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Clinical Reasoning Underlying Clinical Judgement in Perinatal Mental Health Care: A Qualitative Study of Certified Nurse Specialists in Women's Health Nursing and Psychiatric Mental Health Nursing in Japan

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Abstract

Background: To investigate how experienced maternal and psychiatric Certified Nurse Specialists (CNSs) developed clinical judgements through clinical reasoning when caring for women with perinatal mental health issues, and to examine similarities and differences in their professional perspectives.

Methods: A qualitative descriptive study using document analysis was conducted. Written assessments and care plans prepared by four Women's Health Nursing (WHN) CNSs and three Psychiatric Mental Health Nursing (PMHN) CNSs in response to two fictional case scenarios were analyzed. The analysis focused on how participants interpreted and integrated clinical information through clinical reasoning and developed clinical judgements that informed care planning.

Results: WHN CNSs and PMHN CNSs interpreted the same clinical situations from different professional perspectives. WHN CNSs primarily understood women's situations in relation to the transition to motherhood, while PMHN CNSs focused on psychological functioning. Despite these different perspectives, both specialties integrated information regarding women's psychological symptoms, family relationships, daily life, self-care abilities, and available support through clinical reasoning. This process led to clinical judgements that informed comprehensive care planning. Although the reasoning processes differed, both specialties shared the goal of supporting women through pregnancy, childbirth, and early parenting.

Conclusions: The results indicate that differences between WHN CNSs and PMHN CNSs lay not simply in professional roles or interventions, but in how clinical information was interpreted and integrated through clinical reasoning before clinical judgements were reached. Making these reasoning processes explicit provides a basis for advanced practice nursing education and interdisciplinary practice and may support future research on clinical reasoning and clinical judgement among experienced Advanced Practice Nurses.

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Introduction

The perinatal period is a major developmental transition during which women adapt to profound physical, psychological, familial, and social changes associated with pregnancy, childbirth, and the transition to motherhood. Meleis and colleagues described the transition as a dynamic process through which individuals respond to changes in health, roles, relationships, and life circumstances while moving toward new patterns of functioning [1,2]. When mental health issues arise during this transition, their effects extend beyond the woman herself and may have an impact on the mother–infant relationship, child development, and family functioning [3]. Therefore, early recognition and timely support have become central to perinatal mental health care [4].

Women experiencing perinatal mental health issues often present with complex and evolving needs. Their situations cannot be understood solely in terms of psychiatric symptoms or diagnoses. Psychological distress is closely intertwined with developmental transition, family relationships, parenting, self-care, daily life, and the broader social environment. These factors affect one another and change throughout pregnancy and the postpartum period. Therefore, supporting women during this transition requires clinicians to understand each woman's situation as a whole and to integrate diverse sources of clinical information before selecting appropriate care.

Experienced Advanced Practice Nurses (APNs) play a central role in caring for women with complex perinatal mental health needs. Their practice requires more than the application of specialist knowledge or clinical guidelines. They must recognize clinically relevant information, establish its significance within the woman's

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individual circumstances, and integrate multiple perspectives to guide assessments and care planning. This process is commonly described as clinical reasoning, through which clinicians collect clinical cues, interpret and synthesize information, develop an understanding of the patient's situation, and formulate appropriate plans of care [5]. The quality of clinical care depends not only on what clinicians know, but also on how they reason in complex and uncertain situations.

Clinical reasoning has received considerable attention in nursing research. However, most studies have focused on undergraduate education, simulation-based learning, and the development of clinical judgement among students and novice nurses. Research involving APNs has largely examined professional roles, competencies, and patient outcomes [6]; therefore, less information is currently available on clinical reasoning demonstrated by experienced APNs in everyday practice [7]. Much of the reasoning that underpins expert nursing practice develops through clinical experience and is rarely articulated explicitly. Consequently, an important aspect of advanced nursing expertise remains unclear.

This gap is particularly evident in perinatal mental health care, where women with complex needs are often supported by APNs from different nursing specialties. Certified Nurse Specialists in Women's Health Nursing (WHN CNSs) and in Psychiatric Mental Health Nursing (PMHN CNSs), for example, frequently care for the same woman while contributing different areas of expertise. Their professional perspectives have an impact on what they notice, how they interpret clinical information, and how they formulate care plans. These perspectives should not be regarded as competing approaches, but as complementary ways of understanding complex clinical situations. Therefore, examining the clinical reasoning demonstrated by experienced CNSs offers an opportunity to obtain a more detailed understanding of advanced nursing practice and the contribution of different nursing specialties to collaborative perinatal mental health care.

Japan provides a valuable context in which to examine these issues. Perinatal mental health care is delivered through collaborations among hospitals, public health nurses, municipal health services, visiting nurses, and community resources [8]. Within this system, CNSs are expected to provide an advanced assessment, consultation, coordination, and direct care while working across healthcare and community settings. Their practice requires the continuous interpretation and integration of psychological, developmental, familial, and social information throughout the perinatal period. Therefore, insights into how experienced Japanese CNSs demonstrate clinical reasoning in these situations may contribute to a broader understanding of advanced nursing practice beyond the Japanese healthcare context.

The purpose of the present study was to examine how WHN CNSs and PMHN CNSs develop clinical judgements through clinical reasoning when caring for women with perinatal mental health issues.

Research Objective

The present study investigated how experienced WHN CNSs and PMHN CNSs interpreted and integrated clinical information, developed an understanding of women's situations, and formulated care plans through clinical reasoning when responding to women with perinatal mental health issues.

By comparing these clinical reasoning processes, the present study sought to clarify how different professional perspectives shape clinical judgement and informed comprehensive care planning.

Methods

Study design

This qualitative descriptive study was informed by Sadlowski's qualitative descriptive approach [10] and employed a document analysis to examine the clinical reasoning demonstrated by experienced WHN CNSs and PMHN CNSs in written assessments and proposed care plans developed in response to two fictional case scenarios.

Development of fictional case scenarios

Two fictional case scenarios were developed collaboratively by WHN CNSs and PMHN CNSs based on situations commonly encountered in perinatal mental health practice. The scenarios represented complex clinical situations requiring an advanced assessment and care planning while containing no identifiable patient information.

Fictional cases were used to provide all participants with the same clinical context. This enabled differences and commonalities in the clinical reasoning demonstrated by the two specialties to be examined under comparable conditions. The purpose of this study was not to evaluate patient outcomes or the management of individual cases, but to investigate how experienced CNSs approached complex clinical situations.

Participants and data sources

Data consisted of documents generated during a collaborative project involving four WHN CNSs and three PMHN CNSs with expertise in perinatal mental health care. As part of the project, each participant independently prepared written assessments and proposed care plans for the two fictional case scenarios. These written documents constituted the data for the present study.

Descriptions relating to patient understanding, the clinical assessment, the interpretation and integration of clinical information, and care planning were included in the analysis.

Data collection

Documents prepared between January 2023 and August 2025 were reviewed. Text describing participants' understanding of the woman's situation, the interpretation and integration of clinical information, the clinical assessment, care planning, and the reasoning underpinning these decisions was extracted for analysis.

Data analysis

The analysis was informed by a qualitative description [10], with the aim of describing participants' accounts while preserving the meanings and context in which they were expressed.

Clinical reasoning cannot be observed directly. In the present study, it was interpreted from participants' written descriptions of the clinical assessment and care planning. These written accounts were treated as representations of how experienced CNSs understood the

clinical situation, interpreted available information, and formulated care plans. The Clinical Reasoning Cycle proposed by Levett-Jones et al. [5] served as the conceptual framework for the analysis. Participants' descriptions were examined in relation to the processes of collecting clinical cues, interpreting and integrating information, developing an understanding of the woman's situation, and formulating care plans. The framework guided the interpretation of data, but was not applied as a deductive coding framework.

Consistent with the qualitative description, the aim of the analysis was not to generate theory or develop new conceptual categories. Instead, participants' written accounts were organized and reconstructed as narrative descriptions that illustrated the clinical reasoning demonstrated by WHN CNSs and PMHN CNSs while preserving the context of the original documents. The narratives were subsequently compared to identify similarities, differences, and complementary characteristics between the two specialties.

Rigor

Credibility was enhanced through repeated discussions among all participating WHN CNSs and PMHN CNSs during the analytical process. Interpretations and narrative descriptions were reviewed and refined until consensus was reached, ensuring that the results obtained accurately reflected the clinical reasoning demonstrated in the original documents.

Ethical considerations

All case scenarios used in this study were fictional and contained no identifiable personal information. The documents analyzed were generated during a collaborative professional project rather than for research purposes. Written informed consent for the secondary use of these documents was obtained from all participating WHN CNSs (n = 4) and PMHN CNSs (n = 3). Ethical approval was obtained from the Institutional Review Board of Osaka University Hospital (Approval No. 26014).

Results

Analyses of the written assessments and proposed care plans showed that WHN CNSs and PMHN CNSs demonstrated distinct patterns of clinical reasoning when responding to women with perinatal mental health issues. Although both specialties shared the common goal of supporting women through pregnancy, childbirth, and early parenting, they differed in the professional perspectives that guided their reasoning. These differences affected what initially attracted their attention, how clinical information was interpreted, and how care plans were developed.

Different professional perspectives shaped the initial focus of clinical reasoning

WHN CNSs and PMHN CNSs approached the same clinical situations from different professional perspectives, and these perspectives affected the clinical cues that first guided their reasoning.

WHN CNSs primarily understood women's situations in relation to the developmental transition to motherhood. Their initial attention centered on women's acceptance of pregnancy, progression towards the maternal role, and changes in family relationships. Anxiety, uncertainty, and emotional distress were interpreted in relation to women's adaptation to pregnancy, childbirth, and parenting. The initial task was to investigate whether these responses reflected the normal challenges of developmental transition or indicated the need for additional support.

In contrast, PMHN CNSs first attended to psychological functioning. Anxiety, insomnia, repeated help-seeking, and difficulties in interpersonal relationships were interpreted in relation to developmental history, ego functioning, personality characteristics, coping capacity, and underlying psychological conflict. Rather than viewing these responses primarily within the context of pregnancy, PMHN CNSs sought to understand the psychological processes underlying the woman's experiences.

Although the starting points differed, both specialties used these initial observations to develop a broader understanding of the woman's situation.

Different professional perspectives affected the interpretation of clinical information

Both specialties collected information concerning family relationships, daily life, self-care abilities, available support, and psychosocial circumstances. The difference lay not in the breadth of information collected, but in how this information was interpreted.

WHN CNSs integrated information within the context of developmental transition. Information concerning pregnancy acceptance, feelings towards the unborn child, preparation for parenting, family relationships, and available support was interpreted to understand how women were adapting to pregnancy and motherhood. In Case 1, for example, severe anxiety following infertility treatment was interpreted within the context of adjustment to pregnancy while considering whether additional psychological support may be required.

PMHN CNSs integrated psychological symptoms with information concerning ego functioning, personality characteristics, coping strategies, interpersonal relationships, and psychological conflict. In Case 1, repeated consultations were understood as reflecting underlying psychological conflict. In Case 2, difficulties in establishing a therapeutic relationship with the midwife were interpreted within the broader context of the woman's psychological functioning and interpersonal patterns.

Despite these different perspectives, both specialties integrated psychological, developmental, familial, and social information to achieve a comprehensive understanding of the women's situations.

Different reasoning pathways resulted in complementary care planning

The differences in clinical reasoning were reflected in the care plans developed by each specialty.

WHN CNSs focused on supporting women's transition to motherhood. Their care plans emphasized helping women make sense of pregnancy and childbirth, facilitating the development of the maternal role, strengthening family relationships, and supporting adaptation to parenting. Partners and family members were regarded as essential resources, and a collaboration with community services was incorporated where appropriate.

PMHN CNSs focused on maintaining and restoring psychological functioning. Their care plans prioritized the development of a therapeutic relationship, psychological safety, emotional expression, and interventions aimed at strengthening ego functioning, emotional regulation, and coping capacity. Improvements in self-care and interpersonal functioning were viewed as consequences of improved psychological stability.

Although their priorities differed, both specialties developed care plans that addressed women's psychological, developmental, familial, and social needs. WHN CNSs centered their care on supporting the transition to motherhood, whereas PMHN CNSs focused on strengthening the psychological functioning that enabled women to negotiate that transition.

Discussion

Professional perspectives shape the interpretation of clinical information and the development of clinical judgement

Clinical judgement has been described as the process through which clinicians interpret available information, make sense of a patient's situation, and select appropriate actions [11]. Rather than arising directly from objective clinical findings, judgement is affected by the knowledge, experience, and perspectives that clinicians bring to a clinical encounter. Benner [12] further argued that expert nurses differ from novices not because they collect more information, but because they recognize meaningful patterns and interpret clinical situations within a broader experiential context. Similarly, Levett-Jones et al. [5] conceptualized clinical reasoning as an iterative process in which clinical cues are collected, interpreted, and integrated to support judgement and decision-making. More recent reviews of clinical reasoning research pointed out that the majority of empirical studies focused on undergraduate education, simulations, and novice practitioners, while limited information is currently available on how experienced APNs develop clinical judgements in complex practice settings [7].

The present results extend this body of literature by examining clinical reasoning among experienced WHN CNSs and PMHN CNSs working within perinatal mental health care. Both specialties considered psychological symptoms, family relationships, self-care abilities, daily life, and available support. However, they differed in how these elements were interpreted and integrated. WHN CNSs primarily understood women's situations through the perspective of developmental transition and adaptation to motherhood, whereas PMHN CNSs interpreted many of the same observations in relation to psychological functioning, ego strength, coping capacity, and interpersonal processes. Therefore, differences in clinical judgement arose not from the amount or type of information collected, but from the professional perspectives through which clinical information acquired meaning.

This result both supports and extends previous theories of clinical judgement. Tanner [11] proposed that clinicians' interpretations are shaped by what they bring to a clinical situation, while Benner [12] emphasized the impact of professional experience on the recognition of meaningful patterns. The present study suggests that professional expertise also provides a disciplinary perspective that affects how the same clinical information is interpreted. In other words, clinical reasoning is not simply an individual cognitive process, it is embedded within the knowledge traditions and practice perspectives of different nursing specialties.

These results are of particular relevance for advanced nursing practice. Existing advanced nursing practice research has predominantly described professional competencies, expanded roles, and patient outcomes [6], whereas few studies have examined the reasoning processes through which expert clinicians develop clinical judgements. By making these reasoning processes explicit, the present study provides a perspective on advanced nursing practice that complements competency-based descriptions and contributes to a more detailed understanding of expert clinical judgement. The present study responds directly to this gap by describing how experienced CNSs develop clinical judgements through the interpretation and integration of multidimensional clinical information. Furthermore, the present study extends existing knowledge by demonstrating that different professional perspectives contribute to the co-construction of clinical judgement, rather than merely producing different professional opinions. Although the educational preparation and scope of practice of APNs nurses differ across healthcare systems, the present results may also be applicable to settings in which experienced APNs collaboratively care for women with complex perinatal mental health needs. Therefore, an explicit understanding of complementary clinical reasoning processes may facilitate interdisciplinary collaborations beyond the Japanese healthcare context.

Clinical judgement developed through the integration of multidimensional information

The importance of a comprehensive assessment in perinatal mental health care has been widely recognized. International guidelines and reviews recommend that clinicians assess not only psychiatric symptoms, but also women's physical health, family relationships, parenting, social support, and broader life circumstances, reflecting the multidimensional nature of perinatal mental health [4,13]. Similarly, nursing theories of clinical reasoning describe expert judgement as arising from the synthesis of multiple sources of information rather than from isolated clinical findings [5,11,14].

Although these studies have established the importance of a multidimensional assessment, they do not provide a sufficient explanation of how experienced APNs integrate diverse information to arrive at clinical judgements. Most recommendations identify the domains that need to be assessed, but do not describe the interpretive processes through which different forms of information are connected and given clinical meaning.

The present results contribute to this gap by demonstrating that experienced WHN CNSs and PMHN CNSs integrated similar forms of clinical information while constructing different, yet equally coherent, understandings of women's situations. Both specialties considered psychological symptoms, family relationships, self-care abilities, daily life, and available support. However, WHN CNSs primarily interpreted these elements within the context of women's transition to motherhood, while PMHN CNSs understood the same information through the perspective of psychological functioning and emotional processes. Therefore, a multidimensional assessment serves as both the collection of comprehensive information and the basis for professional interpretation and the development of clinical judgement.

These results extend current understanding of a comprehensive assessment in advanced nursing practice. Expertise was demonstrated by identifying relevant clinical information and integrating diverse information into a coherent understanding that informed care

planning. This interpretive process represents an important characteristic of expert clinical judgement and may distinguish experienced APNs from less experienced clinicians. Among experienced APNs, clinical judgement appears to depend not only on a comprehensive assessment, but also on the ability to synthesize multidimensional information into a coherent understanding that guides care planning.

Different professional perspectives contributed to the co-construction of clinical judgement

Interprofessional collaborations have become a central principle in contemporary healthcare, particularly in the care of patients with complex and multidimensional needs. Previous studies emphasized that an effective collaboration depends on communication, mutual respect, shared goals, and a clear understanding of professional roles [15,16]. Within advanced nursing practice, a collaboration has similarly been described as a means of coordinating expertise to improve patient care [6]. However, these studies focused primarily on how professionals work together, rather than on how different professional perspectives contribute to the development of clinical judgement.

The present results provide a different perspective on collaborative practice. WHN CNSs and PMHN CNSs did not simply contribute different interventions or fulfill complementary professional roles. Each specialty interpreted the same clinical situation through a distinct professional perspective. WHN CNSs understood women's experiences primarily in relation to developmental transition and adaptation to motherhood, while PMHN CNSs interpreted many of the same observations through the perspective of psychological functioning. These different interpretations did not compete with one another; they broadened the understanding of women's situations and informed care planning from multiple perspectives.

This result suggests that a collaboration among experienced CNSs extends beyond the coordination of professional activities. Clinical judgement may be strengthened when different professional perspectives are brought together to construct a more comprehensive understanding of complex clinical situations. In the present study, this process was described as the co-construction of clinical judgement, referring to the integration of different professional interpretations into a shared understanding that informs care planning. Instead of representing separate professional opinions, the perspectives of WHN CNSs and PMHN CNSs complemented one another by revealing different dimensions of women's needs.

This perspective also has implications for interdisciplinary education and practice. Collaborative learning has often been directed toward improving communication and role clarification between professions. The present results suggest that equal attention to making professional reasoning explicit is required so that clinicians may understand how different disciplines interpret the same clinical information. This approach may facilitate shared clinical judgement and support more comprehensive care for women with complex perinatal mental health needs.

Implications for APNs implications for APNs

Research on advanced nursing practice has consistently demonstrated positive effects on patient outcomes, quality of care, access to healthcare, and patient satisfaction [6]. In perinatal mental health, studies on nurse practitioners have primarily examined clinical activities, such as screening, diagnosis, pharmacological management, psychological interventions, and the effectiveness of these interventions. This body of work has markedly advanced understanding of what APNs do in clinical practice.

However, less attention has been paid to how experienced APNs arrive at professional judgements in complex clinical situations. Although clinical decision-making is recognized as a core competency of advanced practice, the interpretive processes through which experienced clinicians make sense of multidimensional clinical information have rarely been examined empirically. Few studies have investigated how different advanced nursing specialties interpret the same clinical situation or how these different interpretations affect professional judgement.

The present study contributes to this area by making the clinical reasoning of experienced maternal and PMHN CNSs explicit. The present results suggest that expert practice is characterized not only by advanced knowledge and technical competence, but also by the ability to interpret and integrate multidimensional information from a particular professional perspective. Although WHN CNSs and PMHN CNSs approached the same clinical situations differently, their different perspectives contributed to a broader understanding of women's needs and informed shared care planning.

This perspective may be particularly relevant in healthcare systems where advanced practice relies on close collaborations among professionals with different areas of expertise. Rather than viewing professional differences as separate contributions to care, the present results suggest that they enrich clinical judgement by providing complementary interpretations of the same clinical situation. This perspective extends current descriptions of advanced nursing practice by highlighting the interpretive processes that underpin expert judgement and collaborative care planning.

These results also have implications for advanced nursing practice education. Existing educational frameworks have largely emphasized specialist knowledge, procedural competence, and professional roles. The present results suggest that educational programming also needs to make expert clinical reasoning explicit and encourage opportunities for learners from different specialties to examine how professional perspectives affect the interpretation of clinical information and the development of clinical judgement. This approach may strengthen interdisciplinary practice and support more comprehensive care for people with complex healthcare needs.

Limitations

The present study used fictional case scenarios to examine the clinical reasoning of experienced WHN CNSs and PMHN CNSs. Although the scenarios reflected situations commonly encountered in perinatal mental health care, clinical reasoning in actual practice develops through ongoing interactions with women, families, and healthcare professionals. Therefore, the present results need to be interpreted as describing clinical reasoning processes by experienced CNSs about standardized cases rather than how clinical judgement is developed in everyday clinical practice.

Furthermore, the analysis was based on written assessments and care plans. These documents provided insights into participants' professional judgements, but did not capture the reasoning that remained implicit or developed during discussions and interactions.

In addition, participants were limited to WHN CNSs and PMHN CNSs in Japan. Their clinical reasoning reflects the educational preparation and scope of practice of Japanese CNSs and may differ from APNs working in other healthcare systems.

Future studies need to examine clinical reasoning in actual practice using observations, interviews, or think-aloud methods. Comparisons of different advanced nursing practice specialties and healthcare systems will further clarify how professional perspectives affect the development of clinical judgement. These studies will provide insights into not only how expert clinical reasoning develops in real-world interdisciplinary practice, but also how it contributes to patient outcomes.

Conclusion

The present study examined how experienced WHN CNSs and PMHN CNSs developed clinical judgements through clinical reasoning when caring for women with perinatal mental health issues.

WHN CNSs and PMHN CNSs interpreted the same clinical situations from different professional perspectives. WHN CNSs primarily understood women's situations in relation to the transition to motherhood, while PMHN CNSs interpreted them in terms of psychological functioning. Despite these different perspectives, both specialties integrated multidimensional information, including women's psychological symptoms, family relationships, daily life, self-care abilities, and available support, to develop clinical judgements that informed comprehensive care planning.

The present results indicate that differences between WHN CNSs and PMHN CNSs were not simply differences in professional roles or interventions. Rather, they lay in the processes by which each specialty interpreted and integrated clinical information through clinical reasoning before arriving at clinical judgements. These different professional perspectives complemented one another and supported a broader understanding of women's needs. Making expert clinical reasoning explicit may facilitate interdisciplinary collaborations, strengthen advanced nursing education, and ultimately contribute to improving the quality of perinatal mental health care.

The present study makes explicit the clinical reasoning processes through which experienced CNSs develop clinical judgements in perinatal mental health care. The results obtained herein may inform advanced nursing practice education, interdisciplinary practice, and future studies examining clinical reasoning and clinical judgement among experienced APNs.

Conflict of Interest

The authors declare no conflicts of interest.

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Author Contributions

M.B. and N.M. conceived and designed the study, collected, analyzed, and interpreted the data, and prepared the manuscript. K.I., E.E., A.N., Y.K., and Y.Y. contributed to data collection and analyses. All authors participated in repeated discussions of the data and its interpretation, critically reviewed the manuscript, approved the final version, and agreed to be accountable for all aspects of the work.

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