QUALITATIVE RESEARCH IN PHARMACY EDUCATION

Overview and Prospect of Autoethnography in Pharmacy Education and Practice

Djenane Ramalho-de-Oliveira, PhD

Universidade Federal de Minas Gerais, Belo Horizonte, Minas Gerais, Brazil

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Objective. To provide an overview of autoethnography as a valuable qualitative methodology in the human and health sciences and to endorse its use to answer meaningful research questions in pharmacy education and assist with the preparation of person-centered pharmacists.

Findings. Today, pharmacists must participate in the health care system as care providers rather than simply drug dispensers. The call for change, which began with the evolution of clinical pharmacy and continued with the introduction of pharmaceutical care practice in the 1990s, is still proving to be dramatic for the profession. Thus, new problems are surfacing demanding new types of research questions and new ways of answering them. Autoethnography is a qualitative methodology that combines the principles of ethnography and autobiography in a way that highlights researchers' reflexivity and subjectivity. The paper describes autoethnography, its diverse forms (eg, evocative or analytical), the process of producing it, and associated standards of high-quality work. It presents autoethnographies carried out in health care research as well as in pharmacy, pointing to the usefulness of this methodology to produce meaningful investigations that can enrich the preparation of future pharmacists and advance the profession.

Summary. Autoethnography is gaining recognition in many disciplines in health care. Even though it is still incipient in pharmacy, autoethnography can expand pharmacy students' and pharmacists' consciousness regarding their own situation and open the possibility for pursuing research that might enhance the lives of others and themselves.

Keywords: autoethnography, qualitative research, pharmacy practice, pharmacy education, pharmaceutical care

INTRODUCTION

Pharmacy has established its main goal to be to positively affect the process of medication use on a patient-specific basis and in a humanistic manner.^{1,2} The concepts of clinical pharmacy, pharmaceutical care practice, and more recently, the provision of medication therapy management and comprehensive medication management services turned out to be part of the most widespread discourses within the profession so that patient care can be delivered in any practice setting using the same process and following specific standards of practice.⁴⁻⁹ These standards define pharmacists' moral purpose, value system, responsibilities towards the patient, and a pool of procedures they must use to intervene in patients' pharmacotherapy and lives.^{3,4,8,10} As a result, presently, pharmacists understand they have a unique

responsibility for addressing the medication-related needs of patients in a person-centered way and should be held accountable for optimizing the use of medications, through the identification, prevention, and resolution of drug-related problems, in collaboration with the health care team.^{3,8-12}

In this context, in order to meet these new levels of expectation, pharmacists have to establish therapeutic relationships and communicate effectively with patients and families, work collaboratively with other providers, and engage in shared decision-making that is supported not only by evidence-based medicine but also by the patient's experiences.¹²⁻¹⁷ Thus, pharmacists are being called to participate in the health care system as patient care providers instead of just drug dispensers.

Presently, this call for change is still proving to be puzzling to the profession in many respects. First, a dispensing pharmacist is very different from a patient care provider. Clinical practice generates deliberations and experiences that must be reflected upon by the profession at large.¹²⁻¹⁴ Second, there is an imperative need to

Corresponding Author: Djenane Ramalho-de-Oliveira, Center for Pharmaceutical Care Studies [Centro de Estudos em Atenção Farmacêutica] College of Pharmacy, Universidade Federal de Minas Gerais. Tel: +55-31-98329-0528. Email: djenane.oliveira@gmail.com.

adequately prepare this new kind of pharmacist to feel, think, and behave as a patient care provider. As a result, new curricula along with new methods of teaching become imperative.^{11,12,17-23} The preparation of a different pharmacist can be seen as a crucial step to change the profession.^{11,12} Finally, accompanied by these transformations, the types of research questions evolving are unique to the new environments where the pharmacy student, the educator, and the clinical pharmacist are practicing and learning.

Current events in the pharmacy profession seem to reflect what the historian Thomas Kuhn called “paradigm shifts” in the 1970s.²⁴ He posits that research practices change with the needs of the culture of the time. Sometimes old questions and more orthodox methods can prove unsatisfactory to resolve emergent problems. This can initiate an atmosphere of change in a discipline that will open new possibilities for dialogue, practices, and investigation.²⁴ With the rise of the new culture of patient-centered care within the profession of pharmacy, the social sciences and qualitative inquiry have gained more prominence within the discipline in the last couple of decades.²⁵⁻³⁰ That was the case as caring became a crucial concept in the theoretical underpinnings of the profession, and the patient, who is the beneficiary of the pharmacist’s work, is currently perceived as an individual who has a voice, an active member of a culture, and one who interprets his/her own experiences.¹⁴⁻¹⁸ Thus, qualitative methods are now recognized as valuable within the profession of pharmacy as they can lead to the production of meaningful knowledge that moves its members closer to accomplishing their mission of taking responsibility for medication-related outcomes.²⁶

Within the realm of qualitative inquiry, various methodologies fall into a paradigmatic continuum that goes from post-positivism, to social constructionism, to critical science, up to postmodernism.³¹ Autoethnography is one of these methodologies that fits different spots in this continuum, depending on the type of approach employed.^{32,33}

The objective of this study was to provide an overview of autoethnography as a qualitative methodology used in the human and health sciences. It is also the intent of this work to construct an argument to endorse the use of autoethnography to answer meaningful research questions within the profession and to assist with the preparation of the new pharmacist: one that is reflexive, critical, relational and person-centered.

FINDINGS

Autoethnography: What Is It?

There has been an explosion of publications on autoethnography in the last decade or so, which have affected various academic disciplines, including those in

health care.³⁴ However, this methodology is still very new to the health professions in general and to pharmacy in particular. Autoethnography is a qualitative methodology that uses personal and contextually bounded narratives as a mirror of a particular culture.³³⁻³⁸ *Auto* means self; *ethno* means culture; *graphy* means writing or describing.³⁵ As a qualitative methodology, autoethnography applies methods to understand the intricacies of the social world where we live and the ways we think and act in our daily lives. In qualitative inquiry, researchers immerse themselves in the natural environment where the phenomenon of study happens and get very close to the people that experience this phenomenon so that it can be seen through the participants’ eyes.^{26,31,39}

Autoethnography combines the principles of ethnography and autobiography in a way that highlights researchers’ reflexivity and subjectivity.³⁶ Ethnography is the study of people and their culture. Ethnographers do a “thick description” of a culture to promote understanding of the patterns of experiences inside that culture.³⁸ While ethnography has a bigger focus outward, on others, autoethnography uses the inward experiences of the researcher as a window to apprehend and interrogate the larger culture.^{33,38} Autobiography is an esthetic and engaging self-written narrative about one’s life that emphasizes the main epiphanies one experiences.³⁸

Historically, many ethnographers incorporated their own experiences and reflexivity into their studies. Anderson³³ and Chang⁴¹ provide a historical account of several examples of ethnographies in which the experience of the researcher was included. The intensity that others and self appear in the text varies in different ethnographic studies. For instance, the anthropologist Robert Murphy carried out an ethnography of his experiences with a tumor of the spinal cord and its progression into quadriplegia.⁴² According to Anderson,⁴¹ in this “illness ethnography,” Murphy seeks to understand his illness by connecting his own experiences with broader theoretical issues.

Autoethnography is a form of ethnography in which the author makes him- or herself the object of study in order to understand a cultural experience.³⁷ The resulting studies are first-person accounts that can not only inform readers about an experience, a process, or a situation, but also capture their attention and feelings as the researcher’s experiences resonate with their own. Autoethnography is not only about the knowledge that becomes known by the reader but also about what and how it makes them feel.³³⁻³⁶

The goal of autoethnography is to connect the personal with the social. For Chang, it is “a qualitative method that uses a researcher’s autobiographical experiences as

primary data to analyze and interpret the sociocultural meanings of such experiences.”³³ Autoethnographers contextualize their own personal experiences and those of others within the sociocultural context to reveal their meanings. They compare those experiences and scrutinize them against what is already published in the literature. Therefore, autoethnography also includes others than the researcher so that the social and cultural can be understood from the perspective of a group of individuals with similar experiences.^{33,36,38}

Ellis and Bochner define autoethnography as “an autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural.”³² These scholars highlight that the researcher moves his or her gaze multiple times inward and outward, back and forth, towards the personal and cultural aspects of his personal experiences. Differently from Chang,^{33,34} Bochner and Ellis endorse a style of autoethnographic writing that is evocative, emotive, intimate, and vulnerable. They “seek to make people care, feel, empathize and do something on behalf of social justice.”³⁸

As a qualitative methodology, autoethnography presents several advantages. First, the researcher has access to information about his own private experience that might not be available to other people. This information could be hidden, missing, or silenced, and may be worth retrieving. Because the researcher’s experiences might be analogous to others’ experiences, revealing this information can be empowering to individuals that have difficulty articulating their own experiences. Second, autoethnography involves a process of reflexivity that is expected to expand the researcher’s consciousness and learnings, and ultimately, promote personal change. Third, the exploration and description of personal experiences usually implicates other individuals demonstrating that self and others are usually intertwined as members of cultural groups.^{33-35,37}

Some state that autoethnography is part of the “narrative turn” in the social sciences or the “crisis of representation” in the 1980s, a period when philosophers and social scientists started questioning the fixed boundaries between social sciences and the humanities.^{38,43,44} They proposed a greater focus on the utility of narratives instead of on their objectivity.⁴³ Researchers were clamoring for new ways to approach research problems, suggesting that the results of the research process needed to be more useful and promote real change.³⁸ In addition, new opportunities were opened for innovation and more experimental ways of conducting research, and the meaning of experiences and human subjectivity started gaining more prominence.⁴⁵ As uttered by Bochner and

Ellis, what they wished when they started proposing “experimental forms of narrating personal experiences” was to position researchers as regular people living in the real world who go through similar existential and moral questions as non-researchers.³⁸ These autoethnographers remind us that the research agenda of investigators is often shaped by their own personal experiences and major emotional epiphanies. Thus, these experiences should be systematically dissected, analyzed, and reflected upon with the goal to assist others in better understanding their own experiences and practices.³⁸

Arthur Bochner invites those of us in academia to reflect on our own selves and on our own experiences as researchers and professors struggling to find a balance between our private and professional lives.⁴⁶ He talks about the “divided self” in that the researcher is often separated between the demands of objectivity and a value-neutral attitude towards science, and a search for a meaningful and ethical life. He believes that researchers should bring the idea that science is a moral discourse to the forefront of their work.⁴⁶⁻⁴⁸

Types of Autoethnography

There are many forms of autoethnographic work, and they differ according to how much emphasis is put on the study of the researcher’s self, of others, the interaction between self and other, the culture, the type of analysis, the context of the interview, the type of relationships between researcher and participants, and the writing style.^{32,38} Many labels have been used to refer to autoethnographies in social science research, such as indigenous ethnography, interpretive biography, performative autoethnography, confessional tales, reflexive ethnography, collaborative autobiography, personal narratives, self-narratives, and several others.^{32,33,38} However, the focus here is on two common forms of autoethnographies, namely, evocative and analytic, that have both gained recognition in the literature, but that have important epistemological differences.

Ellis and Bochner are major representatives of evocative autoethnography, which they define as an orientation to research with a major focus on evocative writing, concrete action, emotionality, embodiment, and self-consciousness.^{32,38} Their goal is to move ethnography away from detached reason and analysis. They propose a form of autoethnography that uses literary artfulness and invites the reader to feel deeply that the experience is true because of the story’s rich details. As a result, the story is capable of moving the reader to action. It is the goal to evoke emotional resonance with the reader. They position autoethnography between science and art in that it combines social science and literature, the

systematic description of ethnography with the creative elements of storytelling. Evocative autoethnography is placed within the narrative turn as it challenges meta-narratives and the ideals of generalizable theories. It questions the canonical ways of doing research and representing others.³²⁻³⁸ For this reason, Anderson states that this genre of autoethnography shares “postmodern sensibilities.”⁴¹

Anderson⁴¹ and Chang^{33,34} represent the analytic form of autoethnography. This falls under the foundation of symbolic interactionism. Anderson proposes five key features of analytic autoethnography. The first feature is that the researcher is a full member and participant in the social world under study. Besides being a member, the autoethnographer must also record events and conversations, and analyze this information. The second feature is analytic reflexivity. Reflexivity refers to the researcher’s awareness that he or she influences and is influenced by the research situation and by other participants. The third feature is that the researcher is highly visible in the written text. The researcher’s own experiences and feelings are incorporated into the story and considered as data to understand the social world. However, the researcher should be careful not to be too self-absorbed and lose sight of the other individuals participating in the phenomenon being studied. The fourth feature is the inclusion of other informants beyond the self through interviews and other data. The fifth feature is the commitment to an analytic agenda. This means to use empirical data to gain insight into broader social phenomena. The researcher’s personal experience has to be analyzed and interpreted in terms of its social meaning, with the goal to develop, expand, or refine theory.⁴¹

The most striking differences between the evocative and the analytic form of autoethnography are their commitments to theorizing and the form of the final written text. The texts of evocative autoethnography are usually more literary and imaginative, and can have many different formats (performative, poetry, short stories, etc.). On the other hand, analytic texts are more theoretically bounded and look more like traditional qualitative research texts. However, evocative autoethnographies might have a robust theoretical angle and analytical autoethnographies can be very expressive and dialogic. Both forms have a place in health care research as it is discussed below.³⁸

The Process of Conducting Autoethnography

In autoethnography, the researcher can use different sources of data to conduct the study. The researcher goes through numerous cycles of writings to produce narratives and analysis to articulate her experiences with

broader cultural patterns. In autoethnography, the research question, or the phenomenon under study, is very familiar to the researcher, who is capable of interpreting and analyzing the data and producing knowledge that is insightful and profound.^{33,34,36}

Personal memory is the most important source of data in autoethnography. Chang suggests that the researcher creates an autobiographical timeline with events or experiences in the order in which they happened or registers the sequence of his routines.³³ This can involve a specific period of time that can be focused on a certain theme or the whole span of life. One can document seasonal, weekly, or daily routines, which usually connect with the happenings of the broader society. As the researcher describes her routines, the context in which these routines take place should also be portrayed. Systematic self-observation is conducted through recording the researcher’s behaviors, thoughts, and emotions as they occur in their natural context. Introspection, self-analysis, and self-evaluation are registered in a field journal.^{33,34}

Besides all the internal sources of data, collecting external data is also important in autoethnography. Different types of interviews can be conducted to provide contextual information to endorse, complement, or discard the researcher’s personal data. Documents, photographs, videos, drawings, and the literature can also be utilized.^{32,36} All information has to be organized, labeled, and classified to facilitate analysis. In qualitative research, data analysis starts with data collection and with the beginning of writing. Data should be read and listened to multiple times, and memos should be kept to register the researcher’s impressions, noticeable patterns, and emerging themes. The researcher should search for recurring themes, recognize cultural themes, identify exceptional occurrences, connect the present with the past, recognize relationships between self and others, compare cases, compare findings with ideas and constructs from the social sciences, and connect with theories. The central concept in autoethnography is to explain how the researcher’s personal experiences are culturally meaningful and how his or her experiences can be compared with those of others.³³

Writing the autoethnography is the final step in producing this work and involves a constructive interpretive process. Based on typologies of ethnographic writing, Chang proposes four different styles of autoethnographic writing: descriptive-realistic, confessional-emotive, analytical-interpretive, and imaginative-creative.³³ The identification of these different styles does not mean that autoethnographies must fall under one of these categories. Writers have to find their own styles and write in a manner that synchronizes with the discoveries of their work.

Ellis and Bochner emphasize writing as a methodology. These authors claim, along with Richardson, that social science reading is frequently dry, unappealing, and full of incomprehensible jargon.^{38,49} They criticize that writing is usually neglected in the education of future social scientists, even though that is what is expected from them. They suggest that social scientists write as human beings usually do. They say, "Our challenge is to artfully arrange life in ways that enable readers to enter into dialogue with our lives as well as with their understanding of their own."³⁸

These researchers highlight that autoethnographers should see themselves as storytellers. Thus, they need to ask what a good storyteller is. They also advise students to read stories, to read literature, and to interrogate how the writer shapes the story and for whom it is being shaped. Evocative autoethnography wants to touch the reader emotionally so he or she can connect personally to the stories being told. Bocher and Ellis call for vulnerable writing that involves openness in an attempt to form a personal connection with the audience.³⁸ However, as emphasized by the anthropologist Ruth Behar, "Vulnerability doesn't mean that anything personal goes. The exposure of the self who is also a spectator has to take us somewhere we couldn't otherwise get to. It has to be essential to the argument, not a decorative flourish, not exposure for its own sake."⁵⁰

Quality, Rigor, and Ethics in Autoethnography

Chang proposes five standards for judging the quality of autoethnography in health research. The first one, authentic and trustworthy data, relates to collecting authentic and trustworthy data from self and others. This can be reached by using several data sources besides personal memory, such as self-observation, reflective journaling, self-analysis, document and artifact analysis, and interviews with others. All these sources should be disclosed in the final written text. The second standard, having an accountable research process, speaks to the researcher's self-reflexivity and transparency about the process of doing the research. She reasons that the health researcher should make sure she or he clearly describes all the processes used to arrive at the results of the study.³⁴

The third standard, ethics toward others and self, deals with ethical approaches to protect self and others in autoethnography. Even though the researcher's personal experience is the focal point of autoethnography, researchers should be very careful about protecting the rights of other people implicated in the research. The experiences of self and others are usually entangled so that, as the researcher constructs his or her own story, there is the risk of infringing on the privacy of others.³⁴

Thus, in autoethnography, as it is in any kind of qualitative methodology, the other people implicated in the study should be consulted and asked to give their informed consent. Also, Tolich emphasizes that the consent should be acquired before data collection and not sought retrospectively.⁵¹ Ellis and colleagues also highlight the importance of considering "relational concerns," meaning that the researcher has to acknowledge other people in the study and protect their privacy. They talk about using protecting devices to guarantee anonymity, stressing that sometimes it is more important to preserve the meaning of the story than to present its details accurately.³⁷

Another important ethical issue that must be considered by autoethnographers is the impact that their published work might have on their own lives in terms of having their personal stories exposed.^{34,36,51} Ellis underlines that the manner the researcher sees his or her own experience might change overtime, however, that will not change what the researcher wrote and published some time ago.³⁶

The fourth standard, sociocultural analysis and interpretation, relates to the requirement that the study goes beyond the personal experience of the researcher to provide a sociocultural interpretation of the experience. Chang^{33,34} as well as other social scientists^{41,51} are very critical of autoethnographies that focus solely on the autoethnographer's experiences. Their point of view is that it is the responsibility of social scientists to provide a critical analysis of the data that involves the discussion with what is already published in the literature and theorizing.

From the perspective of proponents of evocative autoethnographers, however,^{35-38,52} the analytical process that involves abstraction and a pursuit of order can eclipse the ambiguity, frustration, emotionality, and embodiment associated with certain experiences. These scholars are more concerned with "resonance," or how readers respond to the story. For them, a valid autoethnography is one that is believable and that enables the reader to enter the subjective world of the researcher.^{38,52} For Ellis, the story should help readers to communicate with people different from themselves or offer a way to improve the lives of participants and readers or the life of the author.³⁷ Evocative autoethnographers are more interested in the utility of the story for the reader rather than how it connects to theories.^{37,48} In a manuscript written in response to an autoethnography by sociologist Rose Weitz,⁵³ who writes about "her brother-in-law's dreadful accident," Ellis and Bochner criticize the neutral and distanced voice of medical science used by the author.⁵⁴ For them, the author should have shared what she felt rather than what she saw; she could have provided more

specific details so that the reader would feel invited into the story. Regarding this story, they state “By removing us from the events, she adheres to the social science convention of distancing readers from the experience, rather than inviting us into it.”⁵⁴ Also, they continue “. . . should she [Rose Weitz] have constructed her goal not as historical truth but as narrative truth⁵⁵—a pragmatic truth concerned with the significance and meaning of the experience—the usefulness of her work would rest on the consequences the story has in and for the lives of others rather than its capacity to mirror the events that took place.”⁵⁴

The fifth standard, scholarly contribution, invites researchers to make their studies significant and transferable to the wider community of researchers. At this point, Chang once again stresses the importance of connecting the experience of the researcher to the literature and to the broader research community. She condemns other genres of autoethnographies criticizing the “simply personally compelling stories that do not connect with other published works. . . .”³⁴

Alternatively, for scholars that promote evocative autoethnography, one should judge autoethnography by its emotional credibility, the richness of details, and its ability to connect with the reader. Also, a good autoethnography can help people coping with their life situations or offer some empathy to people who might have similar experiences. A respectable autoethnography shows the contradictions, ambivalence, and difficulties of the self. It must tell stories that open up possibilities.^{32,38}

Thus, the representatives of both genres of autoethnographies presented here, ie, the analytic and the evocative, feel very strongly and have robust theoretical-based discourses about their own approaches to autoethnography. They are both convincing in that a researcher considering using this methodology does not need to decide upfront between one or another form, but rather consider both as different approaches that can “talk” to each other and “live” with their differences. As stated by Bochner, in his beautifully written response to critiques of narratives: “Our goal should not be to dominate those who choose a different path but to figure out how to live and work in harmony with each other, regardless of our diverse desires.”⁴⁸

Autoethnography in Health Care and Pharmacy

The involvement and the exposure of the self in the autoethnographic work can take health care researchers to places that other methodologies might not take them. Autoethnographies of patients’ experiences or “illness autoethnographies” are becoming recurrent in the literature.⁵⁶⁻⁶⁰ Learning about illness experiences from the

stories told and written by the people that live through them every day can provide broader and more profound understanding.

In an autoethnography of her experiences with kidney failure, transplantation, and recovery, Richards raises important questions about the traditional ways of researching people’s illness experiences.⁵⁹ For her, the stories of illness we most often hear are told by a distant expert. She talks about being “othered” by society, being an object of study, and being talked/written about by a health professional/researcher. She critiques certain narratives, suggesting that by being written, they might normalize and control abnormal lives, ie, the lives of people who live with disabilities or illnesses. She underscores that one way for people suffering from chronic illnesses or disabilities to become visible and to resist objectification is by writing about themselves. For this author, autoethnographic writing furthered her self-awareness, assisted with repairing her damaged identity, and allowed her to connect a personal history to the sociocultural environment.⁵⁹

Richards sees the autoethnographic illness narrative falling into three main categories: testimony, emancipatory, and destabilized narrative. Testimony is autobiographical and gives the writer the opportunity of being heard and understood. Emancipatory makes the context more evident, connecting the experience of the researcher with the broader context. It breaks the silence of the writer. Destabilized narrative deals with the disruptive effects of illness. The disruption usually will be healed through recovery or by the attribution of meaning to the events associated with the illness.⁵⁹

In another powerful autoethnographic work, a professor reflects on her experiences with medical encounters and tests as she goes through diagnostic procedures until she is diagnosed with inflammatory bowel disease. She critiques the objectification of the body by medicine and by medicines. She interprets and reinterprets her identity as doctors attempt to find and give her “a name” or a diagnosis. From her point of view, autoethnography was a way for her to reclaim her identity that seemed to have been erased by her encounters with the health care system.⁶⁰

The potential of autoethnography in health care research goes beyond understanding patients’ experiences. It has been introduced to research in health care education. Autoethnography as a process of self-reflection and self-analysis can be valuable to assist with the development of certain values and professionalism in practitioners and students of health care professions.⁵⁹⁻⁶² The process of autoethnographic writing was implemented in a program of residency training in family medicine in

which a group of physicians wrote narratives about their experiences with challenging clinical encounters and shared these experiences in group sessions. Some of the benefits of this project to the physicians were increased self-awareness, decreased feelings of isolation, improvement of interactions between physicians and patients, development of interprofessional relationships, enhancement of professionalism, and exposure to new social science methodology.⁶⁵

Farrel and colleagues propose that this methodology can be a tool for clinician-educators who want to explore their own teaching. It allows for the investigation of teaching practices, of innovative teaching methods, and relationships between teacher and learner. Also, the experiences of teachers and students can be unveiled.⁶⁴ In another study, a medical student presents his autoethnographic account of his participation in an interprofessional education placement within a Canadian academic hospital.⁶⁶ This work highlights how the autoethnographic writing furthered the student's learning process, her critical thinking, and her appreciation for the roles of other health professionals. For instance, the student's reflections during the clerkship raised important questions about power and hierarchy between health professionals, which she noted while collaborating with students from other professions.⁶⁶

Autoethnography is also used and advocated in the disciplines of occupational therapy and nursing.^{61,62} By writing stories about their experiences with patients and sharing in groups, occupational therapy students gain tools to become reflective practitioners.⁶² Moreover, the methodology enhances self-transformation and allows professionals' voices to be heard. Nurses highlight that by telling their own stories of illness experiences, they can give their readers an opportunity to connect with them, to feel what they feel, and to reach an audience that might not have access to traditional research.^{61,63}

In the profession of pharmacy, the benefits of reflective practices have been acknowledged as it fosters self-awareness, openness to differences, collaboration with other professionals, and life-long learning.^{11,12,14,67,68} As it was carried out by Foster with medical residents,⁶⁵ autoethnographic writing can be employed through exercises for pharmacy students and novice pharmacists as they start caring for patients. In an elective class that has been taught for over 15 years (Introduction to Pharmaceutical Care Practice), pharmacy students write narratives about their first encounters with patients as they talk to them about their experiences of living with chronic illnesses and of taking medications chronically. In their reflective writings, students are able to recognize their unpreparedness to listen to each other, their difficulties with appreciating the

knowledge of the patient, their uneasiness with making decisions that can have real life consequences, and their sense of fulfilment as they realize they can make a difference in someone else's life. Even though these practices have not been called autoethnographic writing, but reflective narratives, the writing process has been crucial to improve critical thinking and professionalism in pharmacy students in this specific class.¹² In another class taught at the pharmacy graduate level (Creative and Evocative Writing in Qualitative Research), students and I write about our experiences in the world and in the world of pharmacy, as teachers, learners, and researchers, and share our writings with one another in class. Writing and sharing our texts has been a therapeutic process for all of us and a powerful way to develop closeness among the group members as well as openness to differences, empathy, professionalism, and writing skills. In the context of this class, graduate students and teacher meet as human beings who have different values, expectations, experiences, and struggles in daily life.

Within pharmacy, we have carried out work that falls under both forms of autoethnography writing. The work of Silva and colleagues is an evocative autoethnography.⁶⁹ The study tells the story of a pharmacist who decides to change her professional practice to take care of patients. Using strategies of arts-based research, excerpts from field journals, long-term self-reflection, collaborative reflection, and interviews, an interactive fictional monologue was constructed discussing the pharmacist's process of transformation. It was the authors' intention to write in an evocative manner so that the reader could be pulled into the text and feel what the pharmacist was feeling as she was going through a major change. The text is looking for resonance with the reader, and for opening the conversation with pharmacists and pharmacy educators about the meanings associated with changing pharmacists to a patient-centered practitioner. Furthermore, this work reveals how the process of doing autoethnography, which involves deep self-reflection, self-analysis, and comparison between self and others, can lead to self-understanding and personal/professional transformation.⁶⁹

On a more analytical vein, an autoethnography was carried out to understand the contributions of an experiential education program to the development of pharmacy students' clinical competencies for the delivery of comprehensive medication management services. This study used several data sources, self-reflection, participant observation, interviews, focus groups, and documents to comprehend the learning experiences of students and tutors. It was written in a more traditional format and explicitly connects the participants' experiences with the broad literature on experiential learning and pharmaceutical care practice.²³

In her master's dissertation, da Silva developed an autoethnography to understand, from multiple perspectives, the process of implementation of comprehensive medication management services in the primary care setting of a large city in Brazil through a partnership between the university and the public health care system. Her work uncovers the complexities of implementing a new pharmacy clinical service in the health care system when pharmacists are still uneasy to commit to standards of practice and a uniform professional philosophy. The author's voice is very present in this dissertation, even though it was written in a more conventional format.¹

Ramalho-de-Oliveira and Alves wrote a duoethnographic narrative to reflect on the nature and features of the patient's medication experience.¹⁸ Through a creative dialogue, the authors discuss the development of the medication experience's concept within pharmacy and the critical role it should play in pharmacists' clinical practice. They revealed their own personal medical experience to highlight the complexity of patients' feelings about taking medications chronically.¹⁸

DISCUSSION

The use of autoethnography is still embryonic in pharmacy. Nonetheless, in the new world of pharmacy that values the pharmacist as a human being, their experiences and their ways of relating to others, autoethnography has great potential to help us move ahead faster. The patient-centered component of pharmacy practice asks for a professional who is more reflective, self-aware, and attuned to the lived experiences of other people. The new pharmacist practitioner has to build therapeutic relationships with patients, value their subjectivities, and tolerate their uncertainties. The pharmacist has to move back and forth between hard and soft science, ie, between the knowledge of mechanisms of action and the meanings patients ascribe to their medications in daily life. The pharmacist provider also has to collaborate and share responsibility with other providers.^{3,4,11,12,13}

Autoethnography can assist pharmacy students and pharmacists in making the necessary change to focus on the human experience.^{69,70} Also, autoethnography can help legitimize the experiences of pharmacy students, pharmacy teachers, and pharmacy residents as they initiate their process of change.^{18,69} The transformation demanded from students and pharmacists to assume patient care responsibilities is immense, and autoethnographic writing can open new spaces for their voices to be heard.^{62,65} The stories told by pharmacy students and pharmacists through autoethnographic writing can also encourage conversations between colleagues, which can improve

dialogue and reflection about the directions of the profession and the education of new pharmacists.^{18,23,69}

As illustrated by several aforementioned projects conducted inside and outside of pharmacy, autoethnography can play a key role in the preparation of future professionals and in the process of learning in practice. This methodological approach might unveil the values that are present in the "hidden curriculum" of pharmacy schools, or the norms and emotions that guide what people really do instead of what they say they do. Also, autoethnography can be introduced to pharmacy students and graduate students at any stage of the curriculum as individuals always have stories to tell and challenges they need to reflect upon and convey. Pharmacy educators can start by introducing students to examples of autoethnographic research and discussing them. After that, each member of the group can write a narrative and read it aloud to one another during face-to-face meetings. Students can write about their unique experiences of learning, their encounters with patients, or about their own illness and medication experiences. In my experience, creating these safe spaces for pharmacy students to express their inside world can enhance their self-awareness, their ability to communicate and empathize with others, and their affinity for writing.

Autoethnography can accelerate the reflective process as novice pharmacists take care of their first patients, as they learn about the boundaries of their responsibilities, and as they start cooperating with other members of the health care team. Mirroring the work conducted with occupational therapy students,⁶² pharmacists and pharmacy students can be asked to think about the following research questions in their autoethnographic writing: How does a pharmacist define the limits between personal and professional lives? How does a pharmacist learn to deal with losses that patients and their families experience? How does adversity in a pharmacist's life influence empathy and understanding of clients?

Another interesting utility of autoethnography is that by writing on personal experience, research can be more accessible to a wider audience than just the academic world.^{46,48,49} For example, lay people could access embodied, emotional stories about the experiences of living with certain illness or taking certain medications that are relevant to their experience. Thus, these stories might reverberate with patients and help them feel acknowledged and heard.

SUMMARY

The use of alternative modes of inquiry such as autoethnography in health care, including in pharmacy, allows for new questions to be raised and more humane

treatments to be developed. Even though autoethnography is still new to pharmacy, the experience of other disciplines and our own experience suggest that this genre of research can be employed in education, practice, and research as a catalyst for change. This can be a decisive move for a profession that is still looking for creative ways to embrace the mission it defined in the early nineties.

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