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Integrating Clinical Supervision, Organizational Culture, and Psychological Safety to Strengthen Teachers' Pedagogical Competence: A Multi-Case Study in Indonesian Elementary Schools

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ABSTRACT

Objective: *This article examines how principal-led clinical supervision strengthens teachers' pedagogical competence through a multidisciplinary integration of educational management, organizational culture, communication, and psychological safety. Although clinical supervision is often discussed as a technical cycle of pre-observation, classroom observation, and feedback, its effectiveness in schools is also shaped by the quality of professional relationships and institutional culture.* ***Method:*** *This study employed a qualitative embedded multi-case design in two Indonesian elementary education institutions with contrasting characteristics: SDN Kepanjen 2 Jombang, a public secular elementary school under the national education authority, and MIN 3 Jombang, a public Islamic elementary madrasah under the religious education authority. Data were collected through interviews, observation, documentation, rating-scale instruments, and member checking. The active clinical-supervision participants consisted of 17 of 37 teachers at SDN Kepanjen 2 Jombang and 15 of 32 teachers at MIN 3 Jombang.* ***Results:*** *The findings show that clinical supervision improves teachers' pedagogical competence when collegiality, collaboration, inquiry skills, and ethical conduct are supported by open communication, reflective culture, and psychological safety. SDN Kepanjen 2 showed stronger dialogic and participatory supervision, while MIN 3 Jombang maintained ethical and respectful supervision but was more constrained by hierarchical-relational norms and teacher reluctance.* ***Novelty:*** *The article contributes an integrated conceptual model of clinical supervision as a socio-professional process rather than a purely administrative or instructional mechanism.*

INTRODUCTION

Improving the quality of elementary education requires more than curriculum renewal, administrative compliance, or the availability of learning facilities. It depends strongly on teachers' pedagogical competence, including their ability to design learning, manage classrooms, select strategies, assess learning, and respond to students' characteristics. In this context, school principals and madrasah principals are not merely administrators; they also function as instructional leaders who support teacher growth through systematic professional supervision [1], [2], [3].

Clinical supervision offers a reflective and developmental approach to teacher improvement. It emphasizes professional dialogue, classroom-based evidence, feedback, and follow-up rather than top-down inspection. Classical clinical supervision models highlight a cycle of relationship building, collaborative planning, observation, data analysis, feedback conference, and renewed planning [4], [5], [6]. This developmental orientation is consistent with contemporary supervision literature that positions

supervision as assistance for improving teaching and learning rather than as administrative fault-finding [7]. However, the implementation of this cycle is not only a technical matter. It is shaped by organizational culture, leadership communication, teacher agency, and psychological safety.

This article is prepared for a multidisciplinary journal because the phenomenon cannot be explained through educational supervision theory alone. The study integrates educational management, organizational psychology, sociology of institutional culture, communication, and teacher professional development. Educational management explains how principals organize supervision and follow-up programs [8], [9]; organizational psychology explains why psychological safety affects teacher openness [10]; sociology explains how institutional norms shape professional interaction [11], [12]; and teacher-development theory explains how supervision contributes to pedagogical competence.

The research context is Jombang Regency, East Java, Indonesia, where two elementary education institutions present contrasting yet comparable cases. SDN Kepanjen 2 Jombang represents a public secular school under the national education authority, while MIN 3 Jombang represents a public Islamic elementary madrasah under the religious education authority. Both implement elementary education, but they differ in governance, institutional culture, religious orientation, and patterns of professional communication.

The main research problem is how clinical supervision can strengthen teachers' pedagogical competence when it is enacted within different institutional cultures. Specifically, this study asks: (1) how clinical supervision is implemented through collegiality, collaboration, inquiry skills, and ethical conduct; (2) how follow-up actions are conducted after clinical supervision; and (3) how teachers' pedagogical competence is strengthened after participating in clinical supervision.

Literature Review and Interdisciplinary Framework

Clinical Supervision as Professional Learning

Clinical supervision is commonly understood as a systematic professional-assistance process aimed at improving teaching. Unlike conventional administrative supervision, it focuses on real classroom behavior, objective data, reflective dialogue, and instructional improvement. The process usually includes an initial conference, classroom observation, and feedback conference. In the broader clinical supervision tradition, these phases may be expanded into a more detailed cycle involving relationship building, collaborative planning, observation strategy, teaching observation, data analysis, feedback planning, feedback conference, and renewed planning [1], [4], [5], [6].

The present article uses four dimensions of clinical supervision as analytical categories: collegiality, collaboration, inquiry skill, and ethical conduct. Collegiality refers to a professional relationship in which teachers are treated as partners rather than subordinates. Collaboration refers to shared problem solving and joint responsibility for instructional improvement. Inquiry skill refers to the ability to analyze classroom

problems through evidence and reflective questioning. Ethical conduct refers to objectivity, confidentiality, respect, and the developmental use of supervision data [2], [13].

Organizational Culture and Psychological Safety

Organizational culture influences how supervision is interpreted by teachers. In an open and reflective culture, supervision is more likely to be accepted as professional assistance. In a hierarchical culture, the same supervision activity may be perceived as evaluation or judgment. This distinction is important because the meaning attached to supervision affects teachers' willingness to disclose instructional problems and receive feedback [11], [12].

Psychological safety strengthens the clinical function of supervision. When teachers feel safe from embarrassment, punishment, or unfair judgment, they are more willing to discuss weaknesses in lesson planning, classroom management, assessment, and student behavior. Therefore, effective clinical supervision requires both technical procedure and relational trust [10].

Table 1. Multidisciplinary integration used in the article

Disciplinary lens	Analytical focus	Contribution to the study
Educational management	Planning, organizing, follow-up, professional development	Explains how principals institutionalize supervision and connect findings with IHT, mentoring, and learning communities.
Organizational psychology	Psychological safety, motivation, trust, teacher openness	Explains why teachers respond positively or defensively to supervision.
Sociology of institutional culture	School norms, hierarchy, religious values, professional communication	Explains why the two institutions show different supervision patterns.
Instructional supervision	Clinical supervision cycle and feedback conference	Provides the technical structure of supervision.
Teacher professional development	Pedagogical competence and reflective practice	Explains how supervision outcomes are translated into improved teaching competence.

Source: processed from the dissertation data and cross-case analysis (2026).

RESEARCH METHOD

Research Design

This study used a qualitative embedded multi-case design. The design was selected because the research compared two institutions that share the same elementary education function but differ in governance and organizational culture. Each site was

treated as one case, while the embedded units of analysis included principals, teachers, supervision activities, follow-up mechanisms, and indicators of pedagogical competence ([14], [15].

The study applied within-case analysis followed by cross-case analysis. Within-case analysis was used to understand the clinical supervision pattern in each school. Cross-case analysis was used to identify convergence and divergence across the two sites and to formulate an integrated conceptual model [14], [16].

Research Sites and Participants

The study was conducted at SDN Kepanjen 2 Jombang and MIN 3 Jombang. SDN Kepanjen 2 is a public secular elementary school located in the urban center of Jombang and operates under the national education authority. MIN 3 Jombang is a public Islamic elementary madrasah located in Bandarkedungmulyo District and operates under the Ministry of Religious Affairs. The active clinical-supervision participants were selected purposively because they had participated in clinical supervision and had relevant pedagogical problems requiring principal assistance, which is appropriate for qualitative inquiry focused on information-rich cases [17], [18].

Table 2. Research participant data and clinical-supervision involvement

Site	Total teachers/personnel	Teachers involved	Involvement (%)	Academic qualification of involved teachers	Gender and qualification composition
SDN Kepanjen 2 Jombang	37	17	45.95% (approx. 46%)	S1 = 15; S2 = 2	Male: S1 = 2, S2 = 1; Female: S1 = 13, S2 = 1
MIN 3 Jombang	32	15	46.88% (approx. 46.9%)	S1 = 8; S2 = 7	Male: S1 = 1, S2 = 0; Female: S1 = 7, S2 = 7

Source: processed from the dissertation data and cross-case analysis (2026).

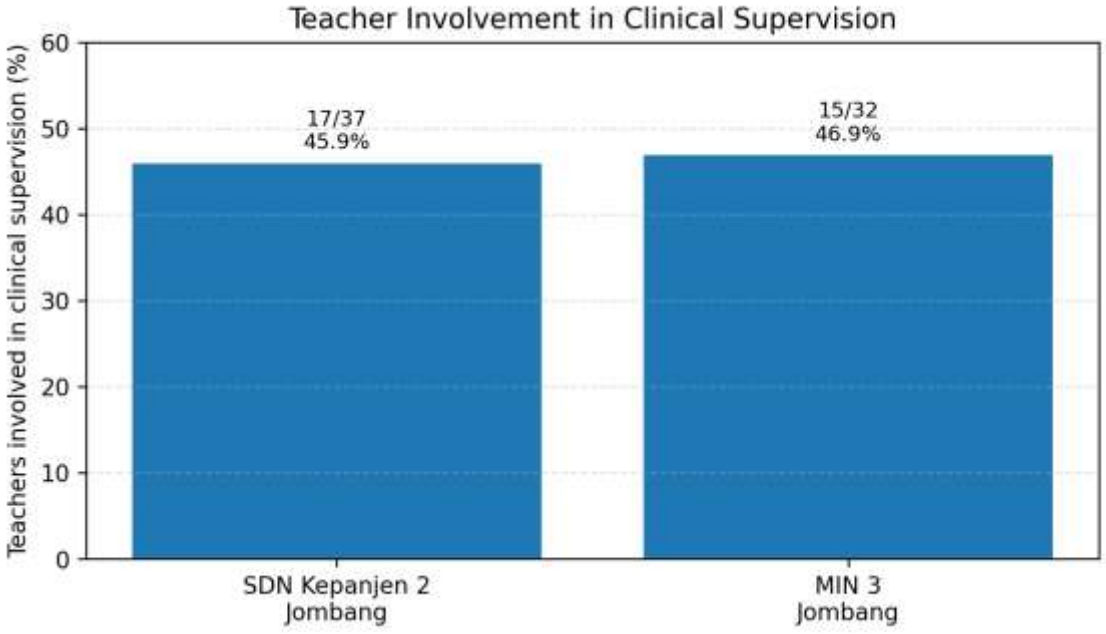

Figure 1. Teacher involvement in clinical supervision at the two research sites
Source: processed from the dissertation data and cross-case analysis (2026).

Data Collection and Analysis

Data were collected through semi-structured interviews, classroom observation, documentation, rating-scale instruments, and member checking. Interviews explored the experiences of principals, teachers, and relevant coordinators in planning, implementing, and following up clinical supervision. Observations were used to identify supervision practices and classroom-related pedagogical issues. Documentation included supervision records, teacher-performance documents, curriculum documents, and school-profile information. The combination of these techniques strengthens qualitative evidence by allowing the researcher to compare participant explanations, observed practices, and institutional documents [15], [18].

Data validity was strengthened through source triangulation, technique triangulation, and member checking. The analysis consisted of data reduction, data display, conclusion drawing, within-case analysis, and cross-case synthesis. The four clinical-supervision dimensions - collegiality, collaboration, inquiry skill, and ethical conduct - were used as initial categories, while organizational culture and psychological safety were used as interpretive lenses [16], [17].

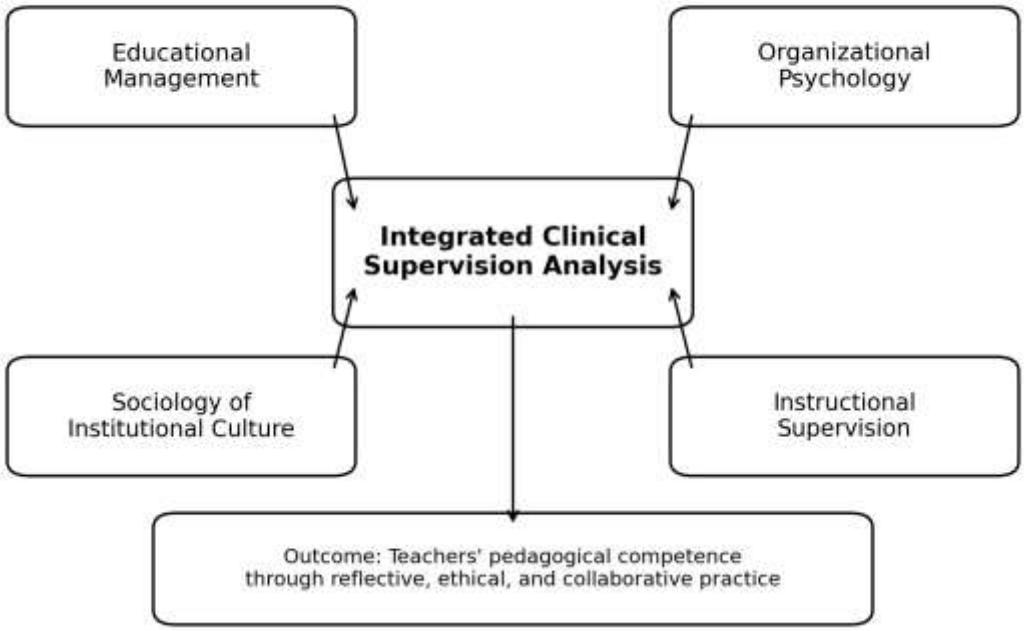

Figure 2. Interdisciplinary analytical framework for IJMI-oriented article revision
Source: processed from the dissertation data and cross-case analysis (2026).

RESULTS AND DISCUSSION

Institutional Context and Supervision Orientation

The two sites showed similar formal commitment to clinical supervision but differed in the way supervision was socially constructed. SDN Kepanjen 2 Jombang demonstrated a more open, egalitarian, and dialogic supervision climate. Teachers were relatively more willing to communicate classroom difficulties directly to the principal. In contrast, MIN 3 Jombang demonstrated strong ethical respect, politeness, and religiously shaped professional manners, yet the culture of reluctance or sungkan created psychological distance between teachers and the madrasah principal. This difference confirms that supervision practice is filtered through organizational culture and teachers' sense of interpersonal safety [10], [11].

Table 3. Institutional characteristics shaping clinical supervision

Dimension	SDN Kepanjen 2 Jombang	MIN 3 Jombang	Implication for supervision
Governance	National education authority	Religious education authority	Different bureaucratic and cultural expectations shape communication patterns.

Dimension	SDN Kepanjen 2 Jombang	MIN 3 Jombang	Implication for supervision
Institutional culture	More open, professional, and urban school culture	Religious, polite, respectful, and more hierarchical culture	The same supervision cycle produces different levels of teacher openness.
Professional communication	More direct principal-teacher communication	Often mediated through curriculum or student-affairs coordinators	Indirect communication may reduce the depth of reflective dialogue.
Dominant relational issue	Teacher proactivity still needs strengthening	Sungkan and hierarchical respect constrain openness	Both sites need stronger teacher-driven reflection.

Source: processed from the dissertation data and cross-case analysis (2026).

Implementation of Clinical Supervision Dimensions

The four supervision dimensions functioned as the main mechanism through which clinical supervision contributed to pedagogical competence. Collegiality created the relational foundation; collaboration enabled joint problem solving; inquiry skill transformed supervision into evidence-informed reflection; and ethical conduct protected teachers from fear and defensiveness. However, the strength of these dimensions varied across the two institutional contexts. These dimensions are consistent with the developmental and assistance-oriented character of clinical supervision [1], [6], [13].

Table 4. Cross-case comparison of clinical supervision implementation

Dimension	SDN Kepanjen 2 Jombang	MIN 3 Jombang	Cross-case interpretation
Collegiality	Relatively strong; the principal acted as a professional partner and created open dialogue.	Present but limited by hierarchical respect and teacher reluctance.	Collegiality depends on psychological distance between principal and teachers.
Collaboration	Active in planning, classroom observation, feedback, and follow-up programs.	More cautious and selective; some communication passed through coordinators.	Collaboration was stronger when communication was direct and dialogic.
Inquiry skill	More systematic; supervision data informed IHT, reflection, and	Basic and less systematic; responses often focused on immediate practical solutions.	Inquiry skill requires data documentation and reflective questioning.

Dimension	SDN Kepanjen 2 Jombang	MIN 3 Jombang	Cross-case interpretation
	learning-community activities.		
Ethical conduct	Strong confidentiality, objectivity, and respectful feedback.	Strong politeness, privacy, and respect, although sungkan limited open critique.	Ethics are foundational but must be balanced with dialogic openness.

Source: processed from the dissertation data and cross-case analysis (2026).

Follow-up Mechanisms after Clinical Supervision

Follow-up actions determined whether supervision functioned as real professional development or remained an administrative activity. At SDN Kepanjen 2 Jombang, follow-up was more systematically connected with coaching, mentoring, learning communities, and In-House Training (IHT). At MIN 3 Jombang, follow-up existed but was more informal, selective, and dependent on individual teacher initiative or the assistance of coordinators. This indicates that supervision findings need to be translated into structured professional-learning programs to produce sustained instructional improvement [3], [9].

Table 5. Follow-up mechanisms and professional-development effects

Follow-up aspect	SDN Kepanjen 2 Jombang	MIN 3 Jombang	Professional-development meaning
Coaching and mentoring	Conducted through direct principal-teacher discussion and assistance.	Conducted by the principal and sometimes mediated by coordinators.	Supports teacher confidence and practical problem solving.
Learning community	Used as a forum for sharing supervision findings and instructional solutions.	Available but not yet consistently used for clinical reflection.	Transforms individual problems into shared professional learning.
In-House Training	Linked to supervision findings, especially lesson planning, differentiated instruction, and assessment.	Needed for strengthening systematic inquiry and documentation.	Connects clinical diagnosis with structured capacity building.
Reflection	More frequent and dialogic.	More cautious due to hierarchical culture and sungkan.	Reflection is strongest when teachers feel psychologically safe.

Source: processed from the dissertation data and cross-case analysis (2026).

Pedagogical Competence after Clinical Supervision

The study found that clinical supervision strengthened teachers' pedagogical competence in five areas: lesson planning, classroom management, instructional strategy, assessment, and understanding student characteristics. The improvement was more sustainable when supervision findings were translated into follow-up activities. Therefore, the effect of supervision was mediated by professional learning opportunities and by the culture of reflection within the institution [2], [7].

Table 6. Evidence of strengthened teachers' pedagogical competence

Competence area	Observed improvement	More visible at SDN Kepanjen 2	More visible at MIN 3 Jombang
Lesson planning	Teachers improved the preparation of teaching modules, learning objectives, and learning pathways.	Strong and systematic	Present but less systematic
Classroom management	Teachers became more attentive to student behavior, participation, and class interaction.	Strong	Moderate
Instructional strategy	Teachers began to vary learning strategies and use more student-centered approaches.	Strong, especially through reflective dialogue	Emerging, mostly practical and immediate
Assessment	Teachers improved formative assessment and follow-up planning.	More systematic	Administrative improvement was stronger than diagnostic use
Understanding student characteristics	Teachers became more responsive to student differences, motivation, and character problems.	Strong through open case discussion	Strong in moral-religious framing but limited by indirect communication

Source: processed from the dissertation data and cross-case analysis (2026).

Interdisciplinary Discussion

The findings show that clinical supervision is not merely an instructional technology. It is a socio-professional process located at the intersection of leadership, culture, psychology, communication, and teacher learning. From the perspective of educational management, the principal's role is to transform supervision results into structured development programs. From the perspective of organizational psychology, teacher openness depends on psychological safety. From the perspective of sociology,

institutional norms such as hierarchy, religiosity, politeness, and professional expectations shape supervision interactions [8], [10], [11].

The comparison also shows that ethical conduct alone is insufficient when it is not accompanied by dialogic openness. MIN 3 Jombang maintained respect, privacy, and politeness, but the culture of sungkan limited critical dialogue and teacher self-disclosure. This indicates an ethical paradox: values that protect harmony can also reduce reflective inquiry when teachers avoid expressing instructional problems directly. In contrast, SDN Kepanjen 2's open culture enabled stronger professional dialogue, although teacher-driven reflection still required further institutionalization. This pattern supports the view that respectful culture must be combined with psychological safety so that feedback can become reflective rather than merely formal [10], [11].

The novelty of this article lies in extending clinical supervision from a technical model into an integrated model of clinical supervision based on organizational culture and psychological safety. Rather than treating pre-observation, observation, and feedback as isolated procedures, the model positions those procedures within a broader school ecosystem that includes communication patterns, institutional culture, follow-up mechanisms, and teacher professional agency. In this sense, the proposed model develops the classical clinical supervision cycle by embedding it in cultural and relational conditions that influence teacher learning [4], [5], [6].

Table 7. Theoretical propositions generated from the cross-case synthesis

No.	Proposition	Meaning for IJMI multidisciplinary scope
1	Clinical supervision strengthens pedagogical competence when the technical cycle is supported by collegiality, collaboration, inquiry skill, and ethical conduct.	Links instructional supervision with professional learning.
2	Organizational culture moderates the effect of clinical supervision on teacher openness and reflective practice.	Links educational management with sociology of institutional culture.
3	Psychological safety is a relational condition that enables teachers to disclose weaknesses and accept feedback.	Links supervision with organizational psychology.
4	Follow-up mechanisms convert supervision findings into sustained teacher competence.	Links clinical diagnosis with human-resource development in schools.
5	Ethical conduct must be combined with dialogic openness to avoid supervision becoming polite but non-reflective.	Links professional ethics with communication and cultural analysis.

Source: processed from the dissertation data and cross-case analysis (2026).

Figure 3. Integrated conceptual model of clinical supervision, organizational culture, and psychological safety

Source: processed from the dissertation data and cross-case analysis (2026).

CONCLUSION

Fundamental Finding: This study concludes that principal-led clinical supervision contributes to the strengthening of teachers' pedagogical competence when it is implemented as a collegial, collaborative, inquiry-oriented, and ethically grounded process. The comparison between SDN Kepanjen 2 Jombang and MIN 3 Jombang demonstrates that the same supervision framework may produce different professional-learning dynamics because it is mediated by organizational culture, communication patterns, and psychological safety. At SDN Kepanjen 2 Jombang, a more open and participatory culture enabled supervision to function as a reflective professional-learning cycle. **Implication:** Therefore, clinical supervision should not be reduced to classroom observation or administrative scoring; it should be institutionalized as a sustained professional-development system. The practical implication is that principals should intentionally cultivate psychological safety, normalize reflective dialogue, protect confidentiality, and connect supervision findings with mentoring, learning communities, and In-House Training. For policymakers, the findings suggest the need to design supervision guidelines that are sensitive to institutional culture while still promoting teacher agency and evidence-based reflection. **Limitation:** At MIN 3 Jombang, ethical respect and religiously shaped politeness supported a harmonious supervision climate, but hierarchical norms and sungkan reduced the depth of critical dialogue. **Future Research:** Future research should test the proposed model in wider school contexts,

including different regions, private schools, and longitudinal designs that examine the impact of clinical supervision on student learning outcomes.

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