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Review

Registered nurse buddies: Educators by proxy?

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ABSTRACT

The informal clinical teaching role of the buddy nurse seems to be a uniquely Australian title, with little consistency in terminology for informal nurse educator roles internationally. Not all registered nurses are professionally developed for the informal role of facilitating the clinical learning of students in clinical settings, yet these roles are expected by nursing professional bodies. In Australia the registered nurses (RN) experience of being a buddy nurse has been reported as lacking clarity, being unsupported and structureless. Whist there is a plethora of literature published about formal RN educator roles, little is available on the informal buddy nurse role. A view of the buddy nurse role in reference to the limited but available literature in the Australian context is offered in this paper. International perspectives are also gathered describing informal clinical education RN's roles with similar responsibilities to the Australian buddy nurse. The significance of this dialogue is to ignite debate about the role, potentially informing policy for the improved support of the role within the Australian nursing landscape.

1. Introduction

The importance of the relationship between the registered nurse (RN) and the student nurse (SN) has been the focus of a growing body of literature endorsing how important this relationship is in the clinical setting with respect to the clinical learning experience of SNs (Aghamohammadi-Kalkhoran et al., 2011; Brammer, 2006a, 2006b, 2008; Haitana and Bland, 2011; Hathorn, 2009; Levett-Jones et al., 2009; Raines, 2012). The significance of the relationship between the SN and RNs during clinical practicum is illustrated in a number of ways. Primarily, the influence of the RN as a facilitator of clinical learning for SNs has been considered essential to student satisfaction perceived benefits of their clinical exposure(Smedley and Morey, 2010; Warne et al., 2010). In addition, and not surprisingly, the clinical learning experiences of students can impact both their clinical competency development and the development of a professional nursing identity (Aghamohammadi-Kalkhoran et al., 2011). Furthermore, attitudes and behaviours of RNs towards SNs who are on clinical placement are considered a key influence whether the student chooses to continue with nursing or not (Aghamohammadi-Kalkhoran et al., 2011; Brammer, 2006a; Haitana and Bland, 2011; Hathorn, 2009; Raines, 2012).

Nurse education and subsequent registration is dependent upon the development of clinical skill competence gained through clinical exposure and RN role modelling. It is in this context that RNs can exert a lasting influence on the student's learning (Brammer, 2008). The RN-SN relationship can influence the student's development of empathy, trust, and person-relating; including the SN's perception of professional acceptance(Glass, 2010). The RN-SN relationship likewise influences the development of interpersonal and communication skills essential for nursing practice, and the development of both compassion and potentially the students' development of emotional intelligence (Beauvais et al., 2011; Por et al., 2011).

2. Background

Given the importance of the RN-SN relationship in the clinical setting, it is worth considering how that relationship is facilitatedand via what learning models it is structured. Nurse education in the clinical setting is facilitated by various educator roles. For instance, the RN

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educator can be a formally trained and appointed clinical educator or facilitator, a preceptor or mentor who is employed by the hospital for this role (Brammer, 2006b; Broadbent et al., 2014; Haitana and Bland, 2011; Hathorn, 2009; O'Driscoll et al., 2010; Walker et al., 2008, 2013).Alternatively a RN educator can hold another less formal position such as being nominated to supervise students shift by shift as a rostered RN to a particular ward/clinical area. In Australia such a role is commonly known asa buddy nurse (Rebeiro et al., 2015).

Although many definitions are available for appropriately prepared RN educator roles, for the purpose of this paper, the following definitions will be used. A clinical educator is an appropriately prepared RN who is employed by the relevant university to be responsible for the overall supervision of a group of students during their clinical placement (Health Workforce Australia, 2008).A preceptor is defined as a RN who has undergone preceptorship training (as professional development often supported by the healthcare organisation), after which the assignment of a student to that particular RN employed at a health care facility occurs. A mentor is similar to the preceptor RN role but involves a longer-term relationship between the SN and the RN. Mentors, like preceptors, are usually trained for the role through professional development opportunities. Conversely, a buddy nurse role (as it is known in the Australian context) is an informal clinical educator role where the only requisite qualification is registration with the nurse's board and being rostered to the area where students are on placement. Usually the nurse manager allocates students as they see fit. A buddy nurse is not required to undertake professional development for the role. By nature of this, the buddy nurse role is one that attracts controversy in some practice settings.

In addition, RNs who undertake the buddy nurse role also have a full patient load during each shift, which is a significant difference between other clinical nurse educator roles previously described. While the buddy nurse is not involved in formal assessment of SNs, they are called upon to authenticate student clinical practice hours and to provide formative feedback on the performance of the SN over the course of their shift. To become an effective nurse educator requires formal and informal education, experience in nursing practice, and an ability to support SNs in their clinical exposure where they are developing and practicing new skills in caring for another person's ill health condition(Gardner, 2014).

The challenge for informal educator roles in nursing relates to person dependant variation shift-to-shift for support of the students (especially when students are exposed to clinical occasions that may be challenging and require debriefing), formative assessment of students, and the competing priority of a full patient load while trying to undertake comprehensive and adequately supported supervision of beginning nurses.

Whist there is a significant collection of published literature internationally about formal RN educator roles of preceptors and mentors(da Silva et al., 2014; de Fulvio et al., 2015; Luhanga et al., 2010; Usher et al., 1999), and how they relate to students in the clinical setting (Aghamohammadi-Kalkhoran et al., 2011; Dunn and Hansford, 1997; Levett-Jones et al., 2009; O'Driscoll et al., 2010), there is a paucity of literature on the Australian buddy nurse role and the impacts of this relationship in regards to student's clinical experience.

The aim of this paper is to refer to the limited but available literature to illuminate the role of the informal buddy nurse educator, and position this discussion in the Australian context. International perspectives of similarly described informal nurse clinical educators will also be referred to in order to gain a greater understanding of the demands of the role and potentially discover ways to better support RNs who undertake it. The significance of this discourse is to ignite debate about the role within the Australian context so the profession may undertake better processes to engage and support registered nurses who undertake the role, and given the requirements of registration within Australia, this affects all registered nurses in the country.

3. Search Strategy

The databases of CINAHL complete, OVID and Medline complete were searched using the key terms of – buddy nurse OR preceptor OR clinical educator OR mentor AND registered nurse AND student nurse. Papers included were those published between 2005 and 2015, written in English, and located in peer reviewed journals. The databases searched returned 694 abstracts initially from which duplicates were removed. Abstracts from the US, UK and Ireland, Australia and New Zealand, Continental Europe and Canada were then further screened and either included or excluded based upon the focus of the review leaving 10 articles to be included.

4. Supervision and Support of SNs on Clinical Placement -The Australian Context

In many countries, several models of clinical teaching exist for the supervision of SNs when they are on clinical placement. As noted above, these models largely comprise of formally supported roles and informal roles (where RNs are not professionally developed) and often levied on nurses at the bedside(Rebeiro et al., 2015). In Australia, the main model used is that of the clinical educator or facilitator, an RN who is appointed through education providers (such as a university) or by the hospital nursing education departments, usually from nursing staff. However the informal role of buddy nurse is also commonplace. Clinical educators engaged by a university or by hospital education departments who work with undergraduate nursing students are supernumerary (not on the ward roster and not allocated patients). Importantly, they will often have SNs dispersed across a number of clinical wards or settings, making the clinical exposure diverse between students (Brammer, 2008; Health Workforce Australia, 2008; Rebeiro et al., 2015) and thus making the provision of continuous supervision, and equitable and effective student learning opportunities increasingly challenging. Consequently, SNs are 'buddied' with RNs rostered to the ward for supervision and facilitation of their clinical practice, thereby covering times when the clinical educator is unavailable. The buddy nurse arrangement also serves to fulfil a mandated requirement by the Bachelor of Nursing curriculum accreditation body (The Nursing and Midwifery Board of Australia, 2006) that an RN must always supervise a SN while they are in the clinical area, in the provision of patient care. It is worthy of note though that, due to a range of factors, such as the casualization of the nursing workforce, the 'buddy RN' is often not the same RN on consecutive shifts (Brammer, 2006b) and therefore may not be familiar with the student nor their knowledge base or level of competence.

5. Informal Nurse Educators – International Context

Clinical teaching/facilitation and learning models such as clinical education, preceptorship, mentoring and the informal 'buddying' of SNs with RNs are accepted models for facilitation of SNs clinical learning in Australian health care facilities. Van Eps et al. (2006) argued that models of clinical education of undergraduate nursing students in Australia are not dissimilar to that found in other industrialised English speaking countries such as the United Kingdom (UK), United States (US), Canada and New Zealand. It is likely that formal and informal clinical nurse education roles are known by other titles. As Van Eps and colleagues state: "In the nursing literature the terms 'preceptorship', 'mentoring' and 'buddying' are often used to mean the same role but enacted differently" (Van Eps et al., 2006, p. 520).

In the US, informal RN clinical education roles are referred to as preceptors. In the US context, clinical instructors are faculty instructors from a university nursing school who oversee students on clinical placement to support them. Preceptors in the US nomenclature are the ward/floor nurses to whom SNs are allocated for the shift (de Fulvio et al., 2015). de Fulvio et al. (2015)report that many US nurses consider