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Choice Theory-based Instruction and Clinical Supervision in Action: Boosting EFL Teachers' Self-Efficacy

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ABSTRACT

The present study sought to investigate the effect of implementing choice theory-based instruction and clinical supervision on EFL teachers' self-efficacy. Accordingly, a total of 30 Iranian EFL teachers were selected through nonrandom convenience sampling based on their willingness to participate in the study. At the outset, they responded to the Teachers' Self-Efficacy Scale (TSES) developed by Tschannen-Moran and Woolfolk Hoy (2001) as the pretest and thence divided randomly into two groups of 15: one group underwent a choice theory-based instruction course while the other participated in a clinical supervision program. Once the two programs were completed, both groups sat for the TSES again this time as the posttest. An analysis of covariance (ANCOVA) was conducted in this pretest-posttest study, thus revealing a significant difference between these two instructions with clinical supervision bearing a significantly higher impact on EFL teachers' self-efficacy. This study may provide useful insights into the possible impact of implementing such a treatment in teacher education which are discussed in the paper.

Keywords: choice theory; clinical supervision; ELT; teacher self-efficacy; teacher performance

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Introduction

The discipline of ELT has consistently maintained its focus on scrutinizing those factors that facilitate and enhance teaching. Accordingly, an effective variable in this regard is self-efficacy (Fathi et al., 2021). Commonly defined as a person's perception of their capacity to actualize a goal or an outcome (Kusuma & Waluyo, 2023), Bandura (1977), a renowned pioneer in the field, describes self-efficacy in his early writings as "the conviction that one can successfully execute the behavior required to produce the desired outcome" (p. 193). In other words, self-efficacy is a cognitive belief which is related to the subjective probability of obtaining a desired outcome (Betz & Hackett, 2006).

Teacher's self-efficacy represents an influential role in their performance including pedagogical efforts, instructional practices, and teaching strategies (Lawson et al., 2015). This is arguably why this construct holds significance as learners' achievement is positively affected by teachers' performance in the classroom (Guo et al., 2010; Wilson, 2012) and thus continues to be the subject of ongoing research in various domains including ELT throughout the globe (e.g., Amirian & Behshad, 2016; Elrayah, 2022; Fathi & Derakhshan, 2019; Marashi & Araghi, 2024; Mok & Moore, 2019; Rastegar & Memarpour, 2009).

Enhancing teachers' performance which is of course a key endeavor in every educational domain (Mall-Amiri, 2024) has always been entwined with the concept and practice of supervision with the primary purpose of providing critical feedback to teachers, thereby "seen as the process of helping, guiding, advising, and stimulating growth in teachers in order to improve the quality of teaching" (Okorji & Ogo, 2013, p. 902). One rather innovative mode of supervision which originated at Harvard by Goldhammer (1969, as cited in Glanz, 2018) and later developed at the University of Pittsburgh is clinical supervision. Goldhammer et al. (1993) define clinical supervision as a process through which a supervisor and a teacher sit together in person and review the teacher's behaviors and activities in the classroom; accordingly, the relevant data are extracted directly from the classroom which is the actual environment of instruction.

Categorized in different modalities, clinical supervision is founded upon the premise that teachers may welcome and be positively responsive to a supervisory style which is geared towards their own interests and aspirations (Gordon, 2019). The initiative is perhaps unanimously considered to bear a collaborative and supportive nature aimed at teachers' professional development through institutionalizing a meaningful bond with their peers (Wiedmer, 1995). As is the case with self-efficacy, clinical supervision is an extensively investigated topic of research in relation to different domains such as professional burnout (Hyrkas, 2005; Marashi & Bani-Ardalani, 2017), instructional competence (Bello & Olaer, 2020; Gürsoy et al., 2016; McGhee & Stark, 2018), and classroom performance (Veloo et al., 2019; Watkins, 2021).

In addition to the vast array of supervision, there are many direct teacher training programs which are designed to elevate the quality of teachers' practice; one such innovative initiative which is very rarely visited in ELT is choice theory-based instruction. Developed by the well-known contemporary American psychiatrist William Glasser (1998), choice theory is a psychological method to understand and define human behavior and personality in congruence with the notion that living organisms seek a purpose and are prompted by their basic needs which originate in their brains (Glasser, 2002). Glasser (2002) further notes that behavior is the corollary of the choices which are made by these living organisms in their given space-time dimension while they seek to quench their basic needs at a subconscious level of their being.

Glasser (1998) maintains that the brain carries out the specific function of strict control of human feelings so as to determine how well they are doing to satisfy their basic needs. Generally, there is

a strong emphasis on the postulation that all humans do is behave and almost all behavior is a choice of each person (Burdenski & Faulkner, 2010). Researchers appear to have taken practical interest in choice theory and, as a result, quite a number of studies have been conducted in the field of psychology and application of choice theory-based instruction in different environments with positive results having been reported (Badrkhani, 2015; Goguen, 2017; Mirzaee Fandokht et al., 2014; Moshiri Farahi et al., 2014; Valinezhad et al., 2015).

Review of the Related Literature

Choice Theory

One of the foundational tenets of choice theory is Glasser's (1998) argument that a human behavior is in effect a choice which is based upon five basic needs, that is survival, love and belonging, power, freedom, and fun. The aforesaid needs are the prime propellants of all people's mutual interactions in their daily routines (Wubbolding, 2011). Drawing on this tenet, Glasser (2002) further asserts that external circumstances do not necessarily dictate an individual in their entirety. To this end, the advocates of choice theory encourage one's endeavors to choose as freely as possible and thereby minimize any intrinsic and/or extrinsic restrictions that prevent such choices (Cooper & Robinson, 2008).

A second key tenet in choice theory is the notion of *Quality World*, a concept architected in each and every person's mindset as a unique and personal world; this personal world is perhaps appended to the outside world which is one's habitat through employing the five visual, auditory, gustatory, olfactory, and tactile senses (Glasser, 1998). "Throughout life, we learn from the consequences of our decisions and develop a growing list of wants that include images of desired people, satisfying activities, treasured possessions, enjoyable events, optimal beliefs, and preferred situations in our Quality World" (Wubbolding, 2010, p. 338).

Choice theory has been employed as a practical framework in both educational and non-educational settings to engineer and preserve positive human interaction especially in the case of individuals with challenging behaviors or exposed to cumbersome situations. For instance, Holland and Walker (2018) demonstrated that choice theory can be applied as a conflict resolution technique while Bechuke and Debeila (2012, as cited in Syawal et al., 2018) concluded that choice theory-based instruction contributes to managing and modifying challenging learners' behaviors in South African schools. Mateo et al. (2014) delineated that through employing choice theory, college students' self-efficacy was improved based on psycho-educational programs using the pertinent instructions.

Clinical Supervision

In the process of pioneering a non-traditional approach to monitor teachers' work, Goldhammer (1969, as cited in Glanz, 2018) introduced clinical supervision stating that the word clinical in this mode of supervision connotes face-to-face relationships between supervisors and teachers. Gürsoy et al. (2016) assert that clinical supervision encourages teachers to reflect on their teaching while they are interacting with the supervisor; accordingly, both the teacher and supervisor are actively engaged in the whole teaching process in order to diagnose and remedy problematic areas. Holland and Adams (2002) further suggest that clinical supervision could be utilized in different contexts universally due to analogy signification.

According to Acheson and Gall (1992), clinical supervision goes through the three main steps of the *planning conference*, the *classroom observation*, and the *feedback conference*. In the first session, a meeting is held between the supervisor and the teachers to discuss together the process of the work. The second step involves a nonjudgmental and systematic class observation to collect data related to a set of agreed objectives during the planning conference. During the feedback conference, the supervisor gives teachers mirror-like reflection of classroom practices and activities so that teachers would observe their deeds during teaching (Acheson & Gall). Clear reflections on the collected data during observation help teachers improve instructional practices and, accordingly, the quality of their teaching (Sergiovanni & Starratt, 2002). In fact, teachers and supervisors are both actively engaged and go through the whole process together.

A number of studies have covered a wide range of issues and show the significant relationship between clinical supervision and academic purposes. For instance, Alba Papa (2017) demonstrated the effectiveness of clinical supervision in ELT programs in Colombia and Reid and Soan (2019) showed the positive impact of such supervision on teacher performance. In a more specifically focused study, Gürsoy and Eken (2019) realized that the teachers in their study held favorable perceptions vis-à-vis the feedback session of the clinical supervision model. The studies carried out in Iran are not different in the positive results that they report: Beh-Afarin and Dehghan Banadaki (2013) showed the effect of clinical supervision on teachers' sense of efficacy, Marashi and Bani-Ardalani (2017) proved that clinical supervision lowered EFL teachers' burnout, Khaef and Karimnia (2021) identified promising results on supervisors' teaching perspectives and qualifications while Mehrabian et al. (2023) concluded that this mode of supervision boosts EFL teachers' critical thinking.

Teacher Self-Efficacy

Self-efficacy is defined by Bandura (1991) as “the people’s judgment of their capabilities to organize and execute courses of action required for attaining designated types of performance” (p. 94). It is not concerned with one’s skills but with judgments of what one can do with whatever skills they have (Bandura, 1991). To this end, Hackett and Betz (1981, as cited in Marashi & Azizi-Nassab, 2018) assert that self-efficacy can relate directly to the achievement of an individual’s desired goals while Milner and Hoy (2003) view self-efficacy as what an individual thinks about their competence.

Bandura (1989) further argues that the stronger their self-efficacy, the higher would be the goals that individuals set for themselves and also the more robust their commitment to them. Accordingly, Crozier (1997) believes that self-efficacy is a perceived layer of the capability actualized by the individual. In a sense, self-efficacy determines how a person approaches different tasks and challenges and, more importantly, self-efficacy pertains to the achievement of established educational goals in educational settings (Chacón, 2005).

The EFL literature is replete with studies depicting the advantageous association between teachers’ self-efficacy and both the constructs which are deemed essential for them and learners’ characteristics. For instance, Elrayah (2022) demonstrated the impact of teachers’ self-efficacy on their professional satisfaction. Fathi and Derakhshan (2019) found that self-efficacy contributed to a decline in teachers’ stress while Amirian and Behshad (2016) and Rastegar and Memarpour (2009) delineated a correlation between their self-efficacy and emotional intelligence. Also, Skaalvik and Skaalvik (2007) concluded that the higher the self-efficacy, the lower the burnout. Regarding the interaction of teachers’ self-efficacy and learners’ characteristics, Caprara et al. (2006) revealed the positive impact of teachers’ self-efficacy on learners’ achievement. As for self-efficacy and anxiety among learners, Marashi and Dakhili (2015) reported a negative correlation between the two constructs among learners.

Purpose of the Study

Regarding the above-mentioned points and bearing in mind the importance of teacher self-efficacy as one of the fundamental issues which can profoundly affect the endurance of difficulties encountered in the teaching profession in all educational settings (including EFL classrooms), the need to investigate the impact of different methods of teacher training – whether pre-service or in-service – is an ongoing imperative in the ELT domain. As EFL teachers and supervisors, we are constantly becoming aware of shortcomings in the classroom and the need to improve all the constructs affiliated with teacher performance (self-efficacy as one such very significant construct). Hence, the need to explore different possibilities to obtain the above goal in an indisputable need (Karimi et al, 2024).

As elaborated in the previous sections, there are two educational approaches which have been very scarcely visited within ELT, i.e., choice theory-based instruction and clinical supervision, while both have proven to be promising in actual practice. This scarcity is possibly even more relevant in the Iranian context as, to the best knowledge of the researchers, only four studies have been reported on clinical supervision (Beh-Afarin & Dehghan Banadaki, 2013; Khaef & Karimnia, 2021; Marashi & Bani-Ardalani, 2017; Mehrabian et al., 2023) and three studies have been conducted on choice theory-based instruction in ELT: one by Marashi and Erami (2021) showing that this method could be applied to boost learners' vocabulary achievement, the other by Karimi et al. (2024) illustrating the positive impact of this method on EFL learners' reading comprehension and autonomy, and a third study in which Naderi et al. (2015) concluded that this method enhances self-efficacy among learners (not teachers). There is also a yet-to-be-published fourth research conducted by one of the researchers of this study on choice theory-based instruction. The result demonstrates that this mode of instruction benefits EFL learners' achievement significantly regardless of their personality styles. This empirical finding showing the effectiveness of choice theory-based instruction among learners perhaps drives yet further the importance of testing the applicability of this method in teacher education too.

Regarding clinical supervision, as noted earlier in the literature review section, Beh-Afarin and Dehghan Banadaki (2013) revealed that clinical supervision enhances teachers' sense of efficacy which, in its own right, raises the question as to whether this form of supervision could compete with another innovative method, namely choice theory-based instruction, in fostering teachers' self-efficacy.

At this stage, one might ponder about the rationale underlying the juxtaposition of these two modes of intervention and comparing their impact. In other words, how could clinical supervision and choice theory-based instruction be considered commensurate procedures? The response, as detailed in the procedure section, lies arguably in the notion that both of these approaches are founded upon an ecosystem of trust, respect, and worthiness in any context where they are implemented. Given the fact that the two interventions necessitate similar backgrounds, the question which is perhaps logically induced would be: which of the aforesaid pedagogical procedures would bring about more fruitful results and bear a stronger impact on EFL teachers' self-efficacy (the importance of which has already been deliberated). To address this gap, the following research question was formulated in this study:

Is there a significant difference between the impact of choice theory-based instruction and clinical supervision on EFL teachers' self-efficacy?

Method

Participants

A total of 30 female EFL teachers teaching in the extracurricular general English classes held at Tehran's Al-Zahra University (not within the academic majors) who expressed an interest in participating in the program were selected as the participant teachers through nonrandom convenience sampling. They had at least five years of teaching experience and held university degrees with their age ranging from 26 to 42 years. The teachers were divided into two groups of 15 through random assignment and each group underwent either of the treatments, i.e., choice theory-based instruction or clinical supervision.

Instrumentation

Teacher Self-Efficacy Scale (TSES)

The TSES was developed by Tschannen-Moran and Woolfolk Hoy (2001) and consists of 24 nine-point Likert type items which determine the following three relevant factors: improving classroom management, ensuring student engagement in class, and using instructional strategies in class. Each sub-factor comprises eight items. Efficacy for classroom management which intends to measure the level of teachers' efficacy on managing the class perfectly well was measured through questions 3, 5, 8, 13, 15, 16, 19, and 21. Efficacy for ensuring student engagement in class to measure their ability to directly involve learners in classroom activities was measured through items 1, 2, 4, 6, 9, 12, 14, and 22. The last component, efficacy for using instructional strategies in class which is intended to measure effectiveness of the utilized strategies in the classroom was measured through items 7, 10, 11, 17, 18, 20, 23, and 24.

The reported reliability for each of the three aforesaid domains was 0.91, 0.90, and 0.87, respectively, while the overall reliability was 0.94 and the items' ensemble average was found to be 9.05 out of 10 and not found below 7.85 (Tschannen-Moran & Woolfolk Hoy, 2001). Cronbach's alpha as a measure of internal consistency was reported to be 0.96 (Estaji & Nazari, 2015). In an extensive study conducted in five countries in North America, East Asia, and Europe, Klassen et al. (2009) demonstrated "convincing evidence of invariance of factor forms, factor loadings, and factor variances, and covariances across groups of teachers" (p. 73). The time required to respond to the TSES was 30 minutes and in order to measure the participant teachers' level of self-efficacy, the TSES was administered as the pretest and posttest.

Procedure

This study consisted of two in-service training courses. While 15 teachers underwent a training course on choice theory-based instruction prior to teaching the learners in their own classes, the other 15 teachers experienced a clinical supervision program during the course of teaching their own classes. In the choice theory group where the teachers had to undergo a pre-training, the pretest was administered before they sat for that training while there was no pre-training for the clinical supervision group and they thus took part in the pretest before they started teaching their classes. Finally, after both groups had finished teaching their classes, they were asked to fill out the TSES again this time as the posttest. Both trainings were provided by one of the researchers of this study who, at the time of this research, was a supervisor of the extracurricular general English classes. The researcher who was obviously disinterested (not uninterested of course) in the final result of the study was very cautious throughout the work to be as unbiased as humanly possible with both groups of teachers never favoring one to the other. She would thus try very

hard to be equally enthusiastic, meticulous, and professional in her engagements with each teacher regardless of their grouping.

Procedure for the Choice Theory-Based Instruction

The model of this instruction was adopted in its entirety from Marashi and Erami (2021, pp. 69-71) with very few minor alterations. The 15 teachers who comprised this experimental group underwent four 90-minute training sessions on choice-theory based instruction. The goal of this treatment was for the teachers to become acquainted with this mode of instruction and consequently apply it in their own classrooms.

In the opening session, the trainer explained to the 15 teachers the importance of making a list of objectives for the course based on mutual goals in order to cater for the learners' needs of power and belonging. In this way, they would collaboratively develop a holistic long-term lesson plan for the whole semester so that the learners would feel involved. In addition, the teacher would have to work to expand the lesson plan into a more detailed format for each session. During this session, the trainer explained the concept of Glasser's (1998) quality world to the teachers and discussed with them how they could convey to the learners in their classes that assessing the quality of their work is part of all individual or group assignments. As Glasser (2002) suggests, students' learning activities in the classroom start from internal locus rather than external control. In this view, learning becomes part of their quality world.

In the second session, the trainer provided the 15 teachers with the concept of the real world (reality) and the perceived world (perception) and demonstrated how it would give them a true understanding of the value of things that have been learned. This discussion guided them in the development of holding better perceptions of the real and the perceived world. Beside the two mentioned worlds, this session prepared the teachers to comprehend a process that happens continuously in the brain which is labeled the comparing place. Life experience allows a constant comparison between what the individual wants with what they actually have. Accordingly, they would learn to create a balance between these two in order to feel fine and satisfied in any environment.

In the third session, the trainer introduced the concept of total behavior to the teacher participants so that they would understand how four components (thinking, feeling, acting, and body physiology) are active and present all the time by teaching them that each behavior is a choice. They went through the related activities to be applied in the classroom considering the five basic needs described below. It is highly recommended by Glasser (1998) that the learning context should provide learners with some classroom activities so as to meet their basic needs as a source of all human motivation.

- *Fun:* The learners' need for fun should be met in the learning context. In order to bring laughter and fun to the learning context, the teacher can use different games (e.g., those presented at <http://iteslj.org/Techniques/Jones-LessonsIntoGames.html>) to teach them the text each session.
- *Power:* Power is defined as the sense of competence, achievement, and the need to be listened to and have a sense of self-worth (Glasser, 2002); accordingly, the teachers were advised to make a list of objectives with the learners in each class to display competence and achievement and also to have a sense of self-worth. In this case, a reading text would be assigned to learners by the teacher and the learners would assess each other's comprehension and assess its quality through peer-scaffolding.

- *Love and belonging*: The need for love and belonging includes building relationships between the students and the teacher, social connections, reciprocal affection, and being part of a group. Engaging the learners in team building activities so as to feel being part of a group would be an example of a caring learning environment. While these tasks would be in process during teamwork, the students would validate each other's work and feelings by addressing problems.
- *Freedom*: The essence of the need for freedom is making wise choices (Glasser, 1998). To help learners feel autonomous, two metacognitive strategies based on Lovett's (2008, as cited in Nett et al., 2011) classification including planning success and setting goals and monitoring would be introduced.
- *Survival*: In order to prevent neglecting the learners' need for survival which includes not only physical comfort but also psychological component needs, the teacher would allow them to have light snacks and drinks whenever they wished inside the class. Also, the learners could be allowed to stand up in class whenever they feel tired provided that they would not block anyone's view.

During the fourth session, there was an open discussion among the trainer and the teachers regarding any point needing further clarification and disambiguation. There were also further hints and points on how to develop and utilize choice theory-based instruction and strategies to be used in their classrooms.

Procedure for the Clinical Supervision Program

The procedure pursued in this program was exactly the same as the one laid down by Marashi and Bani-Ardalani (2017, pp. 270-272). In the opening session, the TSES was administered to the teachers as the pretest. At the beginning, the supervisor – one of the researchers who served as the supervisor of the 15 teachers in this program – elaborated to the teachers the trial steps of pre-observation, observation, and post-observation feedback conferences. The supervisor briefed the teachers on the goal and process of each step within the observation sessions during which she would record every single event occurring in the class, so that they could undergo analysis and interpretation aimed at supporting the teachers in their endeavor to enhance their performance.

The supervisor subsequently created a group on WhatsApp in order to coordinate the teachers' observation schedules. Also, certain pertinent ELT materials including real-life published materials, audiovisual clips, and helpful strategies were uploaded. The supervisor asked the teachers to share their thoughts, experiences, challenges, and feelings regarding the entirety of clinical supervision in an environment free of anxiety.

In accordance with the arrangements reached in the WhatsApp group, the supervisor designed a schedule for observing the teachers' classes. Before conducting the observations, the pre-observation conferences were set up where each teacher sat individually for 20-30 minutes. These sessions sought the establishment of an atmosphere of teacher empowerment. The teachers themselves played the role of leaders and the supervisor served as a facilitator where both of them reached consensus on the process of the observation collaboratively. The supervisor raised certain questions too to elucidate the teacher's intention for the observation session. These questions pertained to the kind of the data including learners' behaviors and movement modes, means of data recording, and measures that had to be adopted in the subsequent post-observation session.

During a 12-week interval, the supervisor conducted observations for the 15 teachers: three sessions for each teacher with three feedback sessions which were held following each observation individually. The supervisor recorded the voice of each class she observed – with the

consent of the class of course – thereby gaining a clearer picture of what needs to be elaborated in post-observation sessions. The supervisor informed the teachers that portions of what was recorded would be transcribed and utilized merely to analyze the classroom environment. During the observation session, the supervisor took certain notes regarding the issues that had to be deliberated in the post-observation conference.

After each observation session, the supervisor would analyze the collected data and develop a program which would be elaborated by her with the teacher in the post-observation conference. The supervisor also emphasized the pressing issues that had to be dealt with in the conference through formulating the questions below:

- *What is your general understanding of your working environment? Does it impact your working life?*
- *What contexts do you think are significantly demanding emotionally in classes? How so?*
- *Could you provide an instance of a challenging interaction with a colleague or a learner?*
- *Do you recall ever being exposed to verbal abuse from the side of a learner, their parent, or colleague?*
- *Does any element outside the class impact your working life?*
- *Would you feel a burden when preparing yourself for class?*
- *Have you ever experienced a physical symptom such as exhaustion that could be attributed to your daily working life?*

In each post-conference session, the supervisor looked critically into the problems raised with each teacher in order to decide over a solution that would mitigate the issues. Each session spanned from 45 to 60 minutes. During these dialogues, the supervisor and the teacher addressed the teacher's needs through identifying and understanding the problems raised by the teachers in a collaborative and mutual manner and also through a process of reflection.

Results

Teachers' Self-Efficacy Pretest

As explained earlier, the 30 teachers in both experimental groups (CT: choice theory-based instruction and CS: clinical supervision) sat for the TSES which was administered as the pretest of this study. Table 1 displays the descriptive statistics of this administration.

Table 1
Descriptive Statistics of the Scores Obtained by the Two Groups on the Self-Efficacy Pretest

	N	Minimum	Maximum	Mean	SD	Skewness	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error
CT group	15	66	91	81.73	7.611	-.466	.580
CS group	15	60	94	82.27	10.361	-1.058	.580
Valid N (listwise)	15						

As displayed in the table, the mean and the standard deviation of the CT group were 81.73 and 7.61, respectively, while those of the CS group stood at 82.27 and 10.36, respectively. Furthermore, the skewness ratios of both experimental groups fell within the acceptable range of ± 1.96 ($-0.466 / 0.580 = -0.803$ and $-1.058 / 0.580 = -1.824$), while the reliability of the scores on this administration stood at 0.87 (using Cronbach's alpha).

Teachers' Self-Efficacy Posttest

Once the treatment in both groups was completed, the TSES was administered again, this time as the posttest. Table 2 displays the descriptive statistics of this administration.

Table 2
Descriptive Statistics of the Scores Obtained by the Two Groups on the Self-Efficacy Posttest

	N	Minimum	Maximum	Mean	SD	Skewness	
	Statistic	Statistic	Statistic	Statistic	Statistic	Statistic	Std. Error
CT group	15	75	109	92.40	11.031	.019	.580
CS group	15	82	114	99.60	8.617	-.705	.580
Valid (listwise)	N 15						

As shown in Table 2, the mean and the standard deviation of the CT group were 92.40 and 11.03, respectively, while those of the CS group were 99.60 and 8.62, respectively. Also, the skewness ratios of both groups fell within the acceptable range (0.033 and -1.215) while the reliability of the scores on this administration stood at 0.87 (using Cronbach's alpha).

Testing the Null Hypothesis

In order to test the null hypothesis raised in this study, i.e., *there is no significant difference between the impact of choice theory-based instruction and clinical supervision on EFL teachers' self-efficacy*, an ANCOVA was run on the TSES pre- and posttests scores for both groups. First, the prerequisites for running this parametric test are discussed.

To begin with, all scores of course enjoyed normalcy as demonstrated earlier (Tables 1 and 2); hence, this prerequisite was met. Secondly, the Levene's test was run; as is shown in Table 3 below, the variances were not significantly different ($F_{(1,28)} = 16.159$, $p = 0.123 > 0.05$).

Table 3
Levene's Test of Equality of Error Variances^a

F	df1	df2	Sig.
16.159	1	28	.123

a. design: Intercept + Self-efficacy pretest + Group*Self-efficacy pretest
Dependent variable: Self-efficacy posttest

Again, as one covariate is being investigated (TSES pretest), the third assumption of the correlation among covariates did not apply in this case. As for linearity, Figure 1 demonstrates that the general distribution of the scores is very much linear.

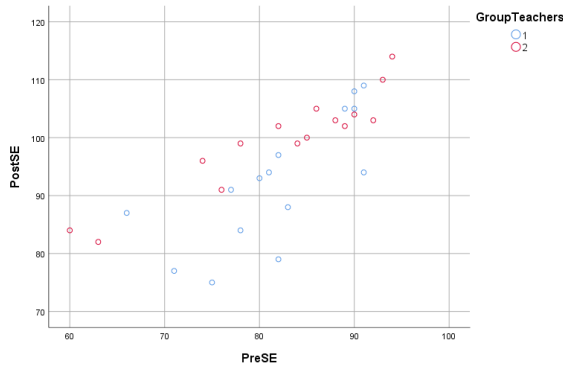


Figure 1. Scatterplot of the Linearity of the Scores Obtained by the Two Groups on the Self-Efficacy Pretest and Posttest

Finally, Table 4 shows that the interaction (i.e. Group * Self-Efficacy Pretest) is 0.219, which is larger than 0.05, thus indicating that the assumption of homogeneity of regression slopes has not been violated in this set of scores.

Table 4
Tests of Between-Subjects Effects (1)

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	2282.064 ^a	3	760.688	23.270	.000	.729
Intercept	112.690	1	112.690	3.447	.075	.117
Group	81.600	1	81.600	2.496	.126	.088
Pretest	1857.666	1	1857.666	56.827	.000	.686
Group * Self-Efficacy Pretest	51.791	1	51.791	1.584	.219	.057
Error	849.936	26	32.690			
Total	279612.000	30				
Corrected Total	3132.000	29				

a. R Squared = 0.729 (Adjusted R Squared = 0.697)

With the above assumptions in place, running an ANCOVA was legitimized. According to Table 5, the TSES pretest scores (the covariate in the model) were significant ($F = 55.138$, $p = 0.0001 < 0.05$) thus demonstrating that prior to the treatment, there was a significant difference between the two groups of teachers in terms of their self-efficacy. Furthermore, there was a significant relationship between the covariate (the TSES pretest) and the dependent variable (the TSES posttest) while controlling for the independent variable ($F = 10.145$, $p = 0.004 < 0.05$). Hence, the null hypothesis of the study which stated that there is no significant difference between the impact of CS and CT on EFL teachers' self-efficacy was rejected with those in the CS group who gained a higher mean (Table 4) bearing a significantly higher degree of self-efficacy than those in the CT group. Furthermore, the effect size was 0.272 which is reckoned a medium effect size by Larson-Hall (2010).

Table 5
Tests of Between-Subjects Effects (2)

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Squared	Eta
Corrected Model	2230.272 ^a	2	1115.136	33.390	.000	.712	
Intercept	177.602	1	177.602	5.318	.029	.165	
Self-Efficacy Pretest	1841.472	1	1841.472	55.138	.000	.671	
Group	338.800	1	338.800	10.145	.004	.273	
Error	901.728	27	33.397				
Total	279612.000	30					
Corrected Total	3132.000	29					

^a. R Squared = .712 (Adjusted R Squared = .691)

Discussion

As stated earlier, this study was conducted in order to investigate the effect of implementing choice theory-based instruction and clinical supervision for EFL teachers on their self-efficacy. The findings of the study showed a significant difference between these two procedures thus demonstrating that clinical supervision had a considerably higher impact on teachers' self-efficacy.

The results of this study are congruent with those of many previous studies (e.g., Bello & Olaer, 2020; Gürsoy et al., 2016; Hyrkas, 2005; Marashi & Bani-Ardalani, 2017; McGhee & Stark, 2018; Veloo et al., 2019; Watkins, 2021) in that they have reported the overall positive impact of clinical supervision on different attributes in different contexts. In addition to those already noted, the finding of this study aligns with that of the studies below all proving the somewhat ubiquitous advantageousness of clinical supervision on various teacher features. For instance, Farhat (2016) demonstrated the improvement of teachers' professional development through such supervision while Okorji and Ogbo (2013) found that the application of clinical supervision in teaching contexts enhances teachers' performance in diverse settings. The same result was also pronounced by Kholid and Rohmatika (2019).

In an early study, Smyth (1985) emphasized the positive effects of clinical supervision which resulted from the importance and worth of each individual teacher in the process of clinical supervision. This outcome is perhaps very much due to the fact that teachers are supposed to participate in this procedure voluntarily and express their willingness to foster effective collaboration of teachers with supervisors. Three decades later, Veloo et al. (2013) asserted that through clinical supervision, ongoing dialogue starts, holds, and flourishes between the supervisor and the teacher, thereby paving the grounds for teachers to improve many aspects of their performance considerably from writing daily lesson plans, making presentations, and evaluating their tasks to developing lessons, designing quizzes, giving students assignments, and managing the class.

In a more recent study, Glanz (2018) reported the significant effect of clinical supervision on enhancing educational efficacy in different societies due to its refraining from a top-down approach and replacing it with a peer-to-peer contribution thus culminating in better performance by teachers. This result is of course very much compatible with that of the present study.

On another scale, Kayıkçı et al. (2017) and also Khaef and Karimnia (2021) shed light on the fact that it is not just teachers who benefit from clinical supervision; educational supervisors themselves benefit from this mode of supervision too, in that through creating opportunities for healthier dialogues with teachers, they move away from the stance of merely scrutinizing fellow teachers with the goal of criticizing them to establishing a spirit of comradery aimed at mutual excellence. In the present study too, the researcher/supervisor experienced firsthand such

healthier dialogues with the teachers who underwent the clinical supervision as compared to her previous experience with the traditional mode of supervision.

Indeed, the researchers were not surprised with the concordance of the outcome of their study with that of the majority (if not all) of the studies reported in the literature – a small sample of which has been referred to in this text. Indeed, there remains little doubt over the advantageousness of clinical supervision in the context of improving teacher performance. As noted earlier, the researchers were not seeking to investigate what was most probably foreseeable already, that is, the positive impact of this mode of supervision on teachers' self-efficacy; rather, they intended to compare the strength of clinical supervision and choice theory-based instruction in this respect.

The major reason at work for the superiority of clinical supervision (as demonstrated in this study) is perhaps related to the fact that this method of supervision focuses directly on the teachers themselves as compared to choice theory-based instruction which steers the teachers towards adopting a rather innovative style of teaching in their classrooms. Clinical supervision most probably created the grounds for the teachers to engage in a relaxed and secure manner with their supervisor. Through this engagement, they would tend to share the bottlenecks and challenges they faced in class openly with perhaps no fear of being reprimanded and consequently learn about possible solutions to these hurdles. Naturally, they would go back to their classes and experience those solutions and again come back with fresh feedback. All of this ongoing cycle in simple terms may be an exercise of elevating their self-efficacy.

In the context of choice theory-based instruction, however, the teachers did not have much opportunity to discuss their actual problems in class as this of course was not the goal of the instruction. The focus here was to introduce another attitude to teaching and the participation of learners in the classroom through presenting the five basic needs of survival, love and belonging, power, freedom, and fun with the overarching aim of enhancing their learners' achievement. Albeit the data analysis depicted an increase in the self-efficacy of the teachers who underwent a choice theory-based instruction too, this degree of betterment held the second rank vis-à-vis clinical supervision presumably due to the issue of the focus discussed above.

One must note here that the result obtained in this study should not be interpreted as a manifestation of the utter failure of choice theory-based instruction. Quite the contrary and as elaborated in the previous sections, this mode of instruction has proven its significant potential in educational environments. Hence, the finding of this study must be presented with caution in that such an instruction takes the second rank only vis-à-vis clinical supervision in terms of teachers' self-efficacy.

Conclusion

As noted earlier, the present study sought to investigate the effect of implementing choice theory-based instruction and clinical supervision on EFL teachers' self-efficacy. The results of highlight the importance of employing clinical supervision to enhance the self-efficacy of EFL teachers. Accordingly, the findings may prompt, to a large extent, the effective incorporation of clinical supervision in teacher education and training programs. Pursuing the above objective, teaching training centers and institutions may need to formulate detailed plans to introduce clinical supervision within ELT programs and familiarize teachers with its underlying conceptual premises and practical techniques and procedures. This endeavor of course requires a major revision of the existing teacher education curriculum to enable and facilitate the tenets of clinical supervision. Such a teacher training course could be presented both for teachers prior to embarking upon

teaching in the modality of pre-service training/education and/or those who are already engaged in the praxis within the form of in-service courses.

To guarantee as much success as possible, the trust-oriented psychological and interpersonal approach which serves as the foundational architecture of clinical supervision needs to be advanced and advocated. The element of trust which originates from the fundamental and universal human right to respect plays a pivotal role in clinical supervision as in the absence of trust, there is little – if any – genuine and authentic interpersonal communication. This pursuit would translate into a monumental transformation. One might argue that the very common attitude of the average supervisor is very much top-down and authoritarian (if not *oppressive*, to borrow the memorable Freirian term). In practical terms, it may well be the case that a supervisor has been trained – not necessarily through their own choice but via the systemic structure of the education sector – to approach the teacher from a stance of power in the existing hierarchy. To this end, a perhaps hegemonic monologue from the “upper” supervisor to the “lower” teacher is performed with no room for a mutual non-authoritarian dialogue.

The aforesaid ecology has to be revisited or, better still, removed if clinical supervision were to succeed in actual practice. Again, the top-down autocratic perspective of ‘I am your supervisor and I am here to highlight your shortcomings and subsequently rank you based on my exclusive assessment of these negativities’ has to be substituted entirely with an equity-based and respect-driven attitude of ‘We are here to dialogue to see how we can continuously improve our well-being and professional development thereby enhancing the learners’ learning’. Throughout the procedure, a teacher needs to *feel* – and not just *know* – that the supervisor is actually quite the reverse of a threat and is in fact only there as a therapeutic (hence, the label “clinical”) or invigorating aid: a trustworthy friend and not an avowed foe.

The above points gain prominence and veracity only when teachers experience personally a sincere collegial – as opposed to merely hierarchical – relationship with and footing before the supervisor. In other words, an authentic implementation of clinical supervision necessitates a major paradigm change regarding the act and stance of supervision not just among individual supervisors but also at the institutional level. The fact of the matter is that clinical supervision is not just another *package* that one can procure and apply in a given language school. Nor can one expect that if a number of supervisors abruptly opt for such a process, they would succeed to carry it out successfully. Quite the contrary, the introduction of clinical supervision in an educational establishment requires a holistic rethinking in the existing organizational culture. In this regard, not only the supervisors and teachers but perhaps more importantly the management of that facility must be fully on board with this transformation and subsequently champion it alongside all other practitioners. Without instilling the culture of clinical supervision in every aspect of the setting of an educational environment, the process would probably resemble that of the teacher lecturing on democracy without allowing any student to speak.

In conclusion, it must be noted that there were a number of limitations in this study which are identified below alongside suggestions for future research in order to obtain more generalizable results. First and foremost, the participants in this study were all female; another study can be carried out with male teachers to investigate the possible impact of gender as an intervening variable. Secondly, the setting of this study was restricted to only one language teaching center in Tehran. Naturally, other studies in different settings could be replicated. Also, the teachers in this study were experienced (with at least five years of teaching). It would be interesting to see whether the same results would materialize if the participants were novice teachers. On another note, self-efficacy is a construct which often develops over a relatively long period of time. To this end, studies with a more extended duration than one-semester interventions could be conducted to see whether the results would be different. Last but not least, the specific setting in which this study was conducted did not encourage the possibility of extracurricular activities in

both treatment modes, whereas clinical supervision and choice theory-based instruction are by nature amenable to such procedures such as the tea-party strategy. It is thus suggested to interested researchers to incorporate extracurricular activities into both modalities and report their findings accordingly.

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