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Conceptualizing the clinical and professional development of child and adolescent mental health nurses

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ABSTRACT: Aspects of mental health nursing and its subspecialties are not easily defined. Child and adolescent mental health (CAMH) nursing is a subspecialty of mental health nursing, and some of its characteristics are tacit. This paper presents a deeper understanding of the meaning that CAMH nurses make of their role and work in the inpatient setting. The research was undertaken through a PhD candidature. The epistemological framework for the research was social constructionism. Interpretive enquiry was the methodology, as it allowed for the interpretation of multiple realities, which resulted in a rich description of the role and work of CAMH nurses. Methods of data collection were document analysis, focus group interviews, and individual interviews. Participants included nurses and multidisciplinary staff. Iterative and aggregative analyses were utilized for the documents. The focus group and individual interview data were analysed utilizing a thematic analysis process. This paper presents the findings of the combined analysis and the resultant holistic conceptual framework for the work of the CAMH nurse in the inpatient unit. The findings have contributed new knowledge to mental health nursing, specifically CAMH nursing, making the parameters of practice more explicit. Implications for practice, education, and research are identified.

KEY WORDS: child and adolescent, conceptual framework, mental health nursing, qualitative research.

INTRODUCTION

The global prevalence of the development of a mental health problem in children and adolescents is 20% (McDougall 2006; World Health Organization 2005). There is a clear link between applying early interventions towards potentially-enduring mental health problems in

adolescence and the reduction of mental health problems in adulthood (McDougall 2006; World Health Organization 2003; 2005).

Changes to legislation and the regulation of nursing in Australia in July 2010 resulted in the loss of the previous mental health register and recognition of the specialty of mental health in nursing. Competency standards were developed for mental health nurses in Australia in 1995 and updated in 2010 (Australian College of Mental Health Nurses Inc 2010), and were endorsed by The Nursing and Midwifery Board of Australia. A subspecialty of mental health nursing is child and adolescent mental health (CAMH) nursing. However, unlike mental health nursing, which has specific competency standards to guide practice, there is no clear definition of the role and work of the CAMH nurse in Australia. A UK study

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(Baldwin 2002; Limerick & Baldwin 2000) investigated the role of CAMH nurses in an outpatient unit; the authors of that study were unable to articulate their practice. McDougall (2006) further highlighted the risks of the effect on the future of CAMH nursing if they were unable to identify their role, that is, a loss of this specialty to the nursing profession.

For this reason, it is important to investigate the nature of the work of CAMH nurses. A comprehensive understanding of their work and how they make meaning of their role will provide an important contribution to current clinical practice and the supporting literature, as well as countering the risks that McDougall (2006) identified.

Against this background, a three-stage qualitative research study was designed to determine the role and work of CAMH nurses in an inpatient unit. This paper presents the development of a conceptual framework that details the clinical and professional development of CAMH nurses.

4 Research question

The research question was: What is the work of CAMH nurses in an inpatient unit?

Aim and purpose

The aim and purpose of the research were to: (i) identify the specific knowledge and skills that CAMH nurses use on an inpatient unit; (ii) explore and interpret the role (e.g. nursing practice, beliefs, and attitudes) of mental health nurses working in a CAMH inpatient unit; and (iii) provide a comprehensive understanding of the role and function of mental health nurses in a CAMH inpatient unit.

Methodology

The research framework of the study follows the work of Crotty (1998), which sets out the logical pathway from social constructionism (epistemology) to symbolic interactionism (theoretical perspective) to interpretive enquiry (methodology), concluding with the methods of document analysis, focus groups, and interviews for data collection.

Social constructionism, the chosen theoretical framework for this study, lies within the interpretive paradigm. The underlying assumption about reality (ontology) of this paradigm is that acting units or human beings produce and reproduce the social world (de Laine 1997). Further, reality is derived as a result of social interaction, and there are multiple interpretations within the social construction of realities (Hibberd 2005). The interpretation of

meaning is pivotal to this paradigm (Sarantakos 1995). The role of the researcher working in this paradigm is not just to observe phenomena, but also to interpret them (de Laine 1997). Social constructionism seeks to illuminate how human beings make sense of the world in which they live through the processes of description and language (Burr 2003; Gergen 1985; 1999). This is an appropriate framework when exploring the role and work of the CAMH nurse.

METHODS

There were three sequential stages of data collection: (i) stage 1 (document analysis) entailed the analysis of documents relevant to the practice of CAMH nursing; (ii) stage 2 (focus group interviews) explored questions that were generated from the analysis of documents in stage 1; and (iii) stage 3 (individual interviews) elicited a deeper understanding of the role through further semistructured questioning.

Ethical considerations

Ethical approval from the health service and the university were granted for this research. The ethics application complied with the National Health and Medical Research Council guidelines in relation to ethical conduct in human research (National Health and Medical Research Council 2007).

Study setting

The setting for the study was a CAMH service inpatient unit in a public hospital in South Australia, Australia. The unit was a 12-bed open unit, which provided 24-hour-a-day specialist support for children and adolescents with mental health problems up to 18 years of age.

Participants

The 19 participants included CAMH nurses and Graduate Diploma Mental Health students who had worked on the unit in the 5 years prior to data collection for a minimum of 6 months. Three members of the multidisciplinary team also participated in the study.

Data collection

The data were collected through the three sequential stages. The first stage of document analysis identified common domains of the work and role of the CAMH nurses at the professional, organizational, divisional, and unit levels. Documents included job and person specifications, competencies and standards of practice, policies, and procedures. In the second stage, seven focus group

interviews were conducted. One focus group was composed of multidisciplinary CAMH nurse colleagues, while the remaining six groups were composed of CAMH nurses. Questions generated through the document analysis were used as a basis for discussion on the work and role of the CAMH nurse (Appendix 1). Interviews were recorded and transcribed with permission from participants, and later sent to each for verification. The third stage involved individual interviews with voluntary participants from each focus group. More in-depth and focused questions were generated following an analysis of focus group interviews in stage 2 (Appendix 1). A semistructured format allowed flexibility in the depth of responses. The data were collected between December 2008 and March 2010.

Data analysis

Thematic analysis was the approach used for generating findings. Stage 1 documents were analysed using the (Attride-Stirling 2001) iterative thematic networks process and the Joanna Briggs Thematic Analysis Program (2008). Details of stage 1 and the analysis of the documents in this research have already been reported in a recent article (Rasmussen *et al.* 2012b). Stage 2, the focus group interview data, and stage 3, the individual interview data, were undertaken using Braun and Clarke's (2006) six-phase thematic analysis process. The more

detailed analysis of stage 2, the focus group data, has been reported in an earlier article (Rasmussen *et al.* 2012a). The findings and significance of the research presented here have not been reported elsewhere.

Findings

Focus group and individual interview data unequivocally identified some of the processes that were implied and apparent that contributed to the participants' ways of knowing. From the findings, a conceptual framework was developed that reflected the CAMH nurses' knowledge and knowledge development.

Conceptual framework for CAMH nurses' knowledge and knowledge development

The ways of knowing and learning to become a CAMH nurse on the inpatient unit are an integration of the five stages of learning through the clinical environment within the supporting scaffold of clinical development and the framework for learning. The conceptual holistic framework of CAMH nurses' knowledge and learning, which was supported by the findings, is illustrated in Figure 1 and represents the components of their role.

The stages of learning to become a CAMH nurse are identified in the centre of Figure 1. Parallel to these stages were two distinct areas, clinical development and the framework for learning, which represent the scaffold

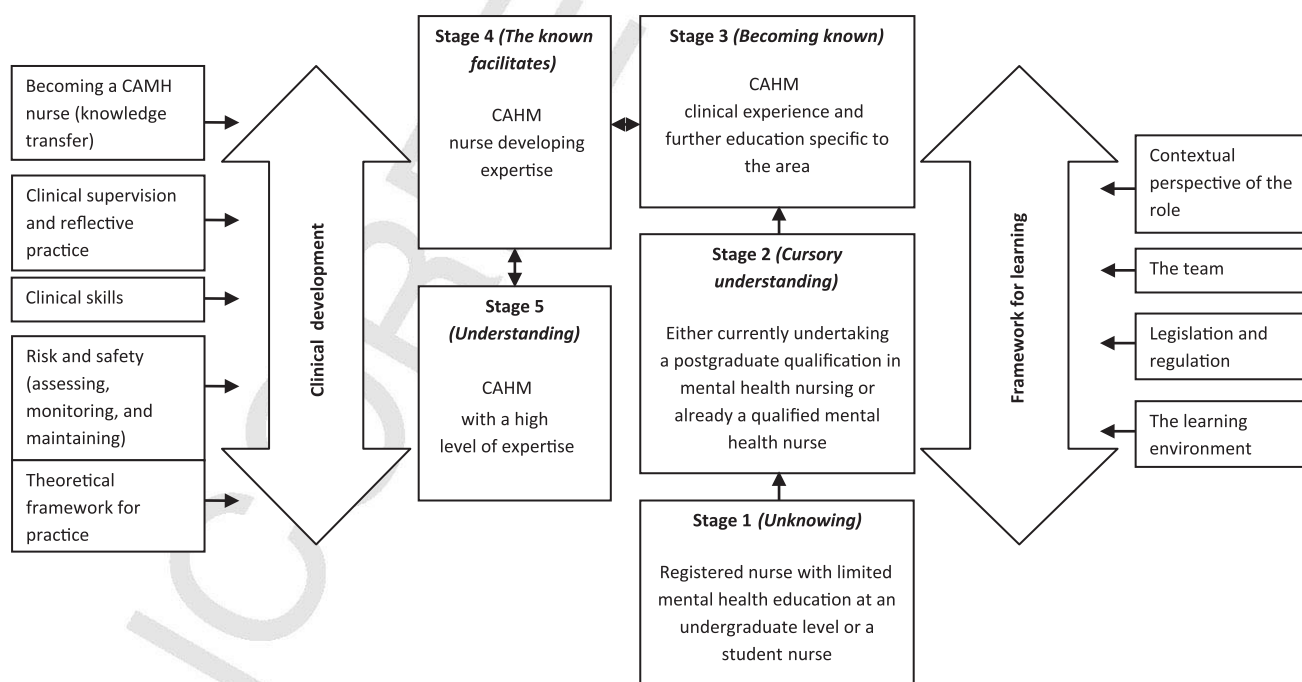


FIG. 1: Conceptual holistic framework of child and adolescent mental health (CAMH) nurses' knowledge and knowledge development.

1 that supports the stages of learning to become a CAMH
2 nurse. These are described below.

3 **Clinical development**

4 Clinical development incorporated both the practice and
5 theoretical aspects of the work of the CAMH nurse. The
6 clinical fields of the role were its primary interest. These
7 fields included the clinical skills, risk and safety (assessing,
8 monitoring, and maintaining), theoretical framework for
9 practice, clinical supervision and reflective practice, and
10 becoming a CAMH nurse (knowledge transfer).

11 **Framework for learning**

12 The framework for learning sets the environmental
13 context for the role. Environmental context is not just
14 about the physical environment, but also the contextual
15 factors within which the CAMH nurse practices. These
16 fields include the contextual perspective of the role, the
17 team, legislation and regulation, and the learning environ-
18 ment. The ways of learning are embedded in a contextual
19 scaffold, which informs practice.

20 **Becoming a CAMH nurse**

21 Becoming a CAMH nurse is a developmental process
22 in which the individual cultivates the clinical skills and
23 the contextual understanding of the specialty. The role
24 itself is a combination of prescribed aspects and indivi-
25 dual interpretation. The developmental stages within
26 the process of becoming a CAMH nurse contain both
27 uniform and unique elements. The uniformity refers to
28 the identified stages that all CAMH nurses encounter as
29 they negotiate the role. The uniqueness is about the indi-
30 vidual and how they interpret the taken-for-granted uni-
31 formity and make meaning of it. The concept of the ways
32 of knowing (Carper 1978; Chinn & Kramer 2004; 2008;
33 2011) can be used to explain the five stages of the devel-
34 opmental approach and the supporting scaffold.

35 *Stage 1: Unknowing*

36 The first stage or introduction to CAMH nursing is
37 'unknowing', reflecting the individual not knowing what
38 they do not know. There is a lack of depth of understand-
39 ing of the meaning of the work within the role and the
40 individual's place within it. The rapid learning curve
41 involved in processing the new clinical environment
42 means that a full understanding of the aspects of the role,
43 and indeed the individual's position and function within
44 it, cannot be fully known by the individual nurse. The
45 term 'unknowing' does not suggest that the student or
46 registered nurse new to the CAMH field has no knowl-
47 edge, but rather a lack of knowing within the context of
48 CAMH nursing.
49

50 *Stage 2: A cursory understanding of the known*

51 The second stage of 'feeling confused' highlights the
52 beginning of the process of a 'cursory understanding
53 of the known' of the role and an increased depth of
54 understanding of how the individual sees themselves
55 situated within the CAMH nursing role and what that
56 means. At this stage, the nurse is beginning to develop
57 the skill of critically analysing both the role and how
58 they fit into it. A sense of innovative autonomy is felt
59 when integrating what is known and understood into
60 practice, and the role juxtaposed with the sense of the
61 great 'unknown'. This is a time to begin to cement the
62 individual's identity as a CAMH nurse, yet still nego-
63 tiate the cognitive, emotional, and cultural components
64 of the role. These internal and external factors influence
65 the individual's development and ability to articulate the
66 role.

67 *Stage 3: Becoming known*

68 The last three stages of becoming a CAMH nurse,
69 described as 'looking, learning, understanding, and
70 becoming', are a period when knowledge and skills are
71 'becoming known' and consolidated, and an individual's
72 identity within the external and internal factors is identi-
73 fied. The confidence to integrate external information in
74 the context of knowledge and skills pertinent to CAMH is
75 emergent in the first of these latter three stages. The
76 aspects of the role are much more evident to the indivi-
77 dual nurse, which contributes to their self-assurance in
78 understanding the meaning of the role. Although there is
79 still a noticeable theme of reliance on more experienced
80 nurses, this stage heralds a new era of exploring what it
81 means to the individual to be a CAMH nurse. Individuals
82 begin to shape their practice within the understanding
83 and meaning they make of this.
84

85 *Stage 4: The known facilitates*

86 From this stage, the CAMH nurse moves on to a more
87 autonomous stage of self-reliance, where 'the known
88 facilitates' the integration and interpretation of new
89 information, skills, and knowledge within their own
90 established meaning of what the role encompasses. The
91 individual meaning they have made of the role is tested
92 and reorientated as they gain further experience and
93 knowledge to augment their practice. The external
94 aspects of the role remain the same, as they are more
95 perpetual in their structure and the individual has less
96 influence on changing these. This is in contrast to the
97 internal or individual meaning of the role of which the
98 nurse has much more control over.
99

1 *Stage 5: Understanding the known*

2 The final stage is one of autonomy of practice and 'under- 52
3 standing the known' and how it relates to the aspects of 53
4 the role of the CAMH nurse both within the role and 54
5 individually. This stage symbolizes a high level of exper- 55
6 tise and fine tuning of what is known, as well as integrating 56
7 new knowledge and assigning it to previously-identified 57
8 knowledge. This stage is concerned with seamless inter- 58
9 pretation and reinterpretation of knowledge into practice. 59
10 As with the other stages of becoming a CAMH nurse, this 60
11 stage works within the identified external aspects of the 61
12 role, but there is a clearer understanding of the indivi- 62
13 dual's identity within the role. By this stage, the individual 63
14 nurse has developed a comprehensive, distinctive under- 64
15 standing of what being a CAMH nurse means to them. 65
16 Additionally, they have the insight into what the role 66
17 encompasses from both an internal and external perspec- 67
18 tive to identify and delineate the aspects of all of the 68
19 stages. This level of clarity about the role and what it 69
20 means is crucial in assisting other less-experienced nurses 70
21 negotiate the trajectory of understanding moving from 71
22 'unknowing' to 'understanding the known'. The CAMH 72
23 nurse can now see the horizon and put it into context with 73
24 the foreground. 74
25

26 **Moving between the final three stages**

27 Although the latter three stages of becoming a CAMH 75
28 nurse are identified as being reflective of understand- 76
29 ing the role and a high level of clinical knowledge 77
30 and skills, the nurse might move between these stages. 78
31 This situation transpires as new clinical challenges 79
32 appear, and therefore, further knowledge and skills are 80
33 needed to be developed. Within these experiences, the 81
34 nurse reassesses what s/he knows, and integrates new 82
35 understandings into their clinical repertoire. The inter- 83
36 nal or individual meaning of the role is then reinter- 84
37 preted and adjusted accordingly in line with the new 85
38 understandings. 86
39

40 **Individual nurse developing an understanding of**
41 **what it means to be a CAMH nurse**

42 Moving through all of the five stages is concerned with 87
43 developing and understanding what it means to be a 88
44 CAMH nurse. In addition, it is a fluctuating incremental 89
45 pathway, which begins as linear in stages 1 and 2, but as 90
46 the individual explores the new understandings and the 91
47 meaning of the role, the pattern becomes more non-linear 92
48 in stages 3–5, as the nurse can interchange between the 93
49 last three stages in particular circumstances. 94
50

51 The timelines of how any nurse moves through the 95
stages of becoming a CAMH nurse is an idiosyncratic 96
97
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experience. There is no characteristic pathway that the 52
individual needs to undertake in an ordered fashion to 53
reach a meaningful understanding of the role. 54

The themes within the scaffolding are supported by 55
McDougall *et al.* (2006), who suggested 10 essential capa- 56
bilities for CAMH nurses. These capabilities encom- 57
passed partnerships with the young person, their family, 58
and services; the CAMH nurse being focused on the 59
young person and their family, promoting individual 60
development through identifying strengths, as well posi- 61
tive risk taking. These capabilities are in a framework of 62
advocacy and ethical practice. 63

These 10 areas were all identified by the participants in 64
the research, and form the scaffold that support the five 65
stages of becoming a CAMH nurse. The fields of knowl- 66
edge and the five stages of learning to become a CAMH 67
nurse help to distinguish what their practice is, and in 68
turn, give it context and meaning. 69
70

71 **Context and theoretical meaning**

72 The work of Carper (1978) on the ways of knowing, 73
provides context and theoretical meaning for this concep- 74
tual framework. Carper's (1978) theoretical framework 75
identifies four fundamental patterns of ways of knowing: 76
moral (or ethical) knowing, personal knowing, aesthetic 77
knowing, and empiric knowing. These four patterns of 78
knowing contribute to the generation of nursing knowl- 79
edge. They are not exclusive, and elements of all four 80
contribute to nurses' ways of knowing and how they make 81
sense of their practice. Carper (1992, p. 79) posits that 82
"The practice of nursing requires not only "knowing that"
83 but also "knowing how" and "knowing why" in regard to 84
85 meaning, value, intentions, and goals". This highlights the 86
87 complexity of nursing knowledge and practice, and there- 88
89 fore, the multilayered perspective in which it needs to be 90
91 contemplated. 92

A fifth pattern of knowing was identified much later 93
by Chinn and Kramer (2008), which was emancipatory 94
knowing: the praxis of nursing. This pattern was 95
described as reflection and a critical analysis of all of 96
the other patterns and the integration of that knowledge 97
in the context of social justice, equality, and advocacy. 98
Additionally, this fifth pattern is also concerned with 99
bringing about change through seeing the potential 100
for altering the circumstances of individuals' lives and 101
outcomes; an outcome that is relevant to the treatment 102
of mental health issues in children and adolescents. 103
These patterns of knowing are inextricably linked to the 104
development of knowledge for the CAMH nurse as 105
they assist nurses to understand their work within the 106
role. 107

DISCUSSION

The conceptual framework has the potential to inform CAMH nursing practice. The findings from this research are supported by Benner's (1984) idea of tacit learning and the expert nurse. The final three stages of role development, 'becoming known', 'the known facilitates', and 'understanding the known', are underlaid by the application of tacit knowledge to the clinical scenario. The nurses were able to demonstrate a perceptual process of understanding a clinical situation through intuition, rather than the earlier stages where they relied more heavily on external input from their colleagues and more experienced nurses. Benner (1984) described the notion of tacit learning as being the domain of the expert nurse who no longer has to rely on an analytic principle to understand a clinical situation, but rather has 'an intuitive grasp of the situation' (p. 32). These findings demonstrate that CAMH nursing combines the patterns of knowing and knowledge development to assist in evolving a richer understanding of nurses' roles (Carper 1978; Polanyi 1966).

The findings in relation to the role and the work of CAMH nurse were supported by the five patterns of knowing (Chinn & Kramer 2004; 2011). Each pattern was intimately linked with the others, and that forms an integrated approach to knowing and knowledge development in CAMH nursing. In the reality of everyday clinical practice, the young person and their family are central to the role of the CAMH nurses on the inpatient unit, but the comprehensive nursing care provided is strengthened by the patterns of knowing. Each clinical encounter is considered strategically through the questions that guide the authentication process for each pattern of knowing. As the CAMH nurse becomes more experienced and confident, they seamlessly undertake the clinical role as they critically analyse and formulate a care plan while integrating all of the facets of knowing in nursing. With experience, some of facets of their practice become more tacit, that is, the patterns of knowing are not consciously considered individually, but rather become the complex practice of the CAMH nurse on the inpatient unit. The concept of knowing as unknowing was identified by Munhall (1993) as the phase in which the nurse must remove all filters to their 'own structures of understanding' (p. 126) in order to facilitate openness to the other's perspective. Unknowing was an important facet of the ways of knowing for the CAMH nurse, particularly in the first two stages of becoming a CAMH nurse.

Values and attitudes developed over an individual's lifetime provided a template for the CAMH nurse to

navigate their ethical and moral stance on issues and dilemmas which they faced in their personal and professional lives. Nurses within their practice developed ethical knowledge through encountering ethical dilemmas. This development of ethical knowledge is supported by the work of (Chinn & Kramer 2011). Through learning to become a CAMH nurse, the individual gains an emergent understanding of the role, allowing them to critically analyse and reflect upon their professional and personal attitudes.

Supervision and reflection on clinical practice allowed the CAMHN to reflect on and explore their personal knowledge. The findings have demonstrated the significance of communication, developing a rapport, and trust with the young person through the therapeutic relationship, which is the bedrock of the clinical practice. Recognizing and understanding the link between the self and others is a skill that is developed over time. Developing, understanding, and trusting the role of intuition in their practice should be encouraged (Pretz & Folse 2011), and intuition was found to be a result of the combined effect of knowledge, experience, and expertise (McCutcheon & Pincombe 2001).

CAMH nursing is about recognizing the commonality and the uniqueness of the human experience in regards to individual experiences of a health-care episode. The impact of interpretation and understanding of the clinical environment and its meaning and what it encompasses in terms of CAMH nursing practice is the development of aesthetic knowing and has been identified through the findings of this research. This is reinforced by the work of Chinn and Kramer (2011) on the development of a deeper understanding of the underlying factors that provide meaning to clinical practice. The skill of interpretation and understanding of the clinical environment was also a product of confidence and trust developed over time. It was evident from the findings that as CAMH nurses became more experienced, they become more proficient in interpreting and identifying meaning earlier in a clinical encounter and establishing a meaningful connection with the client and their peers in both formal and informal conversations. The significance of this creative process was endorsed by the work of Chinn and Kramer (2004; 2008; 2011).

The findings established that conceptualizing and structuring human behaviour is an essential component of the practice of CAMH nursing as it is fundamental to clinical formulation. The significance of the development of nursing knowledge in clinical formulation is promoted by Chinn and Kramer (2011). Human behaviour needs to be considered at the core of nursing practice, as the client,

who cannot be considered wholly from an empiric perspective, must encompass both objective and subjective information. The clinical development of the CAMH nurse was dependent on the integration of both empiric and abstract concepts combined with other ways of knowing.

The research also demonstrated the importance of identifying injustice and equality in the context of nursing practice as an important facet of emancipatory knowledge development. The CAMH nurse is challenged to focus on learning and support through a culture of critical analysis of their practice. The significance of development of emancipatory knowledge is reinforced by the work of Chinn and Kramer (2011).

Implications for practice, education, and research illuminated through the study provide an underpinning for future recommendations for CAMH nursing. The findings of this study have identified the practice aspects of the work of CAMH nurses in an inpatient unit, and have the potential to be beneficial in recruitment and retention of CAMH nurses by providing clarity regarding the aspects of the role.

Furthermore, the findings of this research can be incorporated into undergraduate and postgraduate nursing curricula to provide an understanding of the aspects of practice, and therefore, the theoretical and practical applications. This CAMH nursing knowledge will provide a basis for students to benefit more from their placements by being cognizant of the context, which will not only benefit students, but also consumer outcomes.

Further research needs to be undertaken to trial the holistic conceptual framework for the work of the CAMH nurse in other and wider settings. This should encompass CAMH nursing community settings both nationally and internationally, which would assist in refining the framework, particularly in the UK where the need to define the role was first identified.

CONCLUSION

The work of CAMH nurses in an inpatient unit was identified through this study. The findings from the research have contributed to a new understanding of the work within the role of the CAMH nurse on an inpatient unit. The holistic conceptual framework illuminates aspects of the role that provide some clarity in relation to the development of nursing knowledge and skills needed to undertake the role. Further, the framework provides a guide to a flexible incremental process that reflects the development of the CAMH nurse through clinical practice and education.

The five stages of learning to become a CAMH nurse identify previously unknown points in the process and can be clearly linked to the development of clinical skills through the application of knowledge to practice. This is at the heart of learning and understanding the role. These flexible stages accommodate the ever-changing clinical environment that is CAMH, and therefore, provide a clear structure that guides the individual nurse, as well as their supervisor, in understanding where they are in terms of their practice.

Supporting these stages are the clinical development and the framework for learning scaffolding. These scaffolds are the components of the role that is the work of the CAMH nurse. As much as the five stages identify the process of learning to become a CAMH nurse, the scaffolding identifies the fields of nursing knowledge that provide a context to the role.

REFERENCES

- Attride-Stirling, J. (2001). Thematic networks: An analytic tool for qualitative research. *Qualitative Research*, 1 (3), 385–405.
- Australian College of Mental Health Nurses Inc (2010). *Standards of Practice for Mental Health Nurses*. Canberra: Australian College of Mental Health Nurses.
- Baldwin, L. (2002). The nursing role in out-patient child and adolescent mental health services. *Journal of Clinical Nursing*, 11 (4), 520–525.
- Benner, P. A. (1984). *From Novice to Expert: Excellence in Clinical Nursing Practice*. Menlo Park, CA: Addison-Wesley.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77–101.
- Burr, V. (2003). *Social Constructionism*, 2nd Edn. New York, NY: Routledge.
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advances in Nursing Science*, 1 (1), 13–24.
- Carper, B. A. (1992). Philosophic inquiry in nursing: An application. In: J. F. Kikuchi & H. Simmons (Eds). *Philosophic Inquiry in Nursing*. (pp. 71–80). Newbury Park, Calif.: SAGE Publications.
- Chinn, P. L. & Kramer, M. K. (2004). *Integrated Knowledge Development in Nursing*, 6th edn. St Louis: Mosby.
- Chinn, P. L. & Kramer, M. K. (2008). *Integrated Theory and Knowledge Development in Nursing*, 7th edn. St Louis: Elsevier Mosby.
- Chinn, P. L. & Kramer, M. K. (2011). *Integrated Theory and Knowledge Development in Nursing*, 8th edn. St Louis: Elsevier Mosby.
- Crotty, M. (1998). *The Foundations of Social Research: Meaning and Perspective in the Research Process*, 1st edn. ●●: Allen & Unwin. □
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist*, 40 (3), 266–275.

1 Gergen, K. J. (1999). *An Invitation to Social Construction*.
2 Thousand Oaks, CA: SAGE Publications Inc.

3 Hibberd, F. J. (2005). *Unfolding Social Constructionism,*
4 *History and Philosophy of Psychology*. In: M. C. Chung
5 (Ed.). New York: Springer Science+Business Media Inc.

6 Joanna Briggs Institute (2008). *Thematic Analysis Program*.
7 Adelaide, SA: Joanna Briggs Institute.

8 de Laine, M. (1997). *Ethnography Theory and Applications in*
9 *Health Research*, 1st edn. Sydney: MacLennan & Petty Pty
10 Ltd.

11 Limerick, M. & Baldwin, L. (2000). Nursing in outpatient child
12 and adolescent mental health. *Nursing Standard*, 15 (13–15),
13 43–45.

14 McCutcheon, H. & Pincombe, J. (2001). Intuition: An impor-
15 tant tool in the practice of nursing. *Journal of Advanced*
16 *Nursing*, 35 (3), 342–348.

17 McDougall, T. (2006). *Child and Adolescent Mental Health*
18 *Nursing*. ••: Blackwell Publishing Ltd.

19 McDougall, T., Gale, F. & Nixon, B. (2006). Education, training
20 and workforce development for nurse working in CAMHS.
21 In: T. McDougall (Ed.). *Child and Adolescent Mental Health*
22 *Nursing*. (pp. 262–288). Oxford: Blackwell Publishing.

23 Munhall, P. L. (1993). ‘Unknowing’: Toward another pattern of
24 knowing in nursing. *Nursing Outlook*, 41, 125–128.

25 National Health and Medical Research Council (2007). *National*
26 *Health and Medical Research Council. National Statement*
27 *on Ethical Conduct in Human Research*. ••: Australian
28 Government.

29 Polanyi, M. (1966). *The Tacit Dimension*. London: Routledge
30 & Kegan Paul Ltd.

31 Pretz, J. E. & Folse, V. N. (2011). Nursing experience and
32 preference for intuition in decision making. *Journal of Clinical*
33 *Nursing*, 20 (19–20), 2878–2889.

34 Rasmussen, P., Henderson, A. & Muir-Cochrane, E. (2012a).
35 An analysis of the work of Child and Adolescent Mental
36 Health nurses in an inpatient unit in Australia. *Journal*
37 *of Psychiatric and Mental Health Nursing*, 19 (4), 374–
38 377.

39 Rasmussen, P., Muir-Cochrane, E. & Henderson, A. (2012b).
40 Document analysis using an aggregative and iterative
41 process. *International Journal of Evidence-Based Health-*
42 *care*, 10 (2), 142–145.

Sarantakos, S. (1995). *Social Research*. Melbourne: MacMillan
Education Australia Pty Ltd.

World Health Organization (2003). *Caring for Children and*
Adolescents with Mental Disorders: Setting WHO Direc-
tions. Geneva: World Health Organization. [14] 47

World Health Organization (2005). *Atlas: Child and Adolescent*
Mental Health Resources: Global Concerns, Implications
for the Future. no. 92 4 156304 4, Geneva: World Health
Organization. [15] 51

APPENDIX 1

Focus group and individual interview questions

Focus group interview questions

- As a beginning practitioner, how did you navigate through the role? 56
- What knowledge and clinical skills in assessment are required to
undertake the role of a CAMH nurse on the inpatient unit? 57
- What knowledge and clinical skills in treatment are required to
undertake the role of a CAMH nurse on the inpatient unit? 59
- How does the CAMH nurse balance and regulate the therapeutic
milieu? What comes first the skill or the experience? How do you
learn that? 61
- What factors contribute to becoming a competent CAMH nurse
working in the inpatient unit? 62
- What is the most professionally challenging aspect of the CAMH
nurse role? 63
- What is the most professionally rewarding aspect of the CAMH
nurse role? 64
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nurse role? 65
- What is the most professionally rewarding aspect of the CAMH
nurse role? 66
- What is the most professionally rewarding aspect of the CAMH
nurse role? 67
- What is the most professionally rewarding aspect of the CAMH
nurse role? 68
- What is the most professionally rewarding aspect of the CAMH
nurse role? 69

Semistructured interview questions

- In learning to become a CAMH inpatient nurse, how is that
knowledge transferred and how is the role supported? 71
- Which theoretical frameworks underpin the nursing knowledge used
by the CAMH inpatient nurse? 72
- What is the operational scope of the CAMH inpatient nursing role?
Can you define the practical applications? 73
- In what team context do the CAMH inpatient nurses practice? 74
- What is the contextual perspective of the CAMH inpatient nurse
practice? 75
- How does the CAMH inpatient nurse manage risk and ensure safety
on the inpatient unit? 76
- How is the CAMH nurse positioned in the learning environment in
regards to students, clinical practice, and self-development? 77
- What are the professional issues that relate to CAMH nursing in the
inpatient unit? 78
- What are the professional issues that relate to CAMH nursing in the
inpatient unit? 79
- How does the CAMH inpatient nurse manage risk and ensure safety
on the inpatient unit? 80
- How is the CAMH nurse positioned in the learning environment in
regards to students, clinical practice, and self-development? 81
- What are the professional issues that relate to CAMH nursing in the
inpatient unit? 82
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inpatient unit? 83
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inpatient unit? 84
- What are the professional issues that relate to CAMH nursing in the
inpatient unit? 85















CAMH, child and adolescent mental health.


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