Clinical Supervision in New Bataan District: A Phenomenological Study

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DOI : https://doi.org/10.55248/gengpi.5.1024.2834

A B S T R A C T

Effective clinical supervision translates to improved teacher instruction and student performance in the classroom. However, various challenges are encountered during its implementation. This study examined the recent condition of clinical supervision in relation to the following areas: the school heads' competence, and teachers' perception about clinical supervision as means to promote teacher behavior in improving instruction and student performance. A qualitative research design was used as an approach from the process of understanding based on distinct methodological traditions of inquiry about the life experience of school head and teacher in the practice of clinical supervision. The findings suggest that school heads need to be trained acquire a variety of instructional supervision skills, and strategies to address challenges, in the conduct of clinical supervision. The teachers also need to be cooperative and participative in order to improve themselves and influence learners' performance. As well as the teachers, need to observe and develop relationships with fellow teachers and school head. The study recommends for higher DepEd officials to investigate and re-evaluate current best practices and includes teachers' preferences in designing training and seminars in the practice of clinical supervision. The new context found on the outcome of clinical supervision includes the following: it is a form of motivation, develops a good relationship between the school head and teachers, and to other it adds to their work load. Clinical supervision also motivates student to participate, attentive and manageable in the teaching-learning process.

Keywords: *clinical supervision, school heads' competence, student performance, phenomenology, Philippines*

1. Introduction

1.1 Rationale

Clinical supervision in education which is more specific than general supervision refers to the in-class support systems intended for improving instruction, teacher performance, and addressing professional growth for the improvement of student learning (Atchade, 2007). It plays a significant role in instructional leadership within classrooms as it supports teaching performance and instruction. Good clinical supervision practices do not mainly find faults on teachers' teaching abilities but largely support, direct, and inform teachers about the "what and how" in improving instruction (Adentwi & Barfi-Frimpong, 2010).

Clinical supervision, however, needs to be a designated policy and even part of the binding role among school managers. In fact, there are instances where the absence of proper school clinical supervision resulted in unproductive student achievement due to the improper implementation of dialogue between teachers and their supervisors (Moswela & Mphale, 2015). The performance setbacks mostly experienced by learners from Botswana demonstrate this need for harmonizing teaching, learning, and performances.

There are also cases where unsatisfactory clinical supervision has been adopted merely as a procedural formality. Million (2010) reports that in the West Arsi Zone in Ethiopia secondary schools have been suffering from poor supervisory practices in facilitating professional development of teachers either in mentoring programs or in collegial and peer coaching techniques during supervision. Even Dessalegn (2001) as cited by Kumar and Adimasu in 2014 previously mentioned about the failure of the three senior secondary schools from region three in Ethiopia due to their failure to help teachers acquire new teaching methods and skills, aside from negligence in providing quality supervision and interventions through in-service training to make teachers' effective in their teaching.

Most often, teachers do not perceive supervision as helpful for their teaching and professional growth when its approach is focused on teacher appraisal and efficiency (Acheson and Gall, 1992; Zepeda and Ponticell, 1998; Abidin, 2010). In some cases, when areas and structure for evaluation are not specified, teachers tend to become unfamiliar and consider them as a form of hostility (Acheson and Gall, 1992; Abidin, 2010). In effect, most teachers would dislike the supervisory style offered to them but not necessarily the conduct of supervision itself.

There is also a greater concern when the majority of those handling supervisory positions are inexperienced, uncertified, and unspecialized to conduct supervision practices that are proper and efficient (Bedassa, 2011; Kedir, 2011; Abaya, 2010). In effect, the lack of expertise among school leaders in supervisory activities results to teachers' negative perception and satisfaction towards clinical supervision. As such, there really needs to be a need for mastery among school managers for roles related to staff development, teachers' performance appraisal, curriculum development and improvement observation activities, and other leadership functions related to clinical supervision.

In the Philippines, some local researches have been conducted concerning clinical policy formation in education. From those researches, however, the improvement of general over clinical supervision has been the top concern of the Department of Education. There are however established educational policies on authority, accountability, and responsibility for achieving higher outcomes through Republic act 9155 or the "Governance of Basic Education Act of 2001". However, the overall quality of education still depends partly on how well teachers are trained and supervised since they are those who directly provide key inputs to the delivery of instruction (Lockheed & Verspoor, 1991 in Barret et.al., 2006).

In fact, Kuizon & Reyes (2015) in a previous study revealed that the pre-supervisory visit and actual evaluation results in DepEd Bislig division revealed the need to conduct diagnosis on the teacher-supervisee. This further suggests the need for holding exploration conferences regarding teacher functions, policies on informal visits, classroom observations, viewing student products, and in conducting formal observations. The above-mentioned concerns, however intend mainly to determine teacher skills and instructional needs to address the lack of appropriate supervision plan to improve teacher performances. As such, a good program for clinical supervision results in improved teaching-learning conditions and school performance while the contrary may also reduce student performances.

In the local level, a policy on clinical supervision covering Region XI areas has been implemented by the Department of Education since April 2013 through regional advisory number 33. This policy has been intended to capacitate district supervisors and school heads to conduct classroom observation or clinical supervision by proliferating a training of trainers (TOT) regarding strategies and approaches in clinical supervision. In the New Bataan district, the implementation of this program has been met with challenges and feedbacks between school heads and teachers. At present, it is necessary to ensure that clinical supervision must be properly observed and implemented.

This study intends to examine the competence of school heads on clinical supervision and the perception of teachers as a means to improve their behavior regarding instruction and student performance among public elementary schools in the New Bataan district. It likewise contributes to stakeholders' understanding of the effective use of clinical supervision to improve the overall quality of teachers, their instructional practices, and the competencies of their learners.

1.2 Research Questions

A phenomenological research design was employed in this study to seek answers to the following research questions:

1. What competencies do school heads possess in conducting clinical supervision?

2. How do teachers perceive the competence of school heads in conducting clinical supervision?

3. What challenges do the following school personnel encounter in the process of clinical supervision?

   a. for teachers, when the school head do not carry out clinical supervision to those who are supervised; and

   b. for the school heads, in relation to the nature of the challenges they experienced in conducting clinical supervision?

4. How does clinical supervision work to influence teacher behavior and pupils' attitude in classroom practices in public elementary schools in New Bataan district?

1.3 Review of Related Literature

The following literature review are derived from different resource materials such as books, journals, electronic articles, reports, research reviews and studies necessary to provide a comprehensive understanding of the nature and issues affecting clinical supervision.

Definition of clinical supervision. Clinical supervision is the process by which advanced clinicians who possess appropriate training and credentials facilitate the growth process of a more novice member of the same profession (Lambie & Sias, 2009). This means that the focus is the application of pedagogical skills on the classroom. Clinical supervision is also defined as "first-hand observation" of actual teaching event that is mainly "face-to-face" and interactive (Symmes, 1998; Goldsmith, 1998). They similarly claimed that the interactions and associations between the teacher and school heads are necessary for the analysis of teaching behaviors and activities for instructional improvement.

Moreover, a more comprehensive definition of clinical supervision has been offered which considers it as a distinct professional activity in which education and training aimed at developing a more informed and scientific practice that facilitates an interpersonal collaborative process (Falender and Shafranske, 2004; Amsrud, Lyberg, & Severinsson, 2015). They further specified the clinical supervision activity as something that involves observation, evaluation, feedback, and self-assessment from supervisee in the acquisition of knowledge, instructional skills, modeling, and shared problem solving as part of the process of training another clinician to function effectively. Ayeni (2012) further describes clinical supervision as that aspect of instructional supervision which facilitates the direct or first-hand observation of actual teaching and other professional interactions to define

or develop the next steps towards improved teaching-learning performance. The ultimate purpose of which is the overall enhancement of teaching, learning, and performances.

Supervision and teaching-learning outcomes of clinical supervision. Bernard & Goodyear (2009) conceptualized clinical supervision as both a teaching and learning process that interplay between relationships (Bernard & Goodyear, 2009). As such, the focus is on mastering management in teaching rather than providing therapy by allowing teachers to understand the overt and covert dynamics between supervisor and supervisee. In most cases, teachers need to immediately resolve classroom situations to satisfy stakeholders.

Likewise, Abiddin (2008) previously pointed out that the main objective of clinical supervision is to help develop teachers, who should be professionally responsible, self-directed, and is willing to learn from others. This context implies comparable views with other advocates whose emphasis is also on improving "face to face interactions" between teachers and supervisors with the intent of improving instruction and increases teachers' professional growth in the shortest time possible (Acheson & Gall, 1980; Goldhammer, 1969; Abiddin, 2010). More so, Kumar and Adimasu (2014) viewed clinical supervision more than just a set of process or procedures. They emphasized the need for teachers to develop meaning from teaching experiences by determining their strengths and weaknesses; examining their intentions and actions when developing instructional methods; and examining the effects of changing behaviors when teaching.

Previous arguments regarding clinical supervision, however, direct the need to focus mainly on student achievement. For instance, Pansiri (2008, p.487) directs clinical supervision with the ultimate purpose of "raising learners' achievement" as well as improving their "attitudes and behavior" towards school works and themselves. Hence, the emphasis was rather on leading teachers to the needs of learners other than their own benefits. In addition, McCann and Gail, (2012) likewise assert that improving learning outcome is the main consideration in the improvement of instructional practices. Hence, all reflections should be aimed to develop greater student outcomes as teachers adjust and strive to develop greater teaching competency.

Kuizon and Reyes (2015) however assert that supervisory practice may only be considered effective if it yields a positive impact on teachers' performances in teaching. They contend that direct instructional supervision approach provides better results than non-direct clinical approach since the supervisor may clarify, present, direct, demonstrate, standardized, and even reinforce teacher assignments or recommend options for teachers to choose from.

More recent concepts in clinical supervision maintain the assumptions that without guidance and assistance teacher will not be able to change and improve (Sarfo, 2016). There are however new developments that have been integrated such as careful and systematic observation, analysis and dialogue with a supervisor, and effective teaching as something can be reinforced to improve teachers' pedagogical capabilities (Okafor, 2012). At present, pre and post conferences have been held by clinical supervisors and teachers to reduce anxiety to reduce if not eliminate the supervision climate as opposed to the tensions in the old authoritative method.

In general, Corey et al. (2014) summarize the goals of clinical supervision into four areas such as promoting supervisee growth and development, protecting the welfare of the client, monitoring of supervisee performance and acting as a gatekeeper for the profession. It is therefore inherent in clinical supervision that the supervisee is empowered to self-supervise and carry out supervision goals as an independent professional. In effect, the performances of individual teachers need to be studied holistically, offer some suggestions for improvement in teaching, give commendation when the change is positive, and compare the old and the new patterns of performances to identify useful insights into the instructional process. These are manifestations that clinical supervision is functional as evidenced by the good outcomes among students' learning and career choices (Brammer, 2008; Smedley et al., 2010).

Teacher Perception in Clinical Supervision. It is important in instructional supervision that the supervisor should have "knowledge" of the area he/she is supervising (Bennett, 1995; Openshaw, 2012). It is an important perception that a majority of the teachers expect from their supervisors under the assumption that good supervisors offer content knowledge that help teachers gather appropriate feedback necessary for the teaching-learning activities. Teachers also assume that supervisors with up-to-date knowledge about trends and issues in the content areas are more effective supervisors that those who are not. However, finding a supervisor who possesses the above criteria is not always possible in the actual educational context but most often only available supervisors.

In most cases, teachers usually associate instructional supervision with the appraisal, rating results, and then controlling them (Kapfunde, 1990; Tshabalala, 2013). As a result in Ethiopia for instance, many teachers resent or even fear being supervised because of the history of supervision results which are most often biased and detrimental to their employment. Most of those usually affected with these policies are the beginning teachers as compared to experienced teachers. Sarfo (2016) argues that new teachers are usually faced with greater responsibilities and obligations since they are usually assigned with greater responsibilities as practiced.

This explains why many less experienced teachers only view supervision as a "meaningless activity" whose purpose is no other than the completion of the required evaluation form (Sergiovanni, 1995; Ayeni, 2012). Teachers, in general, do not even perceive it as a valuable tool to help newly hired teachers due to some form of authoritative biases they experience. Even Choy and Wong (2011) previously showed that beginning teachers perceive inadequacies in the amount and quality of instructional supervision which causes disappointments and negative attitudes towards the supervision process.

To avoid dissatisfaction and reduce supervision problems, Reepen and Barr (2011) reported that teachers only prefer a few words to describe their performance immediately after a particular lesson. This proposes the importance of informing teachers about their performance as quickly as possible to avoid any fear that the teacher assumes about the evaluation result (MacNally and Isbro, 2001; Tshabalala, 2013). In fact, as practiced by some schools,

supervision takes a very long process and time before they discussed the long overdue intervention programs that teachers may perform on the class. Million (2010) likewise consider these delays as a result of the lack of training of supervisors, infrequent communication between supervisors and teachers, and the unavailability of educational resources among schools.

Roles of School Head in Clinical Supervision. Abiddin (2008) claims there is an abundance of literature on supervisors' roles than in terms of supervisory relationship. Abidin (2010) further maintains the claim of Goldhammer et.al in 1980 on the need for supervisors to establish and maintain rapport between themselves and their teachers which must be extended beyond supervision. Sarfo (2016) however suggests flexibility on their relationship with the supervisee. In the clinical supervision practice, the supervisor and the supervisee should together think about the what, the why, and the how in handling and managing the practice of supervision in the best possible way.

The relationship of supervisors with teachers is the means by which relationships are reflected upon and analyzed as a process of learning. The number of roles and tasks the supervisors undertake which relate to mentoring and counseling should be managed properly. As such, mutual trust, mutual respect, and effective supervisory relationships are critical elements to achieve success in clinical supervision. Perhaps, supportive relationships have been shown to be the essential ingredient of effective supervision (Abiddin, 2008; Simm, 1993).

It is believed that clinical supervision requires the school head to possess skills in observing, diagnosing, prescribing, and conferencing. Hence, school heads need to explain while teachers need to receive feedback on the clinical outcomes of the supervision (Rodi, 2007; Veloo et al., 2013). These are necessary behavior and skills in gathering and releasing reliable observational data to teachers which should be done through gathering, analyzing, conducting conferences, imparting recommendatory findings, solving problems and establishing a climate conducive to shared planning and honest deliberation.

School heads may also enlighten the teachers about their weaknesses and strengths regarding techniques, methods, approaches, and teaching aids used. This explains why clinical supervision is preferred over general supervision due to its thorough and help-oriented nature which brings about mutual understanding and cooperation between a friendly supervisor and willing supervisee (Adentwi & Barfi-Frimpony 2010). Teachers whose school head used their knowledge about the stages of clinical supervision effectively with their skills saw some improvements in their professional practice (Kelehear, 2010).

Others also suggest that a clinical supervisor must also teach supervisees how to utilize the most current and evidenced-based theories in practice. This evidence refers to the "conscientious, explicit, and judicious" use of current best evidence in making decisions about caring stakeholders (Milne & Reiser, 2011, p. 149). This requires clinical supervision to set teacher conference to help them improve their preparations when under direct supervision (Reeper and Barr, 2010). This also explains why it is very vital to assist teachers with good student outcomes to maintain learning and career choices (Brammer, 2008 Smedley et al., 2010).

In relation to clinical supervision approach, it is also necessary to maintain dynamic relations on the process such that school heads and teachers negotiate in a personal way by using a structure of power and involvement which accommodates teachers' progress in teaching (Simms, 1993; Abidin, 2008). Regardless of the many responsibilities, clinical supervision can be conceptualized as encompassing two broad functions such as fostering the teachers' professional development and ensuring client welfare. In clinical supervision, each role and responsibility between school heads and teachers should be clear to all participants (Kohner, 1994; Adu, Akinloye, & Olaoye, 2014).

Good school heads also need to adopt a multiplicity of roles in relation to the teacher (Adu, Akinloye, & Olaoye, 2014). These roles also vary since it may be person-centered (teacher/pupil), but the task is action-centered (to teach/ to learn); while the function is a combination of both roles and tasks. School heads should also learn the task of record-keeping, observe appropriate inter-professional relationships, and participate fully in the supervisory relationship (Adu, Akinloye, & Olaoye, 2014). These qualities and skills are necessary to be acquired in order to be an effective school head.

There are also propositions that the school head should be a role model, initiator of a good confidential environment, a giver of clear feedbacks, and possess an awareness of organizational and personal constraints (Milne, Sheikh, Pattison, & Wilkinson, 2011). Several skills are suggested to be possessed by school heads such as communication skills; being attentive; active listening; commenting openly, objectively, and constructively; and supportive skills which involves general skills and specialist skills (Wilkin, et al. 1997; Milne, Sheikh, Pattison, & Wilkinson, 2011).

To become an effective school head, many suggest that the head should be characterized by respect, responsiveness, genuineness, honesty, and non-authoritarian attitudes (Berger and Bushholz, 1993; Butterworth and Faugier, 1992; Carroll, 1996; Kohner, 1994; Page and Wosket 1994; and Young Lambie, Hutchinson, & Thurston-Dyer, 2011). This further means that he/she should also pay attention to client welfare. For others, he should be a good teacher who masters a range of teaching and learning methods and can adapt to individual teachers (Page and Wosket, 1994; Carroll 1996; Young Lambie, Hutchinson, & Thurston-Dyer, 2011).

Some, however, suggest that school heads really need to go down to the level of teachers by being flexible in their relationship with supervisees (Berger and Bushholz,1993; Sarfo, 2016). This means they should also be able to move easily between the roles of being a teacher, monitor, evaluator, model, mentor, and counselor. Besides, good teachers understand individual differences and adapt accordingly. They should maintain flexible roles and are capable of moving, when needed, between varying works in a facilitative manner as someone open to negotiations and flexibility in working and creating clear boundaries.

Clinical Supervision Challenges. There are some existing comments that not all clinical supervisors have been administering supervision adequately (Haliza, 2005; Baharom, 2002; Veloo, Komuji, & Khalid, 2013). For instance, the process and practices of clinical supervision among African schools particularly in Zimbabwe do not really take place (Kapfunde, 1990; Tshabalala, 2013). Most often, heads of schools do not even appropriate time to discuss with teachers. In some cases, some supervisors lacked planning and dealt with abstract and theoretical problems (Cramer, 1999; Tshabalala, 2013). As a result, teachers need to be more straightforward with supervisors but they only resort to the help from experienced teachers.

Instructional supervision however still follow old practices comparable to inspection which do not yield collegiality and supervisee growth (Moswela, 2010). He further asserts that supervision has been an activity in which school heads used as a "self-serving" activity with the motive to punish but not really something that can

improve instruction and student performance.

There are also cases where teachers misunderstood their school head's supervisory activities and procedures because they are not really aware of the standard expected of them (Kumar & Adimasu, 2014). They found out that this happens since their supervisors purposely avoid holding conferences before and after classroom visits. This is in contrary with teacher expectations that supervisors should provide the desired amount of feedback either written or verbally alongside the findings or recommendations that are to be improved further. These are sample cases where teachers usually found unfavorable perceptions about clinical supervision.

Clinical supervision, however, becomes undesirable when the majority of the supervisors appear inexperienced, uncertified, and unspecialized to conduct supervision properly and in practice (Bedassa, 2011; Kedir, 2011). They claim that in Haramaya University, for instance, there were problems about the proper and efficient conduct of supervision. They further explained that when supervisors lack expertise, the overall supervisory activities generally suffer. In effect, supervisors shall not be able to perform the various roles expected of them such as staff development, appraisal of teacher performance, curriculum development and improvement, observation activities and others. As such, teachers can only have a negative perception and dissatisfaction towards clinical supervision.

In contrary, school heads may become more effective on clinical supervision functions if the other administrative and classroom engagements are reduced especially if they are also provided adequate training and logistics (Rogers, 2009; Tyagi, 2009; Pansiri, 2008). They also proposed that research should be conducted to assess indirectly their teachers' perception about the qualifications and expertise of their supervisors if successful and effective clinical supervision is the goal. This is necessary because some teachers cannot discriminate between their friendship and their being subordinates which yield uncomfortable feelings when being supervised. As a result, most head teachers and circuit supervisors just give a satisfactory rating regardless of poor teacher performance.

Some researches on teachers' satisfaction about clinical supervision, however, did not really yield a positive impact on supervision services to improve instruction (Dessalegn, 2001; Kumar & Adimasu, 2014). For instance, regardless of research findings and recommendations about the supervisory problems in the Hadya secondary schools, poor clinical supervision practices continue. Besides, teachers reveal during their informal discussions that they often perceived their heads as somebody lacking vision, without realistic connections with classroom problems, engage in teachers' roles, and unsure about how to manage school problems. This means their heads' findings from in-school conference and workshops for professional improvement are seemingly non-existent.

There really seem to be a problem when school-based pre and post-class observation conferences are seldom held. In most cases, clinical supervision would fail to contribute a lot in bringing professional growth, and likewise fail to improve the teaching and learning process in schools (Kumar & Adimasu, 2014). In most cases, the prevalence of these major problems in clinical supervision only leads to lack of consistency and professionalism, lack of productive feedback and follow-up support to improve instruction and the prevalence of teacher's negativity to the practice of clinical supervision. These clinical supervision problems are perceived to be malpractices and wrong procedures of internal instructional supervision (Wanzera, 2012).

1.4 Theoretical Lens

The theory of "clinical supervision" was first developed by Goldhammer (1969) (as cited by Hopkins, Scott, Moore & Kenneth 1993) in the 1960s. The basic idea of clinical supervision has been to focus on the data collection process during observations. Cogan, (1973) (as cited by Abidin, 2010) developed and supported clinical supervision and took attention to the importance of professional interactions between stakeholders (in this case, teacher and observer) to help improve teachers' professional development. Originally, Cogan, (1973) defined eight stages of clinical supervision, which focused on planning, observation, and feedback.

The recent modified model of clinical supervision is adapted from the Department of Early Childhood Education at Georgia State University (ECEGSU) which consists of five cyclical stages. These stages are a pre-observation conference, classroom observation, analysis and strategy, post-observation conference, and post-conference analysis. The following stages are cyclical in nature as explained by Esim Gürsoy et.al, (2013) with the process of clinical supervision as shown in figure 1 below.
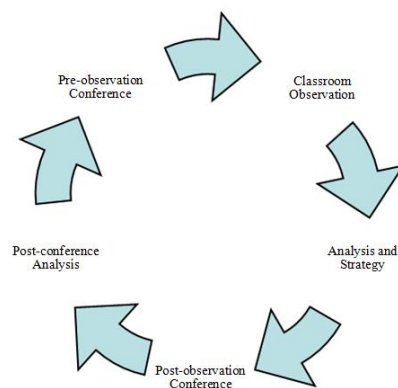
Figure 1.1. The process of clinical supervision.

Pre-observation Conference. In this stage, the teacher shows the school head his/her lesson plan and orally describes the lesson objectives and the "what" and "how" in the teaching and learning process. The teacher should also determine what areas of classroom performance will be observed and recorded for data collection which could be decided in conjunction with the school head.

Classroom Observation. This phase focuses on classroom interactions as a function of the instructional process. By this time, the school head attends the class and gathers the data by note taking as requested by the teacher based on pre-observation conference schedules. In the process of teaching, the school head records occurrences related to the lesson delivery such as occurrences of desirable and undesirable teacher behaviors as triggered by the lesson for further analysis.

Analysis and Strategy. In this stage, the teacher and the school head collect their thoughts, impressions, and feelings about the classroom experience. Later, the teacher reflects on the lesson, identifies his/her strengths and weaknesses, and prepares for the discussion in the post-conference. Likewise, the school head prepares a conference strategy or approach in presenting constructively the data and findings of the observations so that the teacher can accumulate and reflect as outlined in the pre-observation conference.

Post-observation Conference. This phase is about presenting the analysis and strategy plans. A comprehensive but constructive dialog should be observed with respect to the data collected in the entire observation process. This is also a two-way discussion between the teacher and the school head to elaborate the observations in details so that together, they can draw up a plan for improvement. The school head may even have to assist the teacher by reflecting on the learning that occurred during the lesson delivery.

Post-conference Analysis. This final stage allows teachers to be the communication receiver. However, some suggest that the teacher should reflect on the contribution he/she made to improve the supervisor's capability. This is then followed by the teacher to implement the constructive suggestions to improve his or her instructional ability as advised by the school head.

In essence, clinical supervision models are designed to improve and enhance the difficulties identified in the current teacher practice by providing a structure for regular observations and systematic feedback (Esim Gürsoy et.al. 2013). Finally, this model requires active participant involvement by providing equal responsibilities between them. Using appropriate conferencing techniques, teachers are given guidance and support to enhance a positive and professional environment.

1.5 Conceptual Framework

This section presented the themes and sub-themes of the research as shown in Figure 1.2. There were five (5) themes that described the lived experiences of the school head and teacher as suggested by the literature in the practice of clinical supervision.

The first theme is about the perceived school head competence in conducting clinical supervision. The sub-themes are broken down into school head behavior; time management of school head; recordkeeping skills; and building relationship of school head to the teacher. The second theme is the teacher's perception toward clinical supervision which has the following sub-themes: encouragement, uncertainty upon the conduct of clinical supervision, and partly about instructional supervision.

Moreover, the third theme which emerged in this study is about the challenges regarding clinical supervision. In details, these include the negative outlook; lack of school head instructional supervision competence; and overlapping of school activities. The fourth theme is about the behavior of teachers after the conduct of clinical supervision. In this category, the sub-theme is about improving teacher's performance. Finally, teachers' perception of the pupil's attitude after the conduct of clinical supervision is the last theme. Under this type, the sub-theme includes the increase of pupils' performance.
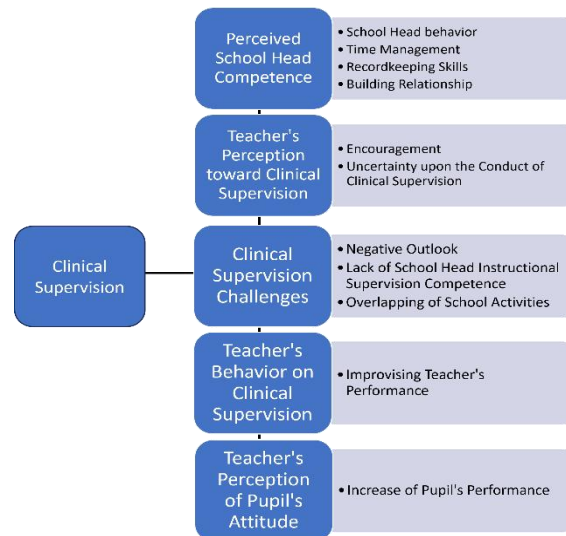
Figure 1.2. Conceptual framework

2. Methods

2.1 Research Design

A phenomenological research designed was used in this study. Moustakas, (1994) posited that research should focus on the wholeness of experience and a search for the essence of experiences. He viewed experience and behavior as an integrated and inseparable relationship of a phenomenon with the person experiencing it. The research approached was qualitative in which a process of understanding is based on distinct methodological traditions of inquiry that explore a social or human problem (Cresswell, 1998).

2.2 Participants

The participants were chosen based on purposive sampling. Welman and Kruger (1999) consider it an important kind of non-probability sampling when identifying primary participants. It identifies the sample participants based on the researcher judgment and the purpose of the research (Babbie, 1995; Greig & Taylor, 1999; Schwandt, 1997) particularly those who "have had experiences relating to the phenomenon to be researched" (Kruger, 1988 p. 150). This study considers seven (7) supervisees (teachers) and seven (7) supervisors (school heads) from public Elementary schools in New Bataan District, Davao de Oro, Philippines.

2.3 Data Gathering

Data collection and information was gathered using mainly an open semi-structured interview which was also recorded using an audio-tape. The interview explored the experiences of the supervisee (teachers) and school heads in the practice of clinical supervision. In this study, the researcher attempted to uncover the meaning of experiences for each participant. As such, the interview questions provided insights into the core research questions, as well as elicited information from the participants in relation to their background, perception, feelings, and knowledge about clinical supervision.

2.4 Data Analysis

The researcher used Moustakas' (1994) modification of the Stevick-Colaizzi-Keen method of analysis to analyze the phenomenological data. First, the researcher listed all statements relevant to the participant's experience. In this process, known as horizontalization, each comment held equal value. Second, the researcher listed all non-overlapping, non-repetitive statements. These statements were the invariant horizons of the experience. Third, the researcher grouped invariant horizons into themes. Fourth, the researcher used the invariant horizons and themes to construct an individual textural description of each participant's experience, including verbatim examples.

From the thematic analysis, the researcher then provided a description of "what" was experienced in textural descriptions, and "how" it was experienced in structural descriptions. Textural descriptions were considered and additional meanings sought from different perspectives, roles, and functions (Moustakas, 1994). This process of imaginative variation leads to the structural textures resulting in essential structures of the phenomenon. Fifth, the researcher constructed an individual essential description of each participant's experience to draw from the individual textural description, meanings, and essences of each participant's experience, including the invariant constituents and themes.

Finally, the researcher used the individual textural-structural descriptions to develop a composite description of the essences of the experience for all participants as a whole. The textual and structural descriptions of the experiences were then synthesized into a composite description of the phenomenon throughout the research process as referred to by Moustakas (1994, p. 100) as " intuitive integration." This description becomes the essential, invariant structure of ultimate "essence" which captures the meaning ascribed to the experience. This description was the heart of the lived experience.

2.5 Trustworthiness

Steps were taken to ensure that the findings were accurate from the standpoints of both the researcher and the participants. This was done by observing and using deep reflexivity and discussing biases, rigorous interview, and transcript coding process. In addition, Interpreter reliability for coding was established by having one decoder. An interview protocol was also followed during the interview as interview questions were both general and specific in nature. Additionally, to retain the authenticity of the writings and exemplify the degree of competency issues, verbatim quotes from the transcripts, without changes made to correct the original issues, were also used.

2.6 Credibility and Dependability

The qualitative research perspective relies on the participants' views for credibility as the only justifiable evaluator of the results. Credibility refers to the degree a researcher's analyses find participant agreement. Member check is the most critical credibility technique (Lincoln & Guba, 1999). Dependability is the degree to which results are consistent with data and emphasizes the importance of the researcher to account for the context within which the research takes place. The researcher role in the study was not to generate explicability; rather it was to describe the teacher and school head behavior and practices of clinical supervision through those who experience it.

2.7 Limitations

The researcher has fully disclosed the research procedures and purpose of this study to the participants on a personal basis. Hence, their responses were mainly confined to how they perceived in responding to the interview questions. Follow-up questions were however used to validate, qualify, and filter out their responses to avoid misinterpretations. Code names were also used throughout this research in an attempt to protect the anonymity of the participants. This is because some of the participants were public school teachers and school heads in the New Bataan District. It was assumed that most likely, some participants' anecdotes could be recognized by other school heads and teachers. This procedure encouraged those who hesitated to participate and voluntarily share personal information for fear that someone might identify them through their story. The focus of this research, however, was only limited to the perspective of public elementary school teachers and school heads in New Bataan district. Finally, the researcher's experiences as an elementary teacher created a bias that placed limitations on the analysis.

2.8 Ethics

After the research interview questions were reviewed and validated by the panel of validation experts, letters were then sent and personally given by the researcher to the concerned participants. A letter of request to obtain the consent of the participants to take part in this study was first sought by the researcher. In this case, the letter request was sufficient because the participants are professionals, non-minors, and therefore can directly decide for themselves. The request further informs them that should they take part in this study, confidentially of identity and preservation of information in relation to privacy shall be strictly observed to protect their identity. These included secrecy of responses and release of personal data and answers to interview questions asked by the researcher to participants. It was necessary to assure them since, for teachers' part, their unfavorable answers about the conduct of clinical supervision may compromise their relations with supervisors. Likewise, favorable and unfavorable comments and responses from school heads on their conduct of clinical supervision may also expose teachers if the results are revealed.

3. Results

This study identified five (5) themes which includes: perceived school head competence, teacher perception toward clinical supervision, challenges of clinical supervision, teacher attitude after the conduct of clinical supervision, and pupils' performance after the conduct of clinical supervision.

3.1 Theme One: Perceived school heads' competence

The first sub-theme that emerged from this theme was behavior; the second is time management; third is recordkeeping; the fourth is about skills; the fifth is knowledge, and the sixth is building a relationship. The school heads' competence determines the proper conduct of clinical supervision when coaching teachers to perform the best teaching-learning conditions for students. The themes below are the participants' differing views thematically categorized into six (6) competencies of the school heads.

Behavior. The participants voiced out their point of view during the interview. The first part of the frame is about the school head behavior. Behavior is the way or manner in which one conducts oneself in their individual action and approach. Research Participant TP2 expressed how the behavior of school heads lead to a successful clinical supervision. She added the importance of tactfulness in coaching teachers. TP3 and PT4 informants had

similar response in terms of being approachable. They both agreed that during pre-observation, this behavioral attitude of school heads motivates and encourages them to undergo clinical supervision. Moreover, TP5 described the desirable behavior of school head that motivates teachers during clinical supervision being caring, and open-minded in giving feedbacks during pre-conference and post-conference stages.

On the other hand, SHP3 shared that, the school head should be friendly and approachable. The school head must be flexible in their behavior toward the supervisee. SHP6 also articulated that the school head must recognize the output of a teacher. They must be honest in giving advice, appreciate and respect the teacher, and remain humble.

Time Management. Time management is the process of planning and exercising conscious control of time spent on the specific activity. Moreover, time management is a process of organizing and planning how to divide your time between specific activities. Another competence that school heads must possess is time management. TP3 said that the school head should set a time for clinical supervision. On the other hand, SHP1 and SHP6 suggested that the school head must have time in conducting clinical supervision. They shared that it would be difficult to always say we will have clinical but you don't manage your time well. Willingness to help the teacher despite that school heads have lot of work to do so it is important to always really provide time for clinical supervision especially those teachers who need help so they would be effective in teaching.

Recordkeeping. The third competence of school head is about record keeping. Recordkeeping is the process of recording transaction and events which happens in a specific time. It is also an act of organizing and storing all the documents, files, and invoices. SHP1 said that the school head must have an individual record of clinical supervision for every teacher. On the other hand, SHP3 also stated of what she has done in making a record of clinical supervision. In the same way, SHP5 expressed the importance of record keeping. Apparently, according to SHP6, the school head must have a list of schedule and record of a teacher. This was also agreed by TP5 respondent. More so, research respondent TP7 shared the significance of record giving as a significant tool if teacher concern progresses.

Skills. The fourth competency in conducting clinical supervision are the skills of the school head. Skills are acquired through the ability of a person which can be developed through schooling or experiences. The participant expressed their thought in a different way. SHP6 said that the school head must have a skill on how to manage during pre-conference about the conduct of clinical supervision. Moreover, according to SHP2, he added about the skill of school head that, he/she must have a supportive skill which is needed for all school head. SHP3 stated that the school head must have a skill of a good communicator. More so, TP1 said that the school head must be a good communicator and must have supportive skills. Moreover, TP5 also agreed to the later ideas. TP3 also added the importance of communication which provides clear feedback during clinical supervision along with TP7 who also mentioned that a school should be a good communicator.

Knowledge. The fifth competency of school head in conducting clinical supervision is the knowledge of the school head. Knowledge is a fact, information, and skills acquired by a person through experience or education as well as a practical understanding of a subject. According to SHP2 the school head must help the teacher understand the process and purpose of clinical supervision. If the school head lack knowledge on the process/stages of clinical supervision it will defeat the purpose of such undertaking. SHP3 and SHP4 expressed that a school head should be knowledgeable about the conduct of clinical supervision. School heads must be knowledgeable in the cycle of clinical supervision. Moreover, TP7, TP4, and TP 6 agreed the necessity that school heads not only need to have theoretical knowledge in clinical supervision but should also be well-versed in stepping into the processes to encourage teachers to become more effective.

Building Relationship. Building a relationship is a way of accepting, being friendly, and making connections with people. In building lasting relationships, the school head should focus on exceptional communication, timely efficient communication should be a priority, maintain a positive attitude, acknowledge individuals, share knowledge, and be open and exceed expectations. The positive working atmosphere builds strong relations among teachers to improve teaching. SHP2 said that the school head must establish a good relationship with the teacher. HP3 and SHP4 also added that the school head must establish a harmonious relationship to the teacher since failure to do so would mean no good. Moreover, SHP7 expressed the reasons why school heads must establish a good relationship among teachers. He shared a clinical supervisor who failed to create good relationship would result to failure in the conduct of clinical supervision since during this undertaking teacher and school head will come to the agreement on what would be the reason of observation and clarifies the possible issue. However, if the relationship is not good the teacher now will be hesitant to ask questions and that forfeits the purpose of observation. Furthermore, TP4 and TP7 agreed to the later statement of SHP7 and added how a harmonious relationship is built during the conduct of CS.

3.2 Theme Two: Teachers' perception toward clinical supervision.

In this theme, there are 4 sub-themes, namely; first, additional working load; second, encouraging the teacher; third, uncertainty upon the conduct of clinical supervision; and forth part of instructional supervision.

Additional Working Load. The first sub-theme of this theme is teacher perception in clinical supervision. It is perceived as an additional working load on the part of the teacher. Additional working load means additional time in a certain work. As TP1 articulated that clinical observation adds on to her numerous works being a classroom teacher because she needed to do extra preparation to ensure that she demonstrated well during the observation. In the same way, TP6 shared similar views that clinical supervision adds working load on the part of the teacher and that it creates distress when being supervised.

Encouraging. On the contrary, clinical supervision is perceived to have encouraging effects among other key informants. They believed that this instructional monitoring by school heads helped teachers improve teaching strategies through proper guidance and coaching. They believe that clinical supervision encourages teachers to do their jobs. Encouraging is giving someone support or confidence as well as giving hope for future success.

TP2 shared her thought that clinical supervision is helpful for the teacher in order to develop and improve their teaching-learning strategies inside the class. TP3 added that clinical supervision helps enhance the teaching performance of a teacher. She further stated that clinical supervision can help boost the self- confidence of a teacher. Moreover, TP4 expressed her perception that clinical supervision help teacher to be more effective in teaching. Furthermore, TP5 shared her thought that clinical supervision assesses teacher's teaching strategies as well as the mastery level of learners. It is beneficial to the teacher because right after the observation there will be an evaluation. In the same way, TP7 also added her perception of clinical supervision that it helps develop as a whole person and as a good teacher. More so, TP4 articulated that if clinical supervision is maintained, it will really help teachers in professional development.

Uncertainty. The third perception of teachers toward clinical supervision is uncertainty upon the conduct of clinical supervision. Uncertainty is a state of doubt about the future or about what is the right thing to do. It is also a situation which involves imperfect or absence of information. As shared by the informant TP2, the process is not always consistent with the standard procedures in doing clinical supervision. Further, TP3 assented that school heads failed to follow the proper steps in conducting CS. On the other hand, TP5 explained that the success of clinical supervision depends upon the school head. Furthermore, TP6 shared her thought that clinical supervision must not be done for accomplishment purposes only. And if this instructional practice will be done properly it will eradicate complexity and hone teachers.

Instructional supervision. The fourth perception of teachers toward clinical supervision is that it is a work of school heads as part of instructional supervision. Instructional supervision is covers upon data from direct first-hand observation of actual teaching or other professional events and involves face-to-face and other activities seeking to define and/or develop the next step toward improvement of performance. According to TP2, clinical supervision is a part of instructional management. In the same way, TP3 expressed her feeling that clinical supervision is a centralized practice of instructional supervision from the top of the organization to the lower level. TP5 also justified that clinical supervision is a part of instructional supervision and that the competencies required are covered in the prescribed period. More so, TP6 shared that clinical supervision is the job of a school head.

3.3 Theme Three: Challenges of clinical supervision.

In this theme, there 3 emerging sub-themes which includes: first, teachers' negative outlook of clinical supervision; second, lack of school head's instructional supervision competence; and third, overlapping of responsibilities.

Negative outlook. The first sub-theme under the challenges of conducting clinical supervision is a negative outlook among teachers. A negative outlook means being focused on what is bad or lacking and indicates that the rating might be downgraded. SHP4 shared that teachers are not really willing to be observed especially if they have been in the profession for many years. In the same way, SHP5 shared the same experiences with seasoned teachers who are not willing to be observed by the school head because they have long years of experience and believe they are well-versed. The negative response of teachers was also shared by another school head informant. SHP1 articulated that, the teachers have a fear of being supervised. More so, SHP6 said that the teacher is afraid of supervising because they felt that they might do wrong during the observation. SHP2 added that not all teachers are comfortable with being supervised.

From the viewpoint of the teacher informants, they also agreed about the negativity to undergo clinical supervision as they felt pressure in doing so. TP4 and PT6 relayed that every time they were informed to be observed, they felt the pressure in preparing instructional materials, the topic and they could not conduct other classes because of the preparation.

Lack of School Head Instructional Supervision Competence. Lack of school head instructional supervision competence is based on the assumption that the school head lacks capability in instructional supervision. Instructional supervision is a work of ensuring the implementation of the educational mission of a school by overseeing, equipping, and empowering teachers to provide meaningful learning experiences for the students.

 TP2 articulated that the school head lack of expertise in terms of conducting clinical supervision. TP1 shared that the lack of knowledge of the school head resulted in not implementing the standard procedures in performing clinical supervision. TP3 also voiced that the process of clinical supervision in their school are not followed. I also found out that the challenge of clinical supervision relates to problems with respect and confidentiality which show the school head's lack of instructional supervision competence. Although some teachers do not really open about it because they are afraid of their school heads, TP2 was so eager to tell me that she was embarrassed since some feedback about her clinical supervision results spread out.

Overlapping of School Activities. Another challenge that came out of this study is the overlapping of responsibilities to which some school heads and teachers agreed. Overlapping is a period of time where multiple people share responsibilities or common interests simultaneously and mostly causes burden. SHP5 said that clinical supervision sometimes fails to be performed because of the many responsibilities of school heads. In the same way, TP2, TP3 and TP7 said that sometimes school heads fail to conduct clinical supervision because of overlapping reports and activities. During these times, teachers feel disappointed because they prepared for clinical supervision but were later postponed.

3.4 Theme Four: Teacher behavior after the conduct of clinical supervision.

In this theme, there are 3 emerging sub-themes, namely: first, motivation; second, improve teachers' performance; and third, develop a good relationship with the school head.

Motivation. Motivation refers to reasons for acting or behaving in a particular way. It is also derived from the word motive which means needs, desires, wants or drives within individuals. The first meaning unit within the teacher is motivation which compels them to work. This is evidenced by what SHP1 articulated that the outcome of clinical supervision is indeed very good. He stated that one of his teachers really wanted to undergo CS because he wanted to hear suggestions and feedback about the demonstration performance. Further, SHP3 shared that teachers are motivated to participate in clinical supervision because they have shown resourcefulness and creativeness in preparing demonstration materials. In the same way, SHP6 also said that clinical supervision is a manifestation that the school head cares for the development and welfare of the teachers making them motivated to do the job.

On the other hand, the teacher participants also shared their experiences toward the outcomes of clinical supervision. They said they are motivated to prepare instructional materials to meet the required standard of demonstration. TP2 articulated that when she was informed that she will be observed, she was very eager to prepare her Daily lesson plan and even resource materials. In addition, according to TP4, she is excited to participate in clinical supervision because she is informed ahead and given time to prepare. In the same way, TP2 and TP6 shared that clinical supervision is creating avenues for continuous education and motivates him.

Improved teacher performance. The second meaning unit in frame four is improving teacher performance. These are evident when the participants voiced out their experiences. Improved performance means increased mental capacity by education or experience. SHP1 shared that the teachers who were trained have improved teaching strategies. SHP3 articulated also that the teachers become resource-oriented and satisfied because they achieved the goals of learning. Thus, teachers are able to improve teaching strategy and instruction. Moreover, according to SHP3 and SHP4, the teacher's classroom management improved well.

The teacher participants also shared their points of view and experiences. TP1 expressed that through clinical observation, it enabled him to utilize different teaching strategies which are considered to be an advantage of his part. Moreover, TP2 also agreed with the previous idea of TP1 but she mentioned the importance of a motivated school head, in turn, motivate teachers. In the same way, TP7 added that aside from self-improvement in terms of using different strategies, she was able to develop creative instructional materials that befitted to the strategy used in class.

Good relationship. The last unit of teacher behavior is that clinical supervision develops a good relationship with the school head. A good relationship is one that is equally dependent or interdependent between persons. A good relationship is built on a solid foundation of friendship. This is evidenced by some of the participants who expressed their experiences. SHP2 shared how the teachers developed a good relationship with their school head. Also, SHP5 and SHP7 expressed that clinical supervision establishes good relationships among teachers and school heads.

In the same way, the teacher participants also shared their own point of views. TP3 and TP7 expressed that a good relationship is established during clinical supervision. It also connects the gap in terms of teaching-learning concerns.

3.5 Theme Five: Teacher perception of pupils' attitude on clinical supervision

In this theme, there are 2 emerging sub-themes which include: first, pupils are motivated to participate, attentive and manageable; and second increased academic performance.

Motivated to participate, attentive, and manageable. Motivation is a reason for acting or behaving in a particular way. Motivation is derived from the word motive which means needs, desires, wants or drives within the individuals. Motivated to participate relates to or involves the participation and interest in a work or certain situation. Being attentive also means paying close attention, being observant, and giving attention to new details. Manageable is being able to manage, control, or accomplish a task without any difficulty.

SHP4 and SHP5 shared that because of clinical supervision students became more motivated to learn as they are also encouraged due to the presence of the school head in the class. The pupils were attentive during the conduct of clinical supervision based on the experiences of the participants. It is evident when SHP3 shared that the pupils are motivated, attentive and manageable. TP2 agreed articulating that pupils are motivated and attentive to listen to the discussion and added that they also became manageable as compare to having classes without the school head's observation. Moreover, TP4 expressed that as pupil becomes motivated, their interests were also sustained and learning is expected at the end of the class.

Moreover, teacher participants also shared their observation in class during clinical supervision. TP3 said that pupils are attentive and motivated as they also feel the pressure of the presence of the school head. In the same way, TP5 and TP6 said that as the impact of clinical supervision has also shifted among the pupils, this became an advantage on their part. In addition, TP6 added that generally, pupils are manageable if the school head conducts clinical observation in class. The same observation has been shared by the school head. SHP1 expressed that pupils were manageable and motivated to learn during their class observation.

Perceived increased academic performance. The ideas shared among the school heads and teacher participants evidently expressed increased pupils' academic performance. Academic performance means being a successful student who does well in school and engages in student activities. According to SHP2, pupils are challenged and motivated in the class during clinical supervision which develops their academic performance. In the same way,

SHP3 shared that the pupils' test results after the clinical supervision confirmed that it has impacted their academic performance. Thus, clinical supervision must be strengthened among school heads. More so, SHP4 and SHP6 agreed that as a result of active participation of pupils, they easily learned and thus improved their academic performance. SHP6 shared that the academic performance of pupils was raised as the teacher adhered to the suggestions and recommendations of the school head after their post-conference. Further, TP1 said that the learning performances of the pupils were better. In addition, TP2, TP3, and TP6 voiced that pupils became more motivated to attend classes since their teachers have extra preparations for conducting classes. Teaching and learning activities also became more fun and exciting making students' attentive and participative and therefore increase their performance.

4. Discussion

This final chapter presents the discussion and summary of findings, recommendations, and suggestions for further research and the final remarks.

4.1 Theme One: Perceived school heads' competence

The school heads' competence as revealed by the participants includes the behavior of school heads. It can motivate teachers during clinical supervision process to experience care and open-mindedness to their needs. This means the school head should be friendly, calm, and approachable to the supervisee. Even the advice of the school head should be with humbleness, honesty, appreciation, and respect. Hence, the school head must establish and maintain rapport between self and the teacher which should be extended throughout the entire supervision. The participants also shared that the school head should set time for the clinical supervision. It is recommended that the school head must prescribe a process and organize them into a timeline for individual teachers. It is also necessary that the school head should set a time for helping and guiding teachers on how to plan their lessons. The school head should also learn the task of providing and keeping records to improve interpersonal relationships with teachers (Adu, Akinloye, & Olaoye, 2014). Recordkeeping is also one of the competencies of school heads that requires improvement due to possible biases among teachers. Teachers' improvement in professional teaching practices happens when their supervisors assist them to improve their engagement with learners (Kelehear, 2010). The literature mentioned various skills of school heads in conducting clinical supervision but, the common skill suggested in this study includes; supportive skill, and communication skill. A supportive skill is an ability to give support when answers are needed while good communication is being able to give ideas and feedback (Wilkin et al. 1997; Milne, Sheikh, Pattison, & Wilkinson, 2011). On the other hand, building a relationship is one of the competencies needed in clinical supervision. This includes mutual trust, mutual respect, and effective supervisory relationship. The context of supportive relationships has been shown to be possibly the essential ingredient of effective supervision (Abiddin, 2008; Simm, 1993). Likewise, the school head needs to be flexible in building relationships with supervisee moving easily between the roles of teacher, monitor, evaluator, mentor, and counselor (Berger and Bushholz, 1993 as cited in Sarfo, 2016).

4.2 Theme Two: Teachers' perception toward clinical supervision.

The teacher's perception of clinical supervision has a great impact on how this instructional monitoring enhances their skills and abilities being a teacher. Considering their different viewpoints there are two sides of the coin, the pros, and cons in the implementation. Clinical supervision is a part of instructional supervision of a school which is a centralized practice of the department of education. It draws upon data from direct observation of actual teaching which seeks to define or develop the next step toward performance. Teachers believe that clinical supervision should be encouraging and that proper guidance and coaching should be done during the process. It is assumed that clinical supervision becomes an encouraging activity if the school head possesses content knowledge and quality feedback on the areas they mastered (Bennett,1995; Openshaw, 2012). However, the perception of teacher starts with uncertainty in the procedure and process of doing it. Sometimes it is very critical that some school heads perform the job for compliance due to their accomplishment reports but forget about the ultimate purpose of quality teaching and learning process. Hence, teachers are not really satisfied when their supervisors lack the necessary training, unable to provide time to communicate to them, and the inability of the head to provide educational resources (Million, 2010). These negative perceptions further form disappointments and negative attitudes toward supervisors (Wong, 2011as cited by Kumar & Adimasu, 2014). In relation to the unique sub-theme in this study which is creating additional working load on the part of the teacher, the key informants agreed that it has been an added burden and distress them especially when the assignment is given in the short notice. The participants also shared that their overloading of works since most of the time they prepare lesson plans and teaching materials.

4.3 Theme Three: Challenges of clinical supervision.

The participants altogether expressed their hesitation of the clinical supervision practices of their schools. There exists a challenge among school heads to eliminate the negative outlook of teachers about the activity. In practice, the school heads expressed their experienced about teachers who were not willing to be observed in classrooms especially those who had been teaching longer. This is also aside from the concern about other teachers who are really afraid to be supervised. In some cases, teachers misunderstood the activities of their supervisors because they cannot perform the standards about classroom delivery (Kumar & Adimasu, 2014). The teachers are also afraid to commit mistakes during actual classroom supervision. As a result, I discovered that teachers' negative insights toward clinical supervision really affect teachers' satisfaction school heads especially if they fail to follow the process (Haliza, 2005; Baharom, 2002; Veloo, Komuji, & Khalid, 2013). The competence of the school head is also necessary for preserving and maintaining confidentiality in ensuring that results do not leak out. Some situations reveal school heads lacked planning and find difficult to deal with abstract and theoretical problems (Cramer, 1999; Tshabalala, 2013).

There are also cases where clinical supervision follows old practices that lacked collegiality and supervisee growth (Moswela, 2010). Collegiality means friendly relationships between people who work together when doing their jobs. The lack of school heads' instructional supervision competence certainly affects the progress of teachers in the conduct of clinical supervision. There are claims that the majority of the school heads appear inexperienced, uncertified, and unspecialized to conduct clinical supervision practices properly and efficiently (Bedassa, 2011; Kedir, 2011; Abaya, 2010). Lastly, overlapping of school activities due to the many responsibilities of the school head generally affects clinical supervision. It is suggested that the school head can effectively use clinical supervision in schools if other administrative and classroom engagements are reduced aside from the fact that they should be provided adequate training and logistics (Rogers, 2009; Tyagi, 2009; Pansiri, 2008).

4.4 Theme Four: Teacher behavior after the conduct of clinical supervision.

The teachers narrated that they became resource-oriented and satisfied because they achieved the goals of learning and were able to improve teaching strategy and instruction. It was implied that without guidance and assistance, teachers are not able to change and improve (Olivia & Pawlas, 2004; Sarfo, 2016). Through careful and systematic observation, analysis and dialogue with the school head, effective teaching can be reinforced leading to improvement in teachers' pedagogical capabilities (Okafor, 2012). Aside from self-improvement in terms of using different strategies, the teachers are able to develop an instructional material that aligns to the strategy used in class. Corey et. al., (2014) described clinical supervision as something which promotes supervisee growth and development; protects the welfare of the client; monitors supervisee performance and acts as a gatekeeper for the profession; and is a process that empowers the supervisee to self-supervise and carries out these goals as an independent professional. Better results are achieved when the practice is face to face interactions (Acheson & Gall, 1980, Goldhammer, 1969; Abiddin, 2010). The narrations about motivation were found unique in the study. Some teachers were motivated to participate in carrying clinical supervision since the school head cares for the development and welfare of the teacher. They are preparing their lesson plan every now and then and found the conduct of clinical supervision exciting. The teachers believed that making instructional materials is their way of improving themselves and can contribute to professional growth and has been their source of inspiration. Another unique realization by the researcher in this study is the building of good relationships by school heads which make them closer to their teachers before and after clinical supervision. This means they have altogether maintained regular communication, connection, cooperation and creation of new ideas which links the gaps between teaching and learning. Their good relations limits the gap and serves as a solid foundation of friendships that improves learning outcomes.

4.5 Theme Five: Teacher perception of pupils' attitude on clinical supervision

The ideas shared among the school heads and teacher participants clearly expressed clinical supervision resulted in increased pupils' academic performance. The academic performance of pupils is raised as the teacher also adheres to the suggestions and recommendations of the school head after post-conference. To improve student learning outcomes, teachers must also improve their instructional practices (McCann and Gail, 2012 cited in Kalule and Bouchamma, 2013). Pansiri (2008, p.487) also explained that clinical supervision aims at "improving" teachers' quality of classroom work to increase learners' achievement and improve their attitudes and behavior towards school and personal life. Hence, the effective implementation of clinical supervision is therefore vital to assist learners with good outcomes and their career choices (Brammer, 2008; Smedley et al., 2010). In general, good classroom management allows learners to participate, become attentive, and manageable. The pupils also became more motivated to learn as they were encouraged by the presence of the school head in the class. Students are also challenged and motivated in the class during clinical supervision as manifested by their academic performance. Pupils are likewise motivated and attentive to listen during the discussion and become manageable as compared to having classes without the presence of the school head. These attitudes of the pupils' during the conduct of clinical supervision seem to have a great impact on the academic performance of the pupils.

Recommendations

This study has revealed that the school heads and teachers have the lived experiences of simultaneous headship and teaching responsibilities in the conduct of clinical supervision. The findings of this study relate to the literature review on clinical supervision experiences in relation to the role and function of the school head as a clinical supervisor in relation to their teacher subordinates and how it influenced the performances of their learners.

The findings suggest that the school head need to acquire training so that they can possess the skills of instructional supervisors in a variety of strategies to address challenges, trials, and realizations. The teacher also needs to cooperate, participate and collaborate in order to manifest growth and development and in turn affect learners' performances. The following are recommendations that emerged from the study for higher officials, school heads, and teachers.

Implications for practice

For higher DepEd officials;

1. Design training and seminars for school heads to upgrade their competence in conducting clinical supervision as part of instructional supervision.

2. Investigate and re-evaluate current "best practices" on clinical supervision models available for training school heads. There needs to be a policy explicitly stating the development of capabilities or methods to manage the adverse role as instructional supervisors and organizational leadership would enhance school heads on their functions.

3. Re-examine the model of clinical supervision used.

4. Include teachers in designing about seminars and training on clinical supervision as a clinical supervisee.

5. Support further research. The findings from this study provided a platform

for discussion in the selection board to investigate further research associated with the role of school heads as clinical supervisors. The challenges, trials experienced, and the complexity of the role of school administrators will reveal the variety of their functions.

For the school heads;

1. Develop networks, collegial support, and other collaborative relationships with teachers to live under the complexity of the role of supervisors aside from providing opportunities through workshops and other initiatives.

2. Aspirant school heads may explore further other supervisory learning opportunities and strategies by engaging in professional learning programs from in-service trainings or outside school activities to enhance their understanding about clinical supervision.

3. Encourage teachers to participate and collaborate. Develop strong and trusting relationships among the teachers in schools. While the study illuminated the varied kinds of relationships teachers have or do not have with higher-ups, teachers need to recognize their superior's supportive role and therefore, they need to create the conditions to establish a respectful and trusting relationship.

4. Develop a school policy on clinical supervision and use strategies in the conduct of clinical supervision. Teachers need opportunities to identify and/or develop their teaching instruction, organize their capabilities; and utilize them in various experiences.

5. Support further research. The findings from this study provided a platform for discussion amongst teachers and school heads to investigate further research associated with the model used in the process of clinical supervision.

For the teachers;

1. Learn from other teachers about clinical supervision especially the assistance of school heads. Learning from experiences through formal and informal conversations with other teachers and school heads allow them to reconstruct and break down critical events to identify strategies that provide positive perspectives in future events. They should maintain contact with fellow professionals to learn from varying experiences.

2. Investigate opportunities for capability learning and teaching in support to professional development programs, courses, workshops, and other forms of professional learning available in schools.

3. Develop strong linkages to school heads. Ask them how things went, how they can do things better, and what they can improve in the next processes of clinical supervision. Then learn and share with colleagues and school heads.

Suggestions for further research

This study was exploratory in nature and the researcher discovered the need to understand more about the conduct of clinical supervision related to the lived experiences of school heads as managers and teachers on teaching performances. This information will give insights to the higher officials of the Department of Education, the school heads, and teachers into the lived experiences of school heads as clinical supervisors and teachers as a clinical supervisee. This also allows them to understand the many responsibilities and strategies related to their roles.

Based on this study and the literature review related to their experiences, the researcher suggests the following areas for further exploration which include:

1. This research may be replicated with a greater number of subjects and in other geographical areas to evaluate the extent which the findings may be extended to other contexts.

2. This research may be replicated with an exploration of the impact of demographic data i.e. gender, age, location, years experiences etc. These factors may play a role in conducting and the process of clinical supervision used and understanding of their lived experiences.

3. This research may be extended to other secondary panels (high schools) to explore what similarities and differences are there in the lived experiences among secondary school heads and teachers. Secondary teachers and school head may handle different types of issues than in elementary levels and therefore seek their experiences to contribute to the understanding of lived experiences for all types of school heads and teachers.

4. There needs to be an exploration of further understandings related to the conduct and model used in clinical supervision among school heads.

5. It is also necessary to have exploration and analysis of the process of the model used in clinical supervision to discover current 'best practices' in instructional supervision.

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