



Review Article

Succession Planning Model – Specialist Nurse Buddy Programme in an acute hospital setting in Ireland

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Abstract

Background: A Succession Planning Model -The Specialist Nurse Buddy Programme was introduced by a Specialist Nurse Executive Council which was led by clinical nurse specialists and advanced nurse practitioners, within an acute hospital setting, in Ireland. **Aim:** The model aimed to provide a pathway and opportunity for all nurses of all grades, and student nurses on their internship placement, to ‘buddy up’ and spend a period of time working with an advanced nurse practitioner or clinical nurse specialist. **Methods:** This study explored and identified the effectiveness of the ‘buddy model’ to enhance understanding of these specialised roles and its advantages towards succession planning. Twenty six nurses of various grades have enlisted in the programme to date and twenty have completed participation in the succession planning model. A systematic review of the literature was conducted focusing on key concepts such as succession planning, specialist nursing, peer/buddy support and mentorship (November 2024 to January 2026). **Outcomes:** The model provided a supportive model for nurses to pursue careers in expert specialties by empowering participants to create a pathway to begin this journey, and to take the first steps towards self-professional development in a specialist or advanced practice nursing role. **Relevance to clinical practice:** The model, part of a succession planning strategy, recognised the importance of staff self-professional development and provided nurses with an understanding of the intricacies of these specialised roles.

Keywords: Specialist Nurse Buddy Model; Succession Planning; Clinical Nurse Specialists; Advanced Nurse Practitioners.

Introduction

The Nursing and Midwifery Board of Ireland (NMBI) [1] stipulates that Advanced Nurse Practitioners (ANPs) are autonomous, expert practitioners and supports this by identifying six domains of competence; *Professional Values and Conduct, Clinical Decision Making, Knowledge / Cognitive, Communication / Interpersonal, Management / Team, Leadership / Professional*. The competences for Clinical Nurse Specialist (CNS) as described by the Office of the Nursing and Midwifery Services Directorate (ONMSD) [2] align with these NMBI standards by establishing five competences, *clinical focus (direct care and indirect care), patient/client advocate, education and training, audit and research, leadership in clinical practice*. The Sláintecare programme provides the direction for healthcare reform and delivery in Ireland, and it highlights the vital role ANPs and CNS' will play in its success [3].

Evidence Review

This is a mixed method study; (1) Review of Evidence and (2) Survey and thematic analysis of findings.

Main bibliographic databases searched to review evidence

The main data bases searched included CINAHL-Cumulative Index to Nursing and Allied Health Literature, Medline, Psycinfo and Embase *via* Ovid. The evidence review reveals that there is limited research on the 'Specialist Nurse Buddy Model' and its potential impact on both the understanding of specialist nurse roles and succession planning for the recruitment and development of such positions.

The main areas identified included:

Succession Planning

Succession planning is a strategic, systematic process to ensure the right nurses with the right skills are prepared to step into ANP and CNS roles when vacancies arise, ensuring continuity of safe, high-quality patients care that is critical to organization development. According to Mirzaee et al. [4] succession planning is defined as a means "to prepare and nurture a capable and talented workforce to meet future staffing demand". In addition, Rothwell [5] cautions that without succession planning "organizations will have difficulty maintaining leadership continuity or identifying appropriate leaders when a change in business strategy is necessary". Several key factors underline the need to implement a succession planning training program for nurses to prepare them for leadership roles. These factors include an aging workforce, nursing turnover, shortages, and more responsibilities and expectations placed on nurses. These factors are a global challenge and require universal

best practices to face them.

Hegney et al. [6] further supports a structured succession planning utilizing a model called, TRANSPEC. It describes transition into specialty nursing as a phased, time-dependent process shaped by the interaction of the nurse's professional and personal self, the availability of formal and informal transition processes, and a sense of belonging within the practice context. Importantly, limited organisational focus on the pre-entry phase can weaken recruitment and retention into specialty roles, reinforcing the need for proactive identification and development of potential candidates rather than relying on ad hoc progression [7]. Evidence from peer mentoring programme implementation shows that mentoring can strengthen professional development, improve satisfaction, and support sustained engagement by offering targeted guidance and support alongside existing supervision structures [8].

Professional development for staff

Louth Hospitals Nursing Strategy, [9] emphasizes the importance of ongoing professional development of staffs and creation of positive practice environment within the organization. The hospital group structures support individual nurses on their leadership journey through Professional Development Planning (PDP) framework, mentorship programs and HSE leadership and management courses primarily focusing on role establishment, competency development, and governance. There is limited evidence of a formal, standardised succession planning model specifically designed to prepare nurses for future specialist or ANP roles across services [10-12].

Clinical leaders within the Specialist Nursing Executive Council (SNEC) of the hospital identified a need for a more formal and supportive structure to strengthen succession planning for specialist and advanced practice nursing roles within the organisation in conjunction with The Pathway to Excellence. Although CNSs and ANPs contribute substantially to clinical leadership, service development and quality improvement, progression into these roles is often informal and inconsistent, which can undermine workforce planning, preparedness for role demands, ultimately resulting in a risk to service provision [13]. In response to these identified gaps, this project aims to introduce a structured succession planning model for specialist and advanced practice nursing roles. The model will enable early identification of high-potential nurses, provide coordinated development and mentoring supports, and embed succession planning within SNEC governance to strengthen leadership continuity and the sustainability of specialist and advanced practice nursing roles.

sláintecare in practice

The application of sláintecare in practice in the Irish healthcare system places additional demands to deliver timely access to

quality care for all [3]. The Nursing profession plays a vital role in the reform of health care delivery. Clinical nurse specialists (CNS) and advanced nurse practitioners (ANP) have been identified as central to this implementation, and the empowerment of nurses is essential for the effective delivery of health policy reform. Attaining the sláintecare reform depends on an adequately staffed nursing workforce. This is reinforced within the Health Service Executive (HSE) Corporate Plan [14], where there is an intensified focus on clinical career pathways that facilitate the provision of high-quality care closer to home. Succession planning is fundamental to safeguarding current maturing CNS and ANP posts.

Mentoring

Mentorship is the primary mechanism for succession planning, ensuring not only that roles are future-proofed but also advance to meet evolving population healthcare needs [11]. Mentoring is defined as a nurturing process designed to promote both personal and professional development, creating a synergetic relationship aimed at advancing career progression and providing dual satisfaction for both mentor and mentee [15-19].

Internationally, emerging models within healthcare employ hybrid approaches that amalgamate formal and informal mentorship, peer mentoring, and virtual mentoring secondary to technological progression. However, formal mentorship provides structure with protected time and space [20-23]. Both Kayko et al. [24] and Gusar et al. [25] indicate that one-to-one mentoring approaches have a greater impact on the quality of mentoring support.

Successful formal mentorship pathways contain clear objectives, structured frameworks, and regular interactions [26,27]. Key characteristics of effective mentorship pathways include appropriate mentor selection, safeguarding compatibility with the mentee, and access to resources to support practice [28,23,29]. Martina et al. [15] note that the period of mentorship programmes varied significantly, with findings demonstrating that programmes lasting six months to one year generate the most positive outcomes in competency, confidence, and job retention.

Baker et al. [26] found that mentees reported enhanced skill development and a foundation to pursue advanced roles, which is associated with increased job satisfaction and reduced turnover rates in both nursing and midwifery professions. Additionally, Hoover et al. [30] & Perumal and Singh [28] found that mentees improved clinical skills, having a positive impact on patient care outcomes. Challenges for mentors included time constraints in addition to patient caseload and clinical duties [22].

Informal mentorship offers flexible, yet valuable support, particularly when combined with formal systems, allowing healthcare organisations benefit from dual mentoring approaches.

Luck et al. [31] in a ‘peer buddy’ programme discuss horizontal mentorship for registered nurses with the aim of having an individual career pathway for specialist positions that is streamlined, expanding individual scope of practice, thus promoting achievement of relevant postgraduate qualifications. Findings supported horizontal mentoring as being a cost-effective approach involving minimal resources and insignificant interruption to clinical services.

Succession planning has been used in healthcare and particularly in nursing as a formalised process in developing nurses into leadership and specialist roles to address the gap in the nursing workforce, thus maintaining high-quality evidence-based care [32,33]. Chima et al. [34] advocate a crucial need for proactive and evidence-based workforce planning strategies to ensure that the health system remains resilient, equitable and can meet the needs of the Irish population. Specific competencies held by ANPs and CNS’s can provide sufficient direction to further develop the nursing profession clinically, professionally and in health reform domains [35].

Throughout the literature, the need for robust strategies for staff retention and succession planning has been discussed, with programmes facilitating staff mentoring to address staffing issues discussed in the nursing literature, with specific programmes being developed and used to retain newly graduated staff in nursing with positive effects [36]. Similarly, in Maryland, USA, one programme was developed to support the transition of newly registered nurse practitioners to their roles to address retention of staff in these new positions [37].

The TRANSPEC © model developed in Australia effectively demonstrated how these initiatives positively support the transition of generalist nursing staff to specialist areas for effective recruitment. This model highlights that the transition depends on enablers to learning, and a ‘pre-entry’ stage, before the transition to a specialist role. The authors advise that when developing staffing strategies, organisations should recognise all stages of transition in such approaches [6]. Furthermore, Chamberlain et al. [7] verify that this model is designed to address workforce shortages and support the development of novice nurses into expert specialists over time.

Irish research has been scarce until recently; Giltenane et al. [38] shared findings from a mixed-method study on the experiences of Irish nurses engaged in a mentoring programme. Both the mentor and mentee completed online surveys following training. A major limitation of this study being the phase 2 focus groups had no mentees present, thus leaving the results biased to mentors alone. However, the results demonstrate that mentoring can be significant in workforce development in Ireland as a strategy to improve staff

retention and professional development.

Moreover, succession planning supports professional development and career progression within nursing, which can increase job satisfaction, retention, and engagement in the organisation. Thus fosters an environment for professional development and advancement as staff feel supported in their career aspirations, and organisations need to nurture this culture of professional development. A systematic review by Vlerick et al. [29], designed to summarise evidence in relation to the aims, characteristics, and effectiveness of mentorship programmes for specialised nurses and advanced practice nurses, reported positive outcomes on job retention, job satisfaction, clinical skills and overall confidence improvement. Of note, recommendations included that mentoring programmes for expert nurses should be considered as ‘complex interventions’ requiring such elements as work shadowing, peer mentorship, and training in role expansion.

Mentoring and succession planning are crucial strategies for developing nursing leadership, particularly in advanced practice roles such as CNS and ANP. These strategies not only support individual professional growth but also strengthen organisational resilience by building a pipeline of competent future leaders. However, despite their recognised importance, their implementation is hindered by multiple barriers and challenges, while certain facilitators can enhance effectiveness.

A major barrier to mentoring in nursing is the lack of protected time and resources. Nurses often face high clinical workloads, irregular shifts, and staff shortages, limiting their ability to engage in mentoring activities [38]. Similarly, nurses seeking shadowing may be unable to secure protected time during working hours, leading many to undertake shadowing informally or unpaid, which can disproportionately affect nurses with caring responsibilities, including financial and time constraints [39,40]. Moreover, mentors themselves frequently report role strain, as mentoring is typically undertaken in addition to clinical and administrative responsibilities. Similarly, succession planning is often reactive rather than proactive, with leadership gaps addressed only when vacancies arise rather than through systematic identification and development of potential successors [41,42].

Organisational culture also presents challenges. While mentoring and shadowing can enhance awareness of ANP roles, they may be insufficient to address wider concerns related to their role accountability within the global context. ANPs practise with a high degree of clinical autonomy and are professionally accountable for advanced clinical decisions in accordance with the Nursing and Midwifery Board of Ireland (NMBI) standards (NMBI) [1]. Perceived uncertainty regarding medico-legal responsibility and professional accountability may discourage nurses from pursuing ANP roles, even where mentoring or shadowing support is

available [43,44].

Integration challenges further reduce effectiveness. Mentoring and succession planning are often implemented independently, resulting in fragmented strategies. Mentoring may develop individuals without a clear organisational pathway for progression, and succession planning may identify potential leaders without providing the necessary developmental support. The lack of formal evaluation frameworks exacerbates this issue, making it challenging to assess the long-term impact on leadership continuity and service delivery [45].

Despite these barriers, the literature identifies several facilitators that enhance the effectiveness of mentoring and succession planning. Organisational commitment is critical: when leadership prioritises professional development, allocates resources, and protects time for mentoring, participation and engagement improve substantially [38].

Structured mentoring programmes with clear role definitions, competency frameworks, and alignment with succession plans promote equity and transparency in accessing advanced practice pathways [45]. Additionally, individual motivation and engagement are key enablers, as nurses who actively seek shadowing often demonstrate readiness for advanced practice education and competency development [23,46].

Formalised succession planning frameworks also facilitate role readiness by linking mentorship to leadership competency development and career progression pathways. Early identification of high-potential nurses, combined with targeted mentoring, ensures that advanced roles are filled by prepared candidates, reducing service disruptions and enhancing retention. Additionally, fostering a positive mentoring culture, characterised by trust, mutual respect, and open communication, encourages participation and strengthens the impact of both mentoring and succession initiatives [40,41].

Methodology

Research Design: Survey

A review of the literature reveals that there is limited research on the succession planning model – ‘Specialist Nurse Buddy Programme’ and its potential impact on both the understanding of specialist nurse roles and succession planning for the recruitment and development of such positions. The development of the survey was informed by an extensive literature review covering peer support models, buddy systems, preceptorship, and mentorship frameworks. Findings from the pilot study indicated that the original instrument lacked sufficient open-ended questions to fully capture participants’ experiences and their perceptions regarding the model’s potential influence on career trajectories.

Consequently, an additional question was incorporated; Question 12, ‘Do you think your participation in this model would encourage you to pursue a career in a specialist or advanced practice role?’ (Appendix 1).

The study utilised a qualitative descriptive research design to gain a comprehensive understanding of the experiences, perceptions, and meanings associated with participation [47] in the model. A qualitative approach was deemed appropriate, as it facilitated in-depth exploration of participants’ experiences during the programme and their resulting outcomes. An appropriately structured survey was developed and piloted with initial participants. The questions were designed to elicit detailed accounts of the experiences gained with inclusion of comment prompts; for example, ‘Do you think your participation in this model would encourage you to pursue a career in a specialist or advanced practice role?’ and ‘Please identify the strengths or positive elements of your experience?’

Study aim

The aim of the study was to evaluate the effectiveness of the model in enhancing nurses’ understanding of the specialised roles of Advanced Nurse Practitioners (ANPs) and Clinical Nurse

Specialists (CNSs), as well as to consider how this experience could inform succession planning within the hospital.

Study Setting, Sample and Population/ Participants

The study was conducted at a regional Level 3 Hospital in the Republic of Ireland, where there are forty-seven Registered Advanced Nurse Practitioners and fifty-five Clinical Nurse Specialists employed across numerous nursing divisions.

Sample size

Demographics and data using a survey with open ended questions for qualitative analysis was collected from Nov 2024-January 2026.

26 participants of various grades, ages, races, and sexes enrolled to participate in the ‘Specialist Nurse Buddy Programme’, six participants are awaiting placement dates, One participant has completed the programme but left the organisation and 19 remaining participants completed the programme and survey (Appendix 1). All participants worked in different divisions of the hospital (Table1). Inclusion and exclusion criteria are presented below.

Inclusion Criteria	Exclusion Criteria
Registered Nurses or 4 th year intern pre-registration level	1 st – 3 rd year undergraduate students
Willing to participate for 6 hrs with the chosen specialist nurse	Unwilling to commit to 6hr timeframe for placement

	Nursing Discipline	Male/Female	Place of Work	Buddy Specialist	Buddy Speciality
1.	RGN	Female	Stroke Rehab Ward	ANP	Emergency Care Injuries
2.	Enhanced Nurse	Female	Medical Ward	CNS	Gerontology
3.	RGN	Female	Medical Ward	ANP	Diabetes
4.	Enhanced Nurse	Female	Medical Ward	CNS	Gerontology
5.	RGN	Female	Theatre Dept	CNS	Infection Prevention & Control
6.	RGN	Female	Surgical Ward	ANP	Dermatology
7.	RGN	Female	Stroke Unit	CNS	Infection Prevention & Control
8.	RGN	Female	Medical Ward	ANP	Care of Older Person
9.	RCN	Male	Stroke Unit	ANP	Paediatrics Emergency Care
10.	RGN	Female	Paediatric Emergency Dept	ANP	Diabetes
11.	RGN	Female	Stroke Unit	ANP	Stroke
12.	RGN	Female	Emergency Dept	ANP	Emergency Care Injuries
13.	RGN	Female	Emergency Dept	ANP	Emergency Care Injuries

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14.	RGN	Female	Emergency Dept	ANP	Emergency Care Injuries
15.	RGN	Female	Emergency Dept	ANP	Rapid Assessment & Treatment Emergency Care
16.	RGN	Female	Assessment, Treatment Intervention Unit	ANP	Acute Medicine
17.	RGN	Female	Paediatric Emergency Dept	ANP	Emergency Care Injuries
18.	CNS	Female	Diabetes Care	ANP	Rapid Assessment & Treatment Emergency Care
19.	RGN	Female	Medical Ward	CNS	Diabetes

Table 1: Demographics.

Question No's.	Questions	Yes	No	other	Provided comment
No 1	Was your experience of the application process for the Buddy Programme satisfactory	19	0		11
No 2	Did you receive T&Cs before commencing the Buddy programme	16	1	Not answered 2	9
No 3	During your experience were you made feel welcome and included	19	0		13
No 4	Were you satisfied with the length of time you spent with your buddy?	12	7		18
No 5	Did your time on the Buddy programme meet your expectations, e.g specialist role insight, and learning outcomes?	19	0		14
No 6	Did you get sufficient opportunity to ask questions and have open discussion?	19	0		14
No 7	Did you participate in the buddy programme in your own time?	15	4		13
No 8	Did you receive feedback from your nominated Buddy?	15	4		13
No 9	Please identify the strengths or positive elements of your experience on the buddy programme	N/A	N/A		19
No 10	Please indicate any changes you feel would enhance the buddy programme	N/A	N/A		19
No 11	Where did you hear about the programme?	N/A	N/A	Not answered 3	16
No 12	Do you think your participation in this model would encourage you to pursue a career in a specialist or advanced practice role?	N/A	N/A	Not answered 5	14
No 13	Additional comments/feedback?	N/A	N/A	Not answered 11	8

Table 2: Title: Survey Data Capture.

Data Collection Method

Data was collected using a survey comprised of both closed and open-ended questions, intentionally designed to yield detailed responses from participants. The survey allowed for gathering of demographic data while also capturing nuanced participant perspectives relevant to the aims of the study. Participants were asked to complete the survey within 24 hours of finishing the ‘Specialist Nurse Buddy Programme’ to ensure experiences were forefront in their minds, although some variation in timing occurred due to scheduling constraints. Completion of the survey was optional and voluntary. Surveys were emailed to participants and returned via email.

Thematic Data Analysis

The survey produced substantial data, filled with a wide range of words and emotions describing participants’ experiences. This information needed to be distilled down to what was most significant for the study. Researchers defined units of analysis to organise the content into meaningful categories. The process involved remaining open to all possible interpretations while minimizing their own biases, striving to understand each respondent’s unique perspective. Identifying general meaning units helped capture the core of participants’ experiences and ensured that responses addressed the main research question. Researchers then looked for clusters of related meanings by carefully reviewing each individual survey.

Findings

Findings from the 19 participants who completed the survey reveal that the Model has successfully enabled staff members to gain a better understanding of specialised nursing roles, engage in practical learning experiences, and receive valuable experience from knowledgeable mentors. Participants revealed how much they greatly enjoyed the buddy experience with Clinical Nurse Specialists and Advanced Nurse Practitioners. They valued the opportunity of one-to-one relationships with experienced clinicians, which helped them feel welcomed, guided, and more confident in their role. Observing the scope of practice, autonomy and leadership demonstrated by their chosen buddy, broadened their understanding of advanced practice and motivated them to think about pursuing similar roles in nursing.

Data Analysis and Discussion

Thematic analysis was used. Themes perceived by the research group based on analysis of survey.

This thematic analysis explores participants’ experiences of a Succession Planning Model - the Specialist Nurse Buddy Programme. The evaluation questionnaire posed 13 open ended

questions focusing on application processes, inclusivity, learning opportunities, satisfaction and duration of time spent with buddies, alignment with expectations, opportunities for discussion, feedback and organizational support. Analysis of questionnaire responses identified **the following themes** which reflects both strengths of the programme and future areas for development.

Theme 1: Accessible and efficient programme entry

Participants consistently reported positive experiences of the application process, describing it as straightforward, efficient, and timely. Communication was perceived as prompt and informative, with participants receiving clear explanations and guidance. The absence of negative responses suggests that the application process did not act as a barrier to engagement. Many participants however highlighted that their engagement in the programme occurred in their own time and suggested that protected time would be more favourable, this is identified in the literature review previously as a major barrier towards mentoring success, [38].

In relation to how participants viewed the application process and programme entry, comments included:

“The application process was efficient, helpful, swift, and informative”

“Absolutely loved my placement, gave me a real insight to the role as an ANP. Confirmed my love for this job which I aspire to be”

“Very easy to apply and staff were approachable”

“I think staff should get time back for this as it is to help improve staff knowledge and should be treated as continuing professional development”

Sub theme: Clear communication with variable engagement with formal documentation

Most participants reported receiving Terms and Conditions prior to commencing the Buddy Programme. However, findings indicated **variation in awareness and engagement**, with some participants unsure about the purpose of the terms and conditions or acknowledging that they had not read it fully. Despite this, many participants acknowledged the importance of receiving clear information prior to participation. This suggests that while dissemination occurred, further emphasis on the relevance and content of formal documentation may enhance informed participation.

Some participants indicated variable engagement with formal documentation supplied before programme participation, comments included:

“Yes I received them but I forgot to read them”

“What do you mean by terms and conditions?”

“It is beneficial to receive and read the terms and conditions before joining the programme to have an idea what the programme is all about”

Theme 2: A welcome, inclusive and emotionally safe experience

All participants who responded, reported feeling **welcome and included** during their buddying experience. Participant testimonies highlighted supportive interpersonal relationships, absence of criticism, and a strong sense of belonging within clinical teams. This supportive environment facilitated comfort while also enhancing participant’s confidence. By fostering an environment where emerging nurses feel welcomed and valued, healthcare organizations enhance their ability to retain talented nurses who are crucial for future leadership and clinical excellence.

Comments made by participants which supports the view that experiences were welcoming, inclusive and emotionally safe include:

“Yes, I felt comfortable and not criticised, welcomed with open arms”

“I was able to accompany my ANP in all of her activities and consultations; great learning experience”

“Yes, I was made to feel part of the team on the day”

Theme 3: Optimal learning experiences supported by knowledgeable mentors.

Participants consistently described **ample opportunity for questions, discussion, and explanation**. ANPs and CNS mentors were perceived as approachable, knowledgeable, and willing to share expertise. Learning was enhanced through observation of clinical practice, discussion of clinical reasoning, and access to educational resources such as guidelines and handouts. Individuals expressed that the opportunity to shadow experienced practitioners allowed them to immerse themselves in clinical practice beyond their routine roles

Participants learning experience comments:

“The time I spend during the buddying session exceeded my expectations, I gained a deeper understanding, not only into the role but also the pathways to becoming an ANP”

“Yes, he was very open to discuss and answer any questions I had”

“Exceeded my expectations, such an advanced level of knowledge and ability to care for a patient independently and discharge from the hospital”

“I was able to see a lot of cases and gain knowledge of the specialist role. Widen my own knowledge into this post”

Theme 4: Duration as a limiting factor to deeper learning and feedback reception.

While many participants were satisfied with the time spent with their buddy, a recurring finding across multiple questions was a **desire for longer or repeated buddying experiences**. Participants felt that extended time would allow deeper insight into complex specialist roles, observation of patient cases, and greater opportunity for learning. Feedback experiences among participants were varied, with some receiving constructive support while others reported difficulties in acquiring feedback due to the short nature of the placement. This inconsistency suggests the need for a more structured feedback process, ensuring that all participants have equitable opportunities to receive constructive critiques that could support their professional development.

Some participants viewed the timeframe allocation as restrictive towards deeper insight, commenting:

“I would prefer an extend of time duration, at least a day or two as everyday could be a different learning experience”

“More time and days required”

“It could be longer as I am seriously considering specialising”

Theme 5: Peer to peer communication as primary source of awareness.

Multiple participants indicated they learned about the programme through work colleagues, ANPs, and friends at work. This suggests a reliance on informal, peer-led communication as a means of disseminating information. The mention of formal channels, such as circulars from the ward, indicates that while informal communication is predominant, official announcements and poster displays still play a role in informing staff about the initiative.

Theme 6: Motivation, career reflection and strong personal commitment for self-professional development.

Feedback indicated that participants reported enhanced reflections on their career paths and aspirations as a result of their experiences. Several participants were noted to be now either considering pursuing a specialist nursing career or have already commenced the journey of career progression. Most participants noted that they engaged in the Buddy Programme during their own time, raising important considerations regarding the recognition of this commitment as part of ongoing professional development. Some expressed a desire for organizational support, highlighting the need for formal recognition and to facilitate time off for programme participation.

Reflective additional comments from participants included:

“I believe the programme will develop my self-confidence and

knowledge, knowledge sharing that can lead to innovations”

“This is a great programme where you will learn or realise your other field of expertise or passion, this is an excellent programme”

“This is a very worthwhile experience towards thinking about my future career possibilities”

Conclusion

Overall, the literature highlights succession planning and mentorship as essential to sustaining the nursing workforce and developing future leaders. While mentorship supports professional growth and leadership readiness, there remains a limited focus on structured succession planning for nurses, particularly for specialist roles. Integrating early, structured shadowing with Advanced Nurse Practitioners and Clinical Nurse Specialists offers a practical approach to addressing this gap by promoting role clarity, mentorship, and early leadership development. This highlights the need for targeted succession planning initiatives to ensure a sustainable specialist nursing workforce, such as the specialist buddy model, a novice programme implemented in an Irish hospital setting.

This succession planning model and survey which incorporates the Specialist Nurse Buddy Programme is **well-organized, inclusive, and educationally beneficial**, offering meaningful insight into specialist and advanced nursing roles. Findings reveal that the Model has successfully enabled participants to enhance their understanding of specialised nursing roles, engage in practical learning experiences, and receive valuable experience from knowledgeable mentors. Participants also valued open communication, and learning opportunities provided. Key areas for enhancement include extending the duration of the buddy dyad, formalising feedback processes, and improving organizational recognition through protected time and CPD alignment; some of which have already been implemented in response to feedback. The sense of inclusion and support from participant testimonies, reflects a positive organizational culture that nurtures talent and promotes professional growth and development efforts.

Validity of Study

The Survey was used to gather information about participants’ experiences and the impact of the ‘Specialist Nurse Buddy Model’ on their career outlooks. This data collection method helped direct respondents toward the necessary information, reducing bias from misunderstandings. Additionally, the literature review conducted before the study identified key topics for the survey, ensuring its content validity.

Ethical Considerations

Ethical approval was not required as patients were not included in

the study. Participants gave approval by participating in the survey. It was essential to provide nurses with detailed information about the study before administering the survey, and to ensure their freedom of choice throughout the process. This approach allowed them to either participate or decline.

Limitations of the Study

A small sample size (n = 19) restricted the generalisability of the results; nonetheless, using a qualitative method offered meaningful insights into the experiences of the participants. This study focused on the participant’s experiences only which may create a limitation in failing to provide a balanced perspective, however further exploration of the ‘buddy’ specialists experiences could create future research opportunities.

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