2025

Clinical Exemplar

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2025

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When Guidance Fails: The Struggle of New Nurses, New Hires, and Nursing Students in Unwelcoming Hands

As new graduate nurses enter the workforce, they face a wide range of challenges—including time management, clinical decision-making, and the development of critical thinking skills. With patients presenting increasingly complex conditions, these nurses are expected to manage high-acuity cases from the start. The current healthcare climate demands that new nurses "hit the ground running," often without the gradual transition they need. In this environment, nurse preceptors play a vital role in shaping their success—but when preceptors are disengaged or unsupportive, the burden on new grads becomes even heavier.

New graduate nurses and newly hired staff often face significant challenges when paired with preceptors who are unwelcoming, dismissive, or unwilling to teach. Instead of fostering growth and confidence, these negative behaviors—such as cold attitudes, lack of approachability, and resistance to mentorship—can create an environment of fear, isolation, and self-doubt. Without nurturing guidance, new nurses may struggle to develop critical clinical skills, feel unsupported in high-stress situations, and question their place

within the team. This not only affects their professional development but also compromises patient care and retention. A culture of kindness, patience, and collaboration is essential to ensure that new nurses thrive and contribute meaningfully to the unit.

As a nursing student in the medical surgical floor, I remember my clinical preceptor would take me into a conference room and relentlessly grill me with questions. His tone was condescending, and his intimidating presence seemed deliberately designed to make me nervous. He often kept several of us until 9 or 10 p.m., three hours after our scheduled shift had ended. The experience was so demoralizing and exhausting that I nearly quit the program. It was a failure of mentorship, and it highlighted a systemic issue in how we select and train preceptors.

During my ICU rotation, I was assigned to a preceptor who was often condescending and dismissive. When she asked if I had any questions, I said yes and I remembered asking her how we titrate blood pressure medication. Her response was, “I already showed you—why aren’t you paying attention?” followed by an eye roll. On another occasion, I asked about the management of diabetic ketoacidosis (DKA), and she replied, “You should know that by now—look it up.” After that, when she asked if I had any questions, I simply said no.

When I shared my experience with my cohort, I was told to "suck it up" because the hospital was short on preceptors. They warned that requesting a change could delay my progress and create additional complications. So, I chose to endure the situation and stayed quiet. Rather than dwell on the negativity, I decided to give the experience a positive spin. I made a personal vow never to become a bully myself. Now, with 11 years of nursing experience, I also teach at a community college, where I share this story with my students to emphasize the importance of empathy, resilience, and advocating for oneself.

As a nurse in the Post-Anesthesia Care Unit (PACU), I recall an incident involving a new hire who had recently transferred from the Emergency Room. She was assigned a patient

with a chest tube, and, upon the patient's arrival, she asked one of the PACU nurses for assistance. The response she received was dismissive: "You're from the Emergency Room—you should be able to handle a chest tube." I was close enough to overhear the exchange and chose to intervene. What could have been a valuable teaching moment instead became a toxic encounter. Bullying can affect anyone—even seasoned nurses who are simply new to a unit.

As educators, it is our responsibility to ensure that students, new hires, and new graduates receive the support they need. We can begin by giving them a voice and offering options—if they feel they're not getting adequate support, they should feel empowered to speak up. It's essential to monitor their progress regularly and identify red flags, such as signs of poor fit, toxic behavior from preceptors, or a lack of effective teaching. When a mismatch is identified, educators must act promptly and assign a more compatible preceptor to foster a healthier and more productive learning environment.

If we want to retain passionate, capable nurses, we must create environments where students, new hires and new grads are mentored with empathy, patience, and respect. Preceptors should be chosen not only for their clinical expertise but for their emotional intelligence and commitment to teaching. Toxic behaviors must be addressed, and educators must advocate fiercely for students, new hires and new grads who are struggling—not because they lack ability, but because they lack support.