co-supervisor.

- Phase 2–Requires intensive planning of lessons and units with teacher.

Planning includes estimates of objectives or outcomes, subject matter concepts, teaching strategies, materials to be used, learning contexts, anticipated problems, provisions for feedback and evaluation. Both agree upon the objectives and activities so that there is ownership of the lesson.

- Phase 3 – Requires planning of the classroom observation strategy by teacher and supervisor.

Together teacher and supervisor plan and discuss the kind and mount of information to be gathered during the observation period and the method to be used to gather this information.

- Phase 4 – requires the supervisor to observe in-class instruction.

Cogan emphasizes that only after careful establishment of the supervisory relationship and the subsequent planning of both the lesson or unit and the observation take place.

- Phase 5 – Requires careful analysis of the teaching-learning process.

As co-supervisors, teacher and supervisors analyze the events of the class. They may work separately at fist or together from the beginning. Outcomes of the analysis are identification of patterns of teacher behaviour that exist over time and critical incidents that occurred that seemed to affect classroom activity, and extensive descriptions of teacher behaviour and evidence of that behaviour.

- Phase 6 – requires planning the conference strategy.

Supervisors prepare for conferences by setting tentative objectives and planning tentative processes, but in a manner that does not program the course of the conferences too much. They plan also the physical settings and arrange for materials, tapes, or other aids.

- Phase 7 – Is the conference.

The conference is an opportunity and setting for teacher and supervisor to exchange information about what was intended in a given lesson or unit and what actually happened.

- Phase 8 – requires the resumption of planning.

A common outcome of the first seven phases of clinical supervision is agreement on the kinds of changes sought in the teacher's classroom behaviour.

Thus, the supervisor works at two levels with teachers during the cycle: helping them to understand and improve their professional practice and helping them to learn more about skills of classroom analysis needed in supervision. What Cogan seem to be implying here is that clinical supervision prepares teachers to be competent peer or collegial supervisors.

JUSTIFICATION OF THE PRESENT STUDY

The study will improve the role played by school heads in the deliverance of quality education through clinical supervision. The study will mould the teachers perception, over the school heads in clinical supervision, as they are a vital ingredient to propel positively, the effectiveness of the school administration. The study will also provide a platform for further academic inquiry in this discourse.

RESEARCH DESIGN/METHODOLOGY

This study used a descriptive survey design. Data collection was done using the questionnaire instruments which had both open and closed ended questions. The population was made up of 300s trained primary school teachers from ten schools in Makonde District of Education, that is, five schools from Chinhoyi Urban and five other schools from rural Mupfure cluster. Simple random sampling was used in the study. A sample of 30 respondents was selected from the chosen population. This was 10% of the population size. The purpose of inquiring was explained and respondents were left alone to complete the questionnaire which was returned within a week. Content validity was tested by re-testing the research instrument. Some questions that appeared to be ambiguous as judged by the responses during pilot testing were either rephrased or discarded.

This research used questionnaires to solicit information on the teacher's perception on clinical supervision by primary school heads. Mellenbergh (2008) says questionnaires are used because of their perceived advantages as instruments for collecting information. The following are some parts of questionnaires which made it easy to complete, to code and analyse the teachers' perception on clinical supervision by primary school heads of Makonde district in Zimbabwe: Selected response were from the following options,

	Agree	No sure	Disagree
1	Our head dominates in planning clinical supervision at school		
2	Our head plays a role that affects the running of clinical supervision programmes		
3	I appreciate/accept my head's role in clinical supervision programmes		
4	I feel that my role is not being realized in planning clinical supervision programmes		
5	I think that clinical supervision programmes' play a role that brings effectiveness in the teaching/learning process.		
6	I think that clinical supervision programmes' role is a waste of time and resources in schools.		

INTERPRETATION AND ANALYSIS

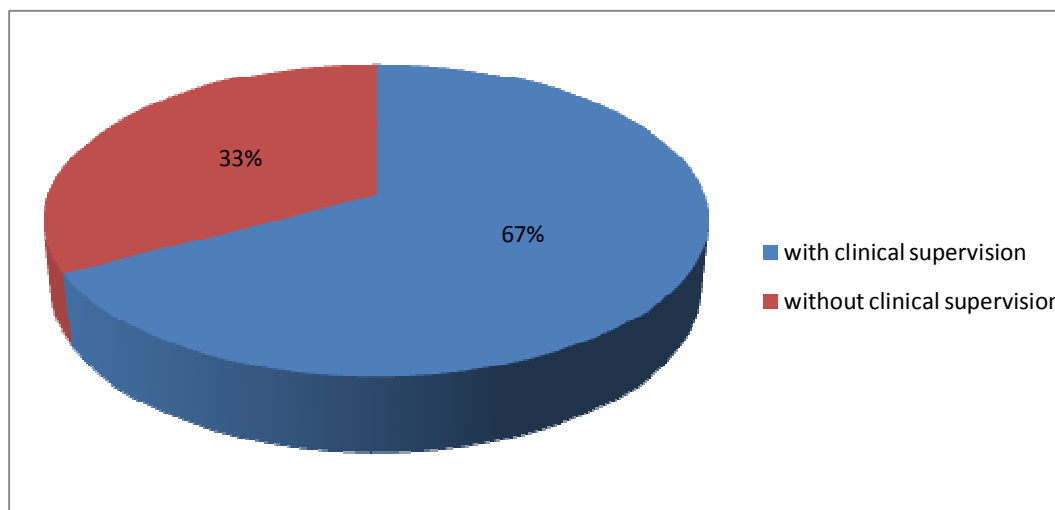


Figure 1: Availability of clinical supervision programmes

The study revealed that there are clinical supervision programmes in most of the schools in Makonde as shown by 67% (20) of the respondents. Some schools did not have clinical supervision programmes as 33%

(10) of the respondents allude to. Therefore the Ministry of Education should be encouraged to come up with a clear policy on clinical supervision in all schools.

Table 1: How often are Clinical supervision programmes held in schools?

N=30

	Weekly	When need arises	Monthly	Termly	Not at all	Total
Frequency	2	7	1	10	10	30
Percentage	7%	23%	4%	33%	33%	100%

The table above shows that there is clinical supervision programmes in schools though the frequency they are held differed from school to school.

Table 2: Frequency distribution on teachers' perceptions on the role of Heads in clinical supervision programmes

		Agree		No sure		Disagree	
		F	%	F	%	F	%
1	Our head dominates in planning clinical supervision at school	11	37%	6	20%	13	43%
2	Our head plays a role that affects the running of clinical supervision programmes	17	56%	5	17%	8	27%
3	I appreciate/accept my head's role in clinical supervision programmes	22	73%	1	4%	7	23%
4	I feel that my role is not being realized in planning clinical supervision programmes	12	40%	3	10%	15	50%
5	I think that clinical supervision programmes' play a role that brings effectiveness in the teaching/learning process.	25	83%	2	7%	3	10%
6	I think that clinical supervision programmes' role is a waste of time and resources in schools.	4	13%	0	0%	26	87%
7	I think that the role played by clinical supervision programmes warrants its continuation in schools.	27	88%	1	4%	2	8%

KEY: A – Agree NS – Not sure D – Disagree

The findings in this study as depicted in table 2 positively showed that 17 teachers out of 30 agreed that heads played a role such as suggesting the method and steps to be followed, learning materials to be used as well as setting the time-table for the programme which affected the running of clinical supervision programmes. The head derived his/her authority as he/she should provide materials and data desired by teachers, which is in tandem with their administrative roles in schools.

The acceptance of the role of the supervisor by supervisees is the recognition of the quality control aspect required from those who work with the public. Indeed the supervisor is duty bound to ensure the highest standards are achieved. Teachers felt that the head's role affected the running of clinical supervision programmes and some teachers accepted that position. However, this position may affect the positive contribution from staff members. The supervisees may decide to be passive recipients and will not want to be accountable if the programme fails.

The revelations of this study showed that 83% of the respondents appreciated the role clinical supervision programmes played in schools. Sergiovanni (2006) brought the use of the Johari

Window as it relates to espoused theories. The theory is based on the premise that there are aspects of teaching and learning that the supervisor and supervisee may not know about. These can only be unfolded by constant meeting of the two, to improve on teaching.

It was therefore discovered in the study on the teachers, perceptions on the role of primary school heads in the application of clinical supervision programmes that an effectively well-administered school is the one whose head is perceived positively by the supervisees and one good tool for use is the clinical supervisory practice. The supervisor and supervisee should be equal partners when planning clinical supervision programs Clarke e tal. (2013).

DISCUSSION OF RESEARCH FINDINGS

The study was guided by five research questions. Data was collected with the aim of addressing these questions.

The revelations of this study showed that the majority of the respondents felt that heads did not dominate in clinical supervision programmes as shown

in table 2. These findings agreed with Sergiovanni (2006) when he says clinical supervision involves the teachers' day by day execution of duties and that it is a process for which both supervisors and teachers are responsible. So it goes to say that given the right conditions, teachers are willing and able to improve and they can execute their duties well under some accommodating working conditions.

Another question was whether the head's role affected the running of clinical supervision programmes in schools and do teachers accept that position. Findings in this study as depicted in table 2 positively showed 17 out of 30 teachers agreed head's role affected the running of clinical supervision. These findings agreed with Goldhammer (1993) whose research found out that the issue of authority is very important in the process. The head derived his/her authority as he/she should provide materials and data desired by teachers. Chihota (1997) found out that most heads felt that it was their role to run these programmes as it was in tandem with their administrative roles in schools. They were accountable to everything that happened at the school.

From one of the questions, the respondents (83%) appreciated the role clinical supervision played in schools. It is therefore, accepted that clinical supervision programmes bring effectiveness and efficiency in the teaching/learning process and since it is necessary it should feature on every school's supervision timetable. 50% of the respondents, table 2, revealed that they were being involved in planning and carrying out clinical supervision programmes. This was in agreement with Cogan's (1995) phases in clinical supervision. Cogan (1995) saw the role of the supervisor as that of facilitating growth in supervisee. The involvement of both heads and teachers encouraged collegiality through the cycle of supervision.

It was therefore discovered in the study that teachers' perceptions are that an effectively well administered school is the one whose head is perceived positively by the supervisees and one good tool for use is the clinical supervisory practice. The supervisor and supervisee should be equal partners when planning clinical supervision programmes.

CONCLUSION

On the basis of the research findings and responses to the research questions, the researcher made the following conclusions:

- The study confirmed that teachers appreciate the head's role in clinical supervision programmes. This is because teachers accept the heads as being in overall charge of the school.
- The study found out that most heads were not suitably qualified to run clinical supervision programmes. This implies that heads of schools have to improve their professional qualifications to match those of their supervisees.

- The study also found that most teachers were being involved in planning clinical supervision programmes. This is because some heads now accepted some teachers as partners in the education system.
- In the study it was confirmed that some teachers were allowed to suggest the best method for clinical supervision programmes. This implies that there was an element of partnership in carrying out clinical supervision programmes.
- In the study it was found out that the head's role affected the running of clinical supervision programmes. This is because heads considered their supervisory roles as the key to the success of school. This position opens up a grey area as teachers wanted to be treated as equal partners in clinical supervision programmes.

RECOMMENDATIONS

In view of the above conclusions, the researcher makes the following recommendations.

- Supervisors appointed to schools should have higher professional qualifications than their supervisees to give meaningful guidance and direction in clinical supervision programmes.
- Teachers should also improve their professional qualifications if they are to be treated as colleagues in clinical supervision.
- The use of Cogan (1995), Mann, et al (2010) eight phases in the cycle of clinical supervision will strengthen the relationship between the supervisors and supervisees.
- The partnership method in clinical supervision should be pursued as most teachers found it to be suitable.
- Schools should have well laid out timetable on clinical supervision which is determined by the school's needs and mission statement.
- The Ministry of Education, sport and Culture should come up with a supervisory policy that encompasses clinical supervision programmes. The Ministry should also encourage development workshops, in-service courses for heads to equip them with skills on clinical supervision in schools.

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