

## Effectiveness of Planned Teaching Programme on Knowledge Regarding Narcotic Policy among Staff Nurses

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### Abstract

**Background:** Narcotics are drugs that depress, or slow the activity of the body's nervous system [1]. A narcotic drugs are very efficient in controlling pain and provides the patient a sense of well being. Narcotic has potential for addiction and substance abuse. The Narcotic Drugs and Psychotropic Substances Bill, 1985 was introduced in the Lok Sabha on 23 August 1985 and it was assented by the President on 16 September 1985. Narcotic that are made from or contain opium are called opiate. The rise in opioid addicts has been increasing over the years though it would be fallacious to quantify this increase. Opiates remain the world's main problem drug in terms of treatment. Misuse or improper dosage, and lack of knowledge regarding narcotic policy among health professionals especially nurses may lead to under estimation of patients pain or lead to physical dependence in patients. **Objective:** To assess the pre test and post knowledge regarding narcotic policy among the staff nurses in the experimental and control group. To compare the pre test and post test knowledge score. To associate the knowledge score with selected demographic variables in the experimental and control group. **Methodology:** This study was based on quantitative research approach. The research design used in this study was Quasi- experimental Non- randomized control group design. The sampling technique used in the study was non- probability convenient sampling and the sample size was 60 (30 in the experimental group - 30 in the control group) staff nurses. **Result:** The analysis reveals that. In the experimental group, the pre test mean knowledge obtained by the staff nurses was 15.46 and in the post test it is increased to 24.03. In the control group, the pre test mean knowledge obtained by the staff was 15 and in the post test it is increased to 16.63. The calculated 't' value was 10.65 is higher than table value 2.00 at 0.05 level of significance. Thus the H1 is accepted and H0 is rejected. **Conclusion:** The study conclude that the planned teaching programme was effective in improving the knowledge regarding narcotic policy among staff nurses. Association of knowledge was found with area of working in experimental group.

**Keywords:** Assess Effectiveness; Planned Teaching Programme; Knowledge; Narcotic Policy; Staff Nurses.

### Introduction

Narcotics are drugs that depress, or slow the

activity of the body's nervous system. The most common drug is opium, made from a sap of the opium poppy flower. The term narcotic originally referred medically to any psychoactive compound with any sleep inducing properties. Narcotics that are made from or contain opium are called opiate. The term "narcotics" derived from the Greek word "narke" that means "numbness or torpor. Narcotics mean any drug that produces sleep or stupor relieves pain, due to its depressant effect on the central nervous system [1].

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The adoption of single convention of narcotic drugs is regarded as a milestone in the history of international drug control. It states that the medical use of narcotic drugs continues to be indispensable for the relief of pain and suffering and that adequate provision must be made to ensure the availability of narcotic drugs. In almost all cases, parties are permitted to allow dispensation and use of controlled substances under a prescription, subject to record-keeping requirements and other restrictions [2].

Narcotic has potential for addiction and substance abuse, are diverted by some for sale or for improper routes of administration or are shared with others. Narcotics may produce dependence, tolerance, and addiction. Side effects of narcotics include sedation, respiratory depression, swelling in the feet, dental decay acceleration, hives, itching, slurred speech, impaired thinking and a person may be in dangerous when driving or operating machinery when taking narcotics, ICU admission, coma, and death [3].

Ensuring safe and effective administration of medications to the client is an important component of nursing care. In quality practice settings policies are necessary to facilitate consistent medication administration practice and support for registered nurses in providing safe quality care [4].

#### *Back Ground of the Study*

House hold survey on drug abuse reported approximately 15,000,000 people in U.S.A illicit drugs and about 1% of population abuses narcotics. The DAWN report in 2003 shows narcotic analgesics were involved in 16% of total drug abuse related admissions [5].

According to United Nations Office on Drugs and Crime, estimates that, substance use are also more prevalent among young people than in older age groups. 2.7% of the total global population and 3.9% adolescents of 15 years and above had used cannabis at least once in their life. The report published by Dr. Hussein A. Gezairy from World Health Organization emphasized that the countries of the Eastern Mediterranean Region faced a growing problem of substance use and dependence and there was a urgent need to intervene. Substance use and dependence and its consequences constitute a major public health threat globally and in the region. This requires an urgent response. Available evidence in countries points to increasing production of drugs like opium as well as increasing consumption of drugs [6].

The abuse and misuse of legal drugs without prescription ends up with death or addiction.

The current International frame work came in to force in 1961 with the agreement of United Nations single conventions on Narcotic drugs. Since then the control system has grown in scope with the establishment of agencies like International Narcotics Control Board, United Nations office on Drugs and Crime [7].

The Narcotic Drugs and Psychotropic Substances Bill, 1985 was introduced in the Lok Sabha on 23 August 1985. It was passed by both the Houses of Parliament and it was assented by the President on 16 September 1985. It came into force on 14 November 1985 as The Narcotic Drugs and Psychotropic Substances Act, 1985 (shortened to NDPS Act). Under the NDPS Act, it is illegal for a person to produce/manufacture/cultivate, possess, sell, purchase, transport, store, and/or consume any narcotic drug or psychotropic substance [8].

#### *Need of the Study*

The rise in opioid addicts has been increasing over the years though it would be fallacious to quantify this increase. While patients of all age groups and economic status are victims of drug abuse, substance abuse is fairly common among teenagers and young adults below 25 years of age. The finding of recent survey reveal that the consumption of opioids in India is 3.4. Patients of all age groups and economic status are victims of drug abuse; substance abuse is fairly common among teenagers and young adults below 25 years of age [10].

A study was done on nurses knowledge regarding opioid analgesic dose and psychological dependence among 200 nurses by using a questionnaire reveals that only 45% of staff nurses are aware of opioid analgesic and its relation with physical dependence, suggests there is an urgent need for basic education on opioid analgesic in correlation with pain management [11]. A Nursing study reveals nurses know pain but not narcotics; they tend to have unrealistic fears about the risks of addiction. This lead to under treat pain in patients who needs narcotic pain killer most and they seem to have less knowledge about narcotics and its side effects [12].

In India knowledge of nurses regarding narcotic administration is minimal. Against this background the investigator felt need to determine the knowledge of nurses regarding narcotics, provide them education regarding its uses and protocol with the help of planned teaching programme, and to evaluate the effectiveness of planned teaching programme.

## Objectives

To assess the pre test knowledge regarding narcotic policy among the staff nurses in the experimental and control group.

1. To assess the post test knowledge regarding narcotic policy among the staff nurses in the experimental and control group.
2. To compare the pre test and post test knowledge score regarding narcotic policy among the staff nurses in the experimental and control group.
3. To associate the knowledge score with selected demographic variables in the experimental and control group.

## Operational Definition

### *Assess*

In this study, assess means to find out effectiveness of planned teaching programme.

### *Effectiveness*

In this study, effectiveness refers to the extend to which the planned teaching on narcotic policy has achieved the desired effect in term of gain in knowledge.

### *Planned teaching programme*

In this study planned teaching programme refers to, systematically providing information regarding narcotic policy among the staff nurses in the experimental group.

### *Knowledge*

In this study knowledge means, it refers to the information regarding narcotic policy.

### *Narcotic policy*

In this study it refers to information on narcotic Act, classification of narcotic drugs, its action and nurses responsibility in storing, administering and documenting the narcotic drug.

### *Staff nurses*

In this study staff nurses refers to, RGNM, B.BSC, PB B.Sc nursing qualified registered nurses working in the selected hospital of the city.

### *Delimitations*

The study is delimited to the nurse who are

Registered as RGNM, B.Sc, PB.BSc nurse working in selected hospitals.

### *Hypothesis*

Hypothesis will be tested at 0.05 level of significance.

$H_0$ : There will be no significant difference in knowledge regarding narcotic policy among the staff nurses in the experimental and control group.

$H_1$ : There will be significant difference in knowledge regarding narcotic policy among staff nurses in the experimental and control group.

### *Conceptual Framework*

The conceptual framework selected for the study was based on Wiedenbanch's "Prescription Theory" (Helping art of clinical nursing)

### *Review of Literature*

In the present study the literature has been organized into the following category;

1. Literature related to narcotic drugs.
2. Literature related to knowledge regarding narcotic policy.
3. Literature related to effectiveness of planned Teaching.

## Methodology

- *Research approach*: Quantitative research approach.
- *Research design*: Quasi-experimental Non-randomized control group design.
- *Setting of the study*: Selected hospitals of the study.

### *Variables*

- *Independent variables*: Planned teaching programme.
- *Dependent variables*: Knowledge regarding narcotic policy.
- *Demographic variables*: Age, gender, marital status, professional qualification, year of experience, area of working etc.

*Population*: All Staff nurses.

- *Target population*: Staff nurses working in hospital.
- *Accessible population*: Staff nurses working in selected hospitals and available at time of data collection.

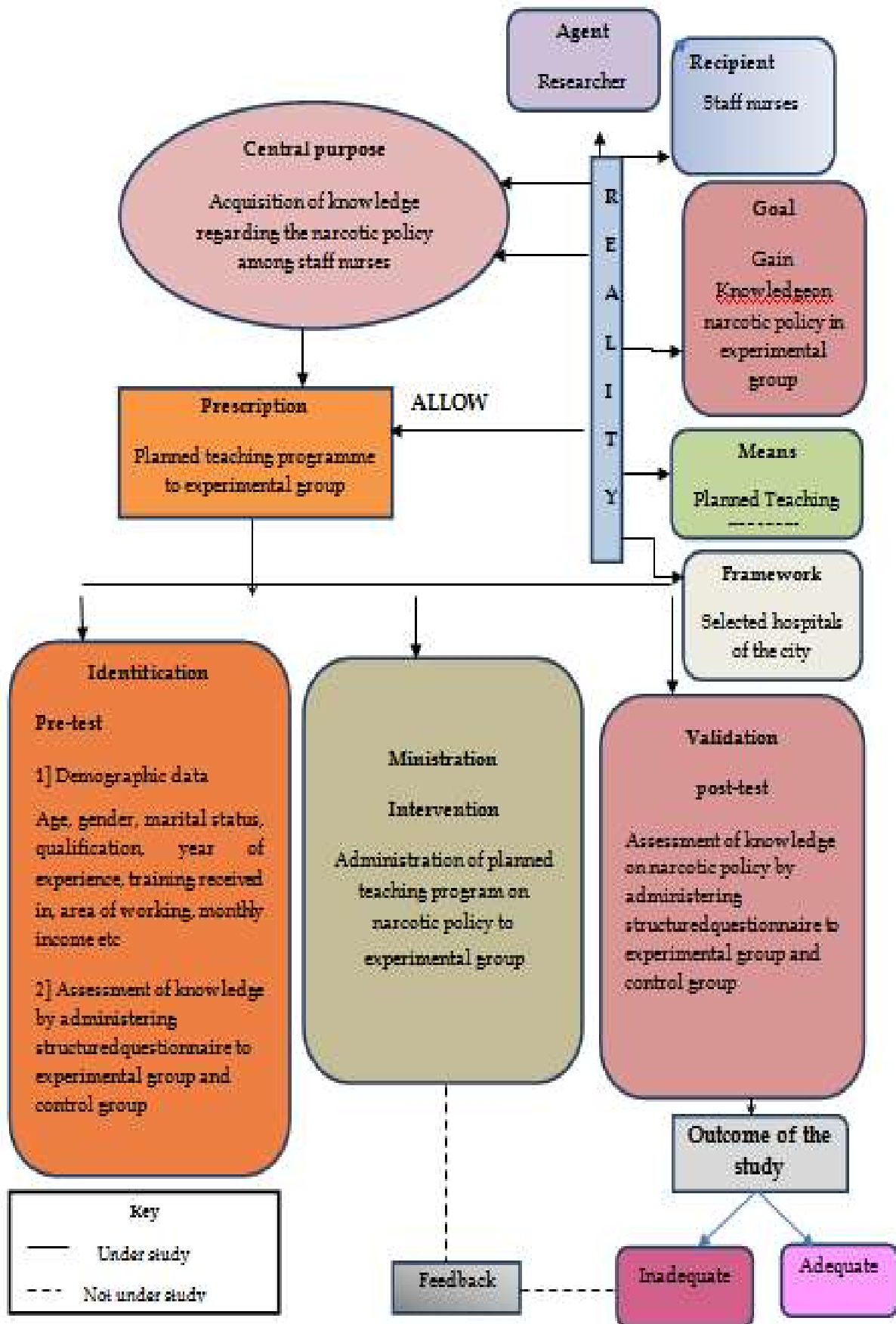


Fig.1: Conceptual framework based on modified Widenbench's Prescription Theory, 1969.

*Sample size:* 60 Staff nurses.

- ❖ 30 –Experimental group.
- ❖ 30- Control group.

*Sampling technique:* Non-probability convenient sampling technique.

*Sampling criteria*

*a) Inclusion criteria:*

Staff nurses who are,

1. Registered as RGNM, B.Sc N, PB. BSc N working in selected hospitals.
2. Willing to participate in the study.
3. Present at the time of data collection.

*b) Exclusive criteria:*

1. Staff nurses who are,
2. Undergone in-service education programme on narcotic policy.
3. Not willing to participate in the study.

*Tools and Techniques of Data Collection:*

*Section I:* Questionnaire on demographic data such as, age in (yrs), gender, marital status, professional qualification, year of experience, trained from, area of working, income per month.

*Section II:* Self structured knowledge Questionnaire on knowledge regarding narcotic policy which consist total 30 questions based on introduction of narcotic drug policy, category and action of narcotic drugs, maintaining narcotic drug record and nursing responsibility.

*Validity*

Construct and content validity of tool was done by 25 experts including the Medical Surgical Nursing specialist, Psychiatric physician, Anesthesiologist and statistician.

*Reliability*

The reliability for the questionnaire was calculated by Karl Pearson's correlation coefficient formula and split half method. The parallel form method of reliability 'r' of the questionnaire was  $r = 0.869$  from both the groups i.e (experimental group

and control group) which is more than 0.8. Hence the questionnaire was found to be reliable.

*Pilot Study*

Pilot study was conducted for period of 9 days. The collected data was coded, tabulated and analysed by using descriptive and inferential statistics. It was found to be significant at 0.05 level. Hence pilot study was feasible in terms of time, money, material and resources.

*Data Collection Method*

Main study data collection was done by the following steps;

1. Permission was obtained from the Higher Authority of the selected hospitals.
2. Hospital are divided for experimental and control group as per researcher convenience.
3. The convenient sampling technique was used for the selection of sample.
4. Before giving the questionnaire, self introduction was done by the investigator and the purpose of the study was mentioned.
5. Consent of the sample was taken.
6. Pre test was conducted by self structured questionnaire to the samples in the experimental group and the control group at different selected hospitals of the city, questionnaires were completed in the presence of the investigator to avoid contamination and bias in the collection of data.
7. On the same day of the pre test, administration of the planned teaching programme on knowledge regarding narcotic policy is given to the samples in the experimental group.
8. On the seventh day post test was taken from the samples in the experimental and control group with help of same questionnaires, to assess the improvement in knowledge.

**Result**

The analysis and the interpretation is given in the sections I-III.

The Table 1-4 shows the comparison of mean difference in the knowledge score of experimental and control group. Mean, standard deviations and mean difference between pre and post test are compared and student's unpaired 't' test is applied at 5% level of significance. In the experimental,

*Section I:* Description on demographic variables of the staff nurses in experimental and control group.

**Table 1:** Showing the frequency and percentage wise distribution of staff nurses according to their demographic characteristics.

Demographic Variables	n = 30		n = 30	
	Experimental Group Frequency (f)	Percentage (%)	Control Group Frequency (f)	Percentage (%)
Age(yrs)				
21-30 yrs	23	76.7%	20	66.7%
31-40 yrs	5	16.7%	8	26.7%
41-50 yrs	2	6.7%	1	3.3%
>50 yrs	0	0%	1	3.3%
	Gender			
Male	5	16.7%	4	13.3%
Female	25	83.3%	26	86.7%
Marital Status				
Married	12	40%	9	30%
Unmarried	18	60%	20	66.7%
Divorced	0	0%	0	0%
Separated	0	0%	0	0%
Widow/ Widower	0	0%	1	3.3%
Educational Status				
RGNM	28	93.3%	22	73.3%
BBS Nursing	1	3.3%	7	23.3%
PBBSc Nursing	1	3.3%	1	3.3%
Experience(in years)				
<1 yr	1	3.3%	5	16.7%
1-5 yrs	23	76.7%	16	53.3%
6-10 yrs	2	6.7%	5	16.7%
>10 yrs	4	13.3%	4	13.3%
Trained From				
Private Institution	23	76.7%	27	90%
Government Institution	7	23.3%	3	10%
Area of Working				
General Ward	17	56.7%	6	20%
Critical Care Unit	6	20%	14	46.7%
Emergency Ward	6	20%	6	20%
OT	1	3.3%	4	13.3%
Monthly Family income(Rs)				
<10000 Rs	17	56.7%	12	40%
10001-15000 Rs	5	16.7%	12	40%
15001-20000 Rs	3	10%	5	16.7%
>20000 Rs	5	16.7%	1	3.3%

*Section IV:* Description on the significance difference between knowledge score in experimental and control group in relation to knowledge regarding narcotic policy

**Table 4:** Showing significance difference between knowledge score in experimental and control group in relation to knowledge regarding narcotic policy.

Groups	Mean Difference	S.D	Calculated t - value	df	Table value	P value	Significance
Experimental group	8.56	3.31	10.65	58	2.00	0.0001	p<0.05 Significant
Control group	1.70	1.20					

*Section II:* Description on the pre test knowledge regarding narcotic policy among the staff nurses in the experimental and control group.

**Table 2:** Showing the frequency and percentage distribution of pre test knowledge scores of the staff nurses regarding narcotic policy in the experimental and control group.

Level of knowledge scores in pre test	n = 30		n = 30	
	Experimental group Frequency (f)	Percentage (%)	Control group Frequency (f)	Percentage (%)
Excellent (25-30)	0	0%	0	0%
Very Good (19-24)	5	16.67%	8	26.67%
Good (13-18)	22	73.33%	11	36.67%
Average (7-12)	3	10%	11	36.67%
Poor (0-6)	0	0%	0	0%

*Section III:* Description on the post test knowledge regarding narcotic policy among the staff nurses in the experimental and control group.

**Table 3:** Showing the frequency and percentage distribution of post test knowledge scores of the staff nurses regarding narcotic policy in the experimental and control group.

Level of knowledge scores in post test	n = 30		n = 30	
	Experimental group Frequency	Percentage	frequency	Percentage
Excellent (25-30)	16	53.33%	0	0%
Very Good (19-24)	14	46.67%	12	40%
Good (13-18)	0	0%	12	40%
Average (7-12)	0	0%	6	20%
Poor (0-6)	0	0%	0	0%

group the mean difference was 8.56 and S.D is 3.31. In the control group, the mean difference was 1.70 and S.D is 1.20. Mean and standard deviation values are compared and student unpaired 't' test applied at 5% level of significance. The tabulated value for n=(30+30-2) i.e 58 degrees of freedom was 2.00. The calculated 't' value was 10.65 which are much higher than the tabulated value at 5% level of significance for overall knowledge scores of staff which is statistically acceptable level of significance. In addition the calculated 'p' value was < 0.05 which is ideal for any population.

Hence it is statistically interpreted that the research hypothesis H<sub>1</sub> is accepted. Thus, the planned teaching programme regarding narcotic policy was effective for staff nurses in the experimental group, and the level of knowledge is

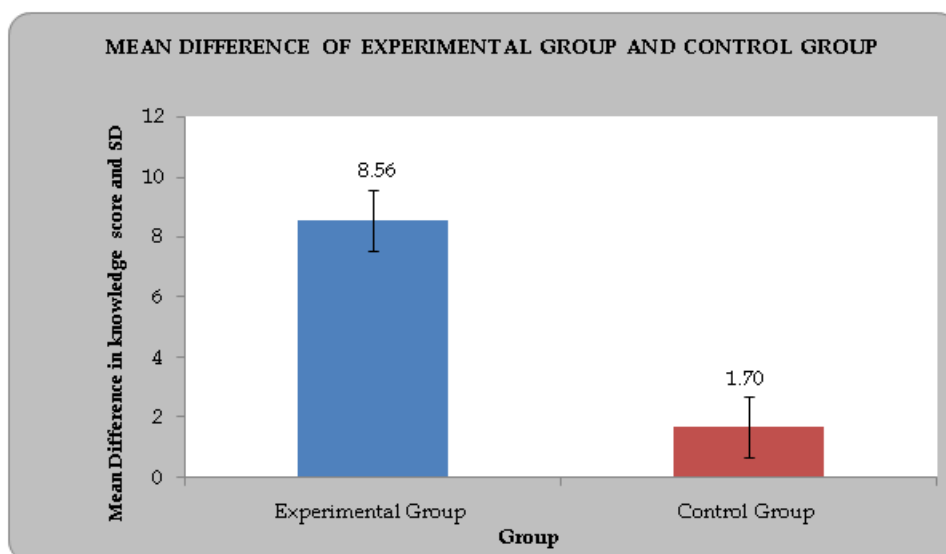


Fig. 2: Bar diagram representing the mean difference of the experimental and control group.

significantly increased in the experimental groups as compared to the control group

*Section V:* Description on the association of post-test knowledge score with selected demographic variable in the experimental and control group.

Analysis reveals that there is association of knowledge score with area of working in experimental group. No any association was found in control group.

## Discussion

The finding of the study was discussed with reference to the objective stated in chapter I and with the finding of the others studies in this sections.

*Swapna MA, Parvathy M. (2014):* Conducted a study to determine the level of knowledge among staff nurses on Narcotic policy and ascertain their knowledge by structured teaching programme with pre-test, post-test method The study attempted to assess the knowledge on Narcotic policy among staff nurses before and after structured teaching programme; evaluate the effectiveness of structured teaching programme on narcotic policy among staff nurses; and to find out the association between post level of knowledge among staff nurses on narcotic policy and selected demographic variables. A quasi-experimental study was carried out with 60 staff nurses from BGS & Jeevani Sarvodaya Hospital, Bangalore. A structured knowledge questionnaire was used to evaluate the knowledge level on narcotic policy before & after an structured teaching programme. Data were analysed with chi-square and t test. The result showed that there was a significant difference between pre-test and post-test

knowledge scores as assessed by the paired t-test value at 36.766 (HS  $p = 0.001$ ). There was significant association between knowledge and the selected demographic variables (age, area of experience and years of experience ( $p \leq 0.05$ ). Thus for this study one can conclude that structured teaching programme could be an effective strategy to improve the knowledge of staff nurses on narcotic policy [12].

In present study also planned teaching was effective in improving knowledge of staff nurses regarding narcotic policy. In present study also demographic variables showed a major role in influence the knowledge score among the staff nurses. Association of knowledge was found with area of working in experimental group.

## Conclusion

After the detailed analysis, this study leads to the following conclusions:

The staff nurses in the selected hospitals of the city do not had adequate knowledge regarding narcotic policy. There was significant increase in the knowledge of staff nurses in the experimental group after the introduction of planned teaching. To find the effectiveness of planned teaching unpaired 't' test was applied and 't' value was calculated, post test scores of the experimental group was significantly very higher at 0.05 level. And in the control group also post test was higher at 0.05 level, but very less compared to the post test of experimental group. Thus it was concluded that planned teaching programme on narcotic policy was found effective as teaching strategy.

In present study also demographic variables (i.e area of working), showed a role in influencing

the knowledge scores among the staff nurses in experimental group.

Hence, based on the above findings, it was concluded undoubtedly that the written prepared material by the investigators in the form of planned teaching programme helped the staff nurses to improve their knowledge on narcotic policy.

#### *Implication of the Study*

The findings of this study have implications for nursing practice, nursing education, nursing administration, and nursing research.

#### *Nursing Practice*

Nursing is an art and science, as a science is based upon body of knowledge that is always changing with new discoveries and innovations. When nurses integrate the science and art of nursing into their practice, the quality of care provided to clients is at a level of excellence that benefits clients in innumerable ways.

- The health care professional including the nurses should participate in educational interventions on narcotic policy in order to provide a foundations for their nursing practices to promote knowledge of narcotic policy.
- Every nurse practitioners must possess a prepared planned teaching to teach the staff nurses regarding narcotic policy. Different A.V aids can be used in imparting knowledge to various categories of staff nurses.
- Nurses should conduct training programme to impart knowledge regarding narcotic policy to the newly appointed nurses.
- It will also help the nurses to keep update knowledge regarding narcotic policy.
- When professional liability is recognized, it defines the parameters of the profession and the standards of professional conduct. Nurses should therefore enhance their professional knowledge.
- The planned teaching program can be used for imparting knowledge regarding narcotic policy.
- Planned teaching program would serve as a ready reference material for the health team members.

#### *Nursing Education*

- The nursing curriculum is concerned with the preparation of the future nurses. The present

study would help the nurse to understand the level of knowledge of staff nurses.

- The result of the study can be used by nursing teachers as an informative illustration for nursing students.
- In service education should be conducted to improve knowledge of health professionals and nursing personals.

#### *Nursing Research*

Research is systematic attempt to obtained meaningful answers to phenomenon or events through the application of scientific procedures. It is an objectives, impartial, empirical and logical analysis and according to controlled observations that may lead to the development of generalizations principles or theories, resulting to some extent in prediction and control of events that may be the consequences or cause of specific phenomenon.

- The findings of the study have added to the existing body of the knowledge in relation with narcotic policy which will enhance the knowledge and would help to keep it updated.
- Other researchers may utilize the suggestions and recommendations for conducting further study.
- The tool and technique used has added to the body of knowledge and can be used for further references.

#### *Nursing Administration*

- Nursing administration should implement outreach teaching to make the staff nurses aware about the narcotic policy. Necessary administration support should be provided to conduct several activities.
- Nursing administration can identify the prevailing problems and organized in-service education for the nurses of various department. The in- service education programme should include both theoretical and practical input. This will enhance the learning needs, planning and conducting educative programmes for staff nurses in the clinical setting. This can also bring about awareness among nurse administrator can prepare a new protocol about the narcotic policy.
- Nursing administrators can develop certain policies, prepare instructions media and organized continue nursing education programmes.



### Limitations

- The study was conducted only on staff nurses.
- The sample size was small to generalized the findings of the study.
- The study was limited to measure the knowledge of staff nurses in selected hospitals of the city.
- The tool for data collection was prepared by investigator herself.
- Standardized tool was not used.

### Recommendation

- A similar study can be replicated on a larger population for a generalization of findings.
- A similar study can be done to assess the practice regarding narcotic policy among the staff nurses.
- A comparative study can be done to assess the knowledge and practice regarding narcotic policy among staff nurses working in government hospital versus private hospital.
- An exploratory study to find out the difficulties experienced by the nurse in maintaining narcotic policy.
- A comparative study to find out the effect of different teaching methods in improvement of knowledge and practice of nurses regarding narcotic policy.

Source of support: Nil

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