WHAT IS NURSING RESEARCH?

Nursing research is a systematic process that uses rigorous guidelines to answer questions about nursing practice. It may involve validating and refining existing knowledge or developing new knowledge. The purpose of nursing research is to provide empirical evidence to support nursing practice, which in turn ultimately affects the care we provide to our clients. Nursing research also contributes to the empirical body of knowledge, criteria necessary for professional status.

The systematic process referred to above implies planning and organization, not chaos; however, it is not without flexibility. Typically, the steps of the research process include:

- Identification of a problem
- Reading the related literature
- Identification of the research question(s) or hypothesis(es)
- Selecting a theoretical framework or creating a conceptual framework
- Deciding on what design will answer the research question/hypothesis the best
- Identification of a reasonable sample
- Deciding on data collection issues
- Who, what, where, when, and how
- Taking into consideration feasibility issues—budget, timeline, availability of participants, expertise of the researcher, materials needed
- Analyzing the data
- Determining findings
- Dissemination of the findings
The above steps provide the structure, but the process allows movement back and forth between the steps as needed to allow for refinement and tweaking of the study. For example, the researcher may want to use an experimental design but may find as they move into sampling that there are not enough available participants to have an adequate sample size to test the proposed intervention. This may require the researcher to change their design to something a little less rigorous. Even though all of the above steps are important, the last one is probably the most critical. Why expend the energy and resources if you never share it with anyone? Following is a short description of each step. More detail will follow in further chapters.

**Identification of a Problem**

This is usually a researcher’s first step and can be one of the most difficult steps. The difficulty usually comes because it can be very challenging to refine the problem statement enough so that it is researchable. Usually, the researcher moves from a broad area of interest such as “health promotion” to a more specific problem such as “compliance with physical activity for Mexican-American adults.”

**Reading the Related Literature**

To assess what is known and what is not known about a particular problem, a review of the literature is necessary. Information from the literature review can guide the researcher regarding what types of studies to conduct. The review guides the researcher as to selection of type and level of design, age group, gender, ethnicity, etc., or even if the study should be done at all depending on whether enough knowledge already exists to make a practice change.

**Identification of the Research Question and/or Hypothesis Statement**

Research questions and/or hypotheses statements are more specific than the broad research purpose and problem statement. This allows the problem to be researchable. Well-written questions/hypotheses are critical for guiding the rest of the research study. They guide the design; identify what is being studied; who is being studied; and what the researcher thinks will be the results or outcome of the study. For now, this is enough about research questions and hypotheses.

**Selecting a Theoretical Framework or Creating a Conceptual Framework**

A study’s framework may have either a theoretical framework or a conceptual framework. A theoretical framework is more formalized and abstract than a
What Is Nursing Research?

conceptual framework. However, a theoretical framework is stronger in design and provides a firmer foundation to support the study.

Often, a study does not include a theoretical framework. When this is the case, then what you have is a conceptual framework, that is, the argument is made for doing the study by using prior research to present proposed conceptual relationships.

Selecting the Best Design

The study design is a road map or blueprint for doing the study. There are numerous types of designs, but the two main categories of designs are quantitative and qualitative. Quantitative designs are more formal and objective than qualitative designs. The data generated from quantitative designs are numbers, whereas for qualitative research, the data are left in words/narrative. In general, if you are interested in describing, explaining, or predicting phenomena of interest, and you want to take those findings and generalize beyond the study sample, then your best choice is a quantitative design. However, if you are more interested in the holistic perspective, which requires depth and richness of data collection, and you are not interested in generalizing your findings beyond the study sample, then a qualitative design would be the best choice. For example, Creedon’s (2006) study on hand washing compliance used a quantitative design (quasi-experimental). The researchers were primarily interested in testing hand hygiene intervention with a group of healthcare workers on hand washing compliance. The goal of this study was to take the findings and generalize to at least all other healthcare workers within the study organization. They were not interested in the feelings and attitudes of the workers as much as they were in just testing whether their intervention increased hand washing within their facility.

Identification of the Sample

Once the researcher has identified the research question, has critically reviewed the related literature, and has tentatively decided on a design, they must then choose the population and the study sample. A population refers to the group under study. This is the group for whom the study findings can be generalized. The sample is the group of participants taken from the study population that are included in the actual research study.

Deciding on Data Collection Issues

Data collection decisions include the study population and sample, gaining access to the population, getting all of the approvals needed to do the study, deciding on what data will be collected to answer the research questions, and
who, where, and how long it will be collected. Selection of study instruments to measure the outcomes of the study is also a critical step in data collection.

**Feasibility Issues**

Conducting research involves many resources from money, to time, to expertise of the research team. A proposed budget addresses these costs and provides potential funding organizations/agencies with information to make an informed decision as to their monetary commitment.

**Analyzing the Data and Determining Findings**

The focus of this step of the research process is to make some sense of the collected data. Data collected from quantitative studies result in numbers so that statistical analyses can be performed to answer the research questions. For qualitative studies, data are analyzed from narrative, usually by identifying themes across participants.

**Dissemination of Findings**

Research is useless no matter how good it is if no one knows about it. Findings must be communicated, especially if they have the potential to impact nursing practice and patient care. Common forums for communication of study findings include publication in various nursing journals, oral and poster presentations at professional meetings/conferences, and/or in the workplace. Now that a small introduction to nursing research and the research process has been discussed, we can move on to some different but similar concepts in nursing research.

**WHAT IS RESEARCH UTILIZATION?**

Research utilization is just that, applying research to nursing practice. During the late 1970s and early 1980s, research utilization became a popular term primarily because of two major projects. The WICHE (Western Interstate Commission for Higher Education) and CURN (Conduct and Use of Research in Nursing) projects played a critical role in increasing nursing research activities, particularly the application of nursing research findings to practice (Krueger et al., 1978; Horsley, 1981, 1982). These projects represented the first large-scale attempts to reduce the gap between nursing research and practice.

The WICHE was a 6-year project funded by the US Department of Health, Education, and Welfare. Part III of the final report was devoted to research utilization. The implications of this project were two-fold for research utilization; nurses must have the skills to analyze research for application to practice, and nurse researchers need to write implications for nursing practice into their
What is Evidence-Based Nursing Practice?

One of the broadest definitions is offered by Greenberg and Pyle (2004), which is “Evidence-based practice is the use of evidence to support decision making in health care.” Many would argue that evidence-based practice (EBP) has emerged out of the evidence-based medicine (EBM) movement that has existed research publications. These implications should be written in as simplified a manner as possible and should include more clinical research.

The CURN, a 5-year project sponsored by the Michigan State Nurses’ Association, had as goals to stimulate the conduct of research in clinical settings and to help nurses find ways to apply research findings to their practice. The project culminated in nine volumes (Horsley, 1981, 1982) focusing on specific clinical areas such as pain, decubitus ulcers, pre- and postoperative teaching, and closed urinary drainage systems. The impetus of the work was to make research more relevant to the bedside so that practicing nurses would see its relevance.

Research utilization, as proposed by these two projects, included the idea of a systematic process completed by a research utilization committee within the organization. The committee members would divide the work needed to propose a practice change and would act as change agents for that change within the organization. Steps of this research utilization process included the following:

- Identification of the clinical problem
- Gathering information from completed research studies that add knowledge regarding the problem
- A critical evaluation of the research
- Relevance of the research to the practice setting and the patient population
- Transforming the knowledge into actions
- Definition of patient outcomes
- Education and training needed for change
- Evaluation and follow-up of the new practice protocol with modification as needed

From these steps you can see many similarities between research utilization and the nursing process. First, problem identification and support through the assessment of research studies occurs. Current research provides possible solutions to the problem. A plan is developed along with goals. Then, implementation and evaluation of the new practice change occurs with modification as needed. Now, let us discuss a term that is popular to use today, evidence-based nursing practice (EBNP).

**WHAT IS EVIDENCE-BASED NURSING PRACTICE?**
for over 2 decades. The practice of EBM involves integrating individual clinical expertise with the best available evidence from research studies (Sackett et al., 1996). The goal of EBM is to standardize clinicians’ practices, eliminating worst practices and supporting best practices, thereby reducing costs and improving quality (Tanner, 1999). As you can see, the emphasis on EBM is on the clinicians’ practice and the impact of empirical research on that practice.

Evidence-based practice has a much broader context and includes many forms of evidence, not just empirical research studies. EBP definitions are varied, but all include evidence from three broad areas; empirical studies, other forms of published evidence (e.g., review articles, clinical pathways, protocols), available clinical expertise and resources, and patient preferences/nuisances. Melnyk and Fineout-Overholt (2005) define EBP as a problem-solving approach using current best evidence to answer a clinical question incorporating one’s own clinical expertise and patient values and preferences. I would argue that a better term to differentiate the uniqueness of nursing practice from other disciplines would be evidence-based nursing practice (EBNP).

Even though empirical research is critical to provide the support for nursing practice, other forms of evidence can be equally important in nursing. For example, nursing practice has always emphasized the involvement of the patient in their care. However, only empirical research and the clinicians’ expertise are included in the definition of EBM. Published evidence can also come in many forms other than empirical studies. Other forms of evidence such as clinical pathways, protocols, practice guidelines, and review articles also play a critical role in comprising the total evidence in EBNP. Application to the individual patient occurs by combining all of this evidence (empirical studies, nonempirical published evidence, and clinical expertise) with patient preferences, values, and uniqueness.

EBNP projects can include any identified clinical problem. Some of the more developed problem areas in nursing include pressure ulcers; falls; hospital-acquired infections; ventilator-acquired pneumonia; the impact of rapid response teams and hourly rounding in reducing adverse events such as cardiac arrest; the impact of preoperative hair removal on surgical site infection; and patency in peripheral intermittent intravenous devices, just to name a few. Much of this book is devoted to learning how to participate in EBNP as painlessly as possible, but for now, this is a large enough dose of what EBNP is all about and why it is important to you as a nurse and for your patients.

COMPARING RESEARCH AND EVIDENCE-BASED PRACTICE

Many of the terms discussed up to now (e.g., nursing research process, research utilization, evidence-based nursing practice) can be confusing, especially when you attempt to discern the similarities and the differences between
them. What makes this even more confusing is that there is ambiguity in the literature about definitions and application to practice. To simplify things, refer to Table 1-1 for defining characteristics of each. As you can see by this table, there are ways to discriminate between these terms. For example, nursing research is the actual participation or conduct of empirical research studies, whereas research utilization is the critical examination and application of research findings (already completed) to solve a clinical practice problem. Lastly, EBNP is the use of many forms of evidence (including but not limited to empirical studies) along with clinical expertise available and patient preferences to solve an identified clinical practice problem and to tailor it to the individual patient. Therefore, EBNP picks up where research utilization leaves off by adding other forms of evidence and expert opinion as well as the patient’s individual needs and values.

**DEBUNKING THE MYTHS**

“I won’t ever use nursing research in my practice.”

Evidence from research is one of the ingredients in evidence-based nursing practice (EBNP). EBNP is performing patient care that is supported by the evidence. This evidence can come from many sources, one of which is actual
Chapter 1 • Beginning Tips on Surviving Nursing Research and EBNP

research studies. You need to ask yourself, “How can I ensure that I am providing quality patient care without having evidence to support the care provided?” Isn’t that what nursing is all about; that is, providing excellent care to your patients so that they may achieve optimum outcomes? Are we not ethically bound as a profession to make the most positive impact we can in the lives of our patients? Nursing research is an important tool for gathering evidence to improve practice. Even from Nightingale’s day, we knew hand washing reduced infection rates and improved healing times. This was before germ theory and the research to support why it was developed. Today, we can base this practice on research. A quick search in the cumulative index of the nursing and allied health database (CINAHL) generated 78 research-based articles ranging from hospital (Chan, Chung, & Wong, 2008) to community-based settings (Tousman et al., 2007; White, Kolble, Carlson, & Lipson, 2005) and focusing on healthcare workers (Creedon, 2006) and students (Celik & Kocasli, 2008) as well as non-healthcare workers alike (Duncan & Dealey, 2007).

An ongoing clinical issue since peripheral intermitted intravenous devices were popular (1970s) is determining the best way to maintain patency. Initially (1970s to early 1990s), the recommended policy was the SASH method (Saline, Administration of Medication, Saline, Heparin) (Kotter, 1996) to ensure patency. This procedure included flushing the device with saline, administering the medication, flushing again with normal saline, and then lastly, flushing the device with heparinized saline. Potential for contamination increased with having to access the device four different times with different syringes/needles. Through subsequent research, it has now been shown that using heparin in even small doses could cause many side-effects such as hemorrhage, allergic reactions, interactions with other medications the patient may be taking, and pain at the site (Gamby & Bennett, 1995). More recently, a review and appraisal of the evidence available on this topic revealed that heparin solution is no more effective than saline alone in maintaining patency, preventing phlebitis, and increasing duration in peripheral devices. Results of the review suggest that since the use of heparin has the potential to cause so many side-effects and complications, normal saline should be the solution of choice as it contributes to patients’ safety and cost savings (Mitsiou-Tzortzi & Koutelekos, 2008).

Implementing rapid response teams within the hospital setting is another example of putting evidence into practice. Melnyk (2007) describes the latest evidence on hourly rounding and rapid response teams in decreasing adverse events in hospitals. Four of the most current research articles are summarized along with an evaluative commentary by the author. Compelling evidence from these articles suggests that hourly rounding may increase patient satisfaction and decrease falls. Evidence from research on the effects of rapid response teams support the theory that they may lead to a reduction in cardiac arrests.
by the early identification and treatment of a deteriorating condition of a patient. As you will learn in this book, research is not the only form of evidence needed to provide quality patient care, but it is one core component of that evidence.

“Nursing research is only for graduate-prepared nurses.”
Performing evidence-based nursing practice is an expectation for BSN-prepared nurses. This includes finding appropriate measures of evidence, reading and evaluating research and available protocols and guidelines, being an effective communicator so that clinical expertise can be determined, and then synthesizing across all forms of evidence. Graduate-level prepared nurses may be the ones leading the conduct of research studies, but registered nurses of any rank may be and should be encouraged to be part of the process. In fact, the bedside/staff nurse is in a premier position to identify clinical issues/problems and participate in evidence-based nursing practice activities from the beginning. Bedside nurses have a wealth of knowledge and ideas for nursing research because they have first-hand experience with current issues/problems in direct patient care and on how practice can be safe, appropriate, and cost effective. As you can see from my prior examples, it is at the bedside where research/evidence translates into practice and the real world of nursing.

“I won’t have to know anything about research unless I work in a Magnet hospital.”
As already mentioned, no matter what type of organization you are in, potential employers are expecting nurses to know the basics of evidence-based nursing practice. Magnet hospitals just have a higher expectation regarding the use of EBP in their organizations. The Magnet idea, originally created in 1983, includes the 14 forces of magnetism that complete the essential elements of excellence in nursing and the provision of quality care. However, it has only been within the last 5 years that its growth has really taken off, with over 250 hospitals currently recognized as Magnet hospitals (Morgan, 2007).

The overarching goal of a Magnet program is to create a culture that values excellence in nursing care and demonstrates an ability to attract and retain professional nurses. Evidence supports that achieving Magnet recognition results in higher nurse satisfaction and a positive work environment. One of the forces of magnetism specifically addresses research and evidence-based practice as a way to improve quality patient care. This description states that nurses are involved at every level of the organization in integrating research and evidence-based practice into clinical and operational processes, taking into consideration organizational and community resources (Morgan, 2007).
“The only part of a research article that I need to understand is the discussion and findings section.”

All research is flawed. If research were flawless, then there would be no need for you to take a research class or read this book. You could just look at the findings and discussion and then base your practice on those suggestions. Real people are the participants in applied nursing research, not laboratory rats. These real people have lives beyond the healthcare setting and live in noninstitutionalized communities where we cannot control everything. Because of this, every research study has its strengths and its limitations. You as a nurse will need to know how to discern these strengths and limitations and decide whether the evidence can be applied to the clinical problem/issue that you have identified. As you move forward within this book, you will find important discussions on how to analyze research studies. However, it is the goal of this book to keep it as “user friendly” as possible by including only the essential ingredients. Many other nursing research textbooks are available for you to read if you want to delve deeper into any of the content areas presented here.

OVERCOMING THE BARRIERS

Facing Your Fears

Fear: “It’s too much like math and statistics!”

Solution: Try reframing this common comparison between research and math and statistics.

Many people are fearful of courses such as math and statistics and view research as being very similar. The automatic barriers go up and the lack of self-confidence sets you up for failure before you even begin. Yes, it is a different way of looking at issues/problems, and it does require some basic knowledge of research language; however, it is not rocket science! You can learn how to do it. You just need to tell yourself that it is like any other skill you have had to learn in nursing school. You just need a little time to learn the process by watching the experts and taking time to practice your new skill.

Do you remember when you learned how to take a blood pressure? You did not have a clue at the beginning. Nevertheless, with some instruction, demonstration, and practice time, you were able to perfect that skill. You first have a beginning skill level where you know the procedure but you have to think of it in discrete mechanical steps. However, the more you do, the better you are at it. The old saying that “practice makes perfect” is very true with nursing skills. That also includes reading and analyzing research and developing evidence-
based practice changes. It means using the process every day. When you are in the clinical area, continually ask yourself and others why a skill, procedure, or treatment is done that way. Beware of answers such as “we have always done it that way” or “because the administration wants it that way” or the “physician ordered it that way” or “because it works.”

Math and statistics are full of steps/processes to get to the answer. Nursing research and EBNP are no different. There are steps to follow. In the chapters to follow, you will be guided through these steps as painlessly as possible.

**Fear:** “It is just too overwhelming to learn and do especially when I already have so much to do!”

**Solution:** Try breaking it down into smaller, more manageable pieces.

Have you ever heard the saying, “Don’t make a mountain out of a molehill”? It is easy to view EBNP as a mountain. However, what if we take that mountain and break it down into several molehills? Each molehill can represent a step of the process. One molehill could represent evidence from research studies. Another one could represent other forms of evidence such as published guidelines/protocols. Then, the next one could represent clinical expertise. Then another one could represent patient preferences/uniqueness. Then, each of these molehills can be broken down into even smaller hills. Are you getting the idea?

**Fear:** “I just don’t have the knowledge or skill!”

**Solution:** Read this book and practice, practice, practice!

Evidence-based nursing practice is not done in isolation. You have access to resources as a nursing student and as a practicing nurse. People such as librarians, advanced practice nurses, peers, faculty from surrounding universities, and nurse educators are just a few resources to consult. Databases and websites also provide wonderful resources for EBP protocols and synthesis of research. Refer to **Table 1-2** for some examples of these resources. Even though we may think it is just a marketing tool, Nike may have been more right than wrong with their “Just do it” approach. Do not think about all of the reasons you can come up with to prevent you from doing EBNP. We can easily talk ourselves out of any activity that we just really do not want to do or are not sure about. However, if we went into nursing for the right reasons, using EBNP is not negotiable. We have lives in our hands that need the best possible care given the evidence available. We just need to do it!
Table 1-2  Suggested Online Resources for Evidence-Based Nursing Practice

<table>
<thead>
<tr>
<th>Site/Link</th>
<th>Comment</th>
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<tbody>
<tr>
<td>USPSTF-AHRQ</td>
<td>Evidence synthesis and systematic reviews</td>
</tr>
<tr>
<td><a href="http://www.ahrq.gov/clinic/serfiles.htm">http://www.ahrq.gov/clinic/serfiles.htm</a></td>
<td></td>
</tr>
<tr>
<td>The Cochrane Library</td>
<td>The Cochrane Collaboration prepares, maintains and disseminates systematic reviews of healthcare interventions focusing primarily on systematic reviews of controlled trials of therapeutic interventions. The Cochrane Database of Systematic Reviews (CDSR) includes full text of regularly updated systematic reviews of the effects of health care. The Database of Abstracts of Reviews of Effectiveness (DARE) identifies the best quality systematic reviews. DARE complements the CDSR by offering a selection of quality assessed reviews in those subjects where there is currently no Cochrane review.</td>
</tr>
<tr>
<td><a href="http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME">http://www3.interscience.wiley.com/cgi-bin/mrwhome/106568753/HOME</a></td>
<td></td>
</tr>
<tr>
<td>The Joanna Briggs Institute for EBP and Midwifery</td>
<td>Provides access to some best practice sheets, systematic reviews, and most executive summaries and protocols.</td>
</tr>
<tr>
<td>The Sarah Cole Hirsh Institute for Best Nursing Practices Based on Evidence</td>
<td>Affiliated with the Frances Payne Bolton School of Nursing at Case Western Reserve. Systematic reviews are published in the Open Access publication “Online Journal of Issues in Nursing.”</td>
</tr>
<tr>
<td><a href="http://fpb.case.edu/Centers/Hirsh/">http://fpb.case.edu/Centers/Hirsh/</a></td>
<td></td>
</tr>
<tr>
<td>National Quality Measures Clearinghouse</td>
<td>Sponsored by AHRQ to promote widespread access to quality measures by the healthcare community and other interested individuals. Key components include: structured, standardized abstracts (summaries) containing information about measures and their development; a utility for comparing attributes of two or more quality measures in a side-by-side comparison; links to full-text quality measures (when available) and/or ordering details for the full measure.</td>
</tr>
<tr>
<td><a href="http://www.qualitymeasures.ahrq.gov">http://www.qualitymeasures.ahrq.gov</a></td>
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Learning the Language

Comparison to a Foreign Language
When you started nursing school, you had to learn nursing terminology. Now, you have to learn another language, the nursing research language. Embedded in this language is statistics, hard enough to learn on its own. No wonder nurses and students are resistant to learning how to critically appraise nursing research and participate in EBNP.

Translation into Everyday Language
Is it research, is it research utilization, or is it evidence-based nursing practice? This is like saying, “A nurse is a nurse is a nurse.” These terms, often used interchangeably, are not the same. Research refers to the scientific process of conducting research. Research utilization is just that, using research. It could be viewed as the early beginnings of what is now called EBNP. These terms were discussed earlier in this chapter.

When the Going Gets Tough

The Tough Get Going
It will be difficult to take the time needed to ensure your practice is based on the evidence. Particularly until this becomes a habit, it will be easy to find a million excuses for not doing it. Instead of succumbing to this temptation, remind yourself again why you should and will continue to have an evidence-based nursing practice. Try to surround yourself with others (e.g., nursing students, staff, administrators) who feel the same way. Lead and support activities that facilitate EBNP. Activities such as forming a journal club; having an article of the week/month on the floor or in nursing student areas for all to share and discuss; setting up a reward system whereby a student/nurse can receive a reward if they participate in certain ways (e.g., serving on EBNP committees, student groups, journal clubs, participating in research).

The Tough Ask for Help
It is important to surround yourself with others who share the same desire and goals to use EBNP in their careers. Like most other activities worth doing, EBNP is difficult if not impossible to do alone. Even when all of the needed evidence is collected and synthesized, other key players will need to be involved (preferably from the beginning) so that implementation of the practice change can be successful. These key players/stakeholders need to be identified early on in the process and may include individuals such as the patient and/or family members themselves, the nurses involved in that patient’s care, administrative staff, nurse researchers and/or nursing professors, and clinical experts for that area of concern.
For EBNP to work, a level of organizational support and culture must be present. Along with this support, the infrastructure to participate in these activities must also be present. Houser (2008) lists several organizational factors that create barriers. They include lack of authority for clinicians to make practice changes, lack of support from peers, demanding workloads, and lack of administrative support or incentives. Stetler (2003) states for EBP to work, that it must be part of normal daily business and built into regular work hours to facilitate participation.

**The Tough Never Give Up**

Passion and persistence is the answer more times than not to any frustrations that you may encounter on the path to EBNP. As already mentioned, surround yourself with others of like mind and passion. There is power in numbers, and as the resistant ones start to see the positive impact on patient care and nursing practice, they too will want to participate. Change, even positive change, causes resistance to a certain degree. Nevertheless, as the benefits and positive outcomes start to outweigh the barriers and negative perspectives, this resistance will lessen and nurses/students will start to embrace the process.

**THE BIG “SO WHAT?”**

- Nursing research is important to answer questions about nursing practice.
- Nursing research is conducting actual research studies, whereas research utilization and EBNP are using research already completed.
- EBNP is much broader and more complex than research utilization but is critical for applying research to practice at the bedside.
- EBNP involves using current best evidence to answer clinical questions incorporating available clinical expertise and patient values and preferences.
- Nurses are expected to know how to do EBNP in the workplace.
- Knowing how to do EBNP is an expectation for all professional nurses, not a nice-to-know item.
- Use of EBNP at the bedside is the best approach for providing quality patient care and ensuring optimum outcomes.
- Reading and critically consuming research is a required component of EBNP.
- Reduce resistance to learning and doing EBNP with the “Just do it” approach.
- Breaking EBNP into smaller parts will make it easier to learn and do.
- Practice, practice, practice . . .
- Never give up.
REFERENCES


