

UNIVERSITY OF MALAWI

KAMUZU COLLEGE OF NURSING

PROJECT PROPOSAL

**FACTORS THAT CONTRIBUTE TO INADEQUATE CLINICAL SUPERVISION
OF STUDENT NURSE TECHNICIANS: PERCEPTIONS OF CLINICAL
MANAGERS AT St JOSEPH'S MISSION HOSPITAL IN CHIRADZULU
DISTRICT.**

**Submitted in partial fulfillment for the award of the Bachelor of Science
degree in nursing education [BScN.Ed]**

SUBMITTED BY: F.F.L. Beyamu [RN. UCM. RN Cert. FH.]

SUBMITTED TO: Mrs G. Mbaya [RN. MSc]

OPERATIONAL DEFINITIONS OF TERMS

Clinical Supervision

A process of helping student nurses to acquire knowledge, skills and attitudes in clinical area/setting in order to promote competencies in various nursing activities.

Clinical Setting/Area

Any setting other than the classroom where teaching and supervision of students occurs.

Student nurse-technician

A person who is undergoing a structured nurse training, which will lead to a qualification as a practical or technical nurse.

Clinical nurse manager

A well qualified nurse who is in charge of a nursing unit/section.

Nurse tutors

Specialised nurses whose role is to teach student nurses in both classroom and clinical settings.



INTRODUCTION

BACKGROUND

The students' experience of clinical life and work is the major part of nurse training [Martin,1989]. Nurse education is two fold: theory and practice. Theoretical part of nursing education takes place in the school or college of nursing where nurse teachers impart knowledge of nursing science to the students. On the other hand, practical nursing occurs outside the classroom, that is, in the clinical setting where the student nurse learns practical skills through the guidance of clinical managers, nurse practitioners and sometimes faculty staff members.

Students are allocated in clinical settings in order to integrate theory and practice [Marrow, 1997]. In clinical settings, students acquire knowledge, skills and attitudes necessary for professional growth and maturity essential for provision of quality nursing care. For this reason, it is important that the faculty staff members work cooperatively with clinical nurse managers and practitioners in guiding the student nurses into the real world of professional nursing through effective and adequate clinical supervision.. By virtue of their profession all nurses are teachers. Therefore, all nurses should recognize their teaching role and must participate actively in clinical teaching and supervision of students. However, experience has shown that many clinical nurses do not recognize and appreciate their teaching roles in clinical settings; consequently, leading to inadequate clinical supervision of students.

STATEMENT OF THE PROBLEM

Clinical nurses do not participate in students' teaching and supervision as much as they should. Therefore, faculty members must do both classroom and clinical teaching and supervision. As a result, students do not receive adequate clinical supervision because one teacher must teach and supervise a large group of students at a time resulting in high student –teacher ratio. Consequently, students do not learn the required practical skills; and as such they graduate without attaining all the required competencies necessary for quality nursing care.

Clinical supervision of students should begin in professional training and education and continue as an integral part of professional development [Martin,1989].

Inadequate clinical supervision during nurse training is dangerous because it leads to incompetent nurse work force. Incompetent nursing personnel can cause more damage than good to patients' lives. Also, incompetent nurses reduce professional credibility and as such, the public at large lose trust in nurses because of the poor nursing care standards which may prevail in clinical settings.

PURPOSE OF THE STUDY

The purpose of the study is to determine the factors that contribute to inadequate clinical supervision of student nurse\midwifery technicians at St Joseph's mission hospital in Chiradzulu district.

SIGNIFICANCE OF THE STUDY

It is hoped that the knowledge of the factors that contribute to inadequate clinical supervision will facilitate improvements in supervision issues of nursing students. Therefore, standards of nursing care in clinical practice will improve resulting in promotion of health of the society of Malawi.

In nursing education ,the knowledge of such factors that relate to nurse training may result in modification or complete change of the school curriculum, thus improving training needs of nursing students.

In addition, the findings from the study are expected to create gaps for further studies by revealing some unanswered questions which when researched upon may result in the further improvement of clinical supervision of nursing students. Administratively, planners and \or managers of the hospital and the nursing school may utilize the findings to plan for future training and management of clinical supervision of nursing students.

OBJECTIVES OF THE STUDY

GENERAL OBJECTIVE

The general objective of the study is to explore the factors that contribute to inadequate clinical supervision of nursing students at St Joseph's hospital.

SPECIFIC OBJECTIVES

The specific objectives of the study are to:

- ◆ determine clinical managers awareness of the importance of clinical teaching and supervision
- ◆ determine awareness of clinical supervision as part of responsibilities of the clinical managers.
- ◆ identify perceived advantages of clinical supervision
- ◆ Identify perceived problems or disadvantages associated with clinical supervision of students.

LITERATURE REVIEW

Clinical supervision: perceptions of good supervision

Literature is available which discusses studies on supervisors' and supervisees' perceptions of good clinical supervision. Fowler(1996) argues that the literature from supervisors seems to concentrate on the benefits of supervision and any constraints to carrying out the roles that are identified. Lyth (2000) reports that recipients of supervision are more forthcoming on what makes someone a good supervisor. Studies on perception of psychiatric clinical nurses have indicated that a good clinical supervisor would give specific ideas, provide feedback, promote autonomy, support, develop and empower supervisees resulting in integration of theory and practice which in turn lead to enhanced nursing competence among participants (Pesut & Williams 1995; Friedman&Marr1995; Severinsson1995;Arvidsson *et al* 2000)

In a study of students' perceptions regarding good supervision, Fawler (1995) states that there are qualities in a supervisor that are generally valued by all students. Fawler indicates that these qualities are : an interest in the student and approachability, a knowledge of wider professional issues and a willingness to negotiate with students regarding learning experiences. Fawler (1995) states that some qualities, notably, having a supervisor who is knowledgeable regarding the practice area, are dependent on the experience and knowledge of the students.

Sloan (1998) in a study of staff nurses ,identified 10 characteristics of a good supervisor. These vary from an ability to form supportive relationships and having knowledge and clinical skills, to the need for the supervisor to be actively supportive, able to acknowledge their own limits and be committed to providing supervision. Inorder to provide good supervision, Whitman & Jacobs (1998) state that a supervisor has responsibilities to the supervisees (students) in terms

of education and standard setting; the patient should be assured of good treatment, and also, to themselves to remain up to date not only in knowledge but also in maintaining an awareness of their strength and weakness.

The studies discussed above appear to have one thing in common, that is, the nurses' perceptions of knowledge, skills and other characteristics in the supervisor as important aspects of good supervision. However, findings from other studies indicate that students have a negative view of their supervision and have shown high expectations and a need for more and better supervision (Anderson *et al* 1988; Marrow 1997). Anderson *et al* (1988) sought views of students and nurse teachers regarding adequacy of clinical supervision following a dissatisfaction with clinical and field experience of student nurses by nurse teachers, students and qualified staff. Findings revealed that teachers do conduct the expected tasks of a clinical supervisor. On the other hand students indicate the need for improvement in knowledge, attitudes and skills of clinical supervisors. Similarly, Marrow (1997) indicated that implementation of systematic clinical supervision may positively affect quality of nursing care leading to recovery of patients.

Clinical supervision: Preparation for supervisors

There is very little in the literature regarding the preparation of clinical supervisors for their role (Lyth 2000). Lyth argues that there is little preparation for the role of clinical supervision. And as a result some nursing staff have implemented their supervisory role without any formal training for role. Marrow & Tatum (1994) studied realities of student supervision in clinical area. The findings indicated that both students and supervisors considered clinical supervision as an important learning strategy. However, Marrow & Tatum (1994) identified a limited knowledge by the supervisors regarding skills and models of clinical supervision. Also, the need for greater role preparation and a more clearly defined role specification were indicated by the supervisors.

Cutcliffe (1997) recommends a formal training for clinical supervisors which leads to registration on a register of supervisors. Jones (1998) describes a programme to introduce nurses to the skills required to provide effective supervision. Cutcliffe & Proctor (1988) however, argue that training practitioners to be supervisors whilst realizing skill, is costly and therefore a barrier to full implementation of the supervisory role.

Literature further reveals that a more effective way of implementing supervision would be its introduction into nurse training so that practitioners are already aware of and comfortable with the benefits and process of supervision when they qualify (Martin, 1989; Butterworth, 1997; Proctor, 1998). There is need for preparation for prospective supervisory role in order to address particular requirements of the role through arrangements of formal or informal education (UKCC, 1995).

Clinical supervision: Reasons for inadequate supervision

Farkas-Cameron (1995) showed that psychiatric nurses were skeptical of the content of supervision. The participants interpretation of supervision was that it was tantamount to personal therapy. They doubted that supervision could be a means of helping them to cope with challenges in their work. Elmerona & Winroth (1997) pointed to the fact that the nurses perceived that they had less time for ordinary work tasks and that their colleagues had to carry an increased work load, when they left the department to take part in the supervision.

White et al (1998) also highlighted that it could be difficult to find time needed for supervision and that the supervision itself took precious time away from actual patient care. A further problem experienced by the nurses in the above mentioned study was that the supervision was sometimes attributed to a punitive role. Contrary to Chambers & Longs (1995) claim that supervision should not be

used to judge, criticize or condemn, there was fear that supervision could be used by the supervisor as a tool that included elements of control and punishment.

Cutcliffe & Proctor (1998), in (Lyth 2000) outline a number of reasons for resistance to clinical supervision in nursing, including tradition and culture which discourages expression of emotions, perception of supervision as a form of therapy management and lack of clarity regarding purpose of supervision. Resistance is an unavoidable part of the process of change (Wilkin et al (1997).

Positive consequences of clinical supervision

Marrow (1997) explored students and qualified nurses' perceptions about supervision issues in the clinical field. Findings from this study indicated that some students perceived primary nursing as a concept that could promote effective supervision and enhance clinical learning. Marrow then concluded that a patient-oriented approach to care in the form of primary nursing encourages a more student-centered learning style, thus establishing a partnership in supervision.

Also, it has been claimed that clinical supervision if implemented effectively will bring benefits as diverse as improved patient care through increased skills and knowledge (Butcher, 1995); a reduction in stress level, complaints and an increase in staff morale (Butterworth, 1997). Increasingly, reported work is identifying other benefits including knowledge and awareness of possible solutions to clinical problems (Dudley & Butterworth, 1994), increased confidence and reduced emotional strain and burnout (Hallberg & Norberg, 1993) and increased self awareness. The benefits identified have implications not only for practitioners but also for students, patients and employing organisations.

Marrow & Tatum (1994) indicated that both students and supervisors regard supervision as an important learning strategy. Sergesten (1993) pointed that as the result of clinical supervision in nursing care is nurse identity. Severinsson (1995) emphasized the role of emotions in the creation of a professional identity. Supervision was perceived as a forum where the participants could rid themselves of feelings of guilt, fear and loneliness. These factors hindered the development of a professional identity, whereas supervision gave them the courage to exercise a more personal type of nursing care. It has been shown that a strong relationship exists between good nursing care and nurses' job satisfaction (Edberg *et al.* 1996; Begat *et al.* 1997). In that study the nurses felt satisfied when the quality of nursing care was high.

Arvidsson, Lofgren & Fridlund (2000) studied 10 psychiatric nurses' perceptions of how group supervision in nursing care influences their professional competence. Findings indicated that adequate clinical supervision results in a feeling of job satisfaction, acquiring knowledge and competence, gaining a sense of security in nursing situations and a feeling of development. Arvidsson *et al.* then concluded that in supervision theory and practice are integrated, resulting in enhanced nursing competence among the participants.

In Malawi, Kalengamaliro (1999) studied perceptions of 10 student midwives regarding clinical teaching and learning. Results indicated that clinical teaching and learning is perceived as the application of theory to practice with the supervision of tutors and clinical nurses, and the student is an active participant.

SUMMARY OF LITERATURE REVIEW

The review of the literature has shown that the studies which have been conducted on clinical supervision, explore more on practicing nurses other than student nurses. This study therefore, is expected to add a body of knowledge to nursing as far as student supervision is concerned.

CONCEPTUAL FRAMEWORK

In his Social Learning Theory, Bandura (1977) states that learning is a function of observing and imitating behaviours of other people. The process of acquiring new behaviours by observing and imitating others is called modelling or observational learning (Bandura 1977). The person being imitated is known as a model. Learning by modelling occurs when an individual learns something by observing another person doing it.

According to social learning theory, behaviour is seen as a two way interaction between an individual and his environment. This means that both people and environment are reciprocal determinants of each other (Bandura 1977). Bandura also believes that individuals possess no inherent behaviour patterns at birth other than reflexes, so they must learn everything else. Such learning occurs as a result of observing the behaviour of other people, thus allowing complex patterns to be acquired in a more efficient way than trial and error.

Bandura has identified four processes involved in the observational or modelling learning situations: attention, retention, motor reproduction and motivational processes. According to Bandura, attentional processes are concerned with the characteristics of the model and the observer. The influencing factors include interpersonal attraction between the model and the observer, complexity and frequency of contact with the modelled stimuli, and usefulness of the observed behaviour. In retention process, remembering the modelled behaviours is important if one is to learn from it, therefore, rehearsal becomes a crucial strategy. The highest level of learning is achieved when modelled behaviour is organised and symbolically rehearsed before actually performing the behaviour. In motor reproduction process the learner is capable of carrying out the observed behaviour and of evaluating it in terms of accuracy. The fourth process is called motivation and is concerned with the learning of the modelled behaviours if the

observer sees the value in them . In this process information is transmitted by the model in a variety of ways such as demonstration of a nursing procedure.

The process of modelling is influenced by identification. Identification occurs when a student tries to be like someone she or he admires. Through identification with other people , the students incorporate their qualities and attributes(Johnston1979). Identification is based on three things: identification based on love or liking , identification based on admiration for superior competencies and, identification based on anger and anxiety. Identifications which are based on love or liking or on admiration result in a fairly straight forward growth of a person. Identification based on anger or anxiety can however be destructive and hinder development.

The ideas expressed in the social learning theory are indeed very true in nursing. As a technical profession, nursing requires personnel who make mature decisions and have superior competencies in various nursing skills. In nursing , students learn mostly by observing and imitating what the clinical nurses and /or nurse tutors do . The clinical supervisor acts as a model for the students. The students observe and imitate nursing procedures and rehearse them before actually performing the procedure on the patients.. Therefore the. clinical nurses and /or the nurse tutors are models for the students.

METHODOLOGY

DESIGN

This study will use a question guide to collect data. Data analysis will be done using qualitative methods. Qualitative methods are used because they describe aspects of a situation as it naturally occurs (Polit & Hungler, 1991).

SETTING

The study will be conducted at St Joseph's mission hospital in Chiradzulo District. It is a training hospital for St Joseph's school of nursing. The students are allocated in various departments of the hospital for clinical practice. In the clinical area the students are supervised by clinical nurse managers and practitioners.

SAPMLING TECHNIQUE

A purposive (judgemental) sampling technique will be used to select fourteen clinical nurse managers and their deputies. This type of sampling is based on the researcher's knowledge of the subjects and their knowledge about the issues under study (Polit & Hungler, 1991)

INSTRUMENT

An interview guide (Appendix1) will be used to collect data. Interviews will be used because they elicit a high response rate and have an added advantage in their ability to produce additional data through observations and probes (Parahoo 1999)

The instrument will contain three parts. Part one is demographic data. Part two is a fill in questionnaire which will require the participants to answer the questions by writing on the questionnaire. Part three will contain open- ended questions to be answered as interview guide. Both open and close – ended questions will be used in order to offset the strengths and weaknesses of each other (Polit & Hungler, 1991).

A pilot study on three clinical nurse managers will be conducted at Malamulo hospital in order to test the instrument for validity and reliability. Reliability of an instrument is the degree of consistency and accuracy with which it measures the attribute it is supposed to measure; while validity refers to the degree to which an instrument measures what it is supposed to measure (Polit & Hungler 1991). Interviews will be done in English on one to one basis and will be recorded using an audio tape recorder. The use of several methods in data collection is called method triangulation and is used to establish the worthiness of qualitative data to produce a near accurate findings.

PLAN FOR DATA COLLECTION

The question guide will be distributed to all the participants to fill in part 1 and 2. A one to one interview will follow at a time convenient for each participant. Individual interviews enable subjects to express feelings which could not be expressed in a group (Chaska 1990)

PLAN FOR DATA ANALYSIS

Descriptive statistics will be used to summarise demographic ^{data.} Content analysis will be used to summarise qualitative data addressing the open- ended questions. Content analysis categorization and summarization of verbal data for its literal meaning (Polit & Hungler 1991).

ETHICAL CONSIDERATION

In order to protect the rights of the participants, permission to conduct the study will be obtained from relevant authorities such as: the College Principal (KCN); Health Coordinator (CHAM); Principal Research Officer (MOH &P) and Hospital Administrator (St Joseph's hospital)

Prior to participation in the study, informed consent will be obtained from each participant. Each subject will be given an explanation about the nature and purpose of the study. The subjects will be assured about their anonymity and will be allowed to pull out at any time should they wish. Code numbers shall be used instead of real names.

LIMITATIONS

The subjects will be limited to clinical nurse managers of St Joseph's hospital only ; and as such the results may not be representative of all mission hospitals.

Inadequate literature on studies done on clinical supervision of students has resulted in the researcher using very limited literature.

Limited funding may result in the confinement of the research within the available funds.

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APPENDIX 1

UNIVERSITY OF MALAWI
KAMUZU COLLEGE OF NURSING

PERCEPTIONS OF CLINICAL NURSE MANAGERS ON FACTORS THAT
CONTRIBUTE TO IN ADEQUATE CLINICAL SUPERVISION OF NURSING
STUDENTS AT St JOSEPH'S HOSPITAL

CLINICAL SUPERVISION INTERVIEW GUIDE

ID. CODE

DATE

PART 1

DEMOGRAPHIC DATA

Q 1 SEX (Tick where applicable)

(a) Male

(b) Female

Q.2 AGE (fill in)

() years

Q.3 MARITAL STATUS (tick)

(a).married

(b). single

(c).widowed

(d) divorced

PART 2

CLOSE-ENDED QUESTIONS
(Fill in or Tick where necessary)

Q.4 State your basic qualifications (tick)

- ☐ (a) Degree in Nursing
- ☐ (b) Diploma in Nursing/Midwifery
- ☐ (c) Certificate in Nursing/Midwifery
- ☐ (d) OTHERS (specify)

Q.5 State the time in years you have been involved in clinical supervision
() years

Q 6 Do you think clinical managers should be involved in clinical supervision of students? (Tick)

Yes ()
No ()

Q 7 Do you believe your nurse training prepared you adequately? (Tick where applicable)

Yes ()
No []

Q 8 Would you like to be taught how to conduct clinical supervision? [Tick where applicable]

Yes []
No []

PART THREE

OPEN-ENDED QUESTIONS

Q 9 What do you think are the advantages of clinical supervision ?

Q 10 What problems do you experience during clinical supervision?

Q 11 State the styles or methods you use in clinical supervision of students?

Q 12 Who do you think is responsible for clinical supervision of nursing students?

APPENDIX 2

University of Malawi,
Kamuzu College of
Nursing,
P/Bag 1,
Lilongwe.

Dear participant,

RE: CONSET TO PARTICIPATE IN A STUDY ON FACTORS THAT CONTRIBUTE TO INADEQUATE CLINICAL SUPERVISION OF STUDENTS

This research project is a part of requirements for my Bachelor of Science in Nursing study program which I am pursuing. The study aims at revealing the factors that contribute to inadequate clinical supervision.

Findings are expected to benefit nursing education, management and research. You have been purposefully selected to participate in this study. You will be interviewed using a question guide and audio-taped. The recorded information will be erased after completion of the study. Code numbers which are on the forms will be used to identify participants.

You are free to ask questions concerning the study. Your participation or non-participation in the study will not affect your work in any way. You can withdraw your consent and discontinue your participation in the study at any time you want. Please sign the consent form attached to this letter if you wish to participate in the study.

Thanking you in advance for your willingness to participate in this study.

Yours faithfully,



F. F. L. Beyamu.

CONSENT FORM

RESEARCH TITLE

FACTORS THAT CONTRIBUTE TO INADEQUATE CLINICAL SUPERVISION
OF NURSING STUDENTS.

I, the undersigned have read and understood the above information and the conditions under which I may participate in the research whose title is printed above.

I agree to participate in this study.

Participant (Name)

Date

Investigator

Date

BUDGETITEM DESCRIPTION1. PERSONNEL

K

Researcher x 1 K500\dayx5 days
(accommodation&lodging) = 2500.00

data analyst @k200\hrx8 hrs = 1600.00

data collectors@k350\dayx5day = 3500.00

TRANSPORT

Researcher (to and from Nguludi) = 280.00

STATIONERY

4x rims @ k350 each = 1400.00

pencils x k5@ K5 each = 25.00

Pens x 5 @ K10 each = 50.00

Sharpeners x 2 @ K10 each = 20.00

Rubber x 2 @ K15 each = 30.00

Folder files x 2 @ K250 each = 500.00

Big envelops x 5 K20 each = 100.00

Small envelopes x 5 @ K5.00 each = 25.00

Postage stamps x 5 @ K2.00 each = 10.00

Cassette recorderx1 @ k1000 each = 1000.00

diskettex2@ K100 each = 200.00

10 blank tapes@K60 each = 600.00

16 sun batteries @k15 each = 240.00

PRODUCTION OF DOCUMENTS

Research proposal

Typing x 40 pages @ K20/page = 800.00

Photocopying x 40 pages @ k3.50x 40pages	=	560.00
Binding x 4 copies @K300/copy	=	1200.00
Dissertation		
Typing x 100 pages @ K20/page	=	2000.00
Photocopying x `100 pages (4 copies) @ K3.50/page		1,400.00
Bindingx4 copies @k300.each	=	1200.00
TOTAL	=	<u>19,240.00</u>
Add 15%price contingencies	=	<u>2,886.00</u>
GRAND TOTALS		<u>22,126.00</u>
prepaid amount (k12,000.00)		(12,000.00)
<u>BALANCE TO BE PAID</u>	=	<u>10,126.00.</u>

