childbirth, and the expected (or ideal) behaviors of the parturient women are presented.

Second, 29 women were observed during labor and delivery, and their responses to the pain stimulus were recorded using a behavioral taxonomy. Finally, the perceived severity of childbirth pain was quantified using a pain stimulus scale. This scale compares the pain of childbirth with other painful events using Thurstone's paired-comparison discriminative analysis technique.

Results

The pain stimulus scale shows that Fijians rate childbirth pain as the most painful when compared with other painful events, whereas the Fiji-Indians consider this pain as less severe, second after the pain of a heart attack. In both groups the cultural perception of pain severity is congruent with the ethnographic descriptions of childbirth, so that the greater the perception of the pain event, the greater the number of coping mechanisms exist within the culture to reduce pain.

Childbirth in the Fijian culture is a community concern, and care of the mother and her infant is the responsibility of all. Multiple coping mechanisms, such as an extensive belief system, herbal remedies, and support and comfort measures, have developed within the Fijian culture to reduce pain. On the other hand, Fiji-Indians consider childbirth a private condition that must be concealed as long as possible. Only a few coping mechanisms exist to assist the pregnant woman, and caring mechanisms do not exist until after the birth of the child.

The importance of cultural assessment and the impact of cultural barriers to care are demonstrated. Cultural differences in the utilization of health care services are shown using interview data. Delay in seeking hospital care was measured by the degree of cervical dilation on admission. The data showed that Fijian women prefer traditional care, considering this a valid replacement for hospital care, whereas cultural emphases on modesty and parity inhibit Fiji-Indian women from utilizing maternity services.

ETHICAL DIMENSION OF PLANNED PARENTHOOD DECISIONS

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The overall purpose of this study was to describe the ethical dimension of planned parenthood decisions. In particular, four areas were addressed: the type of ethical decision-making process used, significant profile characteristics related to the type of ethical decision making, the ranking of factors affecting planned parenthood decisions, and the relationship of the factors affecting planned parenthood decisions to attitudes toward planned parenthood.

Theoretical basis

A choice about whether to have children is an ethical decision. Besides objective data, the individual's values regarding planned parenthood are influential in determining what is the right action. At least two choices exist, and differing values

are placed on the possible actions or consequences of those alternatives by the individuals involved.

This study used the three ethical decision-making theories posited by Veatch[1] and by Callahan[2]: (1) utilitarianism, (2) deontologism, and (3) mixed deontologism. Utilitarianism and deontologism were considered more specifically as act utilitarianism and rule deontologism. Act utilitarianism proposes that the action that is right is determined from the consequences of the act. Rule deontologism is based on the notion that particular moral rules or principles are the necessary standard for making a decision, regardless of the consequences. The third position, mixed deontologism, considers that moral rules and principles are used in determining the right action as well as the consequences of that action. Since these three methods of ethical decision making are commonly used in Western society, individuals making planned parenthood decisions could use any one of these approaches.

Methodology

This study was an ex post facto exploratory study using survey methodology. Seventy-four married women between the ages of 18 and 35 who were members of various women's organizations volunteered to participate. Because there were no instruments available appropriate to the questions asked in the study, three instruments, based on a literature review, were developed by the investigator. After review by a panel of experts, these instruments were tested in a pilot study of 18 women and appropriate changes were made. The three instruments were a decision-making method questionnaire, a pair comparison of factors influencing the decision, and attitudes toward planned parenthood. Additionally, the subjects were asked to complete a personal information form.

Summary of findings

Through content analysis of the responses to the decision-making questionnaire, three judges independently determined the type of ethical decision making used. Fifty-one participants used an act-utilitarian approach, 9 persons used a rule-deontological approach, and 14 used a mixed deontological approach.

Using a chi-square, religious background was determined to be the only profile characteristic to have a significant effect on the type of ethical decision making used. Protestant women more often used an act-utilitarian approach. The Kruskal-Wallis one-way analysis of variance revealed that the effect of the perceived value or meaning of children and the women's liberation movement differed significantly according to the type of ethical decision making used. A significant relationship between the existence of and attitude toward a career, job, or profession and planned parenthood decisions for women using an act-utilitarian approach was demonstrated through the use of the Spearman rank correlation coefficient.

This study is only a beginning into examination of the complex and multifaceted phenomenon of ethical decision making specifically related to planned parenthood decisions. The findings are not conclusive, but they do raise questions for additional investigation as well as suggest a need for incorporating a consideration of values in counseling women about planned parenthood.

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CLINICAL EVALUATION CRITERIA IN ASSOCIATE, BACCALAUREATE, MASTER'S, AND CONTINUING EDUCATION NURSING PROGRAMS IN THE SOUTH

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Despite a growing interest in competency-based education for students in programs of higher education throughout the United States, nursing educators have not as yet developed an instrument of proven reliability and validity which measures the clinical competence of students about to graduate.

Nursing literature points out the need for application of clinical evaluation criteria so that nursing performance can be measured at a level of competence that reflects safe nursing practice. The American Nurses' Association (ANA) Standards of practice outlines safe nursing practice in any setting. Using these standards as a reference, the clinical evaluation criteria were categorized.

Purpose

The three-fold purpose of this research was (1) to determine the degree to which the clinical evaluation criteria used in four types of nursing programs reflected the ANA Standards of Practice; (2) to compare the clinical evaluation criteria used in associate degree (AA), bachelor of science (BS), master of science (MS), and continuing education (CE) programs by the Southern Region Education Board (SREB); and (3) to determine the degree of satisfaction or dissatisfaction with the clinical evaluation instrument among members of each program. This includes what degree of objectivity they believed their clinical evaluation instrument to contain.

Method

A stratified random sample of 30 BS programs, 30 MS programs, 30 CE programs, and 60 AA degree programs was drawn from the SREB region.

A total of 129 usable questionnaires were returned from 44 programs, as well as 44 usable clinical evaluation instruments containing 1,796 evaluation criteria.