

Trauma and survivance: The impacts of the COVID-19 pandemic on Indigenous nursing students

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Abstract

The COVID-19 pandemic has resulted in tremendous educational and health impacts for Indigenous peoples and communities. Yet, little is known about the impacts of the pandemic on Indigenous nursing students in Canada. Guided by an Indigenous conceptual framework and a qualitative sharing circle methodology, the interconnected personal, academic, and community impacts of the pandemic were explored with Indigenous nursing students ($n = 17$). Overall, the pandemic exacerbated and compounded prior traumas Indigenous students and communities have experienced across generations on Turtle Island. Participants suffered worsening psychological distress and significant losses during the pandemic, especially losses in learning and cultural safety. However, the pandemic also revealed silver linings including: the benefits of online learning; and demonstrations of posttraumatic growth, survivance, and community strength. These findings are relevant to informing culturally safe and trauma-informed strategies, policies, administrators, and educators in schools of nursing.

KEYWORDS

COVID-19, cultural safety, Indigenous, nursing education, posttraumatic growth, psychological distress, sharing circles, survivance, trauma-informed

1 | INTRODUCTION

The coronavirus disease 2019 (COVID-19) pandemic has required significant adjustments to postsecondary education systems in Canada and around the globe. While the swift suspension of in-person classes in the spring of 2020 limited viral transmission of COVID-19, it also created unprecedented challenges. A growing body of literature is documenting the experiences and impacts of the COVID-19 pandemic on nursing students including concerns with mental health, increasing financial and family problems, and an increased risk and fears of acquiring COVID-19 (Fitzgerald & Konrad, 2021; Majrashi et al., 2021; Wallace et al., 2021). International data reveals that minority students experience the challenges and impacts of the COVID-19 pandemic to a greater degree than nonminority students (Woolston, 2020). Minority students may be more vulnerable to school closures due to loss of physical learning

opportunities, supports and resources available on campus (Organization for Economic Co-operation and Development, 2020). While little is known about the impacts of the COVID-19 pandemic on Indigenous nursing students in Canada, there is an urgent need to understand and mitigate the impacts of the pandemic as they may exacerbate long-standing educational inequities including high attrition rates (Gregory & Barsky, 2007), and hamper institutional efforts at equity, inclusion, and indigenization.

2 | BACKGROUND

Nursing education has been substantially impacted by the COVID-19 pandemic. In particular, the transition to remote learning has been difficult for nursing students, with many describing a perceived increase volume of work (Heiferty et al., 2021; Majrashi et al., 2021;

Michel et al., 2021); inadequate and distracting at-home learning environments (Heilferty et al., 2021; Majrashi et al., 2021; Michel et al., 2021; Wallace et al., 2021); a decrease in concentration (Fitzgerald & Konrad, 2021; Heilferty et al., 2021; Majrashi et al., 2021); and decrease in engagement and motivation (Michel et al., 2021; Wallace et al., 2021). The lack of structure and routine was a concern for many students (Michel et al., 2021), and in some cases, faculty were perceived as unprepared and disorganized by giving insufficient instructions and feedback (Cengiz et al., 2022; Wallace et al., 2021; Yazici & Ökten, 2022).

Psychologically, nursing students have experienced increased stress and anxiety during the pandemic related to the unpredictability of their situation (Fitzgerald & Konrad, 2021; Heilferty et al., 2021; Michel et al., 2021; Wallace et al., 2021); ability to fulfill academic and personal responsibilities (Fitzgerald & Konrad, 2021; Majrashi et al., 2021; Wallace et al., 2021); and fear of themselves or family/friends acquiring COVID-19 (Aslan & Pekince, 2021; Cengiz et al., 2022; Heilferty et al., 2021; Yazici & Ökten, 2022). Additionally, social isolation affected nursing students emotionally and academically. Difficulty connecting with peers and faculty lead to feelings of loneliness (Hodges et al., 2021; Wallace et al., 2021); barriers to asking questions and seeking clarification (Wallace et al., 2021); and the loss of a sense of community, belonging, and identity (Michel et al., 2021; Wallace et al., 2021).

The pandemic presents particular challenges to nursing programs, which are traditionally built on face-to-face and hands-on instruction. Considering these demands, limitations in clinical experiences and in-person attendance have led to worries over delayed program progression and completion (Dewart et al., 2020). Studies have demonstrated that the pandemic resulted in missed opportunities to solidify basic skills and synthesize key concepts and in students' perception of a lack of competence for entry-level nursing practice upon graduation (Aslan & Pekince, 2021; Dewart et al., 2020; Gaffney et al., 2021; Michel et al., 2021). This decrease in confidence in ability to be successful was particularly apparent in early-years nursing students and students of color (Gaffney et al., 2021).

Encouragingly, studies have also shown that some students view the shift to online learning positively, appreciating the flexibility and time and money saved by reduced commute time (Michel et al., 2021; Wallace et al., 2021). Additional benefits identified by nursing students included opportunities to strengthen study skills (Heilferty et al., 2021); engage in self-reflection (Hodges et al., 2021); and become more flexible and resilient in unfamiliar situations (Dewart et al., 2020; Michel et al., 2021; Wallace et al., 2021).

Research on the effects of the COVID-19 pandemic on Indigenous nursing students is lacking. However, even before the pandemic, Indigenous nursing students experienced a host of challenges including racism and lack of cultural safety (Van Bever et al., 2021); difficulties managing competing responsibilities (Taylor et al., 2019); higher attrition rates (Gregory & Barsky, 2007); and decreased readiness for practice (Rohatinsky et al., 2018). As they are forced to navigate through new systems resulting from the COVID-19 pandemic, the inequities experienced by Indigenous

students may be amplified further complicating their educational experiences. In the Australian context, Indigenous postsecondary students were acutely impacted by cultural isolation related to being physically and digitally cut off from family, community, and the land during the pandemic. Students also experienced isolation from a lack of culturally relevant occasions to form meaningful connections with Indigenous classmates and faculty members (Bennett et al., 2020).

While research continues to emerge internationally about the experiences of nursing students during the pandemic, research on the impacts in the Canadian context is lacking. Furthermore, insufficient attention has been directed towards understanding the impacts of the pandemic from a holistic lens acknowledging the complex interplay between the personal, the academic, and the community for Indigenous students. The purpose of this study is to generate greater understanding of the impacts of the pandemic on Indigenous nursing students in Canada. Amplifying the voices and experiences of Indigenous nursing students also provides insights on the strengths Indigenous students and communities demonstrated during the pandemic. Understanding these impacts and insights may guide nursing educators and administrators as they seek to continue to reconcile with Indigenous students, peoples and communities.

3 | METHODS

3.1 | Conceptual framework

This project was grounded in the principles of respect, relevance, reciprocity, and responsibility (Kirkness & Barnhardt, 1991) and conceptualized through a culturally safe lens that acknowledged power and the importance of Indigenous self-determination in nursing education and in research (McClelland, 2011; Ramsden, 2002; Wilson & Neville, 2009). The above lens and principles were woven through the methods, data collection, and analysis of the research. The research questions were informed from dialogue with staff who currently or previously worked in an Indigenous nursing access program including two Knowledge Keepers (Ojibwe Anishnaabe; Cree-Métis), one student advisor (Cree), and one student coordinator (nonindigenous). The research followed Indigenous teachings and protocols including medicine picking, prayer, and smudge ceremony led by a Knowledge Keeper. The project was conducted by the PI (Métis), a summer research assistant (RA) (Métis), and the Knowledge Keeper (Cree-Métis). A second undergraduate RA (nonindigenous) contributed on the analysis of the data. Before recruitment of participants, the research team, led by the Knowledge Keeper went on land and picked medicine (sage) to offer to participants for smudging. During medicine picking, tobacco was offered to the Knowledge Keeper in exchange for her guidance and facilitation. An offering of tobacco was also made to the land. While medicine picking, the Knowledge Keeper shared land-based teachings and stories with the PI and RA. Following the day of medicine picking, the sage was dried and bundled by the PI and RA and gifted to

participants along with a bowl for the smudge ceremony conducted at the beginning of the sharing circles.

3.2 | Design

Sharing circles were used to generate rich data from students. Sharing circles are a method of fostering conversations that honor storytelling, life experience, and mutual support, and are an essential part of the oral tradition of many Indigenous communities (Hunt & Young, 2021; Tachine et al., 2016). Often equated to focus groups, sharing circles differ in the inherent value placed on equality, respect, compassion, and collective intention, and their ability to strengthen connections among members and provide an opportunity for growth, transformation, and healing (Hunt & Young, 2021; Lavallée, 2009). Sharing circles are often guided by respected community members who contribute their perspectives equally to the discussion (Hunt & Young, 2021). Sharing circles often open with a prayer and ceremony such as smudging, designating the circle as sacred space, in which each person can express their perspectives and be heard in a respectful and supportive environment (Hunt & Young, 2021; Lavallée, 2009). To avoid the domination of one or more speakers, a sacred article, such as a stone or feather, is typically passed from person to person, indicating whose turn it is to speak, while the others listen (Hunt & Young, 2021; Tachine et al., 2016). As sharing circles were conducted virtually, no sacred object was passed around, but all other aspects of the process were followed.

3.3 | Recruitment and data collection

Participants who identified as Indigenous and were currently or formerly enrolled as students in a faculty of nursing on a Canadian university campus during the COVID-19 pandemic were recruited via purposeful sampling. Participants were recruited between August and November 2021 through an announcement sent by email to all undergraduate students and a study announcement on the Indigenous nursing student webpage.

3.4 | Procedure

Participants were assigned to a sharing circle based on their year in the nursing program. Year 3 and Year 4 students were assigned to a sharing circle and pre-nursing and Year 2 students were assigned to different sharing circles. The sharing circles were conducted virtually over Zoom in November 2021. Participants completed a written consent form and a demographic questionnaire before the start of the sharing circle. The Knowledge Keeper facilitated the sharing circles, asking broad questions following a semi-structured script. The sharing circles recordings were professionally transcribed and then checked for accuracy by the PI. The study was approved by the institution's research ethics board.

3.5 | Data analysis

Descriptive statistics were used to summarize demographic data (Table 1). Thematic analysis was used to identify, analyze, organize, describe, and report themes found within the data set (Braun & Clarke, 2006). The analysis was conducted by the PI along with the second RA. The PI reviewed two transcripts independently, creating initial codes. The PI and RA then reviewed and discussed the initial coding. With mentorship and guidance, the third transcript was coded independently by the RA and then re-examined with the PI. From the initial coding higher order codes and themes were developed by the PI with RA involvement and collaboration. To enhance the trustworthiness and rigor of the analysis, the Knowledge Keeper provided feedback on coding, analysis, and the final manuscript.

3.6 | Participants

17 students participated in one of three sharing circles. Sharing circles lasted between 94 and 109 min with the longest sharing circle corresponding to the more advanced academic years (Year 3 and Year 4 students). All participants identified as women. Participants' median age was 24 years. 55.6% of participants identified as First Nations, and 44.4% identified as Métis. For anonymity, pseudonyms are used in lieu of participants' names.

4 | FINDINGS

The findings of this study indicate that Indigenous nursing students experienced worsening psychological distress and multiple losses during the pandemic including losses in learning and cultural safety. However, there were also "silver linings" that emerged during the pandemic including the benefits of online learning and opportunities for student growth and community strength.

4.1 | Worsening psychological distress

Students described feelings of increased stress, anxiety, lack of concentration, isolation, and loneliness during the pandemic. The uncertainty of the pandemic was a significant stressor and the loss of structure and predictable routine impacted students' mental health. Stressful life events such as relocation, caregiving responsibilities, illness, and loss of loved ones also amplified students' psychological distress. For some students, the inability to receive support from family or community during the pandemic also increased their psychological distress. Michelle, who relocated from her remote community to attend nursing school while pregnant expressed "It was really hard mentally and I am still in therapy for it."

Many participants felt "alone" and "isolated" which negatively impacted their mental health. Greater social anxiety also developed due to limited social interactions associated with online learning. Marlow

TABLE 1 Sociodemographic characteristics of study participants

Characteristic	n	%
Gender		
Woman	17	100
Age		
17–24	8	47.1
24–50	9	52.9
Year in nursing program		
Pre-nursing	3	17.6
2	10	58.8
3	3	17.6
4	0	0
Graduated	1	6
Indigenous Identity		
First Nations	9	52.9
Métis	7	41.2
Both	1	5.9
Enrollment		
Full-time	14	82.4
Part-time	3	17.6
Household Income		
<15,000	2	11.8
15,000–29,999	4	23.5
30,000–44,999	2	11.8
45,000–59,999	2	11.8
60,000–74,999	3	17.6
75,000–89,999	2	11.8
>90,000	1	5.9
No data	1	5.9
On/Off Reserve		
On	0	0
Off	16	94.1
Both	1	5.9
Living arrangement		
Alone	3	17.6
One parent	3	17.6
Two parents	2	11.8
Partner	4	23.5
Multiple adult cohabitants	4	23.5
With children		
Single parent	2	11.8

Note: Median age: 24 mean age: 25.94 Mode: 20.

voiced “Not being able to be in person and interact had a negative effect on me...more anxiety and kind of shyness and just awkward social skills.” Participants also experienced psychological distress due to the challenging course load in nursing education. The rigorous course load led to “breakdowns” best exemplified through the words of Teagan.

“It has been a really intense beginning in Year 2 and I felt like I was punched in the throat many times. There wasn't a smooth transition. It was too much, too quick, too soon...I knew nursing was heavy. But when you are actually in it, it's a different story. And so I actually cried a lot. There were so many days that I had breakdowns and I cried...”

Students experienced fear and worry about the risk of family members contracting COVID-19. In particular those who had family members who were vulnerable to severe health outcomes or were too young for vaccination. Furthermore, participants were also fearful of transmitting COVID-19 to patients during their clinical experiences. Living with several non-vaccinated family members, Haley expressed how fearful she was about working with vulnerable patients.

“I'm scared. I know that I can still be a carrier of COVID. I don't want to bring it into the care home where I can hurt somebody. It's a very big fear of mine. I almost have to distance myself from my family and that's also hard. There's a disconnect in your own home and there's a disconnect in your whole family and it's really hard.”

4.2 | Multiple losses

Participants experienced multiple losses during the pandemic including losses in learning and cultural safety.

4.2.1 | Learning losses

The loss of clinical placements resulted in losses of critical applied skills and knowledge. The loss of important clinical placements was described as “devastating” and left participants feeling unprepared for subsequent clinical placements. Students described their clinical skills as “rough” or “deeply inadequate.”

“When I went into my second clinical, we had none of the hands-on skills that we needed to be prepared for the sub-acute setting. And it almost broke me. I felt such crippling anxiety because we had to go in and we were expected to do medications and wounds and all these things. And I was on a very complex ventilation ward and we hadn't touched a patient. I had not done one assessment. And it was so deeply overwhelming and I swear like I really did bawl my heart out at least 30 min after every clinical because of how deeply unprepared I felt. (Tana)”

One-third of the participants shared experiences of failure during their nursing studies. Some participants had experiences of failure

before the pandemic. However, several students perceived the loss of skills practice, clinical placements, and inappropriate or insufficient instruction and communication from educators as contributing factors for failure during the pandemic. The abrupt move to online learning resulted in several ill-conceived teaching strategies and poor communication from faculty. Some educators refused to adapt their lectures to online learning nor provide video-recorded or narrated lectures. "YouTube was my professor for the rest of the semester because I was not getting much help from the prof" (Sheila).

Some evaluation methods were implemented without consideration for equity and fairness. When in-person skills practice and evaluations were suspended, students were instructed to practice on family members, video-record their demonstrations, and submit the recordings for evaluation. Monica described this adaptation as "ridiculous," explaining "there's an assumption that we all have supportive families...they're gravely wrong in assuming that." This educator assumption drastically impacted students' performance and success. Several students failed their skills demonstrations given the lack of practice due to living alone, or living with family members unable or unwilling to participate in skills demonstration (most notably children). Others failed due to unanticipated scheduling conflicts as courses were extended into spring, along with poor faculty communication, and empathy. As Geneva explained:

"The lack of compassion from professors...I got home from a 10-hour day and I fell asleep before I was able to send the link (to my skills demonstration uploaded to YouTube). But in the morning, I woke up and first thing I said *I'm sorry*. Here's the proof it was uploaded last night...I fell asleep. I'm tired. I'm exhausted. It's COVID. I'm working...and they failed me."

Learning losses were also incurred due to campus closures including study lounges and libraries. Several participants lived in hectic households along with multiple family members including young children. The closure of campus spaces made studying difficult because "I can't really tell a two-year old to stop screaming" (Desiree). Social distancing curtailed study groups and peer mentorship and support. As a consequence of course failure, several participants grieved the loss of their friends and study partners as they were no longer enrolled in the same courses as their admission cohort. Repeated failures resulted in some participants protecting themselves from potential further losses by not even trying to make friends in a new cohort.

"You make such good friends. I got a good study group. I got a good friend group to hang on to, to lean on when times get tough. But when you fail a course it's kind of challenging. I remember failing course XXXX for the first time, and I was just crying because I met good people in that course. I feel stuck and stupid because I'm behind and now everybody's getting ahead. I just felt sorry. I'm kind of getting emotional (*crying*). But that was really challenging...like you make

friends and then you have to watch them get ahead and you're stuck...I just felt more isolated...obviously with COVID...But then I also felt like there's just no point of me making new friends because who knows if I'm going to pass any of my classes and get ahead and stick with this group or fail. I just feel like there's no point in making new friends. (Sheila)"

4.2.2 | Loss of cultural safety

While most participants acknowledged that a lack of cultural safety predated the pandemic, the pandemic exacerbated this deficit. At times, participants were unable to obtain dedicated tutoring sessions, or mentorship, or cultural teachings/activities. Attempts to recreate cultural activities online were acknowledged and appreciated by participants but viewed as insufficient. The closure of the Indigenous Student Centre and the loss of traditional ceremonies such as sharing circles and smudging were also impactful. The closure of the Indigenous Student Centre represented the loss of physical space but also the loss of Indigenous community and traditions. This was best articulated by Desiree: "That's where students would meet and they would provide lunches and bannock and you could smudge there...so because of COVID I do miss that sense of community I feel resonates with home, family and friends."

Even before the pandemic, the attitudes and behaviors of nursing educators and nonindigenous students towards Indigenous students were identified as significant contributors to psychological distress and to a lack of cultural safety in nursing education. Nearly all year 3 and Year 4 participants voiced experiences of verbal abuse and humiliation from at least one faculty member during their nursing education. Students described nursing education as a non-safe and exclusive space where Indigenous students are "thrown to the wolves" by some nursing educators that "lack empathy," "want to see you fail," and "eat their young." While many participants shared harrowing tales of bullying from educators, Tana's account of her clinical experience was particularly descriptive.

"I was terrified...she was blatantly picking on me all day. She criticized me because I was too happy in the mornings. She said it upset her that I was happy because she wasn't happy...and in my midterm exams she confessed that she was picking on me specifically. Like she told me that to my face. She made me cry, and cry, and cry. And it was things that she would attack me for that weren't logical...She took marks off my communication because I asked a question and she failed me on that section...She made me feel like a pile of garbage."

Numerous instances of microaggressions and racism were also described by participants. Examples of microaggressions included

nonindigenous students complaining about the “gross” smell of a smudge ceremony. The practice of assigning students randomly to group projects was also viewed as problematic and a frequent source of cultural unsafety. Through randomly assigned small group discussions and activities, participants were exposed to microaggressions and racism from their nonindigenous peers. These small group discussions were unlikely to be mediated by an educator, or were mediated by a nonindigenous educator. Correcting misinformed educators and teaching nonindigenous peers was a source of frustration and was described as “triggering and “traumatic” by many participants. Monica shared the exhaustion and trauma she experienced in small group discussions.

“It's triggering...you want us to talk about it (Indigenous issues) and the other students are twiddling their thumbs in the breakout rooms and it got me so angry. I said *Does anyone understand what this really means?* And they said no, nor did they really care. I said *Let me give you an example...and then I gave them an example and then another and I got so passionate about it. And they thanked me for the material and the input, but I shouldn't have to do that. That's not my job. Why am I being subjected to this all the time? Why do I have to teach your class?*”

Many participants found safety within the Indigenous access cohort and found the relationships with each other, with the Knowledge Keepers to be supportive and beneficial for connecting with other Indigenous students and with Indigenous culture. However, participants identified the need for more fulsome supports across the nursing program including more tutoring, more cultural teachings, and activities. The desire for greater Indigenous representation and leadership in nursing education, particularly in the Indigenous access program, was also a point of discussion. Monica vented that nonindigenous staff working in the Indigenous access program was problematic because “They're calling the shots and they have no idea who we are and no idea what we've come from. I still can't believe there are people here in these positions.”

4.3 | Silver linings

4.3.1 | Online learning has benefits

Due to pandemic restrictions, much of nursing education shifted to online delivery. While this shift created losses in skills and clinical practice, participants appreciated the benefits of online delivery for theoretical courses. Online learning was seen as useful for managing personal and family responsibilities. As Stephanie stated:

“I was able to go back to school nine days after my baby was born because of online learning. I breastfed and attended classes for months. I still do sometimes.

I don't think I would have been as successful in continuing and staying on track if it wasn't for online learning.”

Online learning also contributed to cost savings due to decreased travel as participants no longer had to pay for gas, parking or bus fare. Online learning also contributed to a less hectic day, thus decreasing stress levels and offered participants more flexibility in balancing their studies with their personal lives. The lack of commute, allowed participants to spend more time with their children and families, develop new hobbies and interests (such as puzzles or baking), and spend time on the land. Tana explained that she had more time to spend with her partner and “we went into the woods and that was beautiful, and peaceful, and spiritual.”

Another benefit of online learning was the increased use of prerecorded lectures by educators. Prerecorded lectures were valuable for all students, even those who did not have additional caregiving responsibilities. “...there's some days where I don't want to go to class for various reasons. So it's nice to be able to go back and watch those recordings” explained Georgia. Furthermore, online learning also created greater access and inclusion to nursing education as several participants were able to move back home to their remote communities while continuing their studies. Kalli enthused:

“When the pandemic first happened, I was able to move back home to my community...it's been a really big struggle for me being away from family because I don't have any family here in the city. Sometimes I just want to pack up and go home but I really want my education so like I can't do that at other times.”

4.3.2 | Opportunities for growth and strength

While the pandemic had many negative personal impacts on students, there were also opportunities for personal growth and strength. Participants “found their own strength” and experienced growth by developing new hobbies and interests, rekindling relationships with family members virtually, and reconnecting with the land. Haley described feeling empowered as a young woman in making her own decision about the COVID-19 vaccination despite parental opposition “I'm almost an adult, like I can make these decision for myself. It's kind of empowering to be able to make that decision for myself.” Despite mental health challenges, Lexie described the pandemic as a phase of growth and introspection.

“So this period for me personally was a lot of growth and learning and understanding and really looking inside. I'm not going to say I'm perfect, you know mental health issues for me. But it was a pause in the world for a moment and I could take a breath and

figure out what I needed and what direction I wanted to go.”

The pandemic also contributed to a sense of resilience or survivance among participants. Survivance, a term coined by Anishnaabe scholar Gerald Vizenor (2010) is “an active sense of presence, the continuance of native stories, not a mere reaction, or a survivable name. Native survivance stories are renunciations of dominance, tragedy and victimry” (p. vii) Several participants mentioned that humor helped contribute to survivance and healing. “I feel like my family heals with laughter” voiced one participant. Within the sharing circles, there were many moments of laughter in the face of adversity. As a renunciation of dominance or victimry, Monica shared her testimony:

“I have grown resilient...and have more compassion for the family members that are abusive and ill...I have been made resilient in dealing with horrible people. I guess that goes with being Indigenous. We're good at moving on and trudging through the mud. If we ever went to war, I'd be ace.”

4.4 | Community disconnections

In this study, participants identified a significant disconnection with their families and communities due to the pandemic. Public health restrictions, living far from home, social distancing and isolation, along with discordant vaccinations status between participants and their families contributed to a feeling of community disconnection. Given that many Indigenous communities experienced high rates of infection, some participants studying in the city felt disconnected from that reality. “It wasn't just a single person (getting COVID). It was literally the whole community. So you're hearing stuff about your family and friends catching COVID. It was tough” explained Autumn. Government bans on travel to northern communities prevented several participants from returning home causing hardships and disconnections. Rose described the impacts of this ban on her community:

“When the pandemic first started I actually was able to go back home. It was during the second wave that I couldn't. But we get a lot of resources and stuff down south. So not being able to travel there was tough. And we do a lot of doctor's appointments and stuff down south. We weren't really able to do that.”

The inability to share important life events, traditions, and ceremonies further fractured participants' sense of community cohesiveness and solidarity. Several participants were pregnant and had babies during the pandemic and experiencing this milestone without the support of family created a feeling of disconnection. Stephanie explained: “I also felt a little bit of disconnect from family,

not being able to share in the first year of her life...I mean nobody even saw her until she was six months old.” Dakota added “In our culture bringing a baby into this world is really important...Something so happy...and I definitely feel like my family lost out on a lot of things. No one even saw me pregnant...that was really hard”. Several participants experienced the loss of a loved one during the pandemic. The inability to gather and grieve as a community was particularly painful due to restrictions on travel and on gathering. “I'm going to cry here. We lost my grandma. We still haven't been able to do anything because we have family in the States that haven't been able to come” expressed Michelle. The inability to properly grieve through ceremony and rituals created mental health problems that also fractured families. As Desiree explained:

“My children's father has been grieving (the loss of his father). I don't think he's been able to grieve properly and he's turned to addictions. I'm a busy mom of three in nursing and there's no supports for him. But I've had to put up my own boundaries to keep my mind and my children safe.”

Dissenting opinions on COVID-19 and vaccinations also created fissures within families and communities. Several participants had family members who were opposed to vaccination, or believed COVID-19 was a hoax, or a political ploy by the government. Despite living in the same household as a non-vaccinated parent, Haley described her relationship as “...pretty toxic actually. And it's hard and I've had a bit of a disconnect from that parent because I'm now a double vaxxer and I'm this horrible person.”

4.5 | Strength and need of community

While the pandemic did create family and community disconnections, it also reaffirmed the strength of Indigenous communities. After protracted losses and absences from community and family due to the pandemic, participants developed greater appreciation, gratitude and insights about their families and communities. Paradoxically, the pandemic also helped some participants move on from past grievances and traumas with family members. As Chantelle articulated, “It helped the healing process...I feel like there's been a lot of loss and I've learned to appreciate the time I do have with my family... and there's some relationships in my family that I've been trying to work on ever since...that's a good thing”. Desiree shared “My community has strengthened...When I think about my community three hours away, I do enjoy our celebrations and joining together. I definitely missed my humans”. However, not everyone shared in this familial rapprochement as countered by Bree. “The pandemic brought a lot of stress into our family and difficulties. I don't really think it's brought us closer.”

Indigenous communities demonstrated strength in spite of significant hardships during the pandemic. Participants acknowledged the importance of Indigenous leadership and solidarity. Geneva

described the solidarity shown to her when she experienced severe mental health challenges during the pandemic. "My friends and family's willingness to drop everything and help me through...was something nice and showed as a community we can come together." More general examples of Indigenous community leadership were shared by other participants. These included restricting non-residents from entering Indigenous communities, requiring a negative COVID test before entering the community, erecting blockades to prevent nonresident entrance and sharing supplies of vaccines with surrounding communities. As Jaqueline pronounced:

"They really came together in significant ways around the pandemic...It just shows how strong the communities really are. Because sometimes from the south we look at the communities and always see the not good things. But there's so much goodness and so much strength and value and caring for another... Communities were just united in these times of crises to really support one another."

5 | DISCUSSION

This study is one of the first to describe the impacts of the pandemic on Indigenous nursing students. The themes emerging from the sharing circles indicate a number of challenges experienced by Indigenous nursing students during the pandemic including worsening psychological distress, and experiences of losses and community disconnections. However, the pandemic also revealed the benefits of online learning while presenting opportunities for personal growth and community strength.

Students in this study experienced worsening psychological distress including stress and anxiety. The stress and anxiety emerged from the uncertainty of the pandemic, isolation, and the difficulty balancing personal and academic responsibilities. These findings echo those of studies across the globe suggesting a common experience regardless of race or ethnicity (Cengiz et al., 2022; Fitzgerald & Konrad, 2021; Heilferty et al., 2021; Wallace et al., 2021; Yazici & Ökten, 2022). However, while other studies have documented mild to moderate levels of student anxiety and fear during the pandemic (Shorey et al., 2022; Yazici & Ökten, 2022), students in this study described more severe experiences of anxiety and psychological distress emphasizing the need for more comprehensive and mental health assessments and resources in nursing education.

Student anxiety also stemmed from fears about family members contracting COVID-19 or the possibility of passing the virus on to other vulnerable people, findings noted elsewhere (Fitzgerald & Konrad, 2021; Heilferty et al., 2021; Michel et al., 2021; Wallace et al., 2021). Given that Indigenous peoples and communities are at greater risk for contracting COVID-19, this anxiety may be heightened for Indigenous nursing students compared to the general nursing student body. Students also experienced worsening psychological distress from hostile and aggressive encounters with peers and

faculty during the pandemic. The impact of these aggressive and hostile encounters should not be underestimated. Indigenous Elders teach that memory is transmitted not just through stories but through blood and bone (Bombay, 2019). Research on intergenerational memory in other animals has confirmed that fears can be inherited through the generations (Dias & Ressler, 2014) as can stress-induced learning impairments (Lindqvist et al., 2007). Accordingly, Indigenous students may hold memory in their blood and bones about the medical and educational traumas their families, communities and ancestors endured. These traumas may include the spread of infectious diseases similar to COVID-19 such as smallpox and tuberculosis (Auger & Baker, 2021), and the extensive harms committed by educators through residential schools (Bombay et al., 2014).

Fears about COVID-19 and hostile encounters with educators may trigger intergenerational memories and associated negative impacts such as learning impairments and psychological distress. While prioritizing mental health supports for Indigenous students is necessary post-pandemic, educators and administrators must also gain a contextualized understanding of present-day trauma (i.e., COVID-19) as an accumulation of historical traumas leading to increased negative health and educational outcomes for Indigenous peoples (Bombay et al., 2014). However, the greatest challenge for administrators and educators lies in deeper reflexivity, humility and honesty about their own professional presence, behaviors, and practices and how these may contribute and compound painful historical memories that reverberate and ricochet through generations future, present and past.

Students experienced significant losses in learning during the pandemic in particular due to the loss of clinical rotations, loss of in-person skills practice and loss of study groups formed with peers. The loss of clinical rotation is particularly important as students form their professional identities in the clinical setting (Cengiz et al., 2022), and clinical rotations and skills practice are known to contribute to student self-confidence, skill mastery and sense of competency (Gaffney et al., 2021). Perceptions of educator unpreparedness to teach in an online environment were shared by students in this study as they were in Shelton et al.'s (2017) study. Going forward, nursing educators must ensure appropriate learning activities to meet the objectives and competencies of nursing practices in online delivery (Cengiz et al., 2022).

The inability to create community and develop or maintain friendships with classmates and educators contributed to learning losses for students and to worsening psychological distress. The loss of community and friendships in online nursing education delivery has been known to increase the risk of student failure (Cengiz et al., 2022). However, some students also experienced failure through online pedagogical adaptations. The replacement of in-person skills practice and demonstrations with video-recorded skills demonstrations were unsatisfactory contributing to failure for several students. These findings are in contrast to those of Palmer et al. (2021) who noted that student-recorded demonstration of skill proficiency decreased anxiety while leading to similar success rates as

traditional skills assessment methods. Thus, online adaptations that require practice on household family members based on normative and Eurocentric assumptions about the age, family dynamics and living arrangements of undergraduate nursing students in Canada may create greater inequities for Indigenous students challenging their ability to succeed.

Despite the negatives associated with the pandemic, the move to online learning was viewed as beneficial for theoretical courses. Online learning allowed students to be more present in their parenting, reduced childcare and travel costs. With recorded lectures accessible online, students were able to learn at times that were more adaptable and suitable to their lives. Recorded lectures also allowed students to revisit and engage with the content further, a benefit shared by American nursing students (Wallace et al., 2021). Through the additional time savings that online learning conferred, students were able to develop hobbies and interests outside of nursing and to reconnect with the land. Blended delivery in nursing education can support greater student engagement and help students negotiate their work-life commitments. However, technological and psychosocial support along with effective and prompt educator communication are necessary requirements for successful online delivery (Michel et al., 2021). Flexible delivery including blending asynchronous with synchronous classes should be considered in nursing education (Michel et al., 2021; Wallace et al., 2021). For Indigenous students, flexible delivery is not merely a matter of learning preference but rather an issue of equity and inclusion. Indigenous students in this study carried significant caregiving, family and community responsibilities and several were able to return home to their remote communities while continuing their studies due to online learning.

Studies have shown that many nursing students experienced isolation due to the pandemic (Michel et al., 2021; Wallace et al., 2021). However, in this study, the loss of culturally safe supports and friendships with Indigenous peers contributed to further isolation and lack of cultural safety. Lack of cultural safety was also amplified through the closure of the Indigenous Student Centre. Indigenous Student Centres create a community environment offering social supports that counteract the isolation many Indigenous students experience in university (Guillory, 2009; Minthorn & Marsh, 2016). Culturally relevant supports are necessary to the persistence, emotional well-being and self-belief of Indigenous university students (Gloria & Robinson Kurpius, 2001), as are educators that can develop positive and respectful relationships (Milne et al., 2016), recognize student challenges and employ flexible educational practices (Guillory, 2009). However, many students experienced microaggressions, racism and verbal abuse from faculty and nonindigenous classmates hampering university efforts to create culturally safe, inclusive spaces. As Carter et al. (2018) suggest "Universities can lament relatively poor retention and completion of Indigenous students, but until they focus much more attention on academics' capacity to develop students' self-efficacy and a sense of belonging, and less attention on increasing student recruitment, there will be only incremental improvement" (p. 256).

The theme of community disconnection was prevalent in this study. Students experienced physical disconnection and isolation

from their communities, feelings shared by Indigenous university students in Australia (Bennett et al., 2020). Several students experienced major life events during the pandemic but were unable to celebrate or grieve these milestones in community due to travel restrictions, gathering size limits, and physical distancing. Families and communities were also fractured due to oppositional beliefs on vaccination and level of trust in government. While this topic was not explored in this study, the experience of government interventions and legislation can trigger episodes of posttraumatic stress for Indigenous peoples due to a history of Indigenous confinement (Power et al., 2018) and scientific racism. Although the death of a loved one is known to generate grief, nondeath losses can also provoke grief that can be equal or even greater than death-related losses (Doka, 2016; Harris, 2019). Students in this study experienced losses of friendships, community, clinical rotations, birth experiences, cultural supports and course failures. Further research on the grief and loss experiences of students during the pandemic and in nursing education are critical, as is faculty commitment to a trauma-informed approach which includes: listening and acknowledging students' experiences; understanding the signs and symptoms of trauma; advocating for systemic supports across policies and programs; and not re-traumatizing students through practices and behaviors (Trauma and Justice Strategic Initiative (SAMHSA), 2014).

In addition to the negative impacts of the pandemic, students in this study, like those in others were able to demonstrate resilience (Dewart et al., 2020; Michel et al., 2021; Wallace et al., 2021), and turn the pandemic into an opportunity for personal development and posttraumatic growth (PTG) which included developing new hobbies and a greater appreciation for family (Cengiz et al., 2022; Tan & Andriessen, 2021; Yıldız, 2021). Beyond resilience, students also demonstrated survivance, an expertise uniquely embedded in Indigenous communities (Smith, 2020). Students' PTG also engendered greater recognition and understanding of the importance and strength of Indigenous communities. During the pandemic, Indigenous leadership offered creative and community-driven public health responses that reflected cultural values centering relationships and collectivism (O'Keefe & Walls, 2021). These included efficient and equitable vaccine distribution plans; testing and quarantining mandates; and sharing surplus vaccine supplies with surrounding communities. Responsive innovation, resilience and ingenuity are not new for Indigenous communities and have been essential for survival on Turtle Island (North America). "For generations, Indigenous peoples traveled and resettled across the continent; adopted other nations and their languages, diets, and cultural practices; and pursued new and inventive ways to modernize and adapt while not losing sight of ancestral teachings" (Brant-Birioukov, 2021; p. 250).

6 | LIMITATIONS

This study is not without limitations. Given the small sample size, and that all participants identified as female and First Nations or Métis, the generalizability of these findings may be limited. Secondly, the

sharing circles were conducted during a faculty strike which created additional academic disruptions for students. While this resulted in increased enrollment in the study, it may have uniquely influenced students' experiences of nursing education and the pandemic.

7 | CONCLUSION

The pandemic created numerous challenges for Indigenous nursing students increasing psychological distress and amplifying losses in learning and cultural safety. However, students also experienced PTG and community strength. Given the cumulative and compounding impacts of the pandemic on Indigenous students, strategies to address these impacts must be considered and implemented by schools of nursing. Commitments to culturally safe resources including mental health, tutoring, mentorship, flexible delivery options, and Indigenous physical spaces must be renewed. Adopting a trauma-informed lens to teaching and working with students may help students cope with the impacts of loss and trauma as well as contribute to Indigenous student success and sense of belonging. Administrators must urgently tend to the development of culturally safe, antiracist faculty and staff. While cultural safety is often integrated into the curriculum for students, the findings of this study suggest that faculty and staff would benefit from extensive education and preparation in this area. This education must include a nuanced understanding of how faculty presence, dispositions and practices can compound the trauma experienced by Indigenous students and communities across generations, time and space. Lastly, COVID-19 revealed the limitations of individualistic societies as they suffered more devastating outcomes from the pandemic than collectivist ones (Maaravi et al., 2021). As universities and Canada continue to grapple with indigenization and reconciliation, Indigenous values of collectivism, interdependence, reciprocity and humor may offer important lessons for the academy and for Canada as a whole, illuminating a shared path forward.

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CONFLICT OF INTEREST

The author declares no conflict of interest.

DATA AVAILABILITY STATEMENT

The participants represent a very small group that may easily be identified through the sharing of data. Data are not shared for privacy, ethical and safety reasons.

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