



The Buddying model in the clinical supervision of nurses: A scoping review protocol

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ABSTRACT

Introduction: The Buddying model has emerged as a promising approach to clinical nursing supervision, emphasizing the development of professional and personal competencies through structured, personalized peer support. It fosters a culture of continuous learning and intra-professional collaboration, contributing to the ongoing improvement of care quality and patient safety. Its adaptability across diverse clinical environments and organizational contexts underscores its relevance and potential impact in contemporary nursing practice.

Objective: To map the available scientific evidence on the characteristics of the Buddying model in the clinical supervision of nurses.

Methodology: This scoping review follows the guidelines of the Joanna Briggs Institute. The search will be carried out in PubMed; CINAHL Complete, MEDLINE Complete and Nursing & Allied Health Collection (via EBSCOhost). Grey literature will also be searched through OpenGrey and the Portuguese Open Access Scientific Repository. There will be no time and language restrictions. The principles of the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews will be adopted and evidence tables will be drawn up for data extraction.

Conclusions: The proposed scoping review shall provide a comprehensive overview of the Buddying model as applied to the clinical supervision of nurses, explore its characteristics, and identify gaps in the existing evidence. It is expected to contribute to a deeper understanding of the model's potential to support skill development and enhance the quality and safety of nursing care.

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RESUMO

Introdução: O modelo *Buddying* surgiu como uma abordagem promissora na supervisão clínica em enfermagem, enfatizando o desenvolvimento de competências profissionais e pessoais através do apoio estruturado e personalizado entre pares. Promove uma cultura de aprendizagem contínua e de colaboração intra-profissional, contribuindo para a melhoria contínua da qualidade dos cuidados e da segurança dos doentes. A sua adaptabilidade a diversos ambientes clínicos e contextos organizacionais sublinha a sua relevância e potencial impacto na prática de enfermagem contemporânea.

Objetivo: Mapear as evidências científicas disponíveis sobre as características do modelo de *Buddying* na supervisão clínica de enfermeiros.

Metodologia: Esta *scoping review* seguirá as diretrizes do Joanna Briggs Institute. A pesquisa será efetuada na PubMed; CINAHL Complete, MEDLINE Complete e Nursing & Allied Health Collection (via EBSCOhost). A literatura cinzenta também será pesquisada através do OpenGrey e do Repositório Científico de Acesso Aberto de Portugal. Não haverá restrições de tempo nem de idioma. Serão adotados os princípios do Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews e serão elaboradas tabelas de evidência para extração de dados.

Conclusões: A *scoping review* proposta fornecerá uma visão abrangente do modelo *Buddying* aplicado à supervisão clínica de enfermeiros, explorará as suas características e identificará lacunas na evidência existente. Espera-se que contribua para uma compreensão mais profunda do potencial do modelo para apoiar o desenvolvimento de competências e melhorar a qualidade e a segurança dos cuidados de enfermagem.

Introduction

Quality is a fundamental pillar in the management of health institutions, and Clinical Nursing Supervision (CNS) is an essential strategy for the continuous improvement of quality and safety of care. It provides support to nurses, contributing to their professional and personal development and, consequently, to health gains.^{1,2,3}

In this sense, the Buddying model has emerged as an effective strategy for continuously improving the quality of care and patient safety, promoting a culture of continuous learning and intra-professional collaboration. This model is key to ensuring that patients are at the center of care, while supporting nurses in making efficient use of the time and resources available, prioritizing workload and managing the pressures and stress inherent in professional practice.^{4,5,6}

The buddying model in CNS consists of collaboration between more experienced nurses (called buddies) and less experienced nurses, and is an effective approach to support, integration and professional development, especially for nurses at the start of their careers. This model promotes an informal and cooperative learning environment in which less experienced nurses have the opportunity to develop theoretical and practical skills under the guidance of more experienced colleagues.^{6,7}

The term buddy refers to a colleague who provides mutual support to another individual, establishing a relationship based on cooperation and support. The concept involves the pairing of two professionals with similar roles, allowing them to help each other, both emotionally and in the execution of tasks, and is particularly relevant in challenging or high stress situations.^{8,9}

The applicability of the Buddying model is wide-ranging, covering various areas of clinical practice and different organizational contexts. This Buddying model is therefore a promising approach to clinical supervision among nurses, providing effective and personalized support to new professionals. In addition, it contributes to the continuous improvement of the quality of nursing care, reinforcing the need for research on the subject and highlighting its relevance and pertinence in the current context, which could inform future research.

Thus, preliminary research on PubMed (National Library of Medicine), PROSPERO, Cochrane Database of Systematic Reviews and Open Science Framework (OSF), revealed that there are no systematic literature reviews or ongoing reviews on the topic.

Therefore, the aim of this scoping review is to map the available scientific evidence on the characteristics of the Buddying model in the clinical supervision of nurses.

Methodology

This review will be conducted in accordance with the methodology proposed by the Joanna Briggs Institute (JBI),¹⁰ and the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).¹¹ This protocol is prospectively registered in the OSF (DOI 10.17605/OSF.IO/YM7JN).

Review Question

This scoping review will consider the following main question: What scientific evidence is available on the characteristics of the Buddying model in the clinical supervision of nurses?

Subsequent questions will be considered as sub-questions: What are the main attributes of Buddying programs in the clinical supervision of nurses, in terms of objectives, format, frequency and duration? What are the outcome indicators and corresponding evaluation tools associated with the programs? What are the characteristics of the buddy?

Inclusion Criteria

The eligibility criteria were defined using the Population–Concept–Context (PCC) framework.¹⁰

Participants

This review will consider studies that include nurses in clinical practice. There will be no restrictions on gender, ethnicity, other personal characteristics or years of professional experience, so it will include newly qualified or advanced practice nurses. Studies addressing other professional groups of the concept under study were excluded.

Concept

All studies exploring the use of the Buddying model will be considered.

Context

All studies exploring clinical supervision in nursing will be considered.

Types of evidence sources

This scoping review will include primary studies (quantitative, qualitative, and mixed-methods), and secondary studies (all types of reviews). Editorials, opinion articles, reports and theses will also be considered. No time or language restrictions will be applied.

Search strategy

A three-step strategy will be followed. In the first step an initial limited PubMed search to identify articles on the topic, was conducted. The text words in the titles and

abstracts of relevant articles and the index terms used to describe the articles were used to inform the second step, as presented in table 1.

Table 1. MeSH terms and keywords.

Strategy	MeSH terms	Entry terms	Natural terms
P (Participants): Nurses	• Nurses	• Registered nurses	• Registered nurs* • Nurs*
C (Concept): Buddying model	• Mentoring	• Coaching	• Buddy* • Buddies • Peer support • Mentor*
C (Context): Clinical supervision	• Education, professional • Preceptorship • Clinical Competence	• Professional education • Clinical competence	• Preceptor* • Clinical Skill* • Clinical supervision*

Second, all identified keywords and index terms will be adapted for each of the following databases: PubMed; CINAHL Complete, MEDLINE Complete and Nursing & Allied Health Collection (via EBSCOhost). Grey literature will also be researched, namely OpenGrey and the Portuguese Open Access Scientific Repository (RCAAP). The specific characteristics of each database to be used in the scoping review are described in table 2.

Table 2. Search strategies used in each databases.

Databases	Boolean phrase	Results
PubMed® (Data searched: march 14, 2025)	("nurses" [MeSH Terms] OR "registered nurs*" [Title/ Abstract] OR "nurs*" [Title/ Abstract]) AND ("mentoring" [MeSH Terms] OR "coaching" [Title/ Abstract] OR "buddy*" [Title/ Abstract] OR "buddies" [Title/ Abstract] OR "peer support" [Title/ Abstract] OR "mentor*" [Title/ Abstract]) AND ("education professional" [MeSH Terms] OR "preceptorship" [MeSH Terms] OR "clinical competence" [MeSH Terms] OR "professional education" [Title/ Abstract] OR "clinical competence" [Title/ Abstract] OR "preceptor*" [Title/ Abstract] OR "clinical skill*" [Title/ Abstract] OR "clinical supervision*" [Title/ Abstract])	3098
MEDLINE Complete (via EBSCOhost) (Data searched: march 14, 2025)	(MH nurses OR TI registered nurs* OR AB registered nurs* OR TI nurs* OR AB nurs*) AND (MH mentoring OR TI coaching OR AB coaching OR TI buddy* OR AB buddy* OR TI buddies OR AB buddies OR TI peer support OR AB peer support OR TI mentor* OR AB mentor*) AND (MH education professional OR MH preceptorship OR MH clinical competence OR TI professional education OR AB professional education OR TI clinical competence OR AB clinical competence OR TI preceptor* OR AB preceptor* OR TI clinical skill* OR AB clinical skill* OR TI clinical supervision* OR AB clinical supervision*)	1099
CINAHL Complete (via EBSCOhost) (Data searched: march 14, 2025)	(MH nurses OR TI registered nurs* OR AB registered nurs* OR TI nurs* OR AB nurs*) AND (MH mentorship OR TI coaching OR AB coaching OR TI buddy* OR AB buddy* OR TI buddies OR AB buddies OR TI peer support OR AB peer support OR TI mentor* OR AB mentor*) AND (MH education professional OR MH preceptorship OR MH clinical competence OR TI professional education OR AB professional education OR TI clinical competence OR AB clinical competence OR TI preceptor* OR AB preceptor* OR TI clinical skill* OR AB clinical skill* OR TI clinical supervision* OR AB clinical supervision*)	846
Nursing & Allied Health	(TI registered nurs* OR AB registered nurs* OR TI nurs* OR AB nurs*) AND (TI coaching OR AB coaching OR TI buddy* OR AB buddy* OR TI	72

Collection (via EBSCOhost)	<i>buddies OR AB buddies OR TI peer support OR AB peer support OR TI mentor* OR AB mentor*) AND (TI professional education OR AB professional education OR TI clinical competence OR AB clinical competence OR TI preceptor* OR AB preceptor* OR TI clinical skill* OR AB clinical skill* OR TI clinical supervision* OR AB clinical supervision*)</i>
(Data searched: march 14, 2025)	
Total	5115

In the final step of the search strategy, we will hand-search the reference lists of sources that have been selected for full-text review. All studies will be included, without language or time limitations, to reduce the risk of missing relevant sources. Languages other than English, Portuguese or Spanish will be translated by colleagues fluent in the language or through qualified speakers. If those cannot be accessed, digital tools such as DeepL will be used. Any modifications will be detailed in the full scoping review.

Study selection

After the research, the studies identified in the databases will be exported to the Rayyan Intelligent Systematic Review tool (Qatar Computing Research Institute, Doha, Qatar), and the PRISMA-ScR guidelines¹¹ will be applied. In the identification phase, duplicate studies will be removed. The remaining records will proceed to the screening phase, where a pilot test will be conducted. Titles and abstracts will be reviewed, and studies that do not meet the eligibility criteria will be excluded.

All selected articles will be organized using the Mendeley reference manager. The remaining eligible studies will be assessed in full text, and those not meeting the inclusion criteria will be excluded. Studies that fulfill the inclusion criteria will proceed to the inclusion phase and be included in the review.

The selection process will be performed by two independent reviewers. In case of disagreement, a third reviewer will be consulted. The review results will be fully reported in the final scoping review and illustrated using a PRISMA-ScR flow diagram¹¹. Reasons for excluding studies at the full-text screening stage will be clearly documented and reported in a flowchart.

Data extraction

The data from the included articles will be extracted and analyzed by two independent reviewers using a data extraction tool developed by the reviewers.

The data extracted will include specific details about the inclusion criteria (i.e., participants, concept and context, and types of evidence sources) and key findings relevant to the review questions. A draft extraction tool is provided, as presented in table 3. Throughout the data extraction process for each included study, the reviewers will implement necessary modifications and revisions to the preliminary data extraction tool, with all changes detailed in the full

scoping review. Any disagreements between the reviewers will be resolved through discussion or with a third reviewer. The authors of papers will be contacted (e.g., by email) to request missing or additional data, wherever required.

Table 3. Data extraction tool.

Title	Article title
Authors/ Year	Name and surname of each author of the study/ Year of publication
Country of origin	Country of origin of the main author
Type of study	Describe the type of study reported by the author
Objective(s)	Check the relevance of the objectives
Methodology	Describe the used methodology
Participants	Identify the participants (e.g. sociodemographic characteristics)
Characteristics of Budding programs for nurses in clinical peer supervision	e.g. objectives, format, frequency and duration, buddy characteristics
Main results	Identify the main results

Data analysis and presentation

The extracted information from the included studies will be organized and presented in tabular and/or diagrammatic formats, aligned with the main research question and its sub-questions. Alternative formats may also be considered after data analysis if they offer a clearer or more effective representation of the findings. In addition, a narrative summary will accompany the tables and/or visual displays, providing contextual interpretation and explaining how the results address the objectives and guiding questions of the review.

Conclusion

This scoping review protocol emphasizes the relevance of the Budding model as a potential supportive strategy within the clinical supervision of nurses, with the aim of promoting skill development and fostering a culture of continuous quality improvement and safe care delivery. Given the increasing demand for effective supervision models that contribute to professional growth and patient outcomes, this review will describe the key characteristics of Budding programs (such as objectives, format, frequency, and duration), identify outcome indicators and their associated evaluation tools, and explore the characteristics and roles of the Buddy.

By adopting a rigorous and transparent methodological approach, this scoping review will provide a comprehensive overview of how the Budding model has been conceptualized and implemented in nursing supervision contexts. The

findings are expected to inform future practice and research by highlighting areas of strength and gaps in the current evidence, thereby contributing to the development of effective supervision strategies that enhance professional competencies and health outcomes.

Conflict of Interest

The authors declare no conflicts of interest.

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