

**New Realities: The Story of an International Art Education Student on the Frontline of COVID-19**

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## **ABSTRACT**

### **New Realities: The Story of an International Art Education Student on the Frontline of COVID-19**

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This research investigates how my experience at the front line during a global pandemic has changed me as an artist, researcher, and teacher. Based on my experiences, I shared a description of the adaptation process during the COVID-19 pandemic and translate my story into a graphic novel. This study is an in-depth inquiry, designed to show how art teachers as individuals can adapt to unexpected situations. This research further presents the importance of art in the process of personal and professional adaptation. This study informs art education because of my frontline experience in the community, especially working with seniors, from which I draw out practices grounded in the health and well-being that have a relevance to teaching and learning as part of the new reality going forward. This pathway suggests to me that oscillating between art and health sectors may offer alternate ways of thinking about pedagogic and artistic practice. My story is written in a brief narrative, using accessible language and natural tone to keep the authenticity of the story and invite readers to plunge into my personal experience. Building on my story, I created a graphic novel as an approach to connect my story with the arts and to visually represent my experience. By doing so, I also investigate the importance of art making and promoting the visual aspect of research. I want to explore the importance of art as a space in relation to the chaos of the world around us. Adding to that, I want to share how my experience at the front line has affected my formal/informal learning journey and focus on how the a/r/t/ographic activities has helped me escape and manage the reality of this pandemic.

## RÉSUMÉ

### **Nouvelles Réalités : L’histoire d’une Étudiante Internationale en Éducation de L’Art, Travailleuse en Première Ligne du COVID-19**

Lara El Tannir

Cette recherche examine comment mon expérience en première ligne pendant une pandémie mondiale m'a changé en tant qu'artiste, chercheuse et enseignante. Sur la base de mes expériences, j'ai partagé une description du processus d'adaptation pendant la pandémie de COVID-19 et traduit mon histoire en bande dessinée. Cette étude est une enquête approfondie, conçue pour montrer comment les professeurs d'art en tant qu'individus peuvent s'adapter à des situations inattendues. Cette recherche présente davantage l'importance de l'art dans le processus d'adaptation personnelle et professionnelle. Cette étude éclaire l'éducation artistique en raison de mon expérience de première ligne dans la communauté, en particulier auprès des personnes âgées, à partir de laquelle je puise des pratiques fondées sur la santé et le bien-être qui ont une pertinence pour l'enseignement et l'apprentissage dans le cadre de la nouvelle réalité à venir. Ce cheminement me suggère qu'osciller entre les secteurs de l'art et de la santé peut offrir des façons alternatives de penser la pratique pédagogique et artistique. Mon histoire est écrite dans un bref récit, en utilisant un langage accessible et un ton naturel pour garder l'authenticité de l'histoire et inviter les lecteurs à se plonger dans mon expérience personnelle. En m'appuyant sur mon histoire, j'ai créé une bande dessinée comme approche pour relier mon histoire aux arts et pour représenter visuellement mon expérience. Ce faisant, j'étudie également l'importance de la création artistique et de la promotion de l'aspect visuel de la recherche. Je veux explorer l'importance de l'art en tant qu'espace en relation avec le chaos du monde qui nous entoure. De plus, je veux partager comment mon expérience en première ligne a affecté mon parcours



d'apprentissage formel/informel et me concentrer sur la façon dont les activités a/r/t/ographiques m'ont aidé à m'échapper et à gérer la réalité de cette pandémie.

## Table of Contents

LIST OF FIGURES .....	VIII
CHAPTER 1: AN ART EDUCATOR GOES TO CANADA AND SERVES ON THE FRONTLINE OF COVID-19.....	1
PURPOSE OF THIS STUDY .....	2
HOW ART EDUCATION GUIDED ME FORWARD .....	7
FACING MANY OBSTACLES WHILE ADAPTING TO A NEW COUNTRY.....	9
OVERVIEW OF THESIS .....	10
CHAPTER 2: EXPLORING THEORETICAL PERSPECTIVES .....	12
COVID-19: A PANDEMIC THAT AFFECTS/ED EVERYONE .....	12
LEARNING ABOUT ART THROUGH HEALTH STORIES .....	15
ART EDUCATION PEDAGOGY: HEALTH AND WELL-BEING .....	19
UNCERTAINTY/ADAPTABILITY .....	21
CHAPTER 3: METHODOLOGY.....	23
METHODOLOGICAL APPROACHES .....	23
AUTO-ETHNOGRAPHY .....	25
THE INFLUENCE OF PHENOMENOLOGY.....	27
ARTS-BASED RESEARCH (ABR) .....	27
DATA COLLECTION .....	28
1. <i>Observation:</i> .....	33
2. <i>Documents:</i> .....	33
DATA ANALYSIS.....	35
<i>Step 1: Organizing the Data</i> .....	35
<i>Step 2: Reading and Memoing</i> .....	35
<i>Step 3: Codes and Themes</i> .....	36
<i>Step 4: Interpreting the Data</i> .....	36
<i>Step 5: Representing and Visualizing the Data</i> .....	36
CHAPTER 4: GRAPHIC NOVEL.....	38
CHAPTER 5: ANALYSIS AND INTERPRETATIONS .....	79
ANALYZING MY SOURCES OF INFORMATION.....	79
THEMATIC ANALYSIS OF THE FRONTLINE EXPERIENCE DURING THE COVID-19 PANDEMIC .....	85
<i>Theme: Identity</i> .....	85
<i>Theme: Education and Experience</i> .....	90
<i>Theme: Adaptability and Flexibility</i> .....	94
<i>Theme: COVID-19 Pandemic</i> .....	97
<i>Theme: Art Education</i> .....	103
LIMITATIONS AND VALIDATION.....	108
CHAPTER 6: EDUCATIONAL SIGNIFICANCE .....	110
AFTERWORD .....	114
REFERENCES.....	116

<b>APPENDICES .....</b>	<b>130</b>
<b>APPENDIX A: SAMPLE OF CODING (DIARY).....</b>	<b>131</b>
<b>APPENDIX B: CODING SAMPLE FOR THEME: IDENTITY .....</b>	<b>137</b>
<b>APPENDIX C: CODING SAMPLE FOR THEME: EDUCATION AND EXPERIENCE .....</b>	<b>138</b>
<b>APPENDIX D: CODING SAMPLE FOR THEME: ADAPTABILITY AND FLEXIBILITY.....</b>	<b>139</b>
<b>APPENDIX E: CODING SAMPLE FOR THEME: COVID-19 PANDEMIC .....</b>	<b>140</b>
<b>APPENDIX F: CODING SAMPLE FOR THEME: ART EDUCATION .....</b>	<b>141</b>
<b>APPENDIX G: POSTERS AND SIGNS RELATED TO COVID-19.....</b>	<b>142</b>

## LIST OF FIGURES

- Figure 1:** *El Tannir (2020). COVID-19 knows no race/no colour/no age... [watercolour on paper, edited to digital art] -----*  
--- p. 10
- Figure 2:** *Example of a scanned coloured page from the first phase of the creation of my graphic novel -----* p. 30
- Figure 3:** *The digitized version of the page shown in Figure 2 -----* p. 32
- Figure 4:** *Portrait of myself working at the frontline -----* p. 34
- Figure 5:** *Visual Journal Spread of Private World (Cooking/Cleaning/Grocery Shopping) --* p. 88
- Figure 6:** *Health Care Workers Sitting Together, Colouring Mandalas after Putting the Patients to Bed (2020) -----* p. 91
- Figure 7:** *Empty Bus During the COVID-19 Pandemic -----* p. 103
- Figure 8:** *Playing the Piano During My Break at Work (2020) -----* p. 106
- Figure 9:** *Magnolia Flowers in the Centre's Garden — a Symbol of Hope -----*p. 108

## **Dedication**

This thesis is dedicated to all the health care workers who worked at the frontline of the COVID-19 pandemic.

Thank you for providing care, support, and help to patients in need when putting yourself at risk.

Your courage, dedication, professionalism, and compassion are very appreciated.

You are the true Heroes in this crisis!

## **Acknowledgements**

To begin, I would first like to acknowledge that this thesis could not have been completed without the constant support and encouragement of my supervisor Dr. Anita Sinner. She is knowledgeable, supportive, caring, understanding, and very professional, and from her I was able to witness what a great teacher entail.

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Thank you to my friends and family members who encouraged and supported me during this journey.

To my parents, I am especially grateful. Thank you for your constant love, support, and advice. Thank you for always believing in me!

## Chapter 1: An Art Educator Goes to Canada and Serves on the Frontline of COVID-19

### Mirror Mirror

Mirror Mirror, I know you know  
My secrets, and all my flaws  
I talk to you often and share with you  
My stories, and fearful thoughts  
It's been one year since I came here  
To a land located on this huge sphere  
Oh Canada!  
My home is far away, and my friends too  
Sharing the same sky but a different view

Mirror Mirror, you saw my tears  
But after the rain a rainbow appears  
I know I am strong, and I know one day  
These challenges will be of the past far away

I will follow my dreams to the very end  
And from perseverance comes success  
Mirror Mirror on the wall  
Each day is a blessing  
I thank God for everything

Lara El Tannir, 2020

I open my thesis with a poem that focuses on positivity and hopefulness. So many of us have been struggling with this new pandemic, and poetry, along with visual art, has sustained me in this journey of ‘becoming-other.’ I have kept believing that no matter how difficult the situation is, tomorrow is a new day, and everything will be better. I always say there is good even in the most negative situations.

### **Purpose of This Study**

The purpose of my research was to document my learning journey in art education by creating a graphic novel of my uncertain experience at the frontline of the COVID pandemic. I focused on how, six months after arriving in Canada from Lebanon on a visiting student visa to study art education, I was unexpectedly reassigned by the provincial government from working 20 hours per week at the Centre intégré universitaire de santé et de services sociaux (CIUSSS) with children with autism, to working full-time as a frontline worker at a seniors’ home, the Centre d’hébergement de soins de longue durée (CHSLD). This was a role for which I was not trained and which I did not expect to undertake, and it dramatically impacted my life as an artist, researcher, and teacher. The experience of “becoming-other” (Deleuze, 1995, p. 112) in this context is the subject of my thesis. By rendering my story visually and textually, I raise questions about what we can learn in art education from the frontlines of health care. I focus on the changes I experienced between March and September 2020 (six months), using an a/r/tographic lens to advocate for health and well-being as a central area of study important to art education. These unusual world circumstances affected every one of us on every level of our daily lives, and this fact is critical because it highlights the importance of adaptability and flexibility in unexpected times.



This research adopted three main objectives: 1) offering my story through a graphic novel to help articulate how, as art educators, we can adapt when put in unexpected situations; 2) showing how artistic activities were essential for me throughout this adaptation process; and 3) exploring the importance of art as a space in relation to the chaos of the world around us, including how our art can be affected by our experiences. My research questions are:

1. What forms of art-making assisted with my adaptation to the unexpected changes of COVID-19?
2. How has working at the frontline affected my formal/informal learning journey?
3. How did a/r/tographic activities help me escape from and manage the reality of this pandemic?

On a personal note: I am a very social person who loves adventures and hates routine, so at the age of 24, I decided to come to Canada to pursue a master's degree in art education. It was to be the first time I had lived away from home—but I never imagined I would be experiencing what I have in my first year, and that I would end up working in the health sector during a global pandemic. I view myself as a person who can embrace changes and adapt quickly. This adaptability and flexibility may be linked to my cultural background and personal history as well as what is currently happening to my home country, Lebanon, historically and also during this same time period as my study. All these experiences came to bear on the moment of COVID-19. I regard this as a surreal turn of events, especially as I found myself working as a caregiver for patients – ironically, health care was first chosen as my career before switching to art. This pathway suggests to me that oscillating between the art and health sectors offers alternate ways of thinking about pedagogic and artistic practices.

In summary, this self-study is important because it presents a story of uncertainty and unexpectedness, much as Deleuze (1995) describes, centred around the profound impact of a pandemic that has changed the world as we know it. My story was based on mapping my a/r/tographic journey in an effort to achieve a deeper understanding of the transformation of my identity in relation to time, space, and circumstances. Art education during the COVID-19 pandemic is a new story, and I had no model to follow, but I know that by connecting my visual art and my work in health care, I have brought a strong rationale and robust findings to the field of art education as a teacher and learner. This research can benefit others who had to adapt to all the changes during the global pandemic, including the health care workers who struggled but continued to serve, and the patients who struggled to live another day during a time of crisis. Art offers us all hope.

Based on this study, I imagine a future where art education invites people to contribute and collaborate through artistic practices and share their own stories and experiences of the COVID-19 pandemic. Perhaps my graphic novel will also offer comfort. This study is also a contribution to the literature on how people can engage artfully to adapt to unexpected changes. It augments the literature related to the COVID-19 pandemic and it is a good addition to the literature related to art and health care. Further, this research promotes the use of art as a way to tell and share stories.

### **How I Ended up Working at the Frontline During a Global Pandemic**

Upon coming to Canada, I started searching for a job to help me with my expenses as an international student. When I had first arrived, my parents were able help me financially so that I could pursue my education, but soon after this, Lebanon's economy collapsed. My parents

ceased being able to transfer money, due to restrictions introduced by the Lebanese national bank to keep foreign currency in the country. The shortage of American dollars led to the Lebanese pound losing its value and to my parents not being able to obtain dollars to send to Canada. In February 2020, I was hired to work with the CIUSSS as a rehabilitation assistant with autistic children aged zero to seven. I worked with the children from February to March, at which point we had to stop our ABA (applied behavioural analysis) sessions because of COVID-19. When almost everyone was confined during lockdown in Montréal in March, I was still going to work. We were assigned to go to the Centre (Crom, service à l'enfant et à la famille), but instead of teaching kids and giving ABA sessions, we were making binders full of puzzles and matching games, by laminating, cutting, and pasting together activities for the kids to use at home and in the future.

At the Centre, we had Zoom meetings to keep us updated about the precautions we needed to take and how to prevent the spread of COVID-19. After about a month, we were told that we might be reassigned to work in COVID-19 clinics, hospitals, or CHSLDs as needed. As reported by CBC News at the time: “health officials in Quebec continue to play whack-a-mole—dispatching staff from one health-care facility to a short-staffed one elsewhere, to try to meet basic needs for thousands of ailing long-term care residents” (McKenna, 2020). During this period, I was trying to stay positive, but I cannot deny that I was afraid to get the virus, especially because I was alone in a new country. Some of my friends decided to quit rather than be put in this situation at the frontline. They had the option to refuse but would not be paid as long as the pandemic persisted. However, I had little choice; I needed the job. I decided to take the risk and was comfortable knowing that we had all the required protective gear. Then, in mid-April, we were notified that we could no longer go to the Centre, and that we should wait for

Human Resources to have us reassigned. Every day was stressful, and I feared the unknown. I was living in a liminal space and did not know what tomorrow would bring (La Jevic & Springgay, 2008).

I was reassigned to work with “Batshaw,” an organization that worked on transforming a three-story house to fit the needs of children who tested positive for COVID-19 or were suspected to have COVID-19 and were waiting for their test results. When it became clear that children were not the primary age group falling ill, I was transferred to a CHSLD where they needed people to help with providing primary care for seniors, some of whom had tested positive for the virus. We had undergone a one-day orientation and were told we would be helping with feeding the seniors, interacting with them, and getting them ready for bed (since I was working evening shifts). We were working with “La Force du Nous,” a group under the CIUSSS umbrella created especially for COVID-19.

However, the first week was very difficult: I was working in red zones – areas with more restrictive measures, and with a high risk of the virus transmission (COVID-19) – and wearing a mask, a visor, and a gown for almost eight hours straight. The seniors were very sick and needed primary care beyond the basics of our assigned tasks. After just six months in a new country, where I had yet to feel at home, I was working alongside many other visitors to Canada, who, like, me had no choice. But it got easier each shift, especially as I made friends at work, and we were a great support system for each other.

I worked in two different CHSLD’s during these six months and made so many friends among the patients and staff. I had the privilege of working alongside the military to triage the delivery of urgent care, learning much from this experience. I had great conversations with my friends and with patients and learned a great deal from them about the meaning of life. I learned

to be humble, focus on always being positive, and always be nice to people in simple moments, because life is too short. I made good memories and bad. I built a connection with the patients and was always excited to see and spend time with them, but I also witnessed death and loss. These last were the hardest parts of the job for an art educator with no formal health care training.

As unexpected and scary as it was, looking back, I would not change anything. If I were asked to do it again, I would. This was an opportunity I had never anticipated when coming to Canada to pursue my studies in art education. It is a story worth telling and sharing.

### **How Art Education Guided Me Forward**

I am a Lebanese citizen with a primary interest in all things relating to art. I realized I had that interest very early on. At school, I always looked forward to the one-hour art class we had every week. We learned very basic things, and it was mostly about crafting and creating something to show to the parents during the yearly school art exhibition. Art classes at my school were not very appreciated and not really recognized as much as other subjects. We did not learn about the history of art, about important art techniques like different perspectives, or about the different art movements, but we did enjoy the experience of art-making. When I was thirteen, my parents registered me in private art classes, but again, we did not learn techniques; rather, we enjoyed our time recreating artworks and paintings we found and on the internet, all while gathering, making friends, talking, chatting, and having fun. I was able to be in this art class because my brother was registered in karate classes in the same centre, so instead of me doing nothing while waiting for him to finish, my parents registered me in the art class that happened to occur at the same time. This proved a critical turning point in my learning journey.

Even though I did not learn much content during the private classes, I enjoyed having this extra time to focus on making art. I also had my first art exhibition there. Apart from that, I also had other artistic interests. I learned how to play the piano and took tango and salsa classes. However, I had no plans to pursue a higher education in art because I was also fascinated by science and medicine. My goal was to work in the health care sector because I love helping people. Nursing was the first major I chose after graduating from high school. At that time, I regarded art as a hobby rather than a professional career, but after a single semester in nursing, I transferred to fine arts. Having struggled with the biology terms in English, especially because I had studied everything in French at school, I found the language barrier was burdensome, and I could not keep up with my classmates. I did not want to go into the art field, because a good career was thought to be very difficult with those qualifications, especially in Lebanon. But this did not stop me from transferring and completing a degree in Fine Arts at the Lebanese American University in 2017. Again, we studied mostly the basics of art. Numerous media remained unexplored, and I felt that I had to be self-directed to succeed. Nonetheless, I enjoyed my university experience and met amazing instructors who were extremely supportive and encouraging.

After graduating, I felt the need to pursue my education further, so I applied for a second degree in Interior Architecture. I had already learned what I loved, and now I needed to get a degree that would secure a stable income. But two years in, I did not feel happy and decided to start searching for a master's degree in art. I did not have many choices in Lebanon, so I expanded my search to Canada. My senior professor had completed his MFA at Concordia, and he encouraged me to investigate their programs. I could see myself as an art researcher and maybe also an art teacher one day, so I applied and was accepted. Thus began my journey as an

international student in art education in Canada. As a graduate student, I was invited to explore many new dimensions of art as education, and many new artistic media beyond traditional training. And it was here that I became inspired to pursue a new domain: the graphic novel. I saw this as a new way to share my story through art during the COVID-19 pandemic. A graphic novel is a combination of cartooning, drawing, and writing, divided and organized in different shaped panels, with speech inserted in variously shaped bubbles (Smith & Pole, 2018).

### **Facing Many Obstacles while Adapting to a New Country**

My move to Montréal, Canada was definitive in allowing me to grow and mature. I became more responsible, not only because I was adapting to a new city but also because I quickly had to become self-reliant to live. Adding to that, I soon had to dive into something I was not trained to do and work at the frontline during a global pandemic in a country where I was still trying to adjust. Art played a critical role in helping me adapt to all these changes and challenges. For instance, I learned how to do embroidery, I made new paintings, and I learned how to make digital art. Added to that, I spent more time on piano because music was a way for me to relax and forget about all the stressful situations I was facing during everyday life. One of the artworks I created during this pandemic shows that COVID-19 recognizes no race, no colour, and no age. The virus is in the midst of people, attracting them like a magnet. The artwork is a one-point perspective piece (see Figure 1).

**Figure 1:** El Tannir (2020). COVID-19 knows no race/no colour/no age... [watercolour on paper, edited to digital art]



## Overview of Thesis



In the course of the thesis, I explore the reality of coping with COVID-19, especially the social aspect of it and how it impacted everyday life, from the perspective of an international student in Canada. I also show and tell how art can play a major role in helping with the adaptation process during a time of crisis. Guided by multiple lenses of storytelling, artistic practices, a/r/tography, and concepts of adaptability, flexibility, and movement, I highlight significant moments as well as mundane changes that happened to me during this timeframe (March 13 to September 14, 2020). I document this journey with art and the pandemic by investigating theoretical perspectives that helped me with the process (see Chapter 2). I developed this investigation using arts-based and qualitative study approaches, through narrating my story in the form of autoethnographic life writing and by creating a graphic novel (see Chapter 3). In Chapter 4, I share my graphic novel and detailed story of working at the frontline, and I show how art and health can be integrated to offer alternative ways of thinking about pedagogy and artistic practice. In Chapter 5, I analyze the data collected during that time frame and interpret my findings. Finally, in Chapter 6, I present the educational significance of my visual research and my story as an artist, researcher, and teacher.

## **Chapter 2: Exploring Theoretical Perspectives**

In this chapter, I unpack the literature to support my study and position me in relation to my field of study. I explore research to assist my understanding about health care, visual storytelling, and art education during the COVID-19 pandemic. This chapter concentrates around topics related to (a) the pandemic (specifically, long-term care centres in Québec during COVID-19, frontline workers, and mental illness during a time of crisis); (b) visual storying (life writing, auto-ethnography, and graphic novels); (c) art education pedagogy (art and health and well-being, and art education during the COVID-19 pandemic); and (d) adaptability (uncertainty, liminal spaces). While many publications related to the COVID-19 pandemic have emerged during the last two years, it is still a new topic, and as yet, there has been little research around the Québec experience.

### **COVID-19: A Pandemic That Affects/ed Everyone**

With the emergence of the COVID-19 virus, lockdown was implemented globally after the virus spread out internationally and many people got sick. In Canada, hospitals were full, and staff shortages quickly became apparent. Health care workers were expected to care for more patients and residents than they should under government care guidelines, and from my insider perspective, like me many of those providing care were not trained professionals (Holroyd-Leduc & Laupacis, 2020). Further, “[p]oor remuneration of long-term care workers” (Syed & Ahmad, 2020, p. 2) meant many staff were already working in multiple locations, which raised the infection rates on site. This led the government to implement a single-site work order policy (Hsu et al., 2020). Public and private care homes were severely affected. The Herron facility was a critical case in point, with a shocking 31 out of 150 residents dying in less than a month.

Following reports of gross negligence; the facility is now under criminal investigation (Béland & Marier, 2020). As of April 25, 2020, 64.8% of all reported COVID-19 deaths in care facilities had occurred in Québec, where they are referred to as CHSLD (Centres d'hébergement de soins de longue durée) (Institut national de santé publique [INSPQ], 2020), accounting for at least two thirds of COVID-19 deaths in Canada (Hsu et. al, 2020).

Long-term care workers were the next major group to succumb to the virus (Syed & Ahmad, 2020). On April 16, 2020, Christine Mandegarian died of COVID-19 after working for three decades in long-term care (Davidson, 2020). In the center where I was working, Victoria Salvan, an immigrant to Canada from the Philippines, was found dead in her home after developing a fever a week earlier (Kovac, 2020). The main cause of this crisis was the federal government's failure, early in the pandemic, to ensure an adequate supply of personal protective equipment (PPE) in health care environments (Holroyd-Leduc & Laupacis, 2020). In the absence of N95 masks, employees working in contaminated areas, including frontline health care workers, tried innovative ways to protect themselves and people around them, including by adding coffee filters underneath their masks (Cox et al. 2020, p. 48).

As mentioned earlier, some health care workers quit their jobs, worried about their families' health and their own. I shared the same worries with my colleagues at work. Was it worth it putting ourselves at risk by working in contaminated areas during a global pandemic? Many of my colleagues decided it was not. As was noted at the time, "In every jurisdiction there is evidence that nursing home workers are finding that their meager compensation is not worth the risk they are required to undertake" (Cox et al., 2020, p. 47). Although the wage boost introduced by the federal government for frontline health workers was beneficial, for some, it came too late (Ranosa, 2020). The situation in Québec was so dire, the provincial government

“introduced bonuses of up to US\$400 per month to care workers” (Cox et al., 2020, p. 45). The Québec government also launched a recruitment campaign and promised a good annual salary to full-time care workers (Cox et al., 2020). A large number of refugee claimants offered (and/or were assigned) to work in these environments, prompting the government to introduce a health care workers permanent residency pathway for refugees who helped during the pandemic (Government of Canada, 2020).

In addition to introducing protocols for health care workers, governments began to prohibit non-essential visitors from entering long-term care facilities (Hsu et al., 2020). To lessen residents’ isolation, staff and family members tried to find safe ways of engaging with the patients. At my workplace, we had colouring books, activity books, and even a keyboard piano on the floor where I worked. Many of the residents did not have phones or other devices for communicating with their families, so technology was introduced and became essential in the workplace. Tablets were used to ensure families and residents could still connect and communicate (Hsu et al., 2020) by speaking with their loved ones, including using the video calls.

COVID-19 not only affected the mental health of the isolated residents but also impacted health care workers. Research confirms that nurses and frontline workers are more apt than the general population to experience post-traumatic stress disorder (PTSD), depression, and anxiety (Mealer et al., 2009). While some fear can stimulate preventive behaviors, extreme fear may lead to adverse psychological responses (Généreux et al., 2021, p. 2). To protect frontline workers, psychologists were available in the workplace if employees needed to talk; there was also a direct phone number that could be used at any time.

Finally, knowing that the COVID-19 outbreak has been deemed a global health emergency (Sohrabi et al., 2020), it is still difficult to fully understand what, how, and why this has happened. This situation remains the leading global issue at the time of writing this thesis (2021), and we are yet adapting to it. It has impacted everyone, and this new reality has shifted my thinking, teaching, and learning journey.

### **Learning About Art Through Health Stories**

From the discourse of care, I now move to how stories were critical to frontline care, and how, as an art educator, I found that stories reshaped my views of teaching and learning. People learn through stories, and according to Goodson, Loveless and Stephens (2012), learning with and through narratives is a very effective tool for bringing people together. It is also “the most accessible, the most understood, and the most flexible vernacular method of conducting and circulating research” (Leavy, 2018, p. 167). Stories are often based on life experiences and other events. As Hasebe-Ludt, Chambers, and Leggo (2009) noted, “People seek understanding of the phenomenology of lived experience, with all the difficulties and challenges that experience brings” (p. 23). By making connections between our stories of the self and the stories of others, we can create understandings of shared knowledge (Goodson et al., 2012). The conversations I had with patients, with my friends at work, with my friends back home, and with my family helped me through the pandemic experience and realize the importance of assisting and caring for others. The conversations also enabled me to hear people’s points of view and learn from them. Listening to others’ stories paved my path to becoming-other (Deleuze, 1995), and in relation to this, I am including a poem, titled “Listening and Becoming,” that captured my attention in an article by Snowber (2005, p. 348):

To walk alongside,  
And to listen deeply, in space  
Of in-between: ...  
The alive space  
Between the two  
Becoming more.

I believe that as human beings, our storied lives are artworks, in a constant transformation between being and becoming (Snowber, 2005).

Narrating our experiences, what happened, and what can happen is something all people do (Zander, 2007). In this study, I am sharing my story in hope that others will find meaning in my experience, since narratives help us make sense of the world (Barton & Baguley, 2014). I address and provide meaning to different audiences in retelling my research stories (McGarrigle, 2018). Stories also build trust (Leavy, 2018, p. 171) and in telling my story, I share part of myself that otherwise would stay hidden. The reader interacts with the stories and respond to them building connections and creating a bond based on trust and appreciation. For example, drawing on my own experience, I remember stories mentioned in class, and from them I can remember what the class was about. Stories are relational, and people tend to learn more when they feel that the subject matter is worth caring about and has something to do not only with the world around them, but also connected with their own lives (Andrews, 2012). Adding to that, my experience and my story played a significant role in shaping my identity. From a theoretical perspective, auto-ethnography comes into play when talking about my identity in the social world (Hickey & Austin, 2007). I interrogate the social construction of my identity, focusing on

race, class, gender, and background. According to Hickey and Austin (2007), “auto-ethnographic process involves connecting our recall experiences with social practices in order to understand our location within the social dynamic and the nature of our identity formation” (p. 26). Coming from a country that is not economically and politically stable, then leaving my family to continue my studies in a country I am yet adapting to, then working at the frontline during a global pandemic, have all made me the resilient person I am today. Our stories help us understand our place in the world and help us make connections, and in doing so, assist in the construction of our identity (Barton & Baguley, 2014). Auto-ethnography opens opportunity for dialogue between subjects and the social practices that people engage in throughout their existence (Hickey & Austin, 2007, p. 27). It a productive and generative way of understanding the Self.

My story is informed by all the activities underway in my life, every day. I learned from meetings that kept us updated about the news and how to adapt to the pandemic crisis. Informative posters were everywhere to teach us how to deal with the situation and how to stay safe. We were learning from each other’s experiences: What is the best way to wash our hands? Is it better to wash the visor from the inside first or from the outside? We were all learning together as it happened, and the truth was, no one knew the answers to such questions. We tried to look back at crises that had happened in the past and at people’s stories, to study how they had dealt with previous pandemics, such as the “Spanish influenza” in 1919. Their stories were helpful for giving us insights into how to deal with the COVID-19 pandemic. Jones (2020) discussed historians’ desire to identify universal truths about how society deals with and responds to contagious diseases. There is a tendency to look back at stories in this way. My learning was also enhanced by the conversations I had with my co-workers. Conversations and dialogues are beneficial for improving interactions and increasing the probability of active

meaning-making and positive group learning (Lachapelle et al., 2016). They offer new ways of thinking, critiquing, and being, as encounters with the stories we are (Chambers et al., 2012, p. xxiii).

I offer my story using a form of life writing, which is a mode of educational inquiry, to try and understand the complex experiences that constitute human existence (Chambers et al., 2012). In sharing and telling our stories, we present the dilemmas and questions we live with (Hasebe-Ludt et al., 2009, p. 14). By sharing my story and poem, I divulge my vulnerabilities and hope that readers may gain the courage to share and tell their own stories in an effort to add more holistic knowledge to the wider world.

In my thesis, I apply arts-based research (ABR), which according to Leavy (2018) may draw on any art form. For instance, graphic novels fuse text and visual art, and this fusion offers value, variety, and a new medium for expanding literacy (Bucher & Manning, 2004). This art/literary form gives readers an opportunity to explore stories in different and dynamic ways (Williams, 2008). According to Barone and Eisner (2012), “arts-based research must succeed both as a work of art and as a work of research” (p. 145). Merging a written thesis and a graphic novel attests to my background in art and demonstrates my immersion in new knowledge in the field of art education. Graphic novels are also important tools for learning. Laven (2020) has explained that “[g]raphic novels assist in teaching literary devices as readers are actively engaged in the process of comprehending narrative structure, recognizing metaphor and symbolism, identifying perspective, exploring mood and tone, and understanding the use of puns, slang, alliteration, and inferences” (p. 6). In this study, I present myself through a character I have created to show and tell my art-health learning journey. Graphic novels are accessible and appeal to many readers, and they offer both great stories and useful information (Schwarz, 2006);



for international students, graphic renderings are especially important to generate a greater sense of inclusivity as they adjust to being new arrivals in foreign countries. I want my story to reach and help as many people as possible. Inspired by Guyas and Keys (2009), “I want to participate in voluntary engagement in the learning process, making known my various personalities and subjectivities and not only represent and promote given knowledge” (p. 33). I write autobiographically to provoke a lively conversation about memory and identity (Springgay et al., 2008), knowing that “we need to write personally because we live personally, and our personal living is always braided with our other ways of living—professional, academic, administrative, artistic, social, and political” (p. 5).

### **Art Education Pedagogy: Health and Well-being**

While I worked at the frontline, making art became my way to destress and adapt to the often difficult situations I was experiencing physically, intellectually, emotionally, and spiritually. Researchers have found that such arts-based practices can play a substantial role in mental health recovery, and in part, this thesis is my artful recovery in action (Van Lith et al., 2013). Art became a space of meditation, aesthetic appreciation, meaning-making, and self-reflection.

The evolution of the graphic novel came about organically. When still attending classes in person, before the lockdown, I had started an art journal as a diary to document my learning. I was enjoying painting daily and experimenting with watercolours. But soon after the start of the pandemic, I realized my art had shifted. I was so exhausted from the frontline experience that I was unable to keep up with painting in my art journal, so I experimented with different ways of making art (see Chapter 5). My feelings were present in my artworks, and looking back at them,

I can sense how much pressure and distress I felt at the time I created them. Indeed, my art became a reflection of my worries, fear, uncertainty, gratefulness, and adaptation.

At times, art became part of my work as a caregiver (see Chapter 5). I recall a day when my co-worker and I sat together and shared poems we had written and listened to each other's stories, as our only responsibility at that time of the evening was to respond to residents if they rang for assistance. The following is part of a poem I wrote:

*I never thought I would be spending my spring this way*

*As an international student I just want to say*

*COVID will not stop us from pursuing what we came here to do*

*Skies may be grey but soon will turn back to blue*

In this context, I draw on the ideas of Singer and Kruse (2019), who stated that being rooted in the humanities actually strengthens health care providers' practice and patients' well-being. Art can help health care workers refocus on the process of caring: "it is a tool for frontline workers and nurses to better tolerate ambiguity, which is at the heart of nursing practice in general and proved definitive during the first wave of the pandemic" (p. 404).

Art was not only important for me and my colleagues at work but also was essential for the residents, who used the colouring and workbooks I have mentioned earlier; as Bloem and colleagues (2018) have noted that creativity can ameliorate a patient's outlook and that it is used by medical practitioners as part of the healing repertoire, particularly as it relates to uncertainty and adaptability.

## **Uncertainty/Adaptability**

In my first term of the art education graduate program, I was learning how to navigate Canadian society. I was in a space of unknowing, questioning my educational plan, and always asking, as a student of art education, what comes next? To find myself at the frontline in the second term was frightening. I never knew what would happen next or what tomorrow would bring. What if I got sick? What if I brought the virus home to my roommates? What if I did my job incorrectly? I was an artist, not a health care worker... What if I made a mistake? Was I washing my hands enough? So many “what if” questions crossed my mind!

I was also pulled in many directions within my program of study, unsure what I would like to pursue as an artist, researcher, and teacher. I was effectively in-between, much like inhabiting the different liminal spaces of an international student. Liminality is not only about physical locations or objects in space. Such suspension is a process, a movement, and a displacement of meaning, in which concepts are marked by daily encounters (La Jevic & Springgay, 2008). I was constantly in motion, looking at things from entirely new yet artfully different perspectives.

It was a time of rapid change in my life as I tried to cope with multiple uncertainties and adapt by being resilient, pushing through challenges, and accepting changes (Pike et al., 2010). Adaptability is the capacity to respond constructively to new situations, such as changing schools, getting married, switching jobs, facing an illness, or at the extreme, navigating the COVID-19 pandemic (Collie & Martin, 2016). People around the world were trying to cope with the COVID-19 pandemic; the stress of the situation was very apparent, as people faced persistent distress and feared the unknown (Besser et al., 2020). We had to get used to new rules and regulations while also facing loneliness in a time of confinement, wondering what the impact of

this virus would be and not yet understanding the severity of the situation. COVID-19's psychological impact on individuals was slowly appearing, showing how frail and helpless we can be in times of unprecedented disaster (Serafini et al., 2020). People were trying yet unable to fully understand this virus, since the "current pandemic represents a strong, evolving situation that needs to be understood on multiple levels" (Besser et al., 2020, p. 2). Almost two years into the situation, people are still trying to understand this virus. New variants keep emerging, and we are on the verge of another lockdown as I write this in December of 2021.

During this crisis, people have been pushed to adapt to new ways of living. Flexibility and adaptability have been major parts of my life for the past year and are guiding concepts in my project. So many unusual and bizarre incidents have happened in my everyday life, too many to cover in this thesis. Instead, I highlight critical pedagogic moments. The analogy of passing through the looking glass in *Alice in Wonderland* often comes to mind (Carroll, 1871/2005). I took the risk of working at the frontline, like Alice when she took the risk of jumping in the rabbit hole, leaping into the unknown. Although it was scary at times, it helped me grow, learn, and discover areas I had never thought I would. I continue to process this experience, now more than a year on. I do not know what life holds for me, but from this experience, I am ready to adapt again, and I feel more resilient.

Being at the frontline offered insights into ways individuals can adapt to radically changing circumstances, and how flexibility in terms of coping with the changes not only helps art education as a field but also ensures that creative expression is part of people's recovery.

## **Chapter 3: Methodology**

### **Methodological Approaches**

My study blended arts-based and qualitative approaches, primarily narrative inquiry and ethnography. I applied these approaches by narrating my story in the form of life writing (as an auto-ethnographic expression) and by rendering my story as a graphic novel (employing drawing and digital art methods). Arts-based and qualitative practices offer a suitable framework for exploring and describing the connections between our individual lives and the larger context in which we live (Leavy, 2018). For this study, I was specifically informed by aspects of phenomenology also, given my chosen phenomenon was the COVID-19 pandemic, and I studied my experiences of working with seniors in care as an international student in Canada.

This self-study has no participants. I investigated my own experiences based on real-life occurrences. I expressed the sensorial experience of COVID-19 in my research story. My journey reveals the “rawness” of the moment and exposes my thoughts. I openly share my ideas and my story truthfully and honestly as the sources of information, or data, for my research through multiple methods and lenses that shape my inquiry.

### **Narrative Inquiry**

Narrative research is a method that focuses on the experiences of individuals as expressed in lived and told stories. It “shed lights on the identities of individuals and how they see themselves” (Creswell, 2013, p. 71). The heart of this research includes my personal story and experience. Stories convey meaning and try to make sense of the events that happen in our learning lives (Leavy, 2018). By sharing my story, I am sharing part of my life, including my

emotions—fear, uncertainty at times, and worry during a time of crisis. I also include turning points in my journey. According to Creswell (2013), “Narrative stories often contain turning points or specific tensions or interruptions that are highlighted by the researchers in the telling of the stories” (p. 72). I am doing this not to display myself or self-aggrandize, but to demonstrate that even if exposing facts and events causes me discomfort at times, I realize that the goal of bringing new knowledge to the art education field is far more important and significant than my uneasiness (Leavy, 2018). I borrow from Creswell (2013) to contextualize how my narrative then operates as data in relation to phenomenological understandings: A study involving a phenomenon [in my case, it is COVID-19]. In this research, I analyze my story during the pandemic. According to Creswell (2013), such phenomenology begins with experiences as expressed in the life stories of individuals.

Turning to life writing, I begin with an understanding that life brings us challenges, and we must adapt to, accept, and confront whatever situations cross our path. Through sharing my experiences, I bring forward another story that adds to the field of art education. As Hasebe-Ludt et al. (2009) have suggested, and I found to be true in my case, “Through writing autobiographically teachers and researchers constitute their lives and mobilize their identities and agencies in ways they otherwise might not” (p. 34). I adopted life writing as a way of knowing and being as an artist, researcher, and teacher—and, unexpectedly, as a health care worker (Chambers et al., 2012). My story is a way for me to understand myself in relation to the frontline of a pandemic, where I came to see the world from a different perspective. As a result, I narrate what would otherwise be a hidden first-person account of a CHSLD. From this process, I came to understand how these conditions and events shaped my life and paved my path to “becoming-other” (Deleuze & Guattari, 1994, p. 112). Sharing life-changing moments of

learning can have pedagogic significance, for as Chambers et al. (2012) stated, “Through our writing and our willingness to share our writing with others, we perform our commitment to living with careful intent, critical interrogation, and thoughtful awareness” (p. xxvii). I perform a *métissage* of lines in text and in drawing to remember myself in the world while accepting moments that reshaped my identity. Hasebe-Ludt et al. (2009) have asserted that “[m]étissage requires researchers to craft pieces of autobiographical writing in which they research and teach themselves” (p. 9).

In this study, I incorporated multiple sources, including memory and diary entries, to construct my experience and include in my writing the challenges and difficulties that came my way, demonstrating that “while a phenomenologist writes about lived experience, a novelist describes it” (Drengson, quoted in Hasebe-Ludt et al., 2009, p. 24). By extension, in this study, I am embodying both a phenomenologist (through what I have written about my lived experience) and a novelist (by creating my graphic novel). In this way, the *métissage* method resonates between the relational experiences of the reader and the writer, thereby bringing forward new ideas, insights, discussions, and actions (Hasebe-Ludt et al., 2009).

### **Auto-ethnography**

Ethnography is a method that examines many individuals “who share in the same process, action, or interaction” (Creswell, 2013, p. 90). According to Reeves et al. (2008), ethnography aims to provide “rich, holistic insights into people’s views and actions, as well as the nature (that is, sights, sounds) of the location they inhabit, through the collection of detailed observations and interviews” (p. 512). In my research, I wanted to focus on my own story in an ethnographic way, so auto-ethnography seemed the most suitable method. As a method, “auto-

ethnography combines characteristics of autobiography and ethnography” (Ellis et al., 2011, p. 275), whereby the researcher reflects on their own self-observation. It presents the researcher as an active and engaged participant in the social world and the activity being studied (Anderson & Austin, 2012).

I have used “*I*” in my study, focusing on my story and the multiple layers pointing to my involvement as an art education student working at the frontline. According to Hamilton et al. (2008, p. 22) “auto-ethnographers often write in first person.” By doing so, I gained insights from working in health care during a pandemic and used multiple-genre approaches in my study by creating a graphic novel as well as incorporating short stories, photographs, and poetry to translate my experience into this study (Hamilton et al., 2008). After reading about auto-ethnography, I realized that this was an appropriate approach for my research. It presents in a meaningful way the cultural phenomena that I experienced and researched. I also recognized that I was not only a subject and object of the research, but also an insider and outsider in relation to the culture that I was investigating (Dyson, 2007).

By using auto-ethnography, I share my story, experience, words, and secrets. I offer transparency by disclosing details about my identity and expose part of my life in the process. A passage in Boylorn (2014) resonates for me:

Auto/ethnography is like a bridge on my body, marked in words and scripts that tell stories and secrets in invisible ink only I can see. When I tell my stories, reading from the prose on my skin, written in my handwriting between brown lines on my flesh, they are run-on sentences and fragments, falling off my side like long outgrown garments. The stories blend in the archways of my body, the bend of my elbow, the crevices between



my fingers and toes, in the dip of my belly button, behind my ears, on my thighs, and between my lips. I hide my deepest secrets there because no one looks for bridges between the lines. (p. 313)

### **The Influence of Phenomenology**

Although I did not take up phenomenology as a methodological approach, it informed and enhanced my research design by focusing me on the COVID-19 pandemic, a phenomenon that reached most parts of our planet very quickly, to profound and sometimes fatal effect. It has baffled scientists everywhere and pushed them to work quickly to combat the COVID-19 virus. Throughout the world, we have no references in living memory to help guide us through this. A phenomenological study describes the common meaning of lived experiences of a concept or a phenomenon for several individuals (Creswell, 2013). In this respect, I brought phenomenology into my study.

### **Arts-Based Research (ABR)**

When I came to this project, I realized that combining approaches and merging textual and visual materials was the most effective way to convey my experience and answer my research questions. Arts-based practices can involve any art form, including but not limited to literary, performative, visual art, audiovisual, multimedia, and multimethod forms (Leavy, 2018). In my study, creating a graphic novel, including my poems, and using visual art—photography, drawings, and paintings—to enhance the rendering of my written story was useful in helping me explore, describe, and explain the connection between my individual life and the larger context

in which I live (Leavy, 2018). Leavy (2018) highlighted the importance of art in conducting research: “Art may have unmatched potential to promote deep engagement, make lasting impressions, and therefore possesses unlimited potential to educate” (p. 3). And I found that to be so in my case.

Graphic novels have major significance for my thesis. In recent decades, they have become a very popular method of storytelling and a powerful mode of research, referred to as “comics-based research” (Leavy, 2018, p. 396). My graphic novel “provides a frame through which to think, and think differently” about my research findings (Leavy, 2018, p. 398). It has offered me the ability to move between images and words and convey my story in ways other methods would have not (Leavy, 2018).

Being an artist, I enjoyed the process of creating a graphic novel to share my story. Using the language of art was natural to me, and ABR was a suitable choice to represent and interpret my findings rather than relying only on traditional methods. As Leavy (2018) noted, “Arts-based researchers are carving new tools, forging new pathways to knowledge, and imagining new shapes for the outcomes of research” (p. 11).

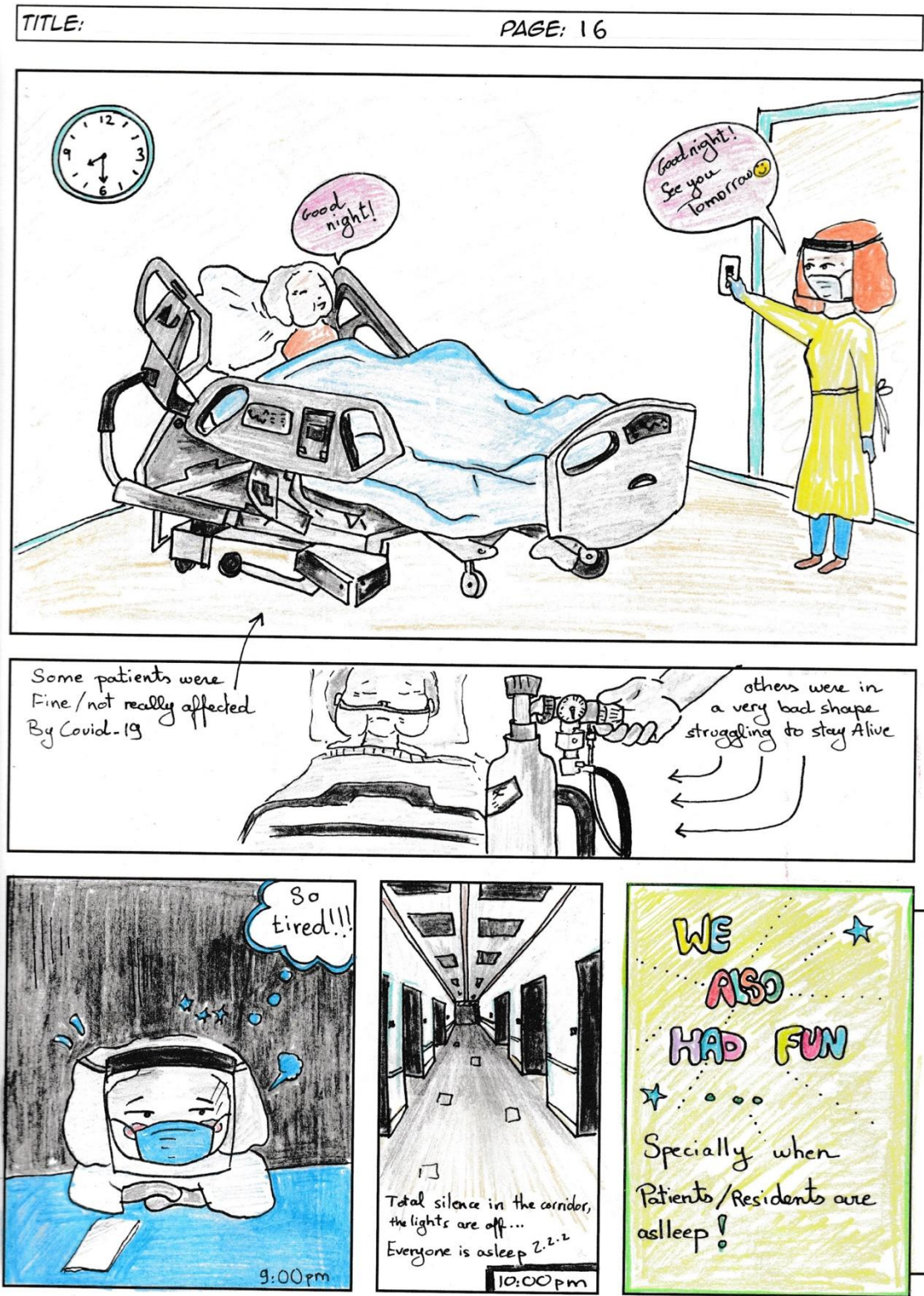
## **Data Collection**

To source information and answer my guiding questions (Creswell, 2013, p. 146), I used multiple methods to document my story and then create the graphic novel. My sources were verbal (moments in conversation with patients), textual (diary/reflective writing and poems) and visual (drawings, paintings, crafts, my visual journal, and digital artworks), as well as media stories from that time (newspaper articles, signs, websites, emails, and social media stories). I

chose a timeline of six months in which to document my experiences and collect my data, from the start of the lockdown (Friday, March 13, 2020) until September 14, 2020. My time period is discretionary: Half a year of collecting data, observing, and noting seemed appropriate for the length of this master's thesis, although I continued helping at the frontline until January 2021.

My data collection was affected by events that happened to me during the research and the data collection period. At the beginning of March 2020, I was planning to use my art journal to document my days during the pandemic. Starting in February, I had been drawing every day and was enjoying the process. I was also keeping a written diary. But when I started working at the frontline and had to shift from working part-time to working full-time, I found myself unable to keep up with this daily routine. One day, I went to a bookstore, and an empty comic sketch book captured my attention. This chance encounter changed the direction of my study. I immediately thought of making my story into a graphic novel. The pages in the book were pre-designed, so I had to fit my drawings according to the template, but this did not prove to be a constraint on the development of my ideas or my visual articulation of events. I worked accordingly and created the graphic novel in its physical form, on paper, using a pen and a pencil (Figure 2).

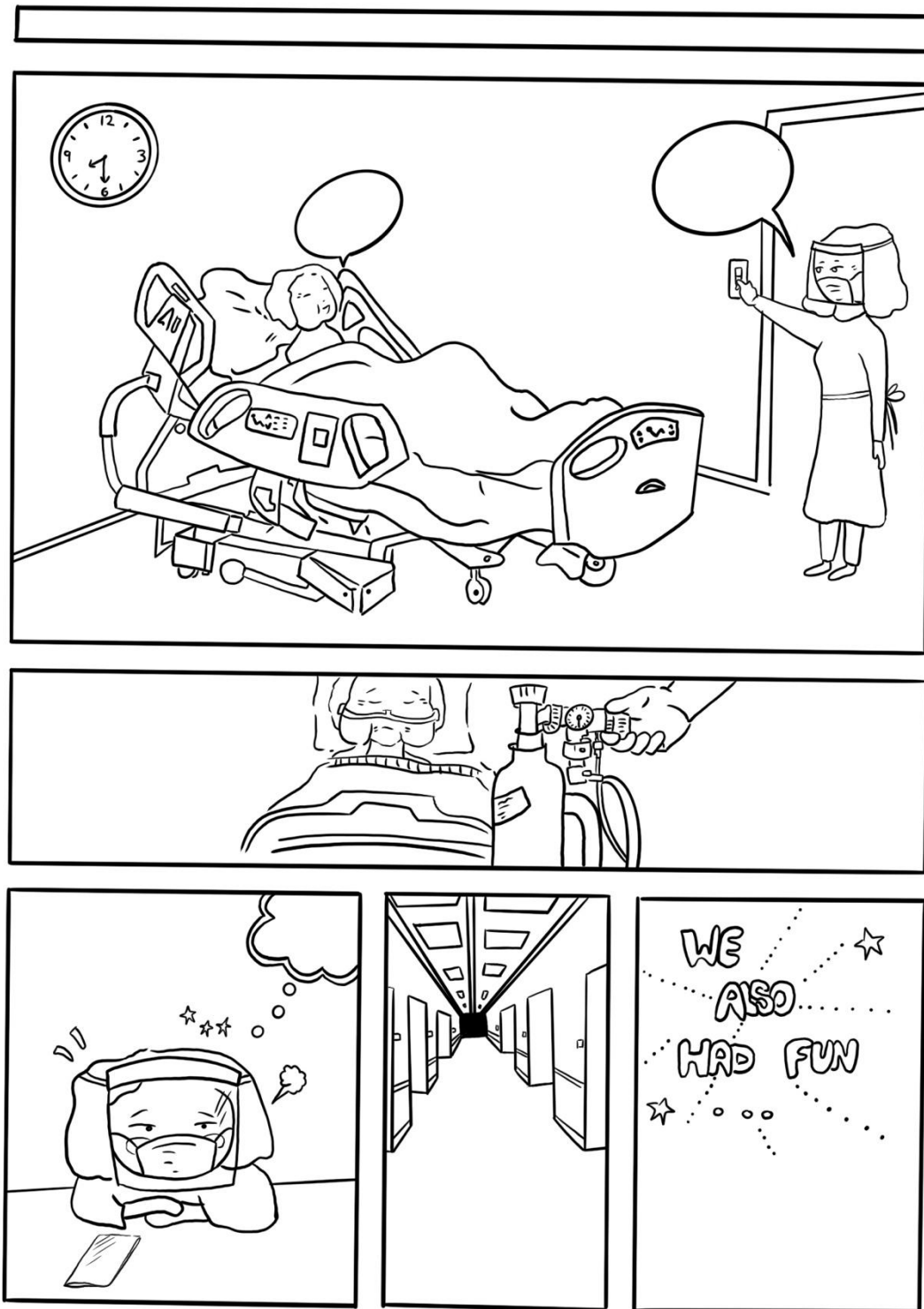
Figure 2: Example of a scanned coloured page from the first phase of the creation of my graphic novel



After filling 40 pages, illustrating my story in the process, I decided to colour it using pencil crayons. The result lacked vibrancy, and the scanned version was missing details. This was a turning point in the process of the creation of my graphic novel, as I felt the need to digitize it. I moved to my iPad and decided to use the *Procreate* application to make that possible. Procreate has everything one needs to “create expressive sketches, rich paintings, gorgeous illustrations and beautiful animations” (Procreate, 2021). It is known to be the best drawing application for iPad and one of the most powerful painting applications for purchase (Chan, 2021). I redrew all the scanned pages on my iPad (see Figure 3), then coloured them, as shown in Chapter 4. I added highlights to make the drawings “pop.” This gave the drawings depth and dimension, transforming my flat, lifeless 2D drawings into three-dimensional objects that attract the viewer’s eye. When I was happy with the result on each page, I saved it, then merged all of the pages into one file to create the full book. A cover page was needed, and drawing this was the last step in the long process of creating my graphic novel.

Arts-based and qualitative methods of data collection are at the heart of my study, but I believe my story also needed verification. To support this self-study, I drew on public health discourse as a data source, which included news media reports, government data, health agency policies and practices, as well as university policy and practices, collecting these from websites, social media, emails, workspaces, and journals.

Figure 3: The digitized version of the page shown in Figure 2



I used the following data collection methods in my arts-based and qualitative research.

1. **Observation:** In my case, being an essential worker during COVID-19 and working in the CHSLD helped me gain insider views of what was happening during this crisis. I recorded what I observed in my diary and took photographs of signs and posters related to the pandemic that I felt were important for this study. Examples are: 1) how to wash your hand, 2) how to remove and put on a gown, 3) warning signs, 4) red zone sign, 5) green zone sign. Photographs of the different signs are in Appendix G. As a participant-observer, I documented my experience in the field and conducted observations through ongoing examination of the videos and photographs I took during this journey. My artworks and art projects were deeply reflective of pandemic-related news.
2. **Documents:** I used an art journal I kept during my time at the frontline to study my observations. I also analyzed publicly available documents, such as newspaper articles. I used artworks and crafts I created during that time to help me adapt to this new lifestyle. Chapter 5 provides more details on this. I kept a written diary as well. Throughout my research, I incorporated photographs of moments that were meaningful to me, including moments spent at the frontline (see Figure 4), as well as objects that felt sentimental; Chapter 5 describes one example, a tree I saw from a patient's window. Sinner (2021), writing about object-body relationships, noted that objects can have deeper meanings. Finally, I wrote poems that reflected my feelings during this time, and these became part of my collected data.

The data collected through observations and documents helped me obtain the answers to my research questions about adaptation to a new reality in the time of COVID-19.



*Figure 4: Portrait of myself working at the frontline*





## **Data Analysis**

To analyze and interpret the data collected for my research, I followed the steps outlined in Creswell (2013). I organized the data, conducted a preliminary read-through of the database, coded and organized themes, represented the data, and finally formed an interpretation that was the basis for my story and my graphic novel.

### ***Step 1: Organizing the Data***

I organized my data into computer files that were easily accessible and understandable. I created one file for the photographs, another for the messages and emails I had received from work, one for my diary and poems, and one for my visual journal. I digitized my projects as I worked, and transferred them to my iPad for easy access and to simplify the coding process. During my analysis, I reviewed the files and used what I felt was significant for this study.

All materials were saved and kept on my PC, as well as in an external drive and on a flash disc as a contingency plan in case of main data loss.

### ***Step 2: Reading and Memoing***

An important part of the research process, and the data analysis specifically, is gaining insight into the entire database to be able to proceed. As Agar suggested (1980), it is good to try to capture the details; but before that, it is even better to try to understand the data. I immersed myself and reflected on all the data I had collected. I read and re-read my sources of information and reflected on each source I had gathered. I observed my artworks and other images and the written notes in my diary, and scanned visual journal pages as well. I wrote reflective notes while looking at the images and reading my diary. By doing this, I was able to learn from my data and explore the key concepts of the COVID-19 phenomenon and its effect on me as a person and my

art throughout this time. From my data collection and data analysis, I was able to write my story in the form of a graphic novel to go with my thesis.

### ***Step 3: Codes and Themes***

Next, I came up with the codes and themes described in detail in Chapter 5. The codes that emerged during the analysis of my visual journal, graphic novel, and media sources were private world, oneself, formal and informal learning, ABA therapy, frontline experience, adaptation, acceptance, support, rules and regulations, death, isolation, mental health, uncertainty, emotions and feelings, current studies, and art-making. The coding process involved assembling the texts and visual data into smaller sections of information according to their meaning (Creswell, 2013, p. 184). After I finished coding, I narrowed my codes while further analyzing the data. This reduction of codes into a small, manageable set of themes helped me write my final narrative (Creswell, 2013). The themes that emerged in that process were: 1) identity, 2) education and experience, 3) adaptability and flexibility, 4) COVID-19 pandemic, and 5) art education.

### ***Step 4: Interpreting the Data***

Data interpretation required that I abstract beyond the codes and themes to consider the data's larger meaning (Creswell, 2013, p. 187). This interpretation was based on my insights and personal point of view, as well as my own experiences and story. It was then combined with literature by various authors to create a wider understanding of the topic and identify the research findings.

### ***Step 5: Representing and Visualizing the Data***

The data are represented in the form of traditional chapters as well as a graphic novel in Chapter 4. The chapters include drafts of my story and visual images that punctuate my learning

with the virus as a process of “becoming-other” (Deleuze & Guattari, 1994, p. 112). The scope of topics embedded in the chapters includes descriptions of my personal experience with COVID-19, how my art shifted throughout this study, and how my learning was affected by the pandemic. A detailed description is found in Chapter 5. I analyzed the information, showing how this unexpected crisis has shaped a new reality and drastically altered our lives and way of life. My research conveys an honest view and representation of what was happening during the COVID-19 pandemic in 2020.

## Chapter 4: Graphic Novel

This chapter presents, as a graphic novel, my story—my background, my arrival in Canada, and how I ended up at the frontline. It consists of different small events that happened to me while at the frontline of the COVID-19 pandemic. The graphic novel was created using pens and pencils in a pre-designed book. I then digitized it on an iPad using Procreate software, which expands the artistic possibilities of the iPad. I share the process in more detail in Chapter 5.

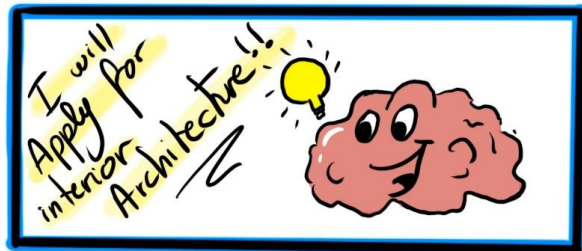
The graphic novel is a 40-page story, divided into different sections:

1. my background story
2. arriving in Canada as an international student
3. pre-COVID-19 university experience
4. being hired for my first job in Canada
5. facing the unknown of the COVID-19 virus
6. the fear and uncertainty of being reassigned to the frontline
7. frontline experience

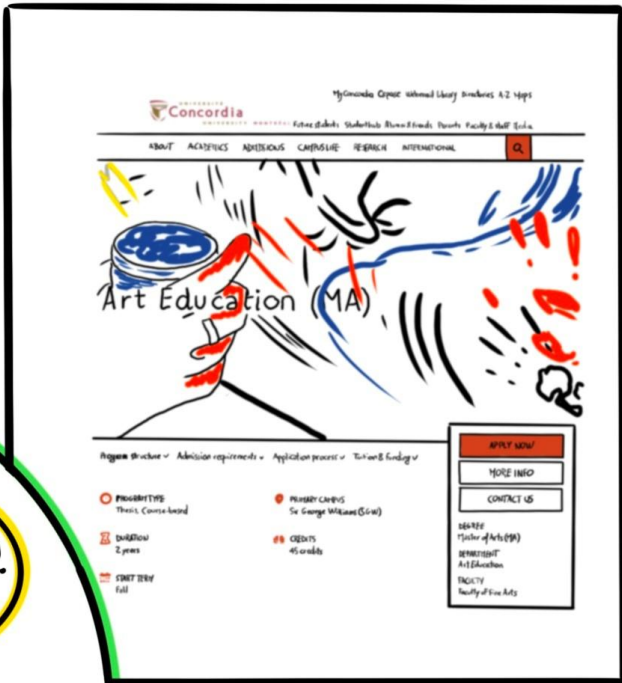
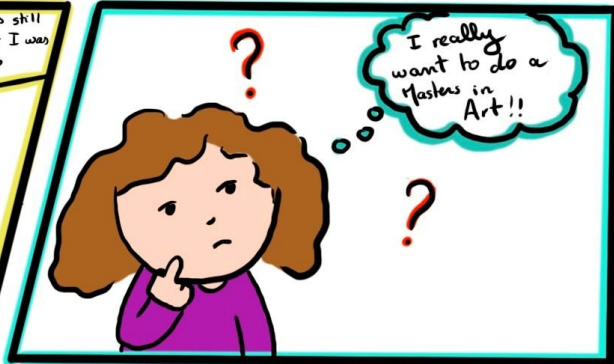
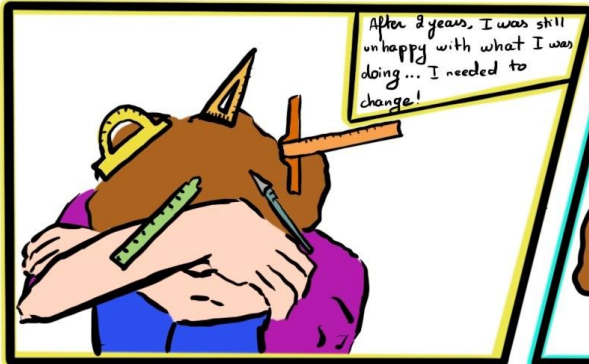
I hope that readers will be able to relate to parts of the novel, learn from it, and gain a better understanding of the frontline experience during a pandemic.

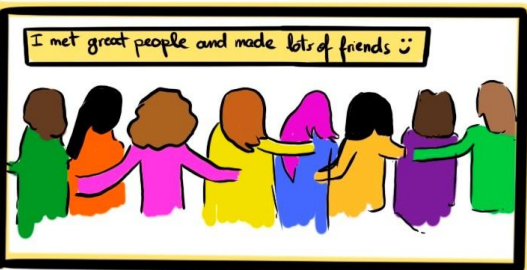
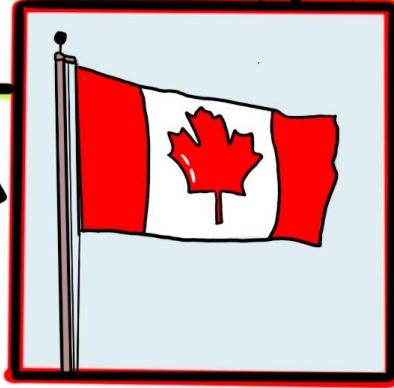
The story of an international Art  
Education Student on the  
Frontline of **COVID-19**  
2020













Happy New Year 2020!!

I am excited for a new semester! I also applied for a job and got accepted! "rehabilitation assistant"

I give ABA Therapy to kids with autism  
WE PLAY  
And we studied (ABA)

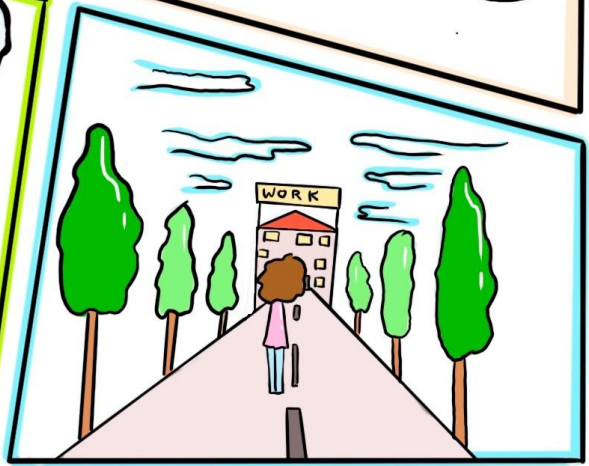
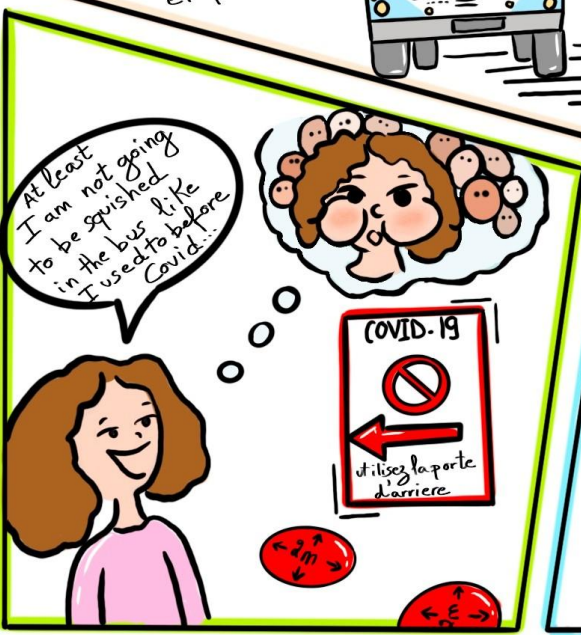
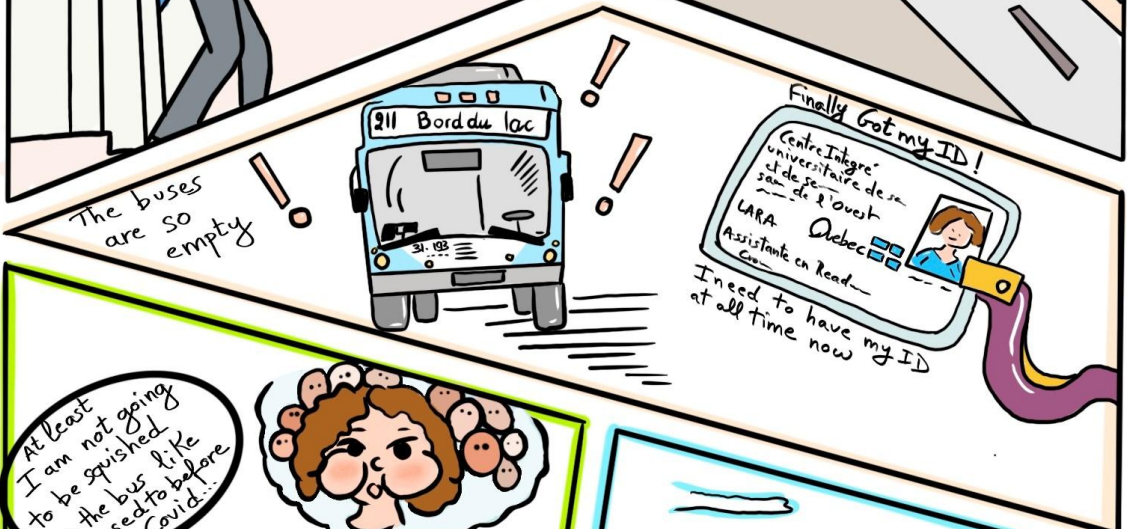
It's hard but I love it!

Beside focusing on studies and work, I was exploring Montreal, painting and playing the Piano

Then one day this happened ...  
**BREAKING NEWS**  
COVID-19  
What's going to happen?

8:12 pm  
Concordia MESSAGE FROM THE PRESIDENT, Latest information on our COVID-19 response.  
- Universities are closing for two weeks until Monday, March 30

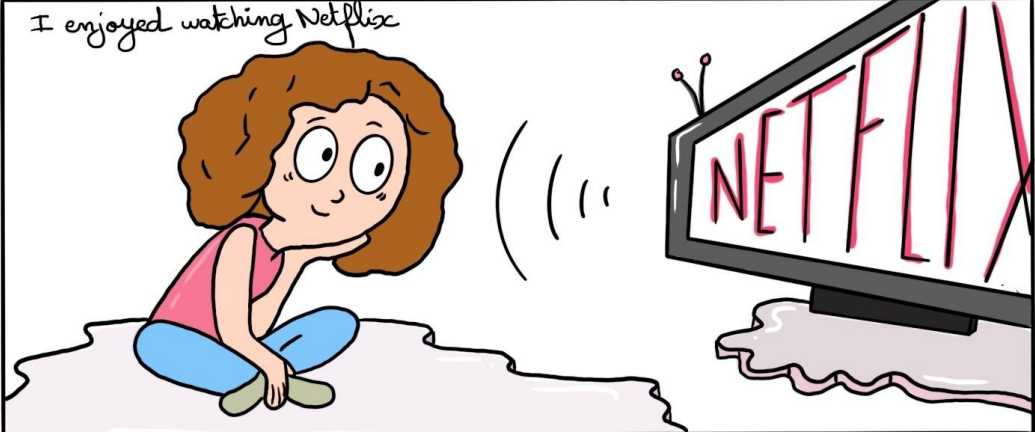
8:20 pm  
- Work  
Those who complete ABA in Daycares, sessions will be canceled because the daycares are closed.  
You should still come to Elm to work ...  
Too many emails!  
I still need to go to work?  
Friday March 13 2020



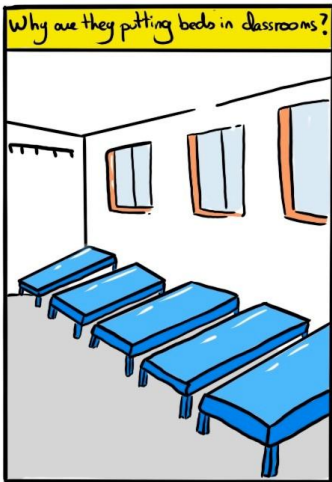
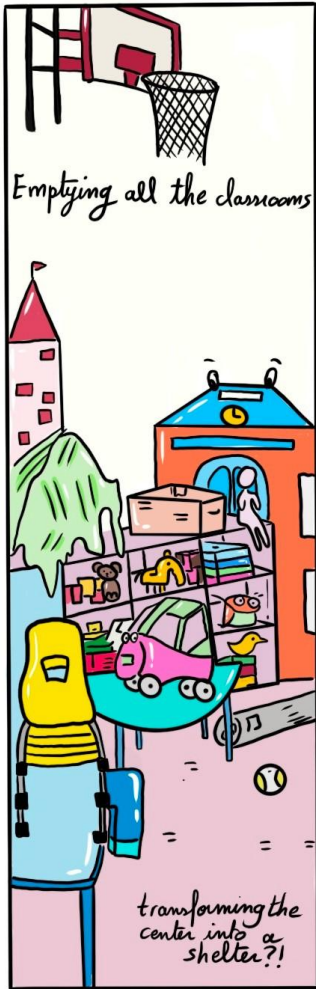




I needed to focus on my studies, uni assignments and working on my proposal...

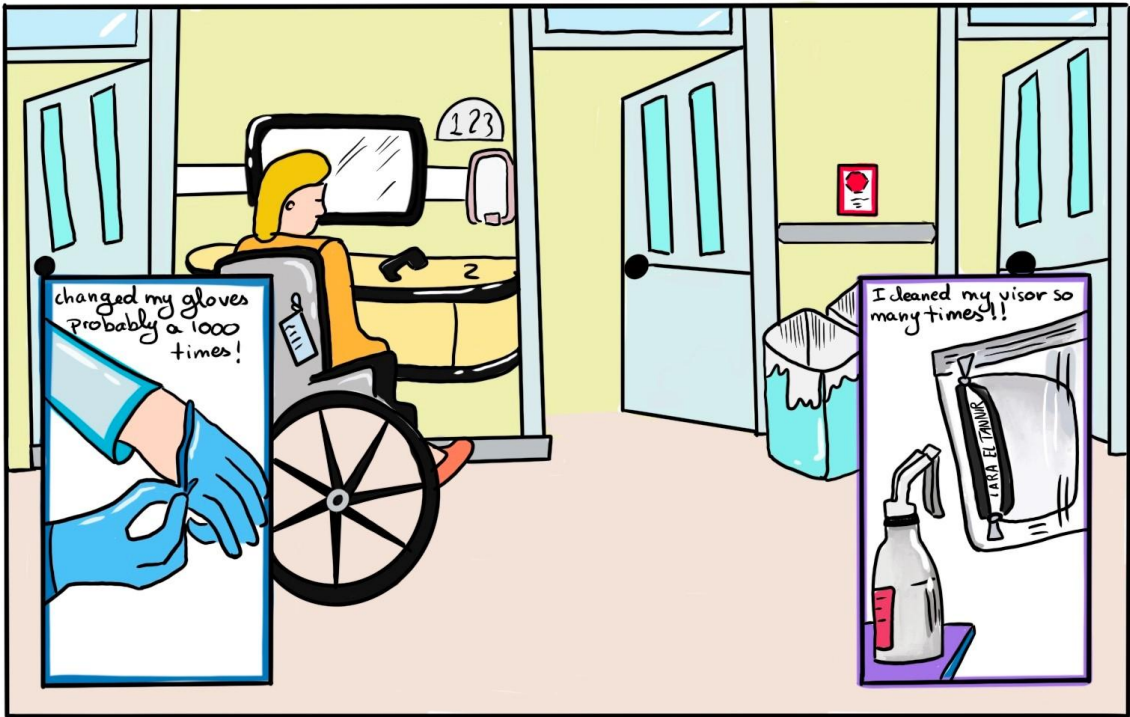
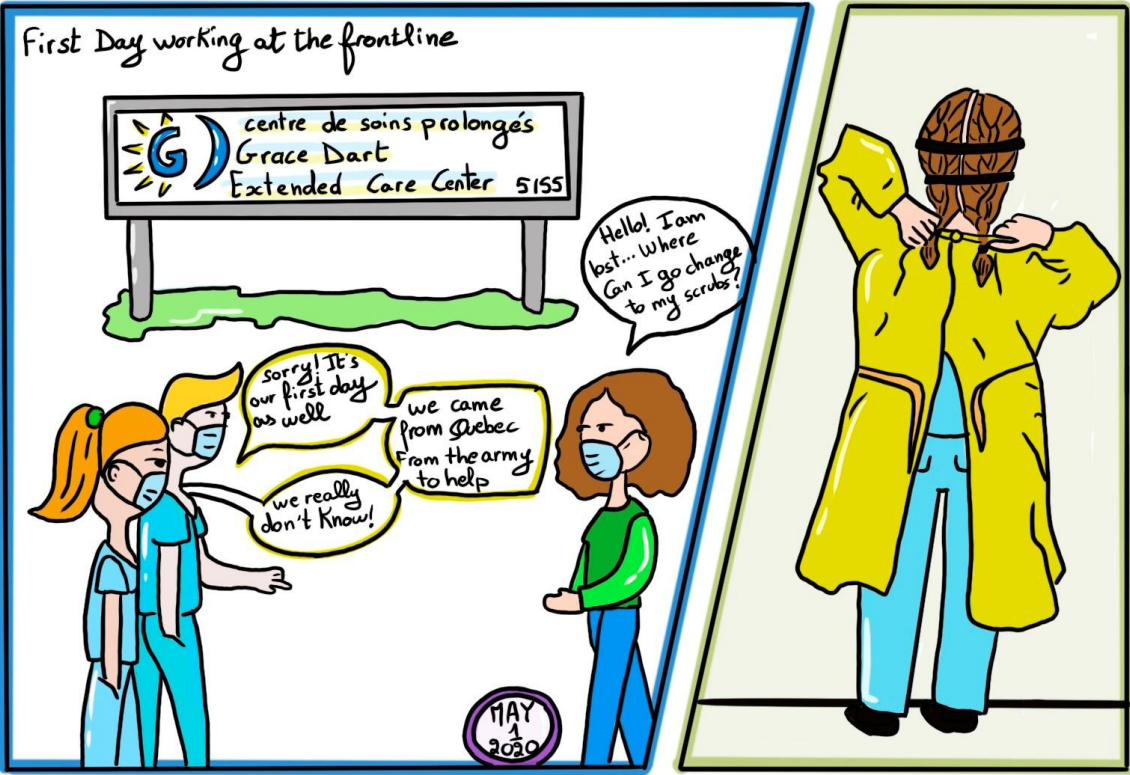


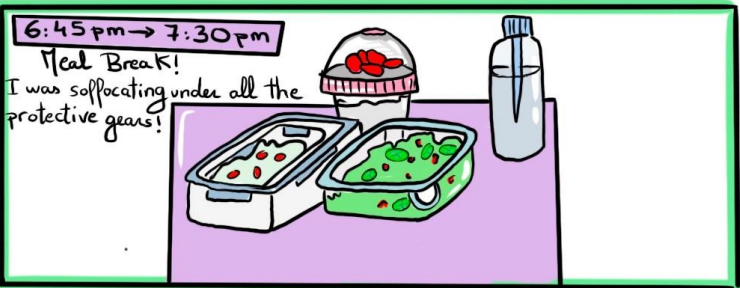
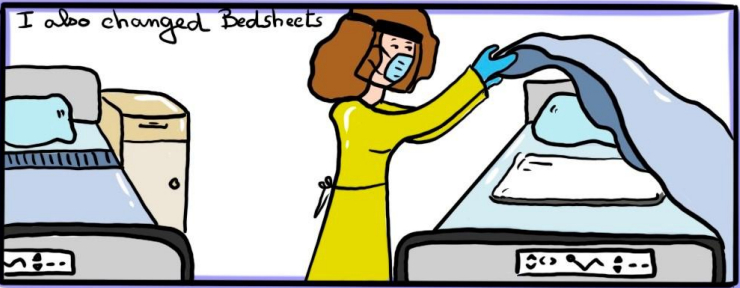
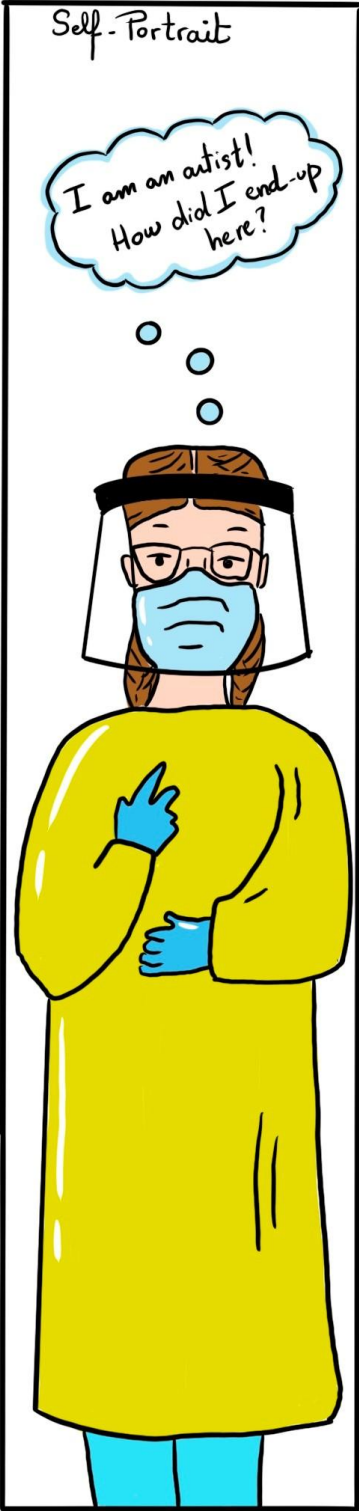












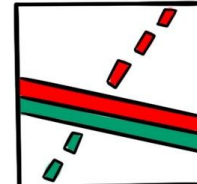
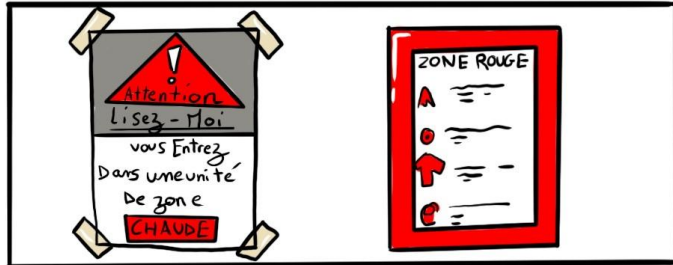


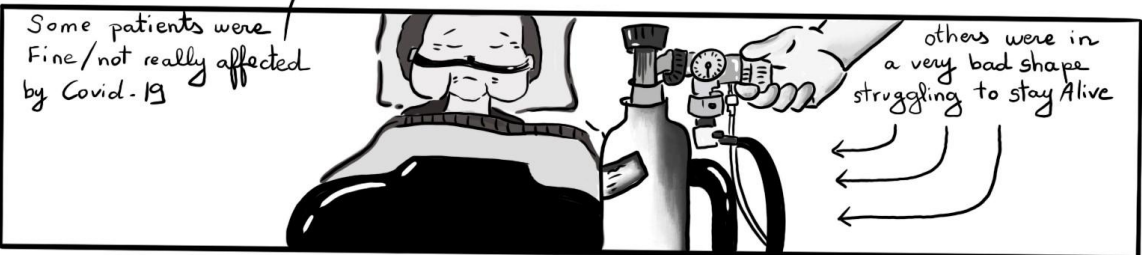
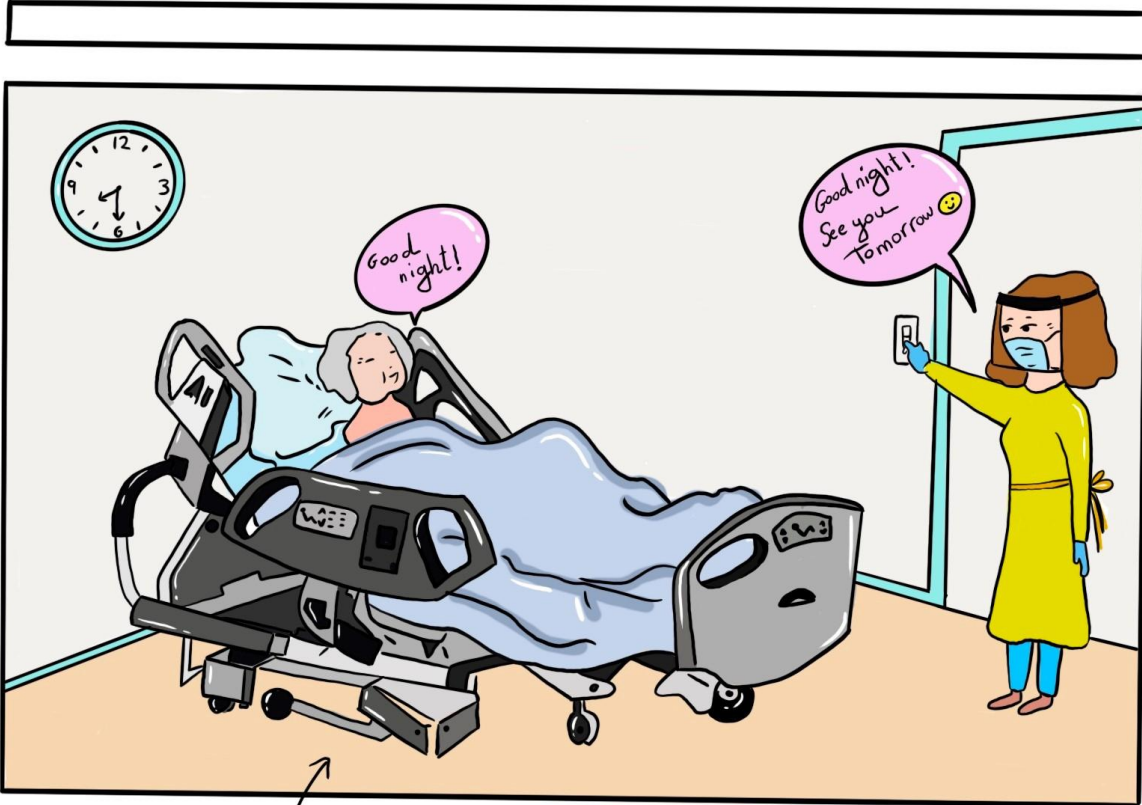
8:00pm

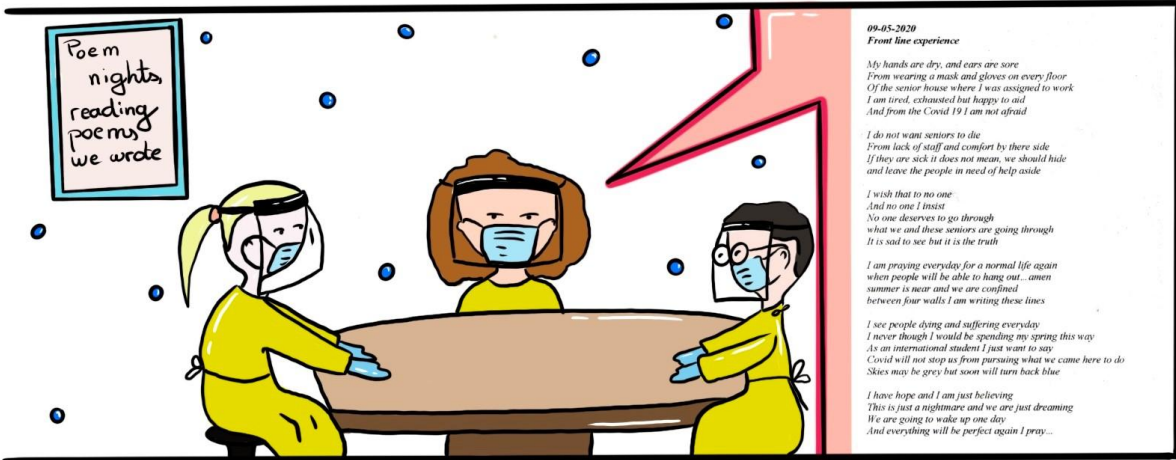
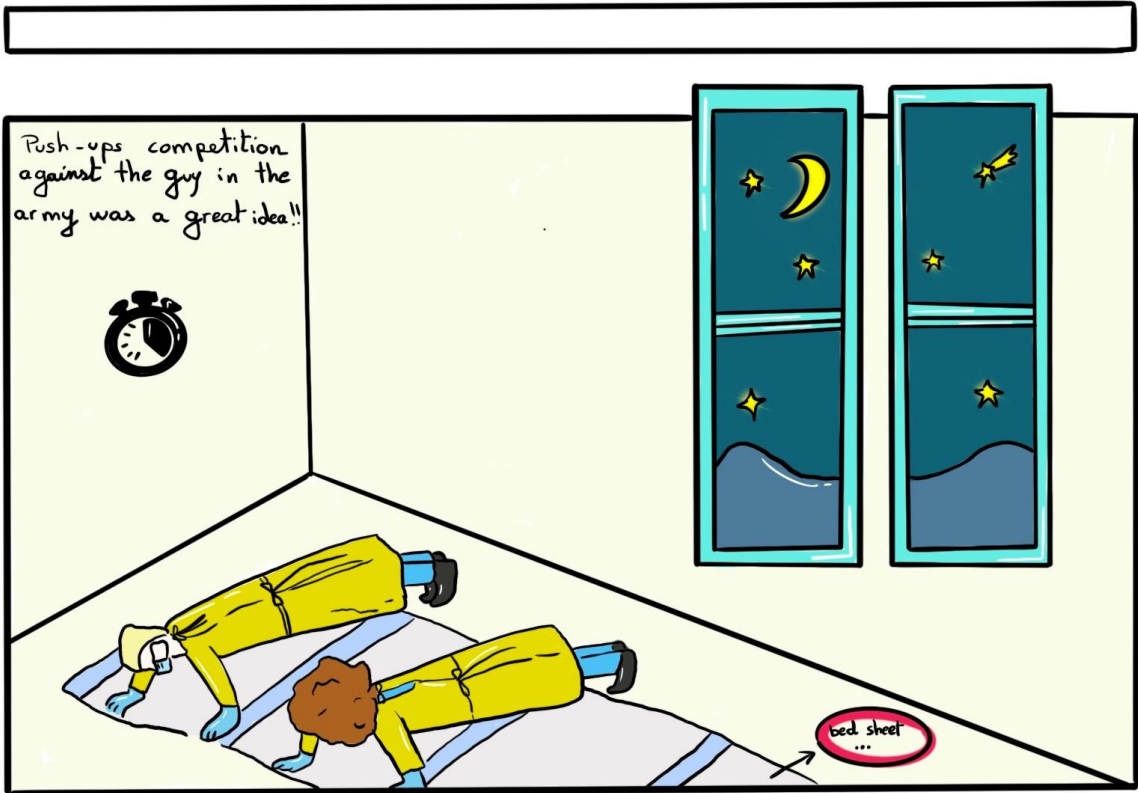
It's time for patients to go to bed...



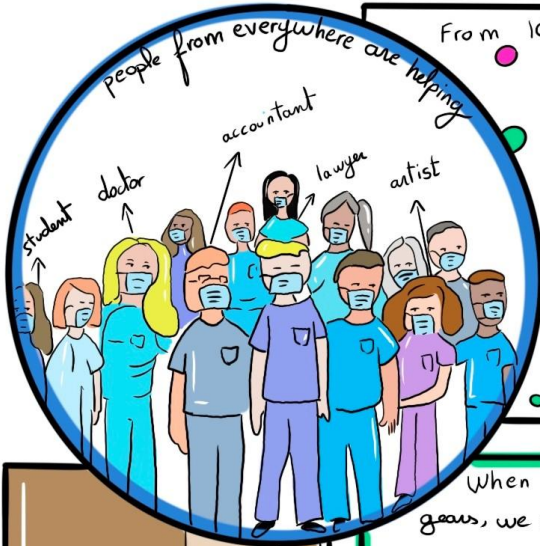
ATTENTION!!



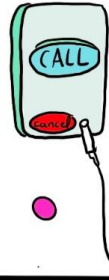








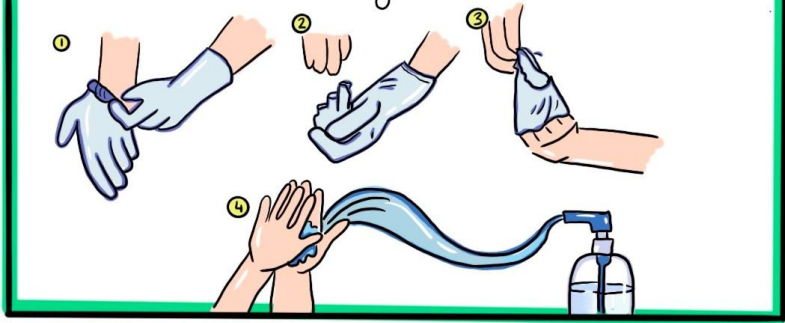
From 10:00pm until 11:30, we just answer the Bell...

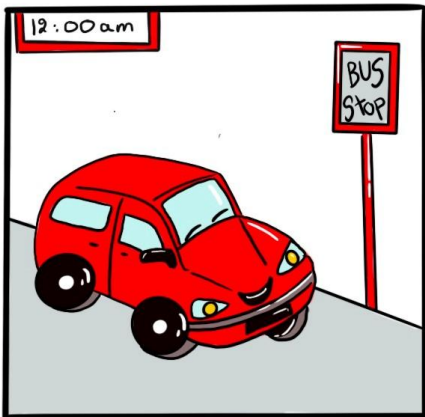
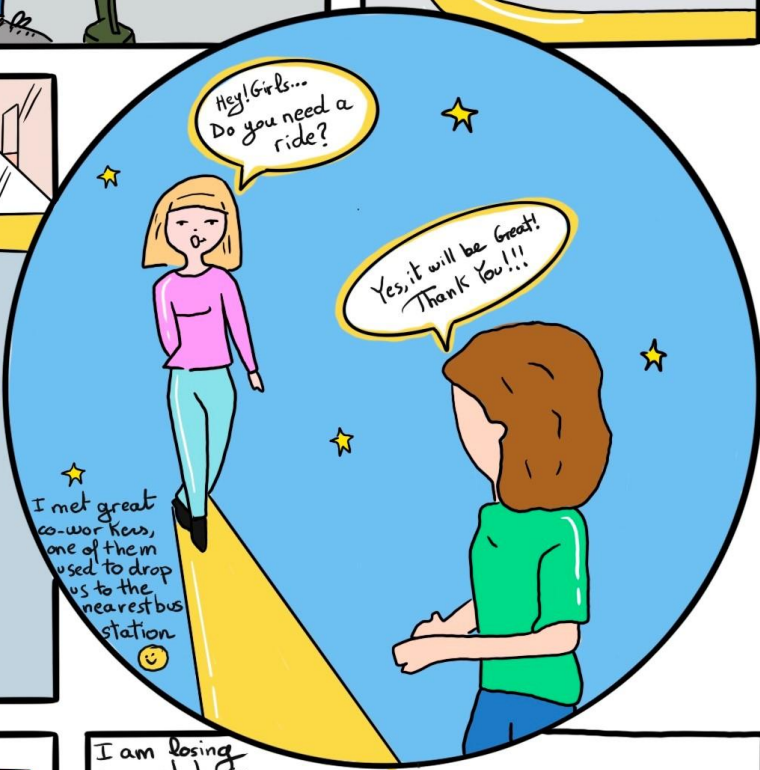


Can you turn the fan on PLZ...



When it was time to leave, we had to remove all our gear, we started with the gloves, then washed our hands.










At work, they kept changing the rules




- Should we clean the visor from inside first or from outside?
- Should we take our lunch break on the floor or down stairs?
- Should we wear our gown on the floor or before going up?
- Should we use the same entrance and exit or should we separate them?

What is the Best way to...?

The days passed at work and yellow zones are now red zones...



Patients are being moved from their rooms... Divided into zones



Mr. Brown's Belongings

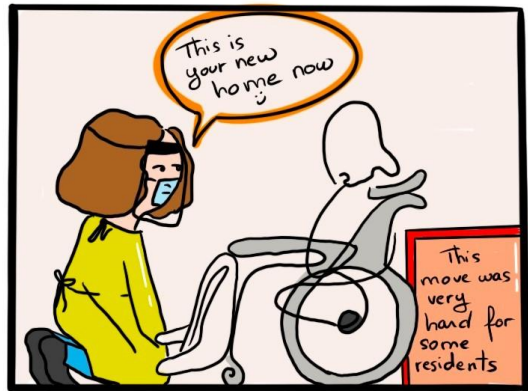
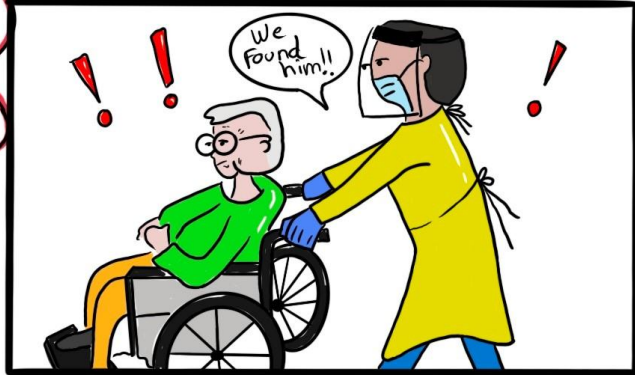
This move was confusing for some patients... This next story is one example...



ok, let's check on the next patient



where is the patient? He was in Bed... He can't walk where is his wheelchair?

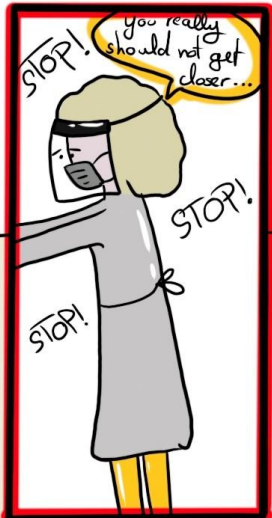
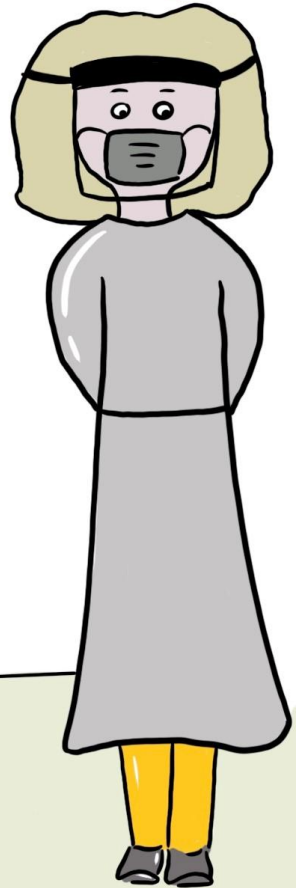


The psychiatric floor was an exception, they could not move the patients to other floors, so there was patients tested positive and others negative in the same area. This is the story of two patients who are used to being together, one is tested negative and the other positive and the health care workers are trying their best to keep them separated...

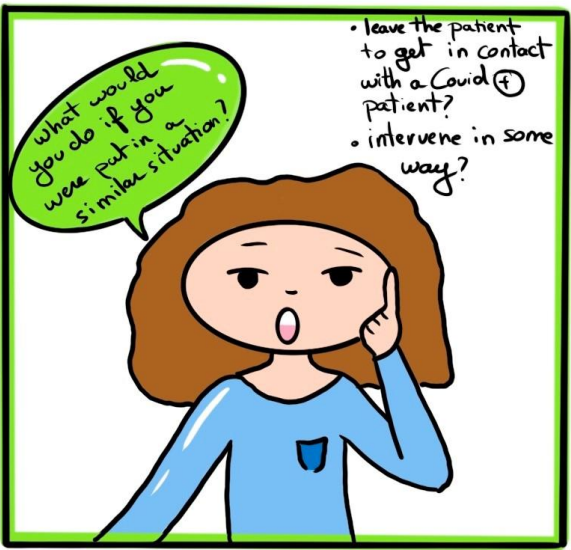
PSYCHIATRIC WARD

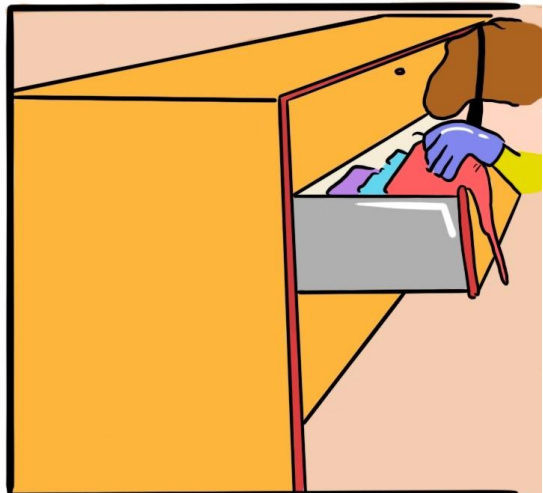


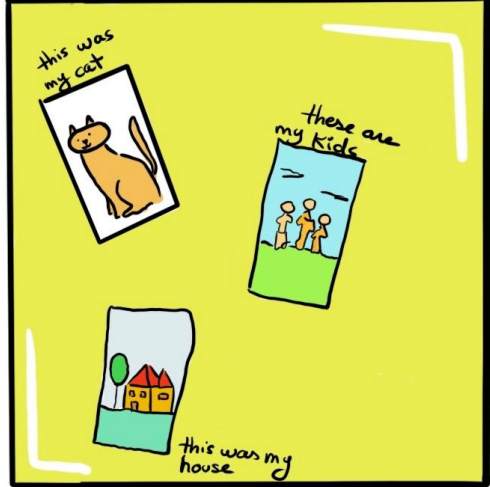
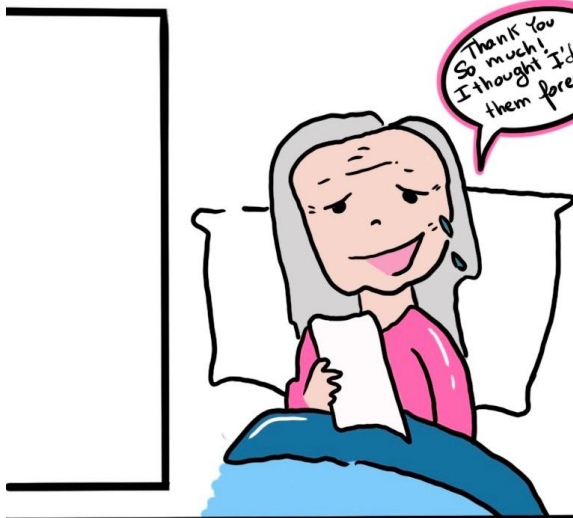
OMG!!  
No...





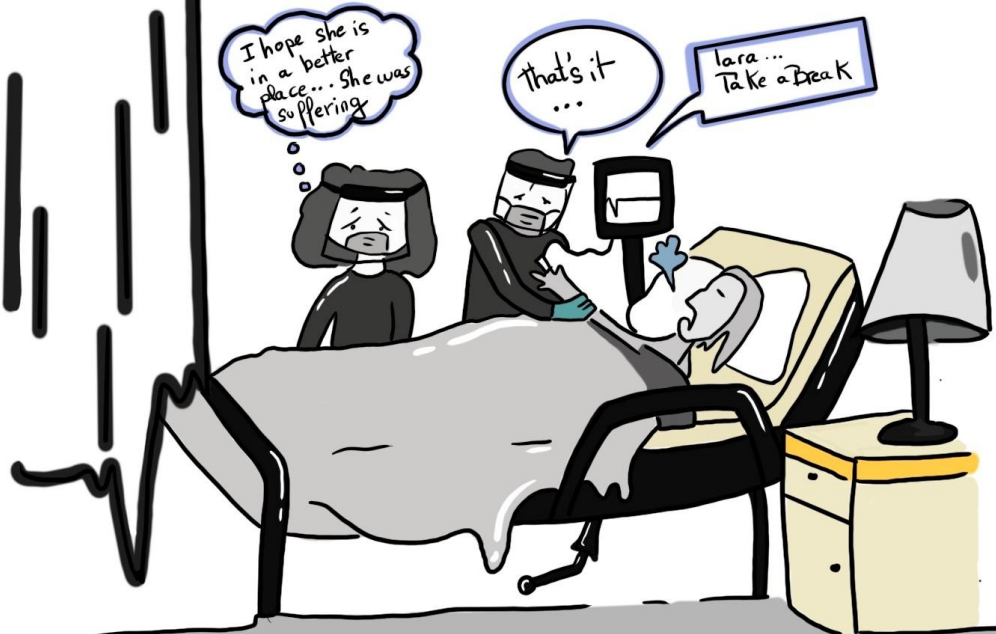


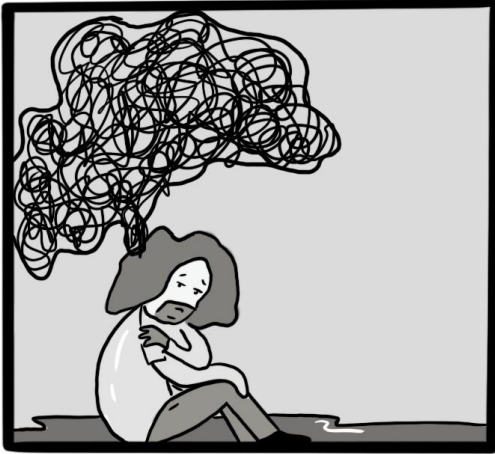






# WITNESSING MY FIRST DEATH



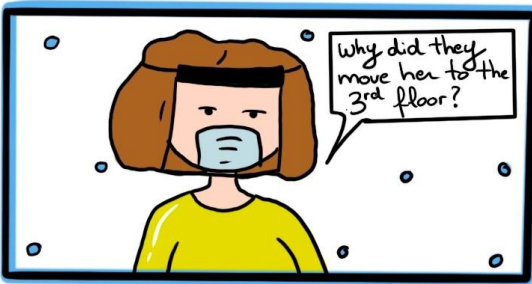
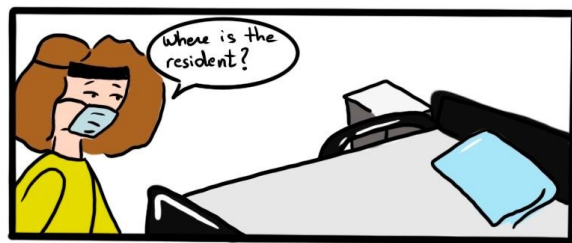


The army, PAB and Me had to undress the person, and put a tag on her... then put her in a plastic bag.



The volunteers from the army took the dead body to the morgue underground.

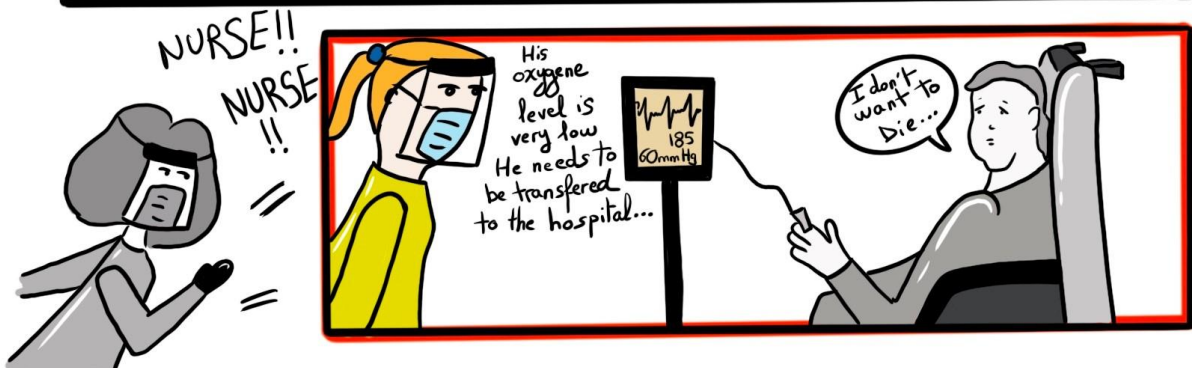
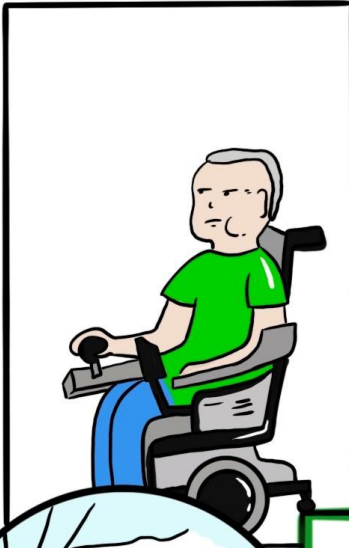


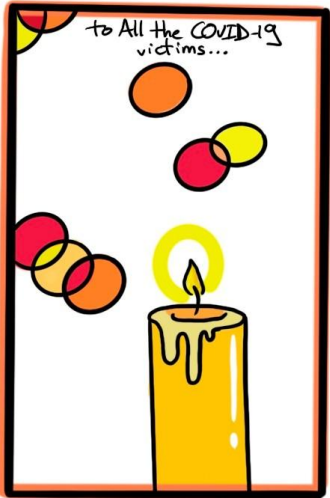
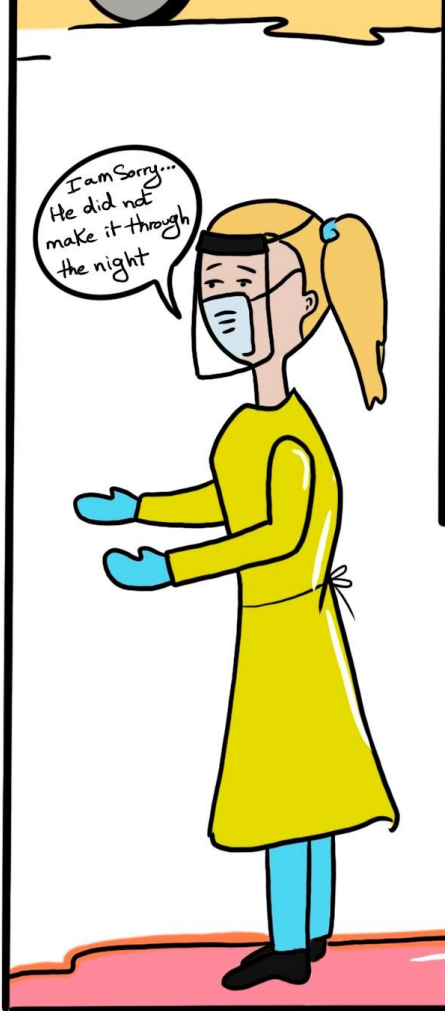
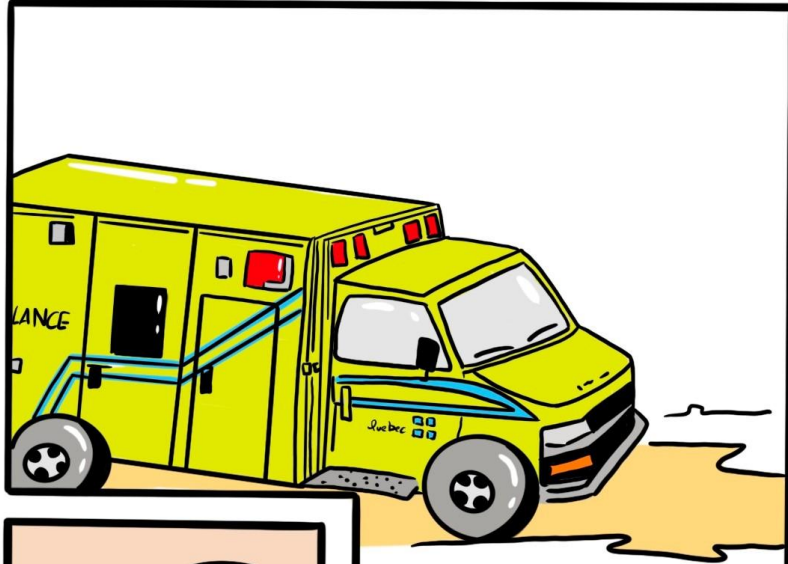


“ Death, One thing you can't escape from.  
Live in the moment, when alive.  
Keep smiling, enjoy life, you never know whether you'll live tomorrow or not.”  
Sneha Saha

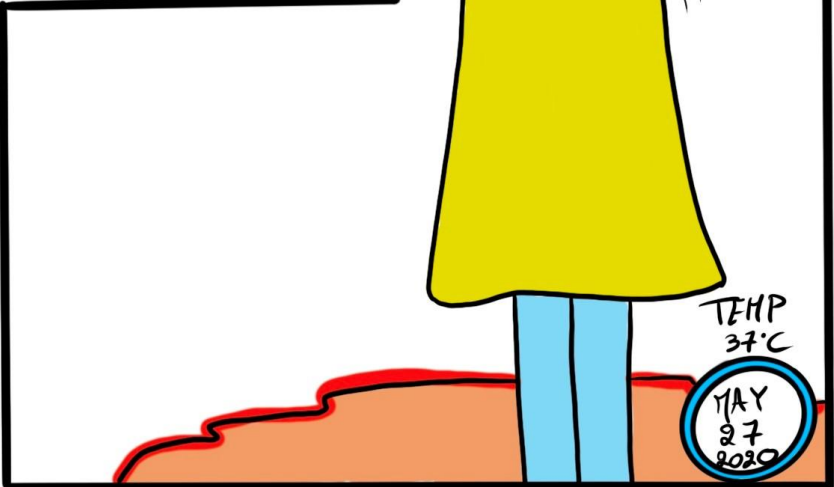
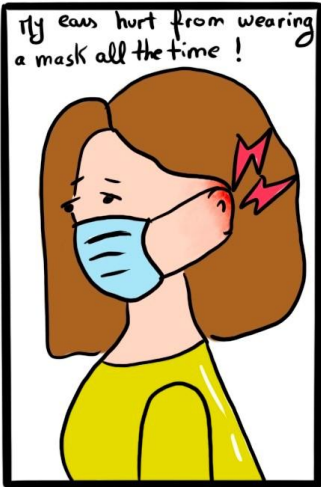


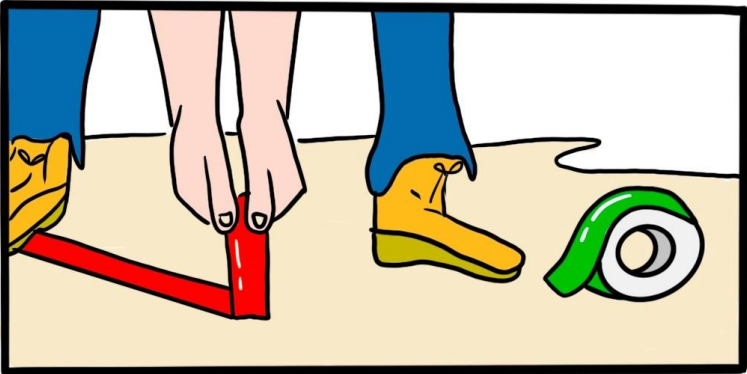


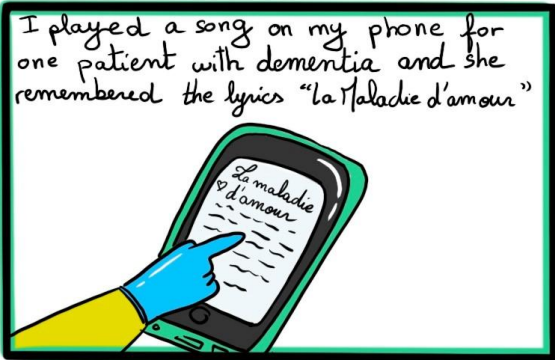
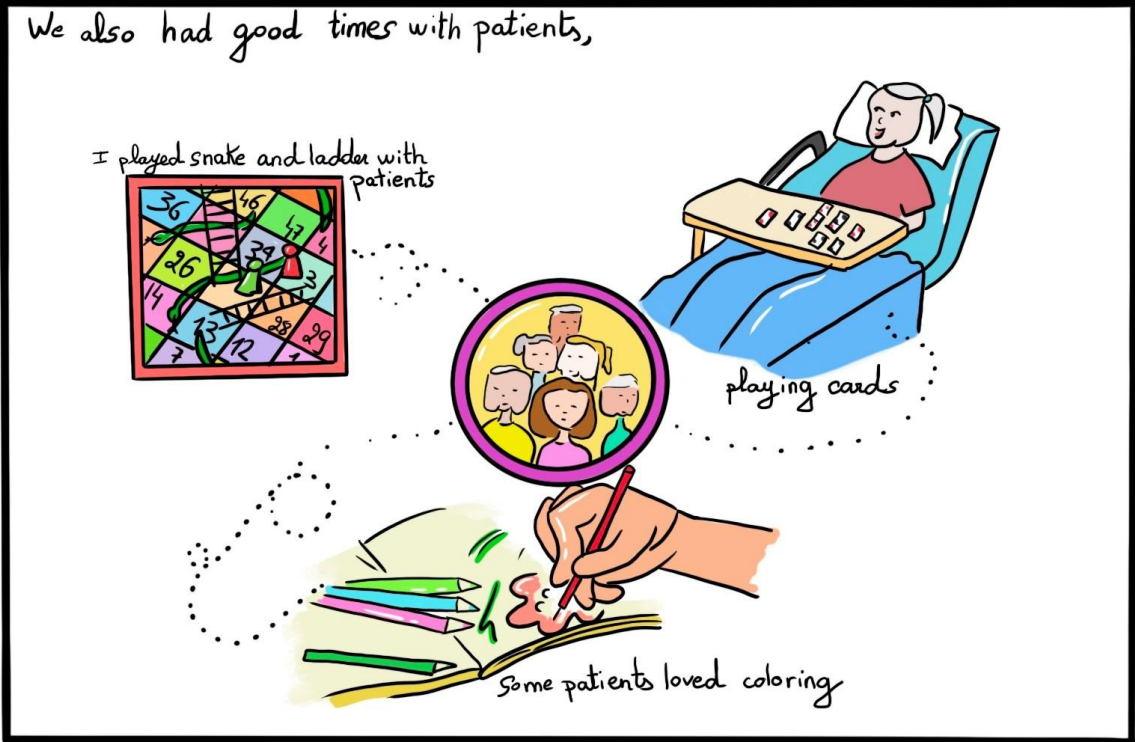




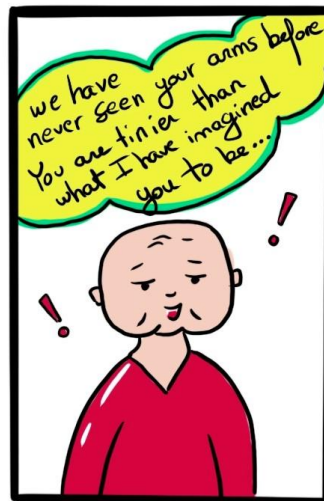
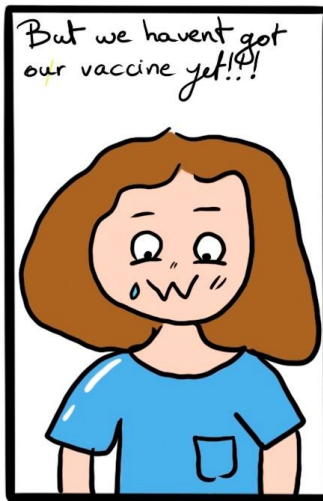


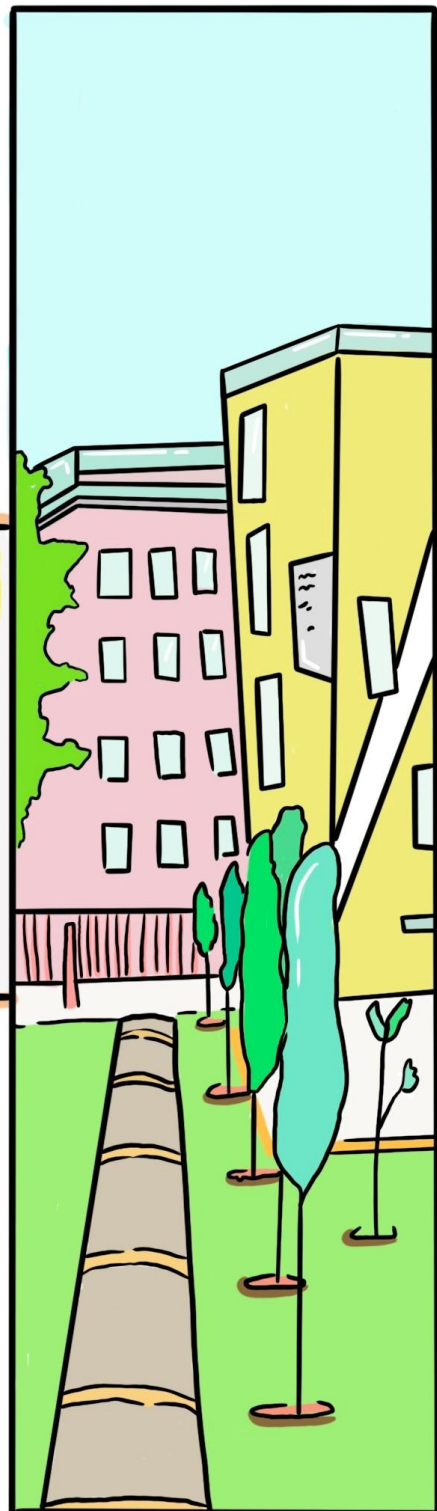
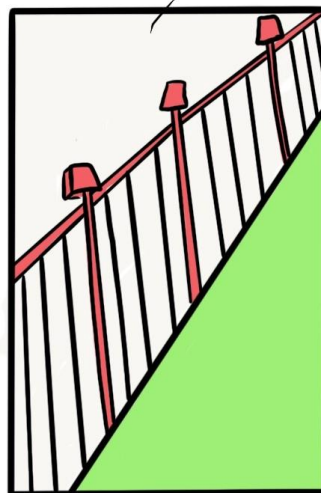




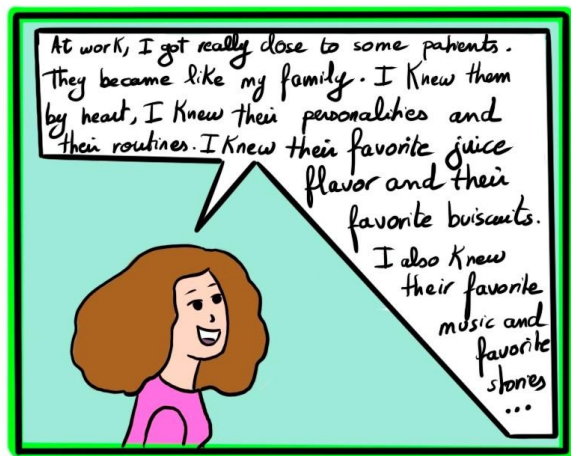
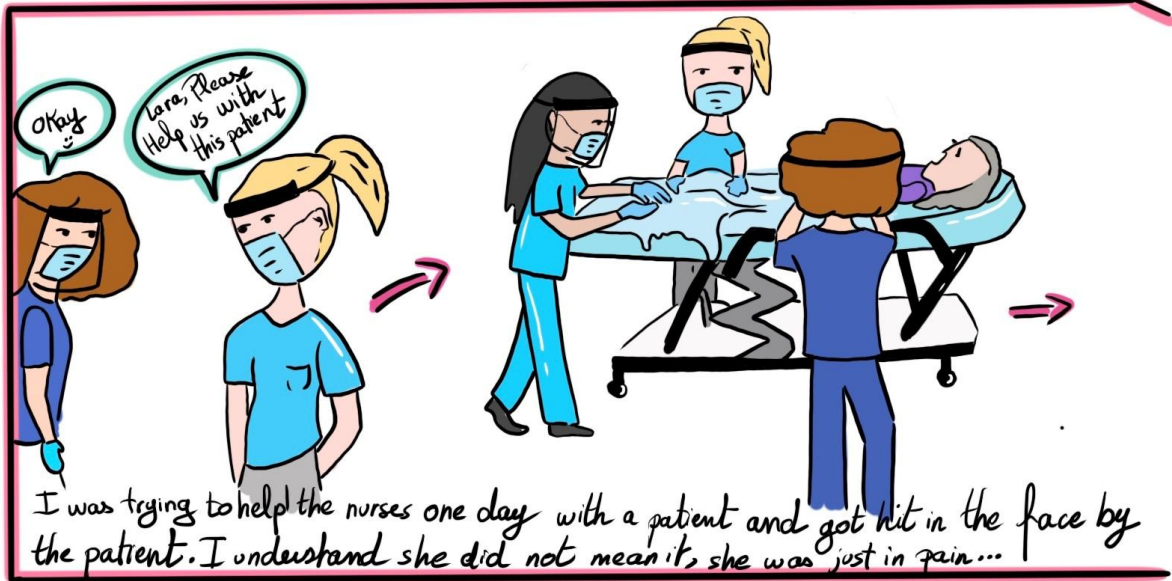


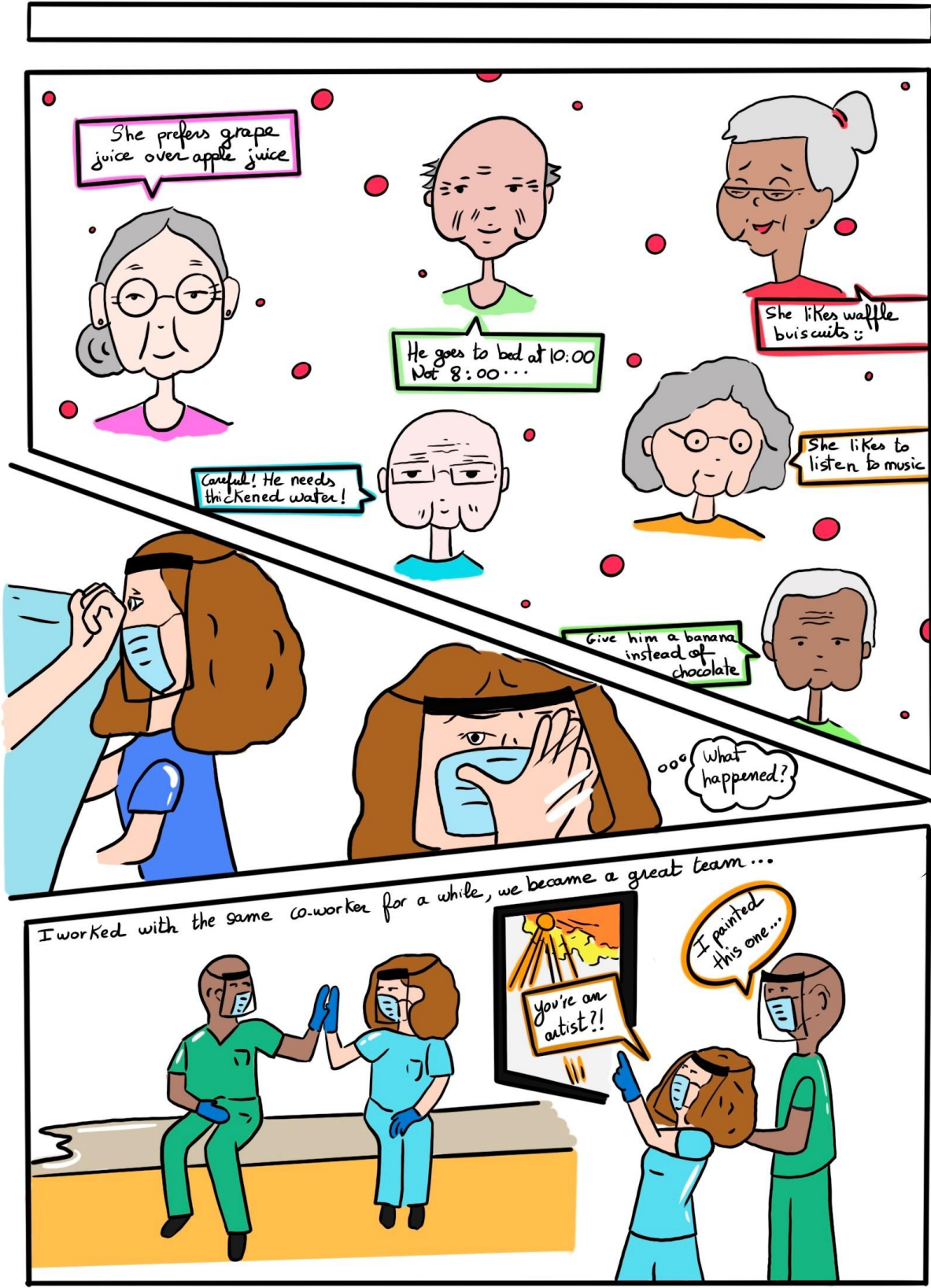




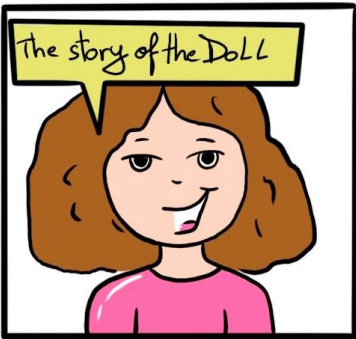




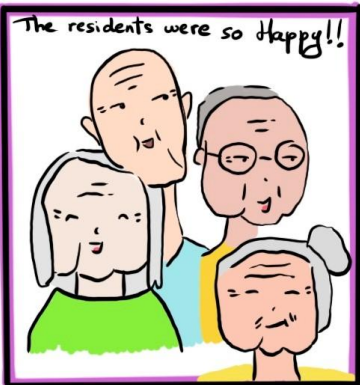
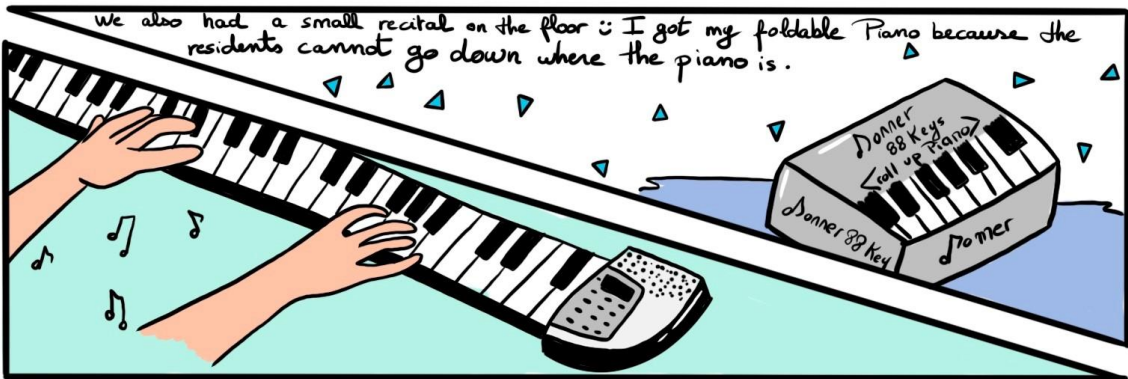
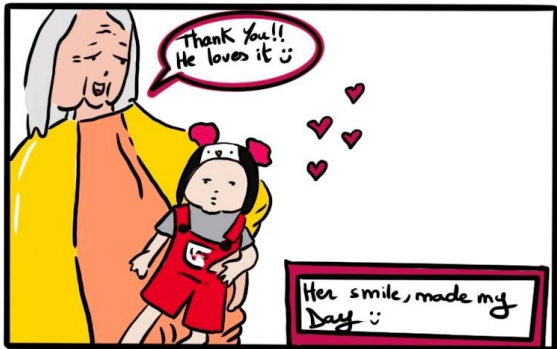
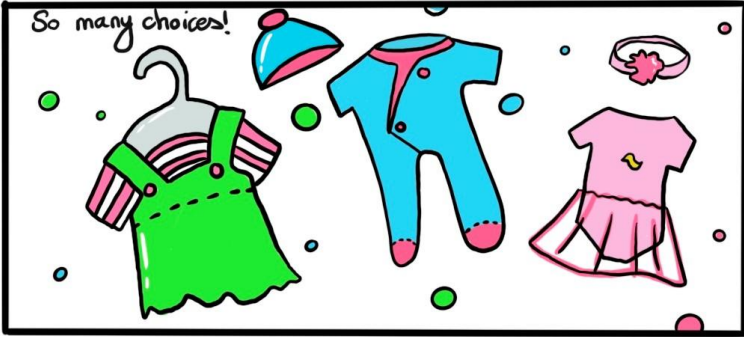


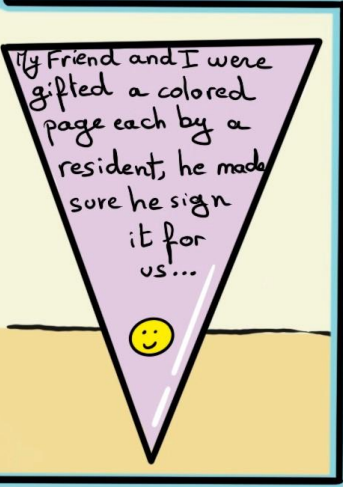
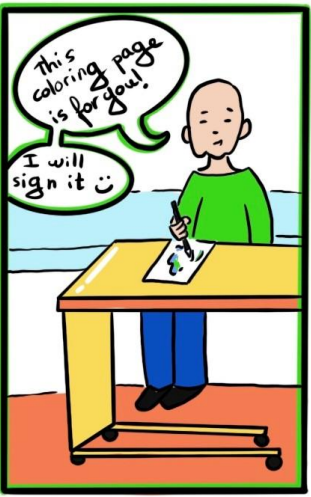






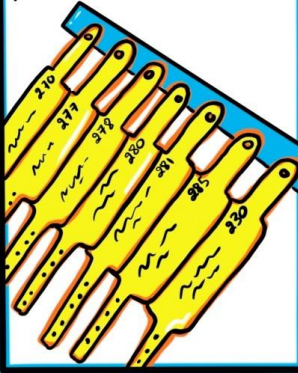




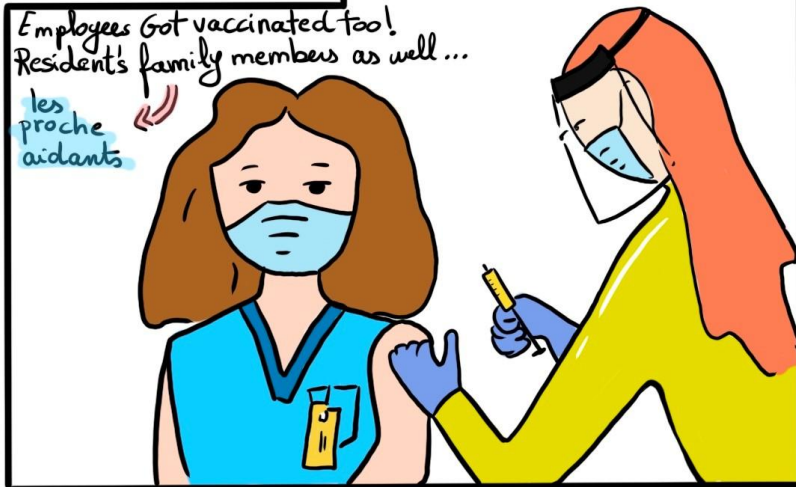


IT'S  
VACCINATION  
TIME  
...

We need to put  
bracelets around the arm  
of patients who are going  
to be vaccinated...



Employees Got vaccinated too!  
Resident's family members as well...  
les proche aidants



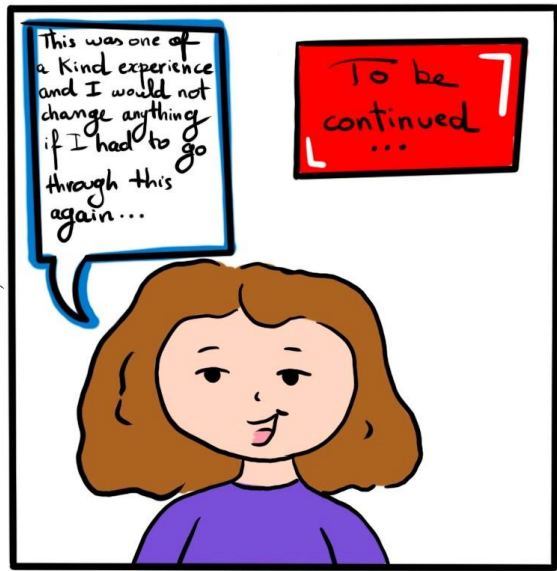
YAY!!!  
SO HAPPY!!

Mais-martin			
El Tannir, Lara El Tannir	14.04.20		
Abou Du Marché	Date	Date	
Vaccin carnet	1/1 Date		
OR-SE	26 Dec 2020		
			Courel 19 GIUSSO De Plan



January 13th 2021

It's time for me to Go Back with the Kids 😊



## Chapter 5: Analysis and Interpretations

### Analyzing My Sources of Information

My sources of information are my graphic novel, my visual journal, my written diary, and media sources. In this chapter, I analyze and interpret them. I worked with these sources concurrently over the course of eight months. They were intertwined and nonlinear (Creswell, 2013). I began with a written diary that was initially created to map my a/r/tographic journey in a new country, focusing on my studies and international student experience. It overlapped with my visual journal, which I started with friends just for fun during my time spent at the university. Then these overlapped again when I was at the frontline of the COVID-19 pandemic. Working in this field made it hard for me to keep up with drawing and painting in my visual journal, leading me to return to my written diary. But this time, instead of focusing only on my a/r/tographic experience (as artist, researcher, and teacher), I was including everything, sharing more, and adding more details to my pages. The combination of all these sources led to the creation of my graphic novel, which was a way to visualize critical moments that for me were pedagogic in nature. According to Niki Kiepek (2010), one of the contributors at an interdisciplinary conference that aimed to explore medical narrative in graphic novels and comics, a graphic novel can help the reader engage with a story and portray the relational nature of health and health care. For me, this was an important part of pursuing the idea of sharing my story at the frontline in the form of a graphic novel.

The emergence of my data sources felt like a continuous spiral, with sources not always in the same order. As Creswell (2013) states, “To analyse qualitative data, the researcher engages in the process of moving in analytic circles rather than using a fixed linear approach” (p. 182).

Randomness characterized the experiences and the created data sources. The latter are different modes of expression but on the same topic (the COVID-19 pandemic). The data addressed this topic differently at different times, but the subject matter, the parameter, was always the same. My data and information sources were informed by what was happening in the media, yielding the cumulative effect of all these different experiences: a written, visual, and experiential expression in the form of my graphic novel. Adding the graphic novel to my thesis was an essential part of this research and an important part of depicting how my experience with the COVID-19 pandemic shifted my art practice, pushing me to step out of my comfort zone and experiment with a new art medium.

My sources of information progressed in a way not unlike an artwork, going from one part to another, then back to that part again. I added and shifted, creating a graphic novel with references to media sources, developing from that a story to share with the reader. The analogy to making art was apparent in the way I structured my data sources. They felt similar, yet different. This was comparable to when I make art, since I move, I shift, forming one section, then another. It is never linear, never straightforward. I am ready to change and always anticipate a different result from what I initially planned. I adapted and adjusted, accepting a process that allowed me to organize my thoughts and comprehend my feelings during a time of crisis, then revisit and share them in relation to art education through this study. This shift led to the creation of my story in the form of a graphic novel as an unplanned idea that came spontaneously.

With time and ease of mind driving my shift, I sourced a predesigned comic sketchbook. It captured my attention, and I felt intrigued to try it, wondering what would result if I filled it out. So that became my plan! Soon, the graphic novel took precedence, and creating it was an amplification of my story. It includes all the high notes, the critical moments, and pedagogic



pivots (coming to Canada, providing ABA therapy, COVID-19's emergence, the fear of the unknown, the new rules and regulations implemented, working at the frontline, and particular moments while at the frontline). It is a rendering of what I experienced during the interplay between the personal and the public. Making the graphic novel was a way for me to integrate my artistic side with health care.

I acknowledge my positionality as the main character and as a researcher expressing my persona in this study. Creswell (2013) emphasises the notion of bias and “the concept of reflexivity in which the writer is conscious of the biases, values, and experiences that he or she brings to a qualitative research study” (p. 216). During this study, I have shared my opinions and brought intimate knowledge gained through the privilege of insights into what it was to be a health care worker working at the frontline during the COVID-19 pandemic—an arguably unique perspective on public health, well-being, and art education.

I am sharing my story knowing that “[s]tories can often provide a far richer understanding of the human condition” than other forms of description (Sandercock, 2013, p. 12). I documented my personal experience during a time of crisis that extended from March until September 2020, recording in my written diary and graphic novel everyday events from my lived experiences. I wrote about my encounters and included my feelings and worries in my diary; these served as raw data for the graphic novel. In addition, I accessed media sources to verify my understandings and interpretations. I analyzed four sources of data to bring forward evidence, building upon the different phases of my case (Creswell, 2013). I developed my data streams in this way to establish the needed rigor for a successful project.

From my data, I developed a thematic matrix, using codes and themes to help me organize my findings (see Table 1). The codes emerged from my different data sources

(Creswell, 2013). Using colours to group items into categories helped me divide the data into codes (Appendix A). An important part of the research process, and the data analysis specifically, is gaining insight about the entire database. As suggested by Agar (1980), it is good to try to capture the details; but before that, it is even better to try to understand the data. I immersed myself and reflected on all the data I had collected. I read and reread my sources of information and reflected on each source I had gathered. I wrote reflective notes while looking at the images and reading my diary. Then my codes emerged.

The main codes I address in this research are private world, learning, frontline experience, adaptation, death, rules and regulations, isolation, mental health, uncertainty, emotions, current studies, and art making. My themes and categories imparted a common idea, sharing certain qualities such as a description of a structure of a lived experience (Creswell, 2013, p. 195). I presented information in chronological order and focused on describing events that happened in my day-to-day life during the time frame mentioned above. Table 1 presents the codes and themes developed specifically for this research.

**Table 1**

*Codes and Themes (Derived from Diary, Graphic Novel, and News Media Sources)*

<b>Themes</b>	<b>Codes</b>	<b>Definitions</b>
Identity	Private world	Experiences related to domestic activities (groceries, cleaning, cooking, Lebanon, gratitude for those in my life...)
	Oneself	Hobbies and interests

Education and experience	Formal and informal learning	Learning at school vs. learning from day-to-day experience
	ABA therapy	Experience of working as a rehabilitation assistant and providing therapy for kids with autism
	Frontline experience	Learning how to be a caregiver, being a health care worker, and working at the frontline during a pandemic, as well as working alongside the military
Adaptability and flexibility	Adaptation	Adapting to a new country, new work environment, and new lifestyle
	Acceptance	Accepting working in a field I was not trained for, accepting death
	Support	The support of family, friends and co-workers facilitated this experience
COVID-19 pandemic	Rules and regulations	Describing the rules and

		regulations that were implemented in the social and work environments
	Death	Talking about the impact of COVID-19 on people, particularly seniors
	Isolation	The isolation that people experienced during the time of crisis
	Mental health	The effect of COVID-19 on mental health
	Uncertainty	Are we going to be reassigned? What will happen next?
	Emotions	Sharing my feelings, worries, and uncertainty at times
Art education	Current studies	Being an art education master's student at Concordia
	Art making	Different art-making practices, focusing mainly on the art I made during the time of the pandemic

The personal experiences I shared in my written diary and visual journal created a path for the themes and codes initially developed to re-emerge when I was creating my graphic novel. Revisiting and repeating those moments through drawing allowed me to process both my artistic need for expression and my need to debrief and decompress after a day at the frontline. This creation, along with other art forms I made during that time, substantiated my story of working at the frontline.

### **Thematic Analysis of the Frontline Experience During the COVID-19 Pandemic**

I followed the process of thematic analysis discussed in the qualitative research design chapter. Here, I discuss the five main themes that emerged from my data, acknowledging that it is essential to reduce the data into small, manageable sets of themes to write into the final narrative (Creswell, 2013). The five themes that emerged during my study are:

- Identity (see Appendix B for a coding sample)
- Education and experience (see Appendix C for a coding sample)
- Adaptability and flexibility (see Appendix D for a coding sample)
- COVID-19 pandemic (see Appendix E for a coding sample)
- Art education (see Appendix F for a coding sample)

#### ***Theme: Identity***

As soon as I arrived in Canada, I realized that I needed to adapt and adjust to a new country and a new lifestyle. My experience of moving was meant to be an adventure I had chosen to undertake. I was never pushed or forced to come. Pursuing an education in a field I love was my main motivation. As an international student, I knew that moving to a new culture

would affect my identity. As things transpired, I had to cope with identity losses, as well as navigating a new identity that emerged through this process. I had to adjust to a new culture, a new education system, and a new level of study (Schartner & Young, 2016). The expectation and pressure that came along with that move were both a blessing and a burden. Overall, I was excited to meet new people, make new friends, discover a city, speak in a different language, try new hobbies, and be exposed to new ideas.

I am an outgoing person, so it was not very difficult for me to adapt and adjust, and I looked forward to what the future would hold. I was focused on getting a degree and succeeding in my studies, and I was also involved in workshops and volunteering at the Concordia art hive (helping with art making). I immersed myself in learning about the culture; I discovered Tim Horton's and felt in love with their French vanilla coffee; I tried poutine and went ice skating on natural ice for the first time. My life seemed perfect, and it was going smoothly. I was as happy as I could be living an international student life.

But being in Canada also had its downsides. I found myself drained by the accumulation of responsibilities that came with my move. I now had to worry about finances, rent, groceries, cooking, cleaning, keeping up with my family, as well as studying. Then COVID-19 came on top of everything else. I found myself drowning in responsibilities. Working at the frontline started me thinking about whether my move had been a good idea. But ultimately, I acknowledged and came to value the responsibility; it took a central role in my adaptation process, allowing me not only to deal with everyday life difficulties but also to regulate my present and future actions (De Mattos & Branco, 2014).

As I coded the data within the theme of identity, the two main categories that emerged were "private world" and "oneself." Both categories focus on my identity shift, specifically



during the COVID-19 crisis. I shared my daily activities and moments, including my personal life, in my visual journal and written diary. For example, my visual journal includes cleaning the house, cooking, preparing my lunchbox, and going grocery shopping (Figure 5).

**Figure 5**

*Visual Journal Spread of Private World (Cooking/Cleaning/Grocery Shopping)*



These moments were apparent before I began working at the frontline, as well as after. On the one hand, my frontline experience did not stop me from needing to cook or clean. These daily, essential activities remained throughout this study. But on the other hand, I was getting more tired, and working full-time made it hard for me to cook and eat as healthily as I had done before. Long work hours, lack of access to a variety of healthy foods, and stress-related eating at work were key issues (Pridgeon & Whitehead, 2013). I also struggled to find time to buy my groceries, clean my bedroom, and focus on my studies.

The stress of the situation was apparent in my private world. I needed to wash my clothes more often, since to avoid contamination, I never wore them more than once without laundering them. I needed to shower daily, and my hair started falling out: Was this due to stress or to the constant use of shampoo and other hair products? I realised that my behaviour was being affected by stress and the fear of getting sick, which pushed me to take more precautions in a constant attempt to keep myself and the people around me safe. Such anxiety and emotional status are always correlated with protective behaviours in a population (Akdeniz et al., 2020).

My frontline experience shifted my identity in ways I will never fully understand. It pushed me to be resilient and to realize how a person's life can be affected by their experiences. It taught me to be grateful and always focus on the positive rather than the negative, recognizing that "whereas it is normal to feel anxious and exhausted during the ongoing crisis, focusing on and savoring the positive emotions that can be felt in the midst of it could serve as the first step in feeling more calm than ever before" (Yamaguchi & Takebayashi, 2020, p. 49). This is a strategy I will always appreciate and utilize as an art educator.

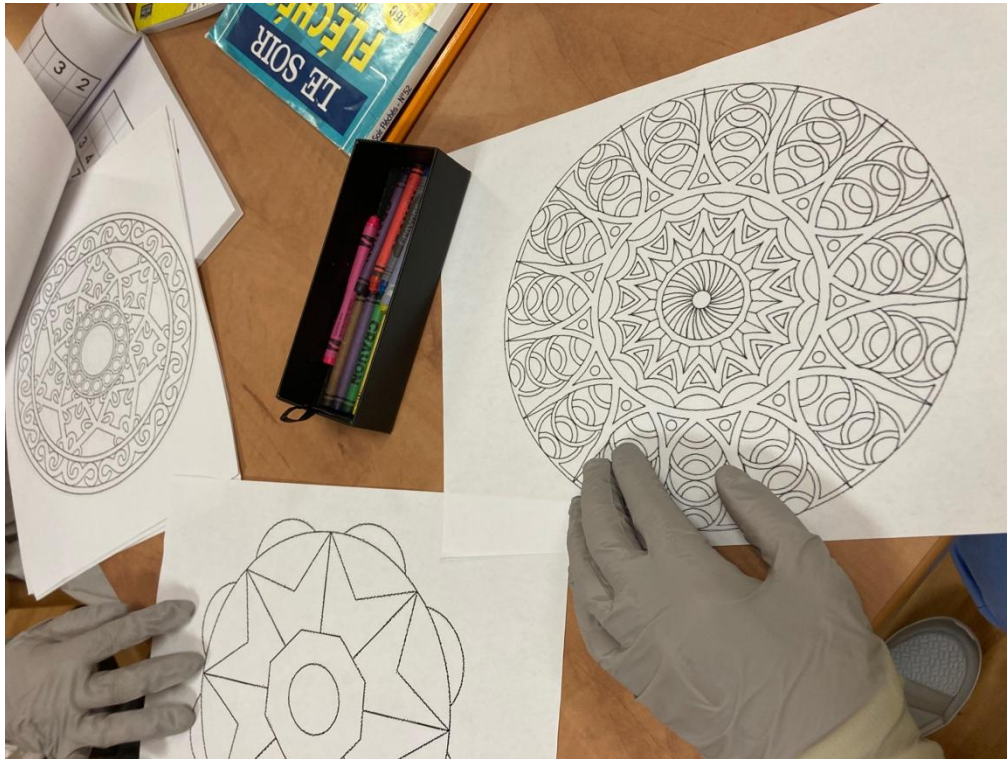
The "oneself" category was related to my hobbies and interests. Being an artist, making art, and creating artworks is an essential part of my life. When I was confined, before starting to

work at the frontline, I focused on art making. In my diary, I stated that I became interested in experimenting with photography, trying embroidery, and making bracelets. I even found myself interested in gardening—planting seeds and taking care of the garden. I also had time to practice the piano, all before May 1st, my first day of frontline experience.

After that day, I was not finding time to create anymore and felt that my artist self was slowly fading in the face of all the new duties I had been assigned. I felt overwhelmed and lost interest in making art. According to Cordon (2014), nurses and caregivers tend to feel overwhelmed more than employees working in different fields. Fortunately, we had days at work when it was calm, so after putting patients to bed on days like that, we health care workers had a chance to sit down together and colour mandalas, chat, play sudoku, and share poems. These were times for us to relax after a stressful day, still taking precautions and following the workplace rules and regulations. The photo in Figure 6 shows us wearing clean gloves while colouring together. It was a great way for us to rest and focus on our mental health, knowing that art making is a great tool for reducing stress and improving depression (De Petrillo & Winner, 2005). We recharged to handle another stressful day.

**Figure 6**

*Health Care Workers Sitting Together, Colouring Mandalas after Putting the Patients to Bed (2020)*



This thesis has allowed me to reflect on how my frontline experience has affected my personal life, mental health, and art making. It brought forward the notion of creativity and how this found a space on the frontline, a space that was critical to the health and well-being of me and my co-workers.

***Theme: Education and Experience***

As mentioned earlier, I came to Canada as an international student, ready to learn and acquire more knowledge about the art education field. I looked forward to that journey, with no



way of knowing that this learning experience would extend far beyond the walls of my university.

While I was coding my data within the theme of “education and experience,” the categories that arose were formal and informal learning, ABA therapy, and frontline experience. I have indeed learned from the frontline experience a lot more than I had anticipated learning when I first came to Canada.

Before the COVID-19 pandemic, I was enrolled in classes at Concordia. My learning was delivered in a systematic way. It was planned and guided by my professors in a face-to-face setting and relied on a grading system; this was a highly structured path that would ultimately lead to a degree (Dabbagh & Kitsantas, 2011). I enjoyed being in class and sharing my experiences with other students who were as interested as I in the art education field. I recall a day when I and my friends were sitting together, breathing the same air, chatting, and having tea and biscuits, having transformed the class into a cozy environment while still listening to the teacher’s lecture. The pandemic then robbed us of such experiences. When COVID-19 started, the university was in lockdown, and everything shifted to an online learning platform. Everyone had to adapt, and our meetings relied on online communication platforms such as Zoom and Skype. It was “a new era for both teachers and students” (Burgess & Sievertsen, 2020). My formal learning experience had suddenly shifted to an informal one. Rogoff, Gutierrez, and Erickson (2016) describe informal learning as follows:

- Interactive and embedded in meaningful activity.
- Guidance is available to learners and their partners through social interaction and the structure of activities.
- Talk is conversational, not didactic.

- Involvement builds on individual initiative, interest, and choice.
- Assessment occurs in support of contributing to the activity, not for external purposes.
- Participants hone their existing knowledge and skills and also innovate, developing new ideas and skills. (pp. 359–360)

While most other people were at home, I was still going to work. Even though we had stopped providing ABA therapy to the kids due to the restrictions implemented by the government, I still needed to go to the centre. Now, our assigned job was to create binders for the kids to use. We cut and laminated activity sheets while keeping up with the news around the COVID-19 virus, having constant Zoom meetings at work and receiving reams of emails. We realized we would be reassigned to help at the frontline, but we knew little about where, or what we were going to help with or do. We were all in the same situation, trying to understand what had happened so suddenly, and not knowing what to expect next. We shared our knowledge, combined our experiences, and worked as a team during a stressful time.

I vividly remember April 4, 2020. On that day, I went to the centre because I had an important meeting to attend regarding where and when I was going to be reassigned. It was a two-hour conference to reassure my colleagues and I that we would be fine. A nurse made sure we understood that everything was under control and that we would have all the necessary protective gear if we were asked to help. Two of my colleagues had already been reassigned to help in an elderly care facility, and we were all looking forward to hearing about their experience and learning from it. I wrote in my diary: “I sat down with my friends while making material and discussed the unknown...” On April 20, 2020, I received a call from Human Resources, informing me that I needed to attend a training session at the Holiday Inn hotel to learn about



how to take care of patients, feed them, and position them. I went to that training and afterwards wrote the following:

It was what I expected it to be. Hygiene of the hands, how to sit and feed patients, how to communicate with patients with dementia, fall prevention, and bed wound prevention.

Finally, they ended the meeting with a psychological care (Lara's diary, April 21, 2020). Learning and being trained was not enough to prepare for what awaited me. Physically going to the long-term care centre (CHSLD) and helping was very different from what I had imagined. I needed to learn all the rules and regulations, and I felt lost at first. I kept thinking, *I am an artist. Why am I helping at the frontline?*

I learned from experience and from applying what I had vaguely understood in the four hours of training. I acquired a work routine through experience, repetition, and the help of senior employees. My routine consisted of arriving at the centre at 3:30pm, changing to scrubs, going to my assigned floor, putting on my gown, cleaned visor, and gloves, then starting my shift. During my shift, I communicated and interacted with patients, distributing a meal around 4:30pm and helping with feeding, then cleaning up. In between feeding, preparing, and putting the patients to bed at around 8:00 pm, I sometimes changed bedsheets, made sure all the patients were comfortable, prepared laundry, and distributed a snack around 7:00pm. All the patients were usually in bed by 10:00pm, and all we had to do was answer if a bell rang. Before the end of shift, we always did a last tour of the bedrooms to check on the patients, making sure they were all okay. When it was time to leave at 11:30pm, I removed my gloves, then washed my hands and cleaned my visor, putting it in a Ziplock bag until next shift. I removed my gown very

carefully and put it in the wash, then went downstairs in my scrubs and changed into clean clothes—washing my hands in between every step.

I need to highlight that these steps changed constantly; it was not a linear experience. Again, we were going in spirals: one day, we would have to put on the gown when we arrived on our floor; another day, we would have to put it on before we started. At first, we had to use the same door as entrance and exit, but that changed as well. We started with having one visor that we needed to clean after work, put in a Ziplock, then use again on our next shift, but that changed to throwing out the visor after each shift.

All the employees were learning together; nobody knew the correct or safest way to deal with these situations. It was a constant learning journey.

### ***Theme: Adaptability and Flexibility***

Under the theme of “adaptability and flexibility” are the categories “adaptation, acceptance, and support.” I realized while coding my data that working in a different country, at the frontline of the pandemic, and in a job for which I was not trained and had never anticipated experiencing, I had to push through and adjust to circumstances that affected me as an artist, researcher, and teacher.

In my story, I was adapting not only to a new country, but also to a new work environment and a new lifestyle. I felt homesick at times, and even though I appreciated the community spirit, cultural diversity, and beautiful nature of Montréal, I still missed my family, friends, and familiar places. For me, escaping homesickness was impossible. According to Thurber and Walton (2012): “nearly all people miss something about home when they are away,

making homesickness a nearly universal experience” (p. 415). On September 4, 2020, after four months of intense work, I felt broken. I wrote in my diary:

I am so nostalgic; I wish I can book a ticket to go to Lebanon... With all that is happening in my country, I still have my family there and my friends that I miss more than anything. I also miss my cats and I just want a stress-free life for a few days. Why did I choose to come to Canada? I am starting to doubt myself...

Adapting to a new lifestyle and a new country is a difficult process at times. But even though I had bad days, I was still very grateful. I could not complain, knowing that I had been able to escape a collapsing country and gain privileges I lacked back in my homeland. I embraced the Canadian lifestyle and tried to integrate socially. I felt at ease around my new friends and comfortable in my new work environment. This adaptation was made easier with all the support I received from friends and family. Emotional support was important in reducing my stress; it is known to “increase personal competence, perceived control, sense of stability, and recognition of self-worth” (Strine et al., 2008, p. 152).

I was used to video-calling my parents daily to stay connected with the family. I would share with them my worries, my plans, and my ideas. I clearly recall the day I shared with them that I was going to be reassigned to help at the frontline of the COVID-19 pandemic. I took that decision myself; nobody forced me to do it. I agreed to help and told my mom not to worry, because we were well prepared, and I was already risking getting sick by taking public transportation. Added to that, I needed the job to survive and be able to pursue my studies; the Lebanese national bank had implemented restrictions on money transfers, so my dad was no longer able to help me financially. In a 2019 news article, Mahmut Geldi shared the struggles of

Lebanese students abroad, noting that around “30,000 students suffered due to the economic crisis and restrictions imposed by banks on foreign exchange transfers”. I was not going to let myself be put in a situation where I needed to rely on someone else to help me survive; I needed financial independence. In my diary on April 16, 2020, I wrote: “My parents told me to be careful and that they believe that I am under the protection of God.”

I also had the support of friends, Canadian family, and co-workers. My aunt would stop by from time to time in her car and leave me some lunch at the door. It was always nice to see her, even though we kept our distance to stay safe and follow the government COVID-19 rules and regulations. At work, management also tried their best to support us. As mentioned in Chapter 2, the government gave health care workers bonuses as an expression of appreciation for their help. We also had an employee assistance program, easily accessible to workers at any time; I will not be talking about this aspect of the experience in detail, since it is more than I wish to share. An example of what my employers did was a small concert held for all the employees on June 12, 2020. It occurred in the garden of the centre, and all the employees kept a safe distance. We received the lyrics of the songs they were singing, so we could sing along. I deeply enjoyed the experience and felt calmer after it. A 2007 study of live music in a general hospital noted that “[p]atients and staff . . . stated that listening to live music helped them to relax, feel happier and more positive” (Moss et al., 2007, p. 636).

Getting necessary support during a difficult time is always appreciated. Sometimes, you do not realize you need that support until you get it. In my case, I recognized that no matter how resilient and strong you think you are, you will always have times when you feel tired and drained. Working at the frontline during a pandemic was a learning experience I will cherish,

even if it felt difficult at times. Having your family and friends support you, believe in you, and show you that they care about you in times of crisis is always helpful for overcoming challenges.

***Theme: COVID-19 Pandemic***

A theme common to all my data sources was the COVID-19 pandemic, the phenomenon emphasized in my study. The theme is divided into six different codes: rules and regulations, death, isolation, mental health, uncertainty, and emotions.

It all started with the lockdown in Québec on March 13, 2020, after the World Health Organization declared the virus a global pandemic on March 11, 2020 (Rouleau & Gosselin, 2021). People were facing the unknown, not yet understanding the severity of the situation. I received an email from the university, saying it was shutting down. I also received an email from my employers, telling me the daycares had shut down as well, so I could no longer go there. Up to that point, I had been providing ABA therapy to my client at the daycare. Another email came through as well: since I worked in the health sector, I was told to come to the centre instead. I was going through the same confusion as everyone around me, asking myself, *What will happen next? How long will this last? How will I finish my master's degree on time? Will my family be safe back in my country? How bad is the situation?* and many more questions.

The COVID-19 pandemic is conceptualized as “an ‘uncertainty event’ that has brought chronic and multiplicative experiences of unpredictability into multiple domains of individuals’ lives” (Affi & Affi, 2021, p. 325). Uncertainty was evident in my data. I did not know what to expect and was living in a liminal space of not knowing, suspended between understanding what life looked like before the virus and being unable to imagine a life after it (Leggo et al., 2011). Liminality is a phase of transition—in my case, a transition between a life before and a life



during this virus (Czarniawska & Mazza, 2003). Writing this today, in January 2022, almost two years after the start of this pandemic, I still do not know when it will end. New variants continue to appear, and uncertainty remains a big part of my life. For instance, the Omicron variant is the most recent, “detected in Gauteng Province - the capital of south Africa - and associated with rapidly increasing case numbers” (Pulliam et al., 2021, p. 5).

When I received the email from work that I needed to go to the centre while almost everyone else was confined, I did not understand why. I was new to that job and did not know that our work was considered *essential*. I responded to that uncertainty with different emotions. I feared the future; I was sad I would no longer be able to see my friends; I was confused about the work situation; I was scared about being reassigned on the frontline of the COVID-19 pandemic; I was curious to see how the health system worked in Canada; and I was nervous about potentially getting sick. I did not know how to react. I was repeatedly reassured by my employers, my family, and my friends that everything would be fine. But when the day came and I had to go physically help, I was unprepared for what I would find: “It was a shock to see how bad the stage of the patients is. Some are very fragile and old. It was sad to see them like this” (Lara’s diary, May 1, 2020). I also worked in a psychiatric ward for the first time, which was emotionally draining. It was horrible to witness a nurse needing to tie an elderly lady to a chair as a control measure to protect her. “It’s for her own safety,” she said. I had been introduced to restraint measures when I had started working, as part of the training, but I had never needed to use them. That day, I wrote: “The day went by, and I was so tired emotionally and physically. Exhausted from what I have witnessed on the CA1 floor” (Lara’s diary, May 5, 2020).

In May of 2020, the situation in nursing homes was dire due to insufficient staff, so the military was sent in to help, as discussed in Chapter 2. One of the military personnel who were

helping me at the same CHSLD, Corporal-chef Hugo Simard, described his experiences to a journalist, and these were published in *Journal Adsum* on Thursday, May 14, 2020. The article stated: “Ses collègues et lui ont d’abord été surpris par l’ampleur de la tâche qui les attendait, lors de leur premier quart de travail en CHSLD” (Dufour, 2020). This translates as: “He and his colleagues were initially surprised by the magnitude of the task that awaited them during their first shift in a CHSLD.” I agree that the workload was overwhelming for everyone, including myself.

Another experience I will never forget is witnessing my first death. This was definitely not something I had anticipated going through as an international student. I included this experience in my graphic novel (p. 62–63). I remember nothing about that day other than this event. I recall feeling numb, temporarily disconnected from everything around me. *Why is life so unfair?* I thought. *Why do some people survive this virus and others die?* I had no answers. I remember thinking that a patient had just left this world, yet we needed to continue living. Soldiers took the body to the morgue downstairs, and we continued our work routine. Living patients still needed our help.

Death from this virus also affected me on a personal level, as I lost my uncle, in Lebanon, a close family member and a person I admired tremendously. This is a section of a poem I wrote after his death:

COVID-19, you killed my uncle and many more  
These people are not just numbers, they are souls!  
My family is taking time to grieve.  
And all I can wish for now is that you rest in peace.

(December 2020)

Working at the frontline, as I have described, was not easy. I wondered why, as an artist, I needed to undergo this journey. But I also must emphasize that it was not always sadness and worries. There was also hope and faith about the future. We felt thrilled every time a patient tested negative. We were overjoyed when a red zone turned green. We were a support system for each other, and we always worked as a team. It was an amazing experience and a privilege to work alongside the military! I also found that helping people in need is extremely rewarding. I interacted with the patients, assisted them, and comforted them through their worries, because they were as worried and scared as we health care workers. Such comradery was the best part of my job and this journey.

One such happy event was helping to search for lost photos for one of the patients, a story I also share in the graphic novel. I also listened to the patients' stories, which reminded me of my grandmother's stories. I used to sit down next to her and just listen, with deep attention, to her adventures and life experiences – moments I miss deeply. I enjoyed listening to the stories of a patient who had been a flight attendant for Air Canada and had traveled the world. She had even visited Lebanon. Everyone's story is worth sharing, and Sinner (2021) highlights “the importance of stories as research” (p. 1).

Another happy moment was with the youngest patient on the floor, who should not have been there, but had been put in the CHSLD while waiting for a place in a centre where she actually belonged. She had a very charismatic personality. We used to dance together to Shakira songs, and we turned some extra gloves on the floor into balloons and drew faces on them. These activities always made her smile, and that is what mattered most to me.

I also met the funniest patient on the floor and laughed every time she shared a joke. I spent time with one patient who had dementia, whom I always looked forward to seeing. I played

a song for her once, and she was able to sing along to the lyrics, which was amazing! On her birthday, my co-workers and I gathered in her room and sang happy birthday to her. She was delighted, and I wish I could have given her a big hug, but I was unable due to COVID-19 restrictions. I have many more stories like this to share, but this is all to say that no matter how hard the situation was, there were always moments to cherish. Working at the frontline was difficult and exhausting at times; it demanded emotional energy, physical strength, and empathy, but I have no complaints. I am happy I was able to help, because in the end, this is what really matters in this journey of life.

A further aspect of the pandemic was the rules and regulations I had to follow. There were rules outside the workplace and others inside my workplace. I remember taking the bus for the first time after the lockdown and realizing that everyone had to use the back door. People no longer needed to pay, since the front door was closed to ensure the safety of the bus driver. The number of people using public transportation diminished drastically once lockdown began (see Figure 7). Going grocery shopping was also different; I had to wait in line, sometimes for over an hour, as the store had a limit on how many people could be indoors at once. When picking something up from the pharmacy or going to a store, I had to have my temperature taken every time before entering. Like everyone else, I was adjusting to a new lifestyle.

**Figure 7**

*Empty Bus During the COVID-19 Pandemic*



At work, as mentioned before, the rules and regulations kept shifting. I noted in my diary on June 8, 2020 that management had changed the dress code and procedure twice in recent weeks:

Before, we had to enter the centre, wash our hands, and wear a mask. Then we had to go get our scrubs and change then go to our assigned floor, wear the visor we had cleaned a day before and wear the gown. Now, instead of using the same visor, we have a new clean one daily, and instead of wearing our gown on the floor, we had to wear it before we go up. So, the new rule is to arrive to the floor already fully prepared and dressed up.



As I noted earlier, they also assigned different doors for the entrance and exit to try to diminish the transmission rate. Posters were up everywhere to teach, inform, and remind us of how to do special routines such as washing hands and wearing all the items of protective gear. Appendix G contains photos of various posters around the workplace. Green always meant safe, while red meant dangerous. The posters were and still are an important educational tool (Hess et al., 2009).

While this thesis can only cover a small portion of the stories and experiences of being a health care worker at the frontline, it shares much of the journey my colleagues and I travelled during the pandemic. This experience was important in shaping my personality, building my resilience, and pushing me to adapt and adjust in different situations. It made me realise that sometimes, you are faced with situations that you think are unbearable, but as human beings, we have an instinct to push through, adapt, and accept. Ultimately, life is an adventure!

### ***Theme: Art Education***

An important part of this research is acknowledging that I am an artist whose initial intention in coming to Montréal was to pursue my studies in art. Under the theme of art education were the categories of current studies and art making. I discuss this theme from the perspective of a student of art education and a person who creates art to adapt and connect.

Art helped me escape the reality of the pandemic, the difficult situations I faced, and the stress I endured; as others have observed, “art making/expressive art therapy can be used to address complex challenges such as [a] pandemic” (Vaartio-Rajalin et al., 2020, p. 112). It helped me heal and take a break from the intensity of work at the frontline. It also helped me gain a sense of my life through being able to express myself and thereby release the stress and tension of the difficulties I faced and endured (Allain, 2011). I was adapting by pondering the

state of my life, first in the form of a visual journal, then through the graphic novel, as mentioned earlier. But these were not the only art forms I experimented with. I tried embroidery, playing piano, gardening, painting on canvas, sculpting, and enjoying thrift makeovers.

Embroidery was very therapeutic. It helped me be patient and focused and kept away chaotic thoughts about my daily life. Like Bachstrom Konstfack described (2020), “my embroidery was my sanctuary, where I found peace of mind” (p. 3). Piercing the fabric with the needle, I compared that process with difficult situations that people face in their lives. The needle metaphorically represented various hardships, since it was a sharp tool, yet it also made possible the creation of a beautiful piece of art. The embroidery process was like the life cycle: no matter how many times you feel that life knocks you down—similar to the needle continuously piercing the fabric—you should always believe that good things are part of that bigger picture, comparable to the end result of the embroidery.

In addition to the embroidery, I also used to leave the house early some days and sit in the park, colouring before going to work. It was a relaxing way to prepare myself for another stressful day ahead. Colouring books are no longer created just for kids; this leisure activity is now considered a therapeutic tool for adults to relieve stress, reduce anxiety, and enhance relaxation and concentration (Dresler & Perera, 2019).

Playing the piano was also an important part of this journey. For many, music is medicine for the heart and soul, and it has been reported that music reduces the level of cortisol, a major stress hormone (Toyoshima et al., 2011). I recall days when I spent hours playing my piano at home, forgetting about everything, travelling to a different universe, escaping, and dreaming about a future free from this horrible virus. At work, there was a piano in the cafeteria, and during break time, I and another co-worker who was also a pianist used to meet and play (Figure

8). “You should come and play for the seniors after the pandemic,” an employee once said (June 14, 2020).

***Figure 8***

*Playing the Piano During My Break at Work (2020)*



I also decided to start gardening, planting my seeds on March 19, 2020, soon after the lockdown started. I then took care of them indoors until I was able to transfer them to the garden. Gardening was very rewarding, especially when I witnessed my plants growing and thriving. Watering and taking care of them was something I looked forward to every morning. Gardening is a proven way for people to relax and connect with nature, and it has been linked to better human health and well-being (Chalmin-Pui et al., 2020). It improved my mood and helped with my mental health. Harvesting my plants was always the best part; in June of 2020, the hard work

I had put into that garden paid off. Gardening can bring contentment because when you decide to garden, you put a goal and task in your mind and focus on it. It can be similar to working on the frontline. It is hard work and often exhausting, but harvesting the garden you have carefully tended for weeks is as rewarding as seeing the patients you are helping and caring for heal and get better.

I also became very interested in photography, taking pictures on my way to work, recording moments to look back on; it was a way for me to trace myself in the world (Sinner & Owen, 2011). One that will always remind me of the pandemic time is a photo of a magnolia tree I took in the spring (Figure 9). I had never seen one of these beautiful trees before. I first noticed it on May 16, 2020, from a patient's room, while working in the CHSLD Grace Dart. We were all confined at the time, and the situation was still at its worst, so seeing this tree from the window gave me a sense of hope. I decided to take a photo of it the next day, before I went to work. Photography became part of my daily activities.

Art played a profound and important part in this journey, and to this day, I still use my artistic skills to adapt, adjust, connect, and overcome any stressful or difficult situations I face in my life.



**Figure 9**

*Magnolia Flowers in the Centre's Garden — a Symbol of Hope*



## **Limitations and Validation**

Limitations are important to acknowledge when conducting research. My research topic is new, and the literature on COVID-19 is still limited, especially in art education. Also, publications about art and health care usually lean more towards art therapy, but this research does not relate to art therapy, even when it appears to share some ideas. COVID-19 affected people's mental health, as mentioned above, but this research is not about studying in detail the effect of art on mental health.

Another limitation is that my experience could have been affected by external and personal events occurring at the same time. Some of my emotions could have been related not only to the COVID-19 pandemic and working at the frontline but also to other moments, which may have influenced my writing and other responses. An example is the Beirut explosion that happened on August 4, 2020, while I was gathering my data sources for this research. This event destroyed large portions of my city and came as a shock, a shock that amplified across the world into the psyche of all Lebanese worldwide.

The limitations mentioned above do not mean that my study is invalid or not reliable. To ensure its validity, I used three of the eight validation strategies recommended by Creswell (2013, pp. 250–252) to support the accuracy of a qualitative research study's findings: 1) rich thick description; 2) prolonged engagement and persistent observation; and 3) clarifying research bias.

The rich thick description emerged from my written diary, where I included detailed accounts of events that happened in my day-to-day experience of working at the frontline of the COVID-19 pandemic. I shared the public and the private, and the good and the bad. I included my feelings and worries, my activities, the rules we had to follow at work, the regulations. I also



included, in detail, advice I received, as well as other things said to me. According to Creswell (2013), quotes are important for ensuring a rich and thick description. The physical description was evident, and I used strong action verbs (e.g., I saw, I did, I helped). The rich description also became apparent when I finalized the graphic novel, where I shared events and moments in a detailed way that allowed readers to imagine they were experiencing these things. I focused on capturing facial expressions, emotions, and thoughts, all of which were conveyed through the character I designed for my graphic novel.

Prolonged engagement and persistent observation were also important for validating my study. I worked at the frontline for more than five consecutive months, starting in May of 2020, when the situation was at its worse. I was able to observe, learn from, and be in long-term contact with people who were also undergoing the same experience of helping at the frontline during a time of crisis.

Finally, I have clarified researcher bias by commenting on my experience at the beginning of the thesis and clarifying how this likely shaped my approach and affected my interpretation.

## Chapter 6: Educational Significance

The purpose of this research is to bring forward different perspectives to the field of art education through sharing my story of being an international student working at the frontline of the COVID-19 pandemic. This study is important for trying to understand the pedagogic pivots in this journey, why graphic novels are valuable to art education, and why the interconnections between health, well-being, and art education constitute a critically important area of inquiry. This chapter emphasizes the importance of story as research, highlighting how stories can be pedagogic prompts. Narrative is not merely for entertainment but also “allows for the expression of individual, personal stories, as well as the knowledge that individual stories also represent shared elements of collective experience, which in turn interact with and modify our individual and collective knowledge” (Evelyn, 2004, p. 105). My story questions what we can learn in art education from the frontlines of health care in a pandemic. As research, it prompts the reader to reflect and to relate the content to their own personal experiences, memories, feelings, and adaptation process.

Beyond the pandemic, the number of people in need of long-term health care is increasing with rising life expectancy and the growth of older populations (Lee & Tang, 2015). While working at the frontline, I realized the small number of staff in comparison to the number of patients. The long-term care facilities in Québec had been chronically short-staffed long before the pandemic (Lanoix, 2021). This situation came to a head in the first wave of the pandemic and necessitated intervention from the Canadian army, at the request of the provincial government (Beaulieu et al., 2020). The army filed a report confirming “they had observed staff shortages, lack of personal protective equipment (PPE), and improper infection control in many facilities” (Lanoix, 2021). Many health care workers stopped working due to illness or refused to

work for fear of being infected, which left some residents “without food, water or hygienic care for several days” (Beaulieu, 2020, p. 111). When the government realised how bad the situation was in the nursing homes, they announced they were ready to train 10,000 personal support workers, offering various incentives to encourage applicants (Lanoix, 2021). Workers would be paid CAD \$21 per hour to train and then were guaranteed a job at CAD \$26 per hour working in a publicly funded nursing home (Lanoix, 2021). In addition, immigrants and refugees were assigned to work in these roles; some of them were afraid but accepted the unknown to try to secure Canadian citizenship—especially after the federal government introduced a “temporary public policy to grant permanent residence to certain foreign nationals selected by Québec working in the health care sector during the COVID-19 pandemic” (Government of Canada, 2020).

Health care workers in Québec during the COVID-19 pandemic have not yet been widely researched, but they are gaining more attention. This study makes a contribution in this area by using written and visual expression to describe in detail my experience of working at the frontline.

My graphic novel served as a point of research inquiry; according to Leavy (2018) “comics can provide a powerful means of representation for researchers—an effective, flexible form for communicating research findings and concepts to a wide audience” (p. 397). The elements of storytelling in a graphic novel facilitated my understanding about myself and experience of becoming-other. I was exploring myself in the process of creating my graphic novel, drawing, colouring, thinking, and remembering events. It became my tool for expressing myself and generating my own “graphic memoir” (Gysin, 2020, p. 20). Incorporating art to investigate my experience of moving to a new country, adapting to a new environment, and

working at the frontline conveyed “an artistic educational opportunity in promoting the visual aspect of research and story representations” (Jreidini, 2020, p. 106). The graphic novel offers a mechanism to tell stories in ways you cannot achieve either orally or in text alone. It helps readers imagine situations and position themselves as if they were part of the story. It is a significant tool for connecting readers with the content of a novel, since the author can set a scene, gain the readers’ attention, set a tone, and send a message through the story. The illustrations—including facial expressions, environmental representations, bubbles, and dialogues—facilitate this experience. According to Gysin (2020), “the method of illustrating dialogue between characters, depicting the voice of a narrator, or simply the use of language and words in comics in general all have similar importance” (p. 21). Rendering a story through the medium of a graphic novel is like poetry, precise and evocative, bringing strong feelings, images, and memories to the fore. Laycock (2005) portrayed the graphic novel as a “multi-layered, multi-genred, vibrant and evocative format with appeal for a range of ages, abilities and learning styles” (p. 50)—although it should be noted that my graphic novel is not intended for children, as it captures painful moments and includes sensitive content. In the context of this thesis, my graphic novel augments the storyline and media coverage with in-depth, personal moments that can only come from an intimate knowledge of the frontline.

I was able to answer my three research questions through this process and thus achieved my research objectives: (a) I studied the different forms of art-making that assisted my adaptation to a new country, a new work environment, and the unexpected changes brought about by the pandemic; (b) I explored my formal and informal learning journey during my frontline work experience; and (c) I acknowledged the a/r/tographic activities that helped me escape from and manage the reality of this pandemic.

The narrative and visual representations serve as a teaching tool for anyone who wants to learn more about the frontline experience, for artists interested in graphic novels, and for researchers interested in undertaking story as research. I hope this study will encourage some readers to consider pursuing “comics-based research” and narratives in their own research projects (Leavy, 2018, p. 397). According to Leavy (2018), “[c]omics can be effectively used to promote learning, understanding, and retention with both young people and adults” (p. 398). Perhaps my research will prompt some art educators to start using graphic novels more in the classroom, since graphic novels can work as “a communicative channel . . . more accessible to some than text-based narratives” (p. 398). Graphic novels can also be used in the medical and health care fields; Leavy noted that “[a]n entire community of comics-based researchers have come together in the field of medicine, exploring the intersections of scholarship, health care, and narrative” (p. 402).

Frontline experiences during the COVID-19 pandemic is a vast and very new topic. When I consider the possibility of extending this study further, many questions arise: What were my co-workers’ reactions to the uncertainties they faced at the frontline? Can uncertainty be a pedagogic prompt to enhance learning? What was the effect of this experience on my identity as an artist, in the long run? How might my international student experience inform future students’ adaptation and practice? What will my next graphic novel story be?

I deeply enjoyed merging the visual and written to build my research project. Doing art-based research was very useful for understanding my life and the experience of becoming-other. I hope my endeavour will create an opening for a future, large-scale study of frontline workers and their experiences, building on the research in this MA thesis.



## Afterword

Here I am, on the last page of this thesis, sharing with you another part of my story—a challenge I faced while working on this project, which I once thought I would never finish. The table turned, and the health care worker became the patient. While working at the frontline in 2020, I felt unwell. I was sure it was psychological; maybe I was just tired, or maybe it was post-traumatic stress after witnessing so much at the frontline. Everyone around me was struggling because of the pandemic, so I believed it was just anxiety at facing the unknown.

I kept going to work, pushing through and trying to focus on my studies. One day, I woke up with double vision, and this became a turning point in my journey. Several days later, my vision had deteriorated enough that I decided it was time to see an eye doctor. Straight away, she showed her worries. A referral to a neuro-ophthalmologist was only the start...

Next came a CT scan to exclude a brain tumour, the first potential cause of this symptom. Thank God, it was clear. An MRI was next, then a phone call from my doctor: “I am sorry to tell you this, but your MRI is suggestive of multiple sclerosis.” I was referred to the MS clinic in Montréal. *Could my international student experience become crazier than this?* I wondered.

My appointment at the clinic went well; the doctor was amazing, and I left the clinic no confirmed diagnosis, a huge relief! But it was not over yet. Numerous blood tests were needed as well, and another MRI eight months later. *Do I have MS?* So many what-if questions would come with this. Maybe it will be my next research story...

This experience has pushed me to become more ambitious, to give my all. I did not want this experience to affect my studies, even though it did at times. I have learned to accept it. I consider finishing this thesis a huge accomplishment that I will cherish for the rest of my life.

Unfortunate events happen sometimes, and you need to accept them and push through. Life is an adventure, a book with so many chapters. Never let one bad chapter define the rest of it!

## References

- Abderhalden, C., Needham, I., Dassen, T., Halfens, R., Haug, H. J., & Fischer, J. E. (2008). Structured risk assessment and violence in acute psychiatric wards: Randomised controlled trial. *British Journal of Psychiatry*, *193*(1), 44–50. <https://doi.org/10.1192/bjp.bp.107.045534>
- Achou, B., Boisclair, D., D'Astous, P., Fonseca, R., Glenzer, F., & Michaud, P. C. (2020). Early impact of the COVID-19 pandemic on household finances in Quebec. *Canadian Public Policy*, *46*(S3), S217–S235. <https://doi.org/10.3138/cpp.2020-087>
- Affi, W. A., & Affi, T. D. (2021). Uncertainty and coping during COVID-19. *Communicating COVID-19*, 325–344. [https://doi.org/10.1007/978-3-030-79735-5\\_16](https://doi.org/10.1007/978-3-030-79735-5_16)
- Agar, M. H. (1980). *The professional stranger: An informal introduction to ethnography*. Academic Press.
- Akdeniz, G., Kavakci, M., Gozugok, M., Yalcinkaya, S., Kucukay, A., & Sahutogullari, B. (2020). A survey of attitudes, anxiety status, and protective behaviors of the university students during the COVID-19 outbreak in Turkey. *Frontiers in Psychiatry*, *11*. <https://doi.org/10.3389/fpsy.2020.00695>
- Allain, G. (2011). An art-based healing process: The Aurukun Creative Livelihoods Project at the Wik and Kugu Arts and Craft Centre. *Australasian Psychiatry*, *19*(1\_suppl), S42–S44. <https://doi.org/10.3109/10398562.2011.582772>
- Anderson, L., & Austin, M. (2012). Auto-ethnography in leisure studies. *Leisure Studies*, *31*(2), 131–146. <https://doi.org/10.1080/02614367.2011.599069>

- Bäckström, M. B. (2020). *Hanging on by a thread: Confronting mental illness and manifesting love through embroidery*. <https://www.diva-portal.org/smash/get/diva2:1432829/FULLTEXT01.pdf>
- Barton, G., & Baguley, M. (2014). Learning through story: A collaborative, multimodal arts approach. *English Teaching: Practice and Critique*, 13(2), 93–112.
- Beaulieu, M., Cadieux Genesse, J., & St-Martin, K. (2021). High death rate of older persons from COVID-19 in Quebec (Canada) long-term care facilities: Chronology and analysis. *The Journal of Adult Protection*, 23(2), 110–115. <https://doi.org/10.1108/jap-08-2020-0033>
- Béland, D., & Marier, P. (2020). COVID-19 and long-term care policy for older people in Canada. *Journal of Aging & Social Policy*, 32(4–5), 358–364. <https://doi.org/10.1080/08959420.2020.1764319>
- Besser, A., Flett, G. L., Nepon, T., & Zeigler-Hill, V. (2020). Personality, cognition, and adaptability to the COVID-19 pandemic: Associations with loneliness, distress, and positive and negative mood states. *International Journal of Mental Health and Addiction*. <https://doi.org/10.1007/s11469-020-00421-x>
- Bloem, B. R., Pfeijffer, I. L., & Krack, P. (2018). Art for better health and wellbeing. *BMJ*, 363, k5353. <https://doi.org/10.1136/bmj.k5353>
- Boylorn, R. M. (2014). From here to there. *International Review of Qualitative Research*, 7(3), 312–326. <https://doi.org/10.1525/irqr.2014.7.3.312>
- Bucher, K. T., & Manning, M. L. (2004). Bringing graphic novels into a school's curriculum. *The Clearing House: A Journal of Educational Strategies, Issues and Ideas*, 78(2), 67–72. <https://doi.org/10.3200/tchs.78.2.67-72>

- Burgess, S. B., & Sievertsen, H. S. (2020, April 1). *The impact of COVID-19 on education*. VOX, CEPR Policy Portal. <https://voxeu.org/article/impact-covid-19-education>
- Carroll, L. (2005). *Through the looking glass and what Alice found there*. 1st World Library Literary Society. Original published 1871 by Macmillan.
- Chalmin-Pui, L. S., Griffiths, A., Roe, J., Heaton, T., & Cameron, R. (2021). Why garden? – Attitudes and the perceived health benefits of home gardening. *Cities*, 112, 103118. <https://doi.org/10.1016/j.cities.2021.103118>
- Chambers, C. C., Hasebe-Ludt, E. H., Leggo, C. L., & Sinner, A. S. (2012). *A heart of wisdom: Life writing as empathetic inquiry*. Peter Lang.
- Chan, C. C. (2021, March 15). *Best drawing apps for iPad and Apple Pencil 2021*. iMore. <https://www.imore.com/best-apps-drawing-ipad-pro-apple-pencil>
- Collie, R. J., & Martin, A. J. (2016). Adaptability: An important capacity for effective teachers. *Educational Practice and Theory*, 38(1), 27–39. <https://doi.org/10.7459/ept/38.1.03>
- Condon, B. B. (2014). The living experience of feeling overwhelmed. *Nursing Science Quarterly*, 27(3), 216–225. <https://doi.org/10.1177/0894318414534487>
- Cox, R. H., Dickson, D., & Marier, P. (2020). Resistance, innovation, and improvisation: Comparing the responses of nursing home workers to the COVID-19 pandemic in Canada and the United States. *Journal of Comparative Policy Analysis: Research and Practice*, 23(1), 41–50. <https://doi.org/10.1080/13876988.2020.1846994>
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. SAGE.
- Czarniawska, B. C., & Mazza, C. M. (2003). Consulting as a liminal space. *Human Relations*, 56(3), 267–290. <https://journals.sagepub.com/doi/pdf/10.1177/0018726703056003612>

- Dabbagh, N., & Kitsantas, A. (2012). Personal Learning Environments, social media, and self-regulated learning: A natural formula for connecting formal and informal learning. *The Internet and Higher Education*, 15(1), 3–8. <https://doi.org/10.1016/j.iheduc.2011.06.002>
- Davidson, S. (2020, April 17). *Scarborough PSW with 31 years of service dies of Covid-19*. CP24.com. <https://www.cp24.com/news/scarborough-psw-with-31-years-of-service-dies-of-covid-19-1.4900863>
- Deleuze, G. (1995). *Negotiations, 1972–1990*. Trans. M. Joughin. Columbia University Press.
- Deleuze, G., & Guattari, F. (1994). *What is philosophy?* (H. Tomlinson & G. Burchell, Trans.). Columbia University Press.
- De Mattos, E. D., & Branco, A. B. (2014). Exploring the intersection of personal and collective meanings: “Responsibility” in the transition to adulthood. *Psychology, Society & Education*, 6(1), 11–27. <https://tinyurl.com/4s5xz3vm>
- De Petrillo, L., & Winner, E. (2005). Does art improve mood? A test of a key assumption underlying art therapy. *Art Therapy*, 22(4), 205–212. <https://doi.org/10.1080/07421656.2005.10129521>
- Dostie, J. (2020, April 30). “Mon travail, c’est d’être là pour les patients.” *Le Devoir*. <https://www.ledevoir.com/societe/sante/577925/mon-travail-c-est-d-etre-la-pour-les-patients>
- Dresler, E., & Perera, P. (2019). “Doing mindful colouring”: Just a leisure activity or something more? *Leisure Studies*, 38(6), 862–874. <https://doi.org/10.1080/02614367.2019.1583765>



Ducasse, C. J. D. (1964). Art and the language of the emotions. *The Journal of Aesthetic and Art Criticism*, 23(1), 109–112.

[https://www.jstor.org/stable/428143?seq=1#metadata\\_info\\_tab\\_contents](https://www.jstor.org/stable/428143?seq=1#metadata_info_tab_contents)

Dufour, E. D. (2020, September 30). *Les membres du 3 R22eR répondent présent*. ADSUM.

[https://www.connexionfac.ca/getmedia/5cb1e45b-f76c-4971-93b7-92c0f73931fb/VOL\\_49\\_NO\\_01\\_ADSUM\\_2020-09-30.pdf.aspx](https://www.connexionfac.ca/getmedia/5cb1e45b-f76c-4971-93b7-92c0f73931fb/VOL_49_NO_01_ADSUM_2020-09-30.pdf.aspx)

Dyson, M. (2007). My story in a profession of stories: Auto ethnography — an empowering methodology for educators. *Australian Journal of Teacher Education*, 32(1).

<https://doi.org/10.14221/ajte.2007v32n1.3>

Ellis, C. E., Adams, T. A., & Bochner, A. B. (2011). Autoethnography: An overview. *Historical Social Research*, 36(4), 273–290.

[https://www.jstor.org/stable/pdf/23032294.pdf?casa\\_token=tOry5ZPd08UAAAAA:Cx5nxusCaZ6tECIaJcMhuuRcMuRGfySBqvLHYrAB1R1uPbVt2\\_6R3wG5KN4EZ-7MTRrwartlyxTjByTVMx1fg5EitjSHQf84F1IjmBqb2IsDW04f0Vo](https://www.jstor.org/stable/pdf/23032294.pdf?casa_token=tOry5ZPd08UAAAAA:Cx5nxusCaZ6tECIaJcMhuuRcMuRGfySBqvLHYrAB1R1uPbVt2_6R3wG5KN4EZ-7MTRrwartlyxTjByTVMx1fg5EitjSHQf84F1IjmBqb2IsDW04f0Vo)

Evelyn, D. (2004). Telling stories of research. *Studies in the Education of Adults*, 36(1), 86–110.

<https://doi.org/10.1080/02660830.2004.11661489>

Geldi, M. G. (2021, February 27). *Lebanese cannot access money in banks since late 2019*.

Anadolu Agency. <https://www.aa.com.tr/en/economy/lebanese-cannot-access-money-in-banks-since-late-2019/2158782>

Généreux, M., Roy, M., David, M. D., Carignan, M. V., Blouin-Genest, G., Qadar, S. Z., & Champagne-Poirier, O. (2021). Psychological response to the COVID-19 pandemic in Canada: Main stressors and assets. *Global Health Promotion*, 175797592110236.

<https://doi.org/10.1177/17579759211023671>

- Goodson, I. G. (2012). Learning from stories, stories of learning. In A. L. Loveless & D. S. Stephens (Eds.), *Exploration in narrative research* (pp. 33–42). Sense Publishers.  
<https://www.daneshnamehicsa.ir/userfiles/files/1/9-%20Explorations%20in%20Narrative%20Research.pdf#page=40>
- Guys, A. G., & Keys, K. K. (2009). Arts-based educational research as a site for emerging pedagogy and developing mentorship. *Visual Arts Research*, 35(2), 24–39.  
<https://www.jstor.org/stable/20715500>
- Gysin, S. G. (2020, August). *Panel by panel: Changing personal narratives through the creation of sequential art and the graphic novel*. Concordia University.  
[https://spectrum.library.concordia.ca/id/eprint/987130/1/Gysin\\_MA\\_F2020.pdf](https://spectrum.library.concordia.ca/id/eprint/987130/1/Gysin_MA_F2020.pdf)
- Hamilton, M. L., Smith, L., & Worthington, K. (2008). Fitting the methodology with the research: An exploration of narrative, self-study and auto-ethnography. *Studying Teacher Education*, 4(1), 17–28. <https://doi.org/10.1080/17425960801976321>
- Hasebe-Ludt, E., Chamber, C. M., & Leggo, C. (2009). *Life writing and literary métissage as an ethos for our times*. Peter Lang.
- Hess, G. R., Tosney, K. W., & Liegel, L. H. (2009). Creating effective poster presentations: AMEE Guide no. 40. *Medical Teacher*, 31(4), 319–321.  
<https://doi.org/10.1080/01421590902825131>
- Hickey, A., & Austin, J. (2007). Autoethnography and teacher development. *The International Journal of Interdisciplinary Social Sciences: Annual Review*, 2(2), 369–378.  
<https://doi.org/10.18848/1833-1882/cgp/v02i02/52189>

- Holroyd-Leduc, J. M., & Laupacis, A. (2020). Continuing care and COVID-19: A Canadian tragedy that must not be allowed to happen again. *Canadian Medical Association Journal*, 192(23), E632–E633. <https://doi.org/10.1503/cmaj.201017>
- Hsu, A. T., Lane, N. E., Sinha, S. K., Dunning, J., Dhuper, M., Kahiel, Z., Sveistrup, H. (2020, May 10). *Report: Understanding the impact of COVID-19 on residents of Canada's long-term care homes — ongoing challenges and policy responses*. LTCcovid.org. [https://ltccovid.org/wp-content/uploads/2020/05/LTCcovid-country-reports\\_Canada\\_Hsu-et-al\\_May-10-2020-2.pdf](https://ltccovid.org/wp-content/uploads/2020/05/LTCcovid-country-reports_Canada_Hsu-et-al_May-10-2020-2.pdf)
- Johnston, E. J., & Lane, J. L. (2019). Artist stories of studio art thinking over lifetimes of living and working. *International Journal of Education & the Arts*, 20(19). <http://www.ijea.org/v20n19/v20n19.pdf>
- Jones, D. S. (2020). History in a crisis—Lessons for Covid-19. *New England Journal of Medicine*, 382(18), 1681–1683.
- Jreidini, R. J. (2020, July). *Creating a community of practice: Lebanese participants' experiences of moving and adapting to Montreal expressed through stories and artmaking workshops*. Concordia University. [https://spectrum.library.concordia.ca/id/eprint/987091/1/Jreidini\\_MA\\_F2020.pdf](https://spectrum.library.concordia.ca/id/eprint/987091/1/Jreidini_MA_F2020.pdf)
- Kovac, A. (2020, April 20). *Grace Dart worker who died of COVID-19 remembered as dedicated caregiver, mother*. CTV News Montreal. <https://montreal.ctvnews.ca/grace-dart-worker-who-died-of-covid-19-remembered-as-dedicated-caregiver-mother-1.4902315>
- Lachapelle, R., Keenlyside, E., & Douesnard, M. (2016). Rethinking docent training at the Montreal museum of fine arts: A pilot project. *Canadian Review of Art Education*:

*Research and Issues / Revue Canadienne de Recherches et Enjeux En Éducation Artistique*, 43(1), 170. <https://doi.org/10.26443/crae.v43il.24>

La Jevic, L., & Springgay, S. (2008). A/r/tography as an ethics of embodiment: Visual journals in preservice education. *Qualitative Inquiry*, 14(1), 67–89.

<https://doi.org/10.1177/1077800407304509>

Lanoix, M. (2021). Two Canadian provincial initiatives during the COVID-19 pandemic and their impact on nursing home staffing. *Journal of the American Medical Directors Association*, 22(11), 2271–2272. <https://doi.org/10.1016/j.jamda.2021.08.016>

Laven, R. L. (2020). Graphic story telling and Franz Čížek: The inclusive and transformative narrative of free expression. In W. S. Swoboda (Ed.), *Conflicts and Connections* (p. 192).

InSEA Publications. <https://tinyurl.com/yckvxvyh>

Laycock, D. L. (2005). Developing a graphic novel collection. *Synergy*, 3(2), 50–54.

[https://www.academia.edu/1278140/Developing\\_a\\_graphic\\_novel\\_collection](https://www.academia.edu/1278140/Developing_a_graphic_novel_collection)

Leavy, P. (2018). *Handbook of arts-based research*. The Guilford Press.

Lee, S. Y. (2020). Now as a liminal space, writing as a patchwork: Autoethnographic reflections on the self in the middle of the pandemic. *Qualitative Inquiry*, 27(7), 773–777.

<https://doi.org/10.1177/1077800420960181>

Lee, Y., & Tang, F. (2013). More caregiving, less working. *Journal of Applied Gerontology*, 34(4), 465–483. <https://doi.org/10.1177/0733464813508649>

Leggo, C., Sinner, A. E., Irwin, R. L., Pantaleo, K., Gouzouasis, P., & Grauer, K. (2011).

Lingering in liminal spaces: A/r/tography as living inquiry in a language arts class.

*International Journal of Qualitative Studies in Education*, 24(2), 239–256.

<https://doi.org/10.1080/09518391003641908>

- Luhmann, M., Hofmann, W., Eid, M., & Lucas, R. E. (2012). Subjective well-being and adaptation to life events: A meta-analysis. (Supplemental material). *Journal of Personality and Social Psychology*. <https://doi.org/10.1037/a0025948.supp>
- McGarrigle, J. G. (2018). Getting in tune through arts-based narrative inquiry. *Irish Educational Studies*, 37(2), 275–293. <https://doi.org/10.1080/03323315.2018.1465837>
- McKenna, K. (2020, May 6). *How Quebec's desperate attempt to fill staffing holes is spreading COVID-19 in hospitals and nursing homes*. CBC News Montreal. <https://www.cbc.ca/news/canada/montreal/quebec-covid-cross-contamination-1.5556946>
- Mealer, M. M., Burnham, E. B., Goode, C. G., Rothbaum, B. R., & Moss, M. M. (2009). The prevalence and impact of post traumatic stress disorder and burnout syndrome in nurses. *Depression and Anxiety*, 26, 1118–1126. <https://doi.org/10.1002/da.20631>
- Mendicino, M. M. (2020, November 23). *Temporary public policy to grant permanent residence to certain foreign nationals selected by Quebec working in the health care sector during the COVID-19 pandemic*. Government of Canada. <https://www.canada.ca/en/immigration-refugees-citizenship/corporate/mandate/policies-operational-instructions-agreements/permanent-residence-healthcare-pandemic-quebec.html#shr-pg0>
- Moss, H. M., Nolan, E. N., & O'Neill, D. O. (2007). A cure for the soul? The benefit of live music in the general hospital. *Irish Medical Journal*, 100(10), 636–638. [https://ulir.ul.ie/bitstream/handle/10344/5360/Moss\\_HCure\\_for\\_the\\_SoulIMJ.pdf?sequence=1](https://ulir.ul.ie/bitstream/handle/10344/5360/Moss_HCure_for_the_SoulIMJ.pdf?sequence=1)

- Pike, A., Dawley, S., & Tomaney, J. (2010). Resilience, adaptation and adaptability. *Cambridge Journal of Regions, Economy and Society*, 3(1), 59–70.  
<https://doi.org/10.1093/cjres/rsq001>
- Pridgeon, A., & Whitehead, K. (2012). A qualitative study to investigate the drivers and barriers to healthy eating in two public sector workplaces. *Journal of Human Nutrition and Dietetics*, 26(1), 85–95. <https://doi.org/10.1111/j.1365-277x.2012.01281.x>
- Procreate. (2021). *Sketch. Paint. Create.* <https://procreate.art/ipad>
- Pulliam, J. R., van Schalkwyk, C., Govender, N., von Gottberg, A., Cohen, C., Groome, M. J., Dushoff, J., Mlisana, K., & Moultrie, H. (2021). Increased risk of SARS-CoV-2 reinfection associated with emergence of the Omicron variant in South Africa. *medRxiv*, 11.11.21266068. <https://doi.org/10.1101/2021.11.11.21266068>
- Ranosa, R. (2020, May 11). “You deserve a raise”: Canada to boost pay for frontliners. *Human Resources Director Magazine*. <https://www.hcamag.com/ca/news/general/you-deserve-a-raise-canada-to-boost-pay-for-frontliners/222063>
- Reeves, S. R., Kuper, A. K., & Hodges, B. H. (2008). Qualitative research: Qualitative methodologies: Ethnography. *Practice*, 337(7668), 512–514.  
<http://www.jstor.org/stable/20510696>
- Rogoff, B., Callanan, M., Gutiérrez, K. D., & Erickson, F. (2016). The organization of informal learning. *Review of Research in Education*, 40(1), 356–401.  
<https://doi.org/10.3102/0091732x16680994>
- Rouleau, J., & Gosselin, L. (2021). Impacts of the COVID-19 lockdown on energy consumption in a Canadian social housing building. *Applied Energy*, 287, 116565.  
<https://doi.org/10.1016/j.apenergy.2021.116565>



- Sandercock, L. (2003). Out of the closet: The importance of stories and storytelling in planning practice. *Planning Theory & Practice*, 4(1), 11–28.  
<https://doi.org/10.1080/1464935032000057209>
- Schartner, A., & Young, T. J. (2016). Towards an integrated conceptual model of international student adjustment and adaptation. *European Journal of Higher Education*, 6(4), 372–386. <https://doi.org/10.1080/21568235.2016.1201775>
- Schwarz, G. (2006). Expanding literacies through graphic novels. *The English Journal*, 95(6), 58. <https://doi.org/10.2307/30046629>
- Serafini, G., Parmigiani, B., Amerio, A., Aguglia, A., Sher, L., & Amore, M. (2020). The psychological impact of COVID-19 on the mental health in the general population. *QJM: An International Journal of Medicine*, 113(8), 531–537.  
<https://doi.org/10.1093/qjmed/hcaa201>
- Singer, R., & Kruse, K. (2019). Art and health care: A dialog about interdisciplinary collaboration. *Nursing Forum*, 54(3), 403–409. <https://doi.org/10.1111/nuf.12347>
- Sinner, A. (2006). Sewing seams of stories: Becoming a teacher during the First World War. *History of Education*, 35(3), 369–404. <https://doi.org/10.1080/00467600600638467>
- Sinner, A. (2021). Speculative steps with story shoes: Object itineraries as sensual a-r-tography. *Educational Philosophy and Theory*, 1–11.  
<https://doi.org/10.1080/00131857.2021.1872019>
- Sinner, A. S., & Owen, J. O. (2011). Visual life writing: Witnessing Jade's Anita Sinner story through pinhole photography. *Visual Arts Research*, 37(2), 70–81.  
<https://www.jstor.org/stable/10.5406/visuartsrese.37.2.0070>

- Smith, J. M., & Pole, K. (2018). What's going on in a graphic novel? *The Reading Teacher*, 72(2), 169–177. <https://doi.org/10.1002/trtr.1695>
- Snowber, C. (2005). The mentor as artist: A poetic exploration of listening, creating, and mentoring. *Mentoring & Tutoring: Partnership in Learning*, 13(3), 345–353. <https://doi.org/10.1080/13611260500107424>
- Sohrabi, C., Alsafi, Z., O'Neill, N., Khan, M., Kerwan, A., Al-Jabir, A., Iosifidis, C., & Agha, R. (2020). World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19). *International Journal of Surgery*, 76, 71–76. <https://doi.org/10.1016/j.ijssu.2020.02.034>
- Springgay, S. S., Irwin, R. I., & Leggo, C. L. (2008). *Being with a/r/tography*. Sense Publishers.
- Strine, T. W., Chapman, D. P., Balluz, L., & Mokdad, A. H. (2007). Health-related quality of life and health behaviors by social and emotional support. *Social Psychiatry and Psychiatric Epidemiology*, 43(2), 151–159. <https://doi.org/10.1007/s00127-007-0277-x>
- Syed, I. S., & Ahmad, F. A. (2021). COVID-19 and healthcare workers' struggles in long term care homes. *Journal of Concurrent Disorders*, 3(1), 61–66. <https://concurrentdisorders.ca/download/2552/>
- Thurber, C. A., & Walton, E. A. (2012). Homesickness and adjustment in university students. *Journal of American College Health*, 60(5), 415–419. <https://doi.org/10.1080/07448481.2012.673520>
- Toyoshima, K., Fukui, H., & Kuda, K. (2011). Piano playing reduces stress more than other creative art activities. *International Journal of Music Education*, 29(3), 257–263. <https://doi.org/10.1177/0255761411408505>

- Vaartio-Rajalin, H., Santamäki-Fischer, R., Jokisalo, P., & Fagerström, L. (2021). Art making and expressive art therapy in adult health and nursing care: A scoping review. *International Journal of Nursing Sciences*, 8(1), 102–119. <https://doi.org/10.1016/j.ijnss.2020.09.011>
- Van Lith, T., Schofield, M. J., & Fenner, P. (2012). Identifying the evidence-base for art-based practices and their potential benefit for mental health recovery: A critical review. *Disability and Rehabilitation*, 35(16), 1309–1323. <https://doi.org/10.3109/09638288.2012.732188>
- Wang, T. W. (2018). Empowering art teaching and learning with iPads. *Art Education*, 71(3), 51–55. <https://doi.org/10.1080/00043125.2018.1436353>
- Webster, P. W. (2021). COVID-19 highlights Canada's care home crisis. *The Lancet Journal*, 397(10270), 183. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(21\)00083-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)00083-0.pdf)
- Williams, I. W. (2010, June 17). *Comics and medicine: Medical narrative in graphic novels*. Paper presented at the Comics and Medicine Conference, London, UK. <https://www.graphicmedicine.org/comics-and-medicine-conferences/2010-london-conference/>
- Williams, R. M. (2008). Image, text, and story: Comics and graphic novels in the classroom. *Art Education*, 61(6), 13–19. <https://doi.org/10.1080/00043125.2008.11652072>
- Yamaguchi, K., Takebayashi, Y., Miyamae, M., Komazawa, A., Yokoyama, C., & Ito, M. (2020). Role of focusing on the positive side during COVID-19 outbreak: Mental health perspective from positive psychology. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S49–S50. <https://doi.org/10.1037/tra0000807>

Zander, M. J. (2007). Tell me a story: The power of narrative in the practice of teaching art.

*Studies in Art Education*, 48(2), 189–203.

<https://doi.org/10.1080/00393541.2007.11650099>

## **APPENDICES**

**Appendix A:** Sample of Coding (diary)

**Appendix B:** Coding Sample for Theme: Identity

**Appendix C:** Coding Sample for Theme: Education and experience

**Appendix D:** Coding Sample for Theme: Adaptability and flexibility

**Appendix E:** Coding Sample for Theme: COVID-19 pandemic

**Appendix F:** Coding Sample for Theme: Art education

**Appendix G:** Posters and signs related to COVID-19

## Appendix A: Sample of Coding (diary)

activities that helped me  
art making " " "  
identity/private life " " "

informal learning  
formal learning  
ABA therapy

12/03/2020

I have been very hesitant to start writing. I don't feel confident about it but hopefully the first step will be the hardest and then it will flow. I am planning to write everyday from now on. Today, I was able to feel a big connection with my researcher self as it was when I decided to transcribe an interview I had and will be using for a class. I am also planning to read two articles before going to bed. It is now 8:21pm. I also went to the bank and had a long conversation with a worker there. I learned so much from him and we talked mostly about finance. I like to include that in my paper because I feel it is nice to document it, after all it is my first day starting a diary. As of my artist self. I'm trying to keep a visual journal and sketch my daily life. I include what I do during my day. Sometimes I don't find time to sketch everything, but I am trying to keep up with at least a sketch a day. I sketched the shoes I got and a Tumblr, I also sketched my phone because I have time to talk to my brother. I sketched the logo of my bank because I spent most of most of my morning there and finally my laptop because there should always be a time for studying. When it comes to my teacher self I didn't really feel it today, except when I tried to advise my brother on what he needed to do and how he needed to plan for his future, not related to art, but I did feel like I taught him something, and I guess that's all that matters.

13/03/2020

Today is Friday the 13th. I woke up at five and headed to work. I give ABA to children with autism. I felt my teacher self today. It's my fourth week of work and my supervisor came to check on me. I felt confident about what I was doing, and I just love to spend time with my little clients. When I work, time flies, and I soon realize that my shift is over. I work from five to five, and usually come back home, very exhausted. During my hour break, I had lunch, and was able to sketch my lemonade and an impression of the rainy weather. I did not have time to paint. I also sketched my breakfast, a bagel I got from McDonald's. Sketching is essential for me to keep my memoir, a journal diary to document my day, this is me as an artist. I came back home at seven and was exhausted. I went to bed at 8:30pm. The only time I felt my research self was while writing this. I didn't have time to read any articles today.

14/03/2020

Today is the first day of quarantine because of the virus. The university will be closed for two weeks, and everyone is panicking. I went out to get food to store, but I ended up buying a new new bedsheets and little things to decorate my room for spring. I did the laundry, cleaned the room, and changed my bedsheets. The day went by very fast. I didn't read but had time to sketch and immortalize the events I did during the day. I was more like my artist self



**15/03/2020**

Today is Sunday. I should be going out and enjoying a beautiful sunny weather, but instead I have assignments to finish and readings to do.

I'm laying in bed trying to read the articles I need to finish. I succeeded in finishing one article for David's class. It took me four hours to finish it.

My researcher self is awake. I sent the email and went straight to bed. Today was not a very fruitful day. I sketch a couple of things I have on the desk in five minutes and called it a day. Artist self.

**16/03/2020**

I need to continue reading the article I have for David's class and answer the questions. I'm worried I won't have time. I sent an email for work to apologize I won't be able to work tomorrow. I was able to send my answers on time! It took me the whole day to finish.

I had to clean and tidy my bedroom and decided to give myself some time to relax and heal. I fixed my hair and did my eyebrows to feel a little bit more energetic. I also had a virtual meeting on the phone for a research. I felt like my researcher self. After I was done, I decided to sketch in my journal and be my artist self before going to bed. I am also writing this. I cannot relate to my teacher self at the moment.

**17/03/2020**

I missed a phone conference with work because I was sleeping, and my alarm did not ring. Anyway, today I cooked and decided to work on a painting I'm trying to finish for my cousin. I also painted in my journal; I enjoy painting.

I spent a couple of hours planning and practicing on my piano (artist self). It's 9:16pm now, and I'm writing this. It's a very small part, but I consider it the researcher self. My plan for tomorrow is to start reading for my final paper for Lachapelle class.

**18/03/2020**

Today I gave myself a little time to rest so my body can heal. I stayed home all day and worked on my embroidery (artist self). I got my food delivered so I won't need to go to the supermarket during this time. I sketch my groceries (artist self). I also searched for articles to read for my papers/literature review for Lachapelle. I wasn't able to find a lot of articles related to my topic, (researcher self). I think my teacher self is missing today.

**19/03/2020**

I woke up today feeling better. I received an email from work asking all the employees to go and get their IDs to be able to enter the center. Having an ID is important during this rough time. I wasn't planning on leaving the house today, but had no other choice. I left at 12pm took the metro, all the way to de l'eglise then took a bus to Douglas hospital. I arrived at 2:30pm, and was told I was late and that they are closing. I was so pissed for a moment, then decided to enjoy the view outside since I have already arrived, I sketched the view outside and on my way back I went to Canadian Tire got a snake plant and some seeds to plant. I sketched my plant and the flower seeds package as well as the greenhouse I got (artist self). I'm writing this now (researcher self). I didn't find my teachers today.

**20/03/2020**

It's Friday, I went to work today. I woke up at five, left the house at six, took the metro, and the train to Beaconsfield. I got to meet all my co workers and made new friends. Hand-gel was my



bus. 139 pix9 leaves at (6:33 pm). It's 6:51, I am walking to the metro plus to get food. I have nothing in the fridge...it's now 7:29 I am leaving to go home. Will take the bus 141. **Finally, home! I am exhausted, it's 7:39 pm.**

Now it's 8:36, I am having diner, a goat cheese sandwich with cherry tomatoes and cucumber: D I will finish and sketch before going to bed. **I have a meeting tomorrow at work so must wake up early.** I should be in bed by 10:00 pm. **I didn't have time to paint. It's 9:39 and I am in bed ready to sleep. will paint some of the groceries I got later.**

15/04/2020

I do not usually work on Wednesday, but we have an important meeting at work today regarding the reassignment of our positions. I woke up at 5:00 as usual and braided my hair. I prepared a sandwich and croissants for me and my friend. I left at 6:00, at 6:03 my friend texted me that she will be late and might miss the bus. The 405 bus leaves Lionel-Groux at 7:04 usually, if we miss it, the next one will be at 7:16. We decided that I will go get us coffee from MacDonald's Lionel-Groux and we will meet up. It is always nice to have someone with you when you have a long trip. **McDonald's did not accept to give me coffee because I did not have a car!** It is nonsense! Anyway, we were able to catch our usual bus at the last minute :D 7:04. It was a very busy day. **Both of my colleagues got reassigned to elderly people houses and we were are excited to hear about their experience.** One at Lachine and the other at Maison Herron (where 31 people died from the virus). The experience of the person who went to Lachine was not bad, he did phone calls to the children telling them about the health of their parents. He saw a person die and being wheeled out; he was chocked about how emotionless everyone was when it happened (His overall experience was not that bad). My other colleague on the other hand, she was traumatized from her experience and told everyone she would never ever go again. They treated as she was a nurse although she kept insisting that she is not! They asked her to give the people their medicine! The nurses were not following the codes and were not changing gloves when going from one patient to another... it was a chaos according to her and she said no wonder 31 people died there! They are fed up and are not being careful, treating the old people like objects, not like human although it is a private senior house! She fed some seniors; she risked her life to help knowing that she was going in a red zone where she helped with seniors who tested positive for the virus. She left before the end of her shift because she could not handle what she saw... **we then had our zoom meeting at 10:30, we are 4 volunteer and we went to the conference room together with our boss. We had applied to a cold zone. The meeting started and 5 min in, the person says: " you are going to be working with kids who have been tested positive for the virus or with kids who are being tested and are still waiting for the results..." there was a huge silence in the room... are we going to be working directly with Covid patients? Are we being reassigned to a red zone? We had sooooo many questions. It is a hose with five rooms and can only handle 5 children. We work one to one with the children from 0 to 5. We are working in a risky zone... the unit haven't open yet but it is ready to accept the kids at any time.** The nurse was talking and making sure we understand that everything is under control and that we have all the protective gears.... **I am ready for this?** We should bring extra clothes, preferably scrubs and crocs and change when we arrive, take a shower after we finish and put our clean clothes before we leave. We should also have extra shoes. We will be served lunch and we can leave our scrubs and they will take care of the laundry. The meeting lasted an hour and a half. **After that we had a 30 min**

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conversation with our boss who was also in denial that we are being reassigned to a red zone. She was also in shock. the staff will not be tested before starting work, they will be tested and will have the priority to being tested only if they show symptoms. We had to choose between three schedules, from 7am to 3pm, or from 3pm till 11pm or from 11pm till 7am. I Chose the morning shift although I was thinking about getting the night shift because we will have less contact with the kid since he should be asleep at that time of the day. We left the conference room at 12:30 and went straight to the RA room, our colleagues were waiting to hear what we have been told. They were also in chock... what is happening. One my friends said ": I don't usually pray but I will be praying for you guys...". We had to go see the house at 3:45. The house is located at Cavendish Blvd, a 25min trip by car from the center. We should be leaving at 3:00pm. My three friends who were with me in the meeting decided to take their break and go to Walmart get their scrubs. I did not go with them. I want to be sure I will be going first. My aunt passed at 8:30 am and brought me some food, I got them from her car and didn't even get close to her because I am leaving the house and don't want to infect her, in case I was sick.... The symptoms show 14 days after you get infected, but you can still transmit the virus. We also realised that in our center, they removed all the toys from the classrooms and put them in the gym as mentioned the other day, but now they are painting the classrooms and cleaning them, they also installed beds and posters about how to move patients and stuff... I took pictures. It is so scary to see tis transformation! I sat down with my friend while making material and discussed about so many unknowns...

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I went with my friend to the house to check it out, it belongs to the CIUSSS. I got a picture of the certificate. The house was very clean and all the rooms were really well prepared for kids to come in (crib, changing table, a small night light that changes colors, a rocking chair, a baby monitor and a camera in each room). There is also a lot of clothes and toys to this age group. They made us wear masks and we were wearing gloves... I got extremely hot wearing the mask. I felt very uncomfortable. Other than that, everyone was so nice and ready to work. We do not have any kids now, but we are on hold and ready as soon as they call. They taught us how to use the masks, clothes, and gloves, how to wear and remove them and everything during the zoom meeting earlier that day. The tour lasted about 30 min and we left and went back home. I took the bus to the metro then the blue line all the way to st-micheal (the metro was busy). I also took the bus there to go home because I was cold, and it was very windy. I messaged my mom about everything because she asked me and I told her and asked her not to worry, we are well prepared, and I am already risking getting sick by taking public transport. When I arrived home at around 5:00, I changed (I always put all my clothes in the laundry, never were anything twice) and played some piano because it relaxes me. I also got my glasses and sketched. It was a very busy day! I had diner, called to check in on my cousin who was starting summer courses tomorrow, I miss her so much, we spoke for about 30min and went to bed afterwards.

16/04/2020

Today was not as busy, I did not have work and woke up at 9:00am. I prepared my breakfast (goat cheese sandwich with veggies) and my morning coffee. I also was so happy to see my pants growing. At 10:00, I called my parents and spoke to them for 10 min before having to hang



My day started chaotic! I woke up at 8:30am on my phone ringing so loudly... I did not even recognise my ringtone as it is a new phone. It was work... they told me they will need me to work and help in Grace Dart beginning Sunday. It is a 40min trip from my house. Not very far in relation to other places. I said yes. They want me to work evening shifts from 3:30 till 11:30. It is Ramadan and I will be fasting, but I accepted. I will go and help, I know how much staff they are lacking! They gave me next week's schedule and told me I need to have access to my espresso to be able to check my shifts. I still do not have access because I am still considered new and they also made a mistake spelling my name, so it is complicated. I do not know my hours yet! He told me I will be working in CA1 on Sunday and CA2 all the other days (I have no idea what that even means). I hang up the phone and called my aunt who lives in l'île Perrot to check on her. We spoke about so many things and I told her I will be working in l'île perrot tomorrow. She was not happy and told me I will never be able to arrive there using public transport. It is true it will be difficult since it's the weekend and there is no access to buses and train as usual. So, after I hang up with her, I decided to call the HR and tell them I will not be able to work on Saturday because of the transportation. I was shocked when the guy in the HR got pissed at me because I accepted to work in two different places! I told him I am not... you assigned me to work! That is your job... Anyway, it was a huge relief I was not going to be working at RAC Perrot and find a way to come back at 11:30pm. I also got another call from HR asking me if I can start working today at Grace Dart. It was a shock but also, I accepted to go help. She started asking me where I prefer to work, in which section... CA2, CA3 or CA1? I had no idea and told her it is my first day I do not know what you are talking about. She hangs up and asked me to wait, called back to tell me I will be working in the CA2 section. It was already late, so I had to dress and prepare my bag. Another pair of clothes and shoes that I will be able to wash with soap. I made a small sandwich and took my water bottle so I can eat at 8. I left the house at 2:15, walked to the bus station and took the bus number 141 to Jean Talon Viau. From there, I waited for another bus, the 136 to take me to station Viau. From there I took the 34 to arrive to my destination on time. I arrived and had to access from the main door because all other doors are lock. I ran the doorbell and a guy opened me the door. I told him I was sent to help so he gave me a mask and told me to go to the second floor. I took the elevator with the sweetest person, she put a code to work the elevator and asked me what I was doing? She told me I cannot access the floors without changing my clothes. She told me to go back down and that she needed to leave at this floor. She did not give me the code to the elevator. So, I got stuck. I had to leave the elevator and ask for the code to go back down. I went back down, really lost of where I should go and what I should do. So, I started asking for help. I asked a couple of guys I saw in scrubs and though they can help me. They told me it was their first day too, and they are in the army. They got sent from Quebec to help. I finally found a nice woman, asked her if she works here and told her I was reassigned to help. She took me to a room full of lockers and asked me if I had a lock. I told her no, no one told me I should bring a lock! I had to keep my things in an opened locker... I grabbed scrubs my size and she told me to follow her for a small orientation. The orientation went well. I then had to change. When I finished changing, I got a sticker for a free lunch and my visor to put on my head to cover my face. I then went up to the second floor where I will be helping today, the CA2. I got dressed up in the yellow gown and put gloves on. The unit is a yellow zone. I was asked to help a sweet PAB. It was a shock to see how bad the stage of the patients is. They are very fragile and old. It was sad to see them like this. But it is what it is. I helped with feeding them, it was very hard because some of them do not accept to open their mouth and do not cooperate. I also got my hand grabbed by a patient! She is very tuff for her

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age! I got scared when a patient started coughing when I gave him his food. I thought he is suffocating. I also got assigned to change put new bedsheets on three beds as well as tidying the patient's closet. There belongings are all in bags because they washed everything to prevent the virus and the staff did not have time to put everything back in the closets. After that I was the one suffocating under all this protective gear! I had to take a brake to breath! At around 7:20, I too a break and removed my mask. I could go get my food from my bag downstairs although they told me it is prohibited to leave your unit until you finish your shift. I did not know. I had to go get something to eat and drink. I was sweating! I removed all my gear and went down. When I got back up to my floor, I had to put all the gear all over again. At 8:00pm, it was time to shower and prepare the patients for bed. I helped with that too. I just do not which that to anyone... Oh I forgot to say that two guys escaped their rooms using their wheelchair. We are three people for almost 13 patients. The nurse was alone with 13 patients before me and a guy in the army joined her today. At 9:00 pm I was exhausted. We sat down, had a cup of coffee while the seniors were sleeping. At around 10:00, it was a huge shock to see a senior who can barely move sitting on his wheelchair that is almost 3m away! We do not know how he was able to move out of bed and sit in it. He was also putting on his shoes to leave. He was sitting on his other shoes; it is a big change for him because they had to change his usual room and transfer him with three other guys due to the corona virus. At 10:30, we ad to change and clean our last patient and put her to bed. From 10:30 till 11:15 it was total silence in the corridor leading to the rooms. The nurse came around that time also, gave the patients their medicines and shots, and before we leave at 11:30, we did a tour on all the rooms to check on the patients one last time. We left at 11:30, we removed our gloves first, then washed our hands, then our gown, then our visor (we clean it before putting it in a clean ziplock because it has our name on it and we use it every day). After than, we removed our gown very gently and put it to wash and left the unit in our scrubs. We went down and had to change into our clean clothes. Throw the mask and wash our hands, out tags, my glasses and my phone before we leave. It was almost 11:45 when I left, I took two buses, both were full! I guess everyone who leaves at 11:30 take these buses. I then walked 10 min home. I arrived at around 12:30am. The first thing I did is shower, I also put my shoes in the shower and cleaned it with soap (soap kills the virus). After I was done showering, I went to eat, I was starving... my roommate came and asked me if it's possible not to go to work, she was worried for her health. I do not blame her really. I told her I cannot and that I am willing to help. And tried to tell her that we are protected and have all the gears and asked her to to come close to me. I will be locking myself in my bedroom and leaving just to eat and use the bathroom. I went to bed at 1:30. I was exhausted! I am not working tomorrow. I forgot to mention that I emailed my Professor because would not be able to attend our meeting on Monday.

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2/05/2020

un known

I woke up again on my phone ringing at 9:00am! It was the HR. they want me to work today again but in the CH2 unit. I also do not know what that means or what zone it is! The HR person was so annoying, and I hated how she talked to me. We are helping as much as possible; she should at least be nice when speaking to us. I will just say she might be having a bad day. I also received an email from Batshaw, putting my name for this week to work from 7:30 till 3:30. I sent them an email apologising and telling them HR called me to help with the CHSLD and that

## Appendix B: Coding Sample for Theme: Identity

I went out to get food to store. But I ended up buying a new bedsheets and little things to decorate my room for spring. I did the laundry, cleaned the room, and changed my bedsheets. <b>March 13<sup>th</sup> 2020</b>
I came back home and cooked my lunch for the next day. I also had a cup of tea. <b>March 25<sup>th</sup> 2020</b>
After a long day at work, I had my dinner, peanut butter flavor cereals and milk. <b>March 31<sup>st</sup> 2020</b>
I woke up and made myself a coffee then called my parents at 10:30am. <b>April 20<sup>th</sup> 2020</b>
I am barely speaking English these days; everything is in French. <b>May 9<sup>th</sup> 2020</b>
I woke up and watered my plants, prepared my lunch box, and went to work. <b>June 13<sup>th</sup> 2020</b>
I called my parents and spent most of my morning following the news and looking at my friends posts on social media after the 4 <sup>th</sup> of August explosion. <b>August 6<sup>th</sup> 2020</b>
I watched Netflix and felt lazy all morning. I didn't even cook and put a ready-made pizza in the oven. <b>September 1<sup>st</sup> 2020</b>
After doing the laundry, I wanted to relax. I also have been studying a lot the last couple of days, so I watched Netflix and painted on procreate. <b>September 13<sup>th</sup> 2020</b>



**Appendix C: Coding Sample for Theme: Education and experience**

	<p>I am lying in bed trying to read the articles I need to finish for a class. <b>March 15<sup>th</sup> 2020</b></p>
	<p>Today I wanted to learn something new! I decided to follow a YouTube tutorial on how to do flower embroidery. <b>March 28<sup>th</sup> 2020</b></p>
	<p>I woke up today and decided to study. I spent my time on my computer trying to focus and read. <b>April 18<sup>th</sup> 2020</b></p>
	<p>They taught us how to use masks, gowns, and gloves. How to wear them and everything during the zoom meeting earlier that day. <b>April 15<sup>th</sup> 2020</b></p>
	<p>I connected with a person on Linguado to practice my Spanish. I was writing in french for her to practice and she was replying in Spanish. It is a great way to practice a language. <b>April 23<sup>rd</sup> 2020.</b></p>
	<p>I wanted to study; I want to finish 1000 words for my proposal today! <b>May 10<sup>th</sup> 2020</b></p>
	<p>I remembered I have my Spanish bescherelle that I got a couple of days ago, I tried to study a little. <b>August 23<sup>rd</sup> 2020</b></p>
	<p>I had a bit of TA work to do. <b>September 10<sup>th</sup> 2020</b></p>
	<p>I spent my day finishing my proposal. <b>September 12<sup>th</sup> 2020</b></p>

**Appendix D: Coding Sample for Theme: Adaptability and flexibility**

	At work they brought us Timbits for breakfast. <b>April 4<sup>th</sup> 2020</b>
	I was very happy to find my friend and co-worker in the bus, we decided to pass by McDonald before going to work. <b>April 7<sup>th</sup> 2020</b>
	After the meeting, I called my parents. I love checking on them whenever I can. <b>April 13<sup>th</sup> 2020</b>
	I told my mom not to worry, we are well prepared, and I am already risking getting sick by taking public transport. <b>April 15<sup>th</sup> 2020</b>
	My aunt called me and told me she will pass by and bring me some food she cooked. I was very happy!! It was so nice to see her even if it was for a few seconds. We kept our distance... <b>May 7<sup>th</sup> 2020</b>
	I picked three onions and some radishes from my garden to give them to my aunt because she will be passing by to give me a Lebanese dish that she cooked that I love! (مربى اللبنة) (Mrabba Al Laban). <b>June 17<sup>th</sup> 2020</b>
	It's Father's Day! I feel a bit homesick not spending this Father's Day with my dad, but I am also very excited for today because it's my cousin's wedding ☺ <b>June 21<sup>st</sup> 2020</b>
	Covid, work, patient's dying, my thesis, what's happening in Lebanon, the explosion and many more... I have lost my energy! I wrote and wrote to release, to empty my thoughts. I am tired, cannot sleep. I called my parents and we spoke. Went to bed at 2:00am. <b>August 11<sup>th</sup> 2020</b>
	I miss my friends... I texted my friend at 3:00am his time and he replied! He could feel I was unwell. He called. I felt better hearing his voice, I am so nostalgic! I am looking at flights to Lebanon. Maybe... <b>September 5 2020</b>

**Appendix E: Coding Sample for Theme: COVID-19 pandemic**

	<p>We had two conferences to keep us updated about what's happening with the COVID-19 virus, the situation is getting worse every day. <b>March 26<sup>th</sup> 2020</b></p>
	<p>The metro comes every 10 min now due to the virus. They are few people waiting with me, around 20 I would say. <b>April 14<sup>th</sup> 2020</b></p>
	<p>The symptoms show 14 days after you get infected, but you still can transmit the virus. <b>April 15<sup>th</sup> 2020</b></p>
	<p>We will be working at the "centre d'hebergement". We will have a group that will guide us on what we need to do, and we will have PAB and nurses around to help us. <b>April 20<sup>th</sup> 2020</b></p>
	<p>While waiting for my bus, I realised that there was a poster that the COVID-19 mobile clinic will be at St-Michael area on May 5 and 6 2020. <b>May 6<sup>th</sup> 2020</b></p>
	<p>When I went up to my assigned floor, I was so happy to see that eight patients are being transferred to another floor because they are healed. They tested negative twice. But I was also sad for the other patients who are still fighting. <b>May 11<sup>th</sup> 2020</b></p>
	<p>They created different entrances and exits to diminish the contamination rate. <b>May 12<sup>th</sup> 2020</b></p>
	<p>A very exciting thing happened today at work... they told us that the center and our unit is now a green zone, and we will not be wearing gowns anymore... only visors, masks, and gloves! <b>June 26<sup>th</sup> 2020</b></p>
	<p>I received my OPUS card. It came with a face mask and a note "face mask covering mandatory on public transport". <b>August 26<sup>th</sup> 2020</b></p>

## Appendix F: Coding Sample for Theme: Art education

Sketching is essential for me to keep my memoir, a journal diary to document my day. <b>March 13<sup>th</sup> 2020</b>
I got threads because I decided to learn how to do embroidery. <b>March 22<sup>nd</sup> 2020</b>
I was ready to watch my friend's first live on YouTube. It was great, we learned how to draw a ketchup bottle and a glass. <b>April 26<sup>th</sup> 2020</b>
Before going to bed I sketched my day. <b>April 30<sup>th</sup> 2020</b>
I was very happy to play the piano for a couple of minutes. <b>May 9<sup>th</sup> 2020</b>
I prepared my lunch box, I put my sketchbook and watercolor in it so I can try to sketch during my break. <b>May 12<sup>th</sup> 2020</b>
I watered my plants before I left to work. <b>June 13<sup>th</sup> 2020</b>
I drew a representation of myself with a mask, visor, and scrub on, holding a bouquet of the COVID-19 virus. <b>August 24<sup>th</sup> 2020</b>
We sat down and sketched while watching a movie. <b>September 14<sup>th</sup> 2020</b>

# Mettre l'Équipement

① **Hygiène des mains/ Hand hygiene**

② Mettre la **blouse**  
Put on **gown**



③ Mettre un **masque**  
Put on **mask**



④ Mettre la **visière**  
Put on **face shield**



⑤ Mettre les **gants**  
Put on **gloves**



⑥ Assurer de **couvrir les poignets**  
de la blouse avec les **gants**  
Ensure gown's **wrists** are **inside** gloves

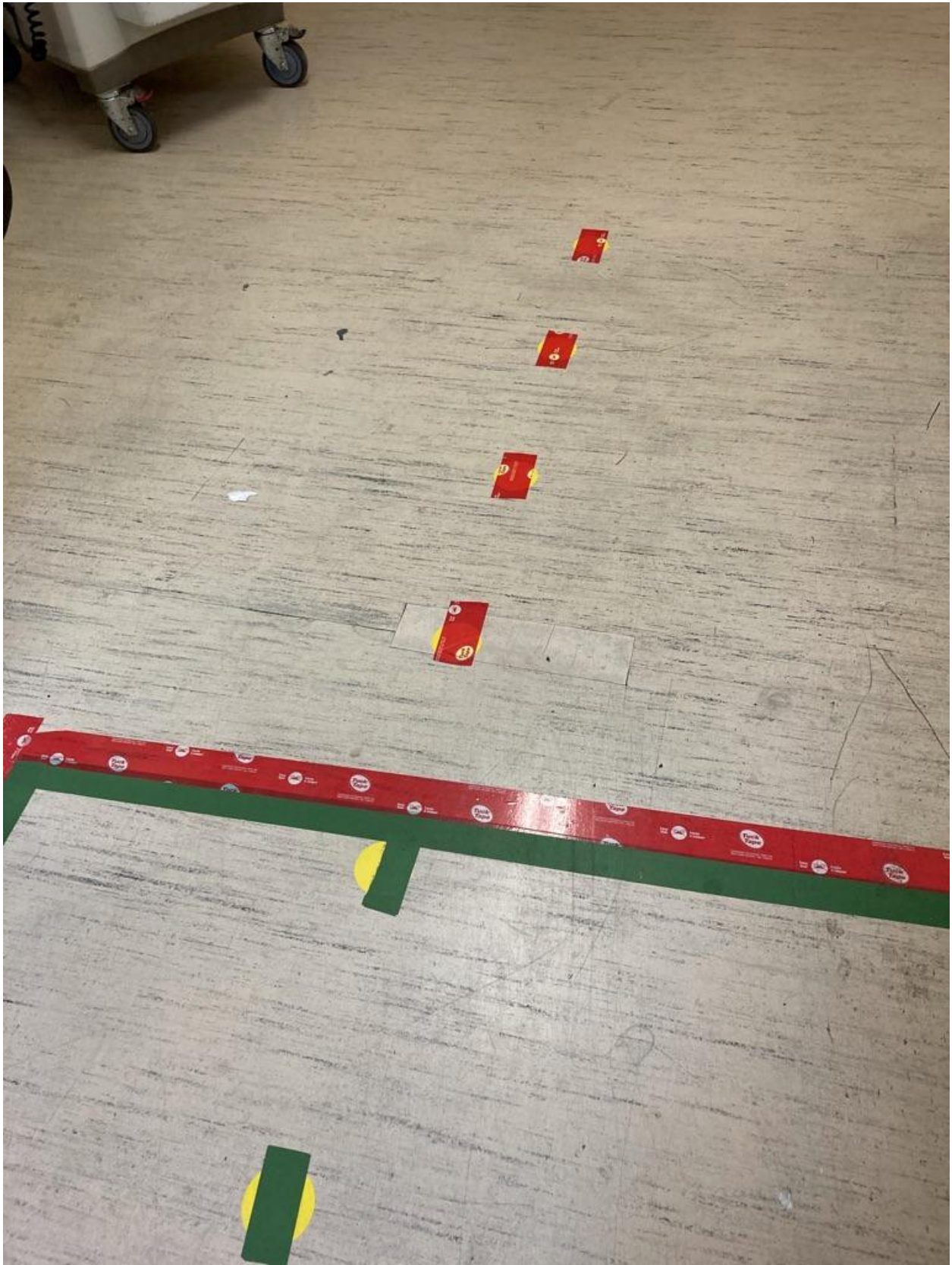
Centre intégré  
universitaire de santé  
et de services sociaux  
du Centre-ouest  
de l'île de Montréal  
Québec











## CORONAVIRUS Instructions for Pre-triage at the CHSLD entrances

Ask: "Do you have a **cough** and/or **fever**?"

NO

*Ask the visitors:*

✓ Have you travelled outside of the province of  
Québec in the last 2 weeks?

OR

✓ Have you been in contact with a person  
suspected or confirmed of having the **COVID-  
19**?

OR

✓ Have you been in close contact with a person  
with a serious respiratory illness who has  
travelled outside Quebec?

YES

To at least 1  
question

YES

*Ask the visitor to leave the premises  
If they have any questions, refer them to 1-877-644-4545*







Fondation  
**GRACE DART**  
Foundation

# loisirs - Recreational Activities

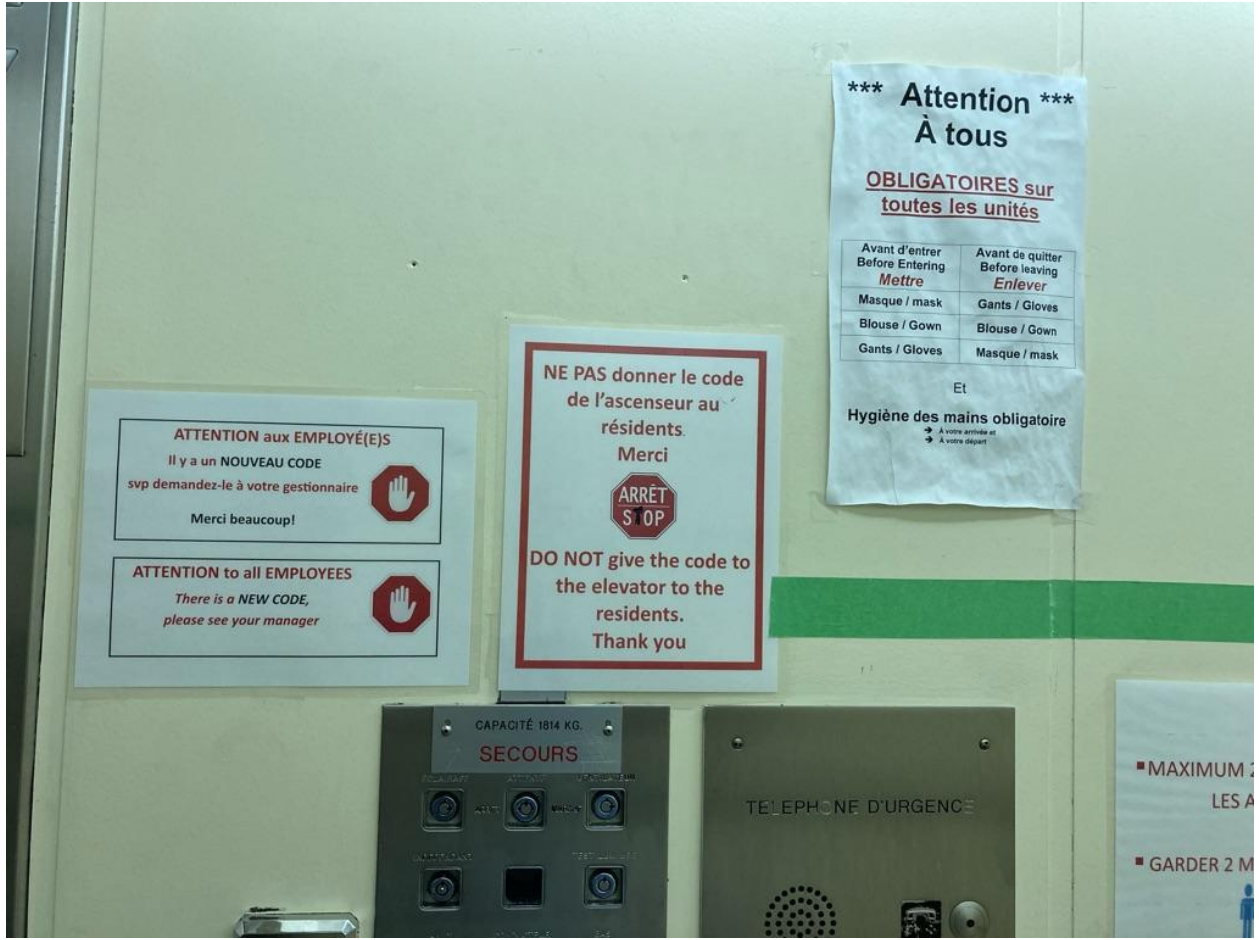
ZONE VERTE



AUCUNE BLOUSE · AUCUNE VISIÈRE · AUCUN GANT  
NO GOWNS · NO SHIELD · NO GLOVES







**ATTENTION aux EMPLOYÉ(E)S**  
 Il y a un **NOUVEAU CODE**  
 svp demandez-le à votre gestionnaire  
 Merci beaucoup!

**ATTENTION to all EMPLOYEES**  
 There is a **NEW CODE**,  
 please see your manager

**NE PAS donner le code de l'ascenseur aux résidents. Merci**

**ARRET STOP**

**DO NOT give the code to the elevator to the residents. Thank you**

**\*\*\* Attention \*\*\***  
**À tous**

**OBLIGATOIRES sur toutes les unités**

Avant d'entrer Before Entering <i>Mettre</i>	Avant de quitter Before leaving <i>Enlever</i>
Masque / mask	Gants / Gloves
Blouse / Gown	Blouse / Gown
Gants / Gloves	Masque / mask

Et  
 Hygiène des mains obligatoire  
 → À votre arrivée et  
 → À votre départ

CAPACITÉ 1814 KG.

**SECOURS**

CALL/HELP    ASSIST    EMERGENCY

CALL/HELP    TEST    TEST

TELEPHONE D'URGENCE

■ MAXIMUM 2  
 LES A

■ GARDER 2 M