

# THE ROLE OF BIOGRAPHICAL RESOURCES IN SHAPING COPING STRATEGIES OF POLISH DOCTORS IN THE PANDEMIC CRISIS

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# INTRODUCTION

Research context:

- “COV-WORK: Socio-economic consciousness, work experiences and coping strategies of Poles in the context of the post-pandemic crisis” which focuses on the consequences of the COVID-19 pandemic to the world of work
- “Residents in Crises. Biographical Dimension of Becoming Physician in the Polish Healthcare System” (NCN Miniatura)

**Main goal: to focus on coping strategies of medical doctors as one of the essential groups in sustaining social reproduction (Mezzadri, 2022) in time of polycrisis (Tooze, 2021) and the link between the coping strategies and biographical resources (Liebermann, 2012, Lalak 2015)**

# METHODOLOGICAL NOTE

2 collections:

COV-WORK collection: 90 BNIs, 4 branches: healthcare, social care, education, logistics (7 BNIs with doctors)

Residents project collection: 12 BNIs with residents

Biographical Narrative Interview (Schütze 1983, 2012)

Additional source of material: 2 Focus Group Interviews conducted with medical

doctors in 2022

All together 19 BNIs with medical doctors (2021-2023) including:

- 15 BNIs with residents
- 11 men and 8 women
- Working during the pandemic crisis (in COVID-19 designated wards)

Combination of two research projects but BNIs done in the same way

# THEORETICAL FRAMEWORK

**Macro context:** the term of polycrisis (Tooze, 2021) – interlinked crises of 2020-2024 (COVID-19 pandemic, increase cost of life, war in Ukraine) and chronic crisis of public services (including healthcare)

**Mezzo context:** workplace crisis (material, organizational, power-related)

**Micro context:** biographical resources and its importance in fostering of coping strategies with polycrisis (macrolevel) and organizational crisis (mezzolevel) analyzing in particular biographies of essential workers (essentiality in reproduction of social life during the crisis (Mezzadri, 2022))

# ESSENTIAL WORKERS RESPONSES

Biographical resources (Lalak 2015, Liebermann 2012),

Biographical dimensions – „ the typical interpretive and communicative attitudes (frameworks, directions) adopted by narrators towards the experience of crisis [originally: “war and occupation experiences”] (Piotrowski 1996):

- Social Ties (privatised/communitarian)
- Agency (proactive/reactive)

# TYPOLOGY OF COPING STRATEGIES

Agency

Biographical dimensions	<div> <div>Privatised</div> <div> <div>Social Ties</div> <div>←→</div> </div> <div>Communitarian</div> </div>	
<div> <div>Reactive</div> <div>↑↓</div> <div>Proactive</div> </div>	Survival	Relational
	Resourcefull	Solidaristic

# TYPOLOGY OF COPING STRATEGIES OF DOCTORS

Agency

Biographical dimensions	Social Ties	
	Privatised	Communitarian
<div>Reactive</div> <div>↕</div> <div>Proactive</div>	Survival	Relational (1 case)
	Resourcefull (17 cases)	Solidaristic (1 case)

# RESULTS

The professional career of a doctor supports the development of privatised life strategies:

- Becoming medical doctor as dominant biographical action scheme

Tensions between residents and older doctors:

- Residents are more aware and verbally support solidaristic actions (including residents protests thaty occurred in prepandemic time)

Biographical resources (material position, position in power relations, integrated career pattern) combined with organizational opportunity structures play important role in maintaining precrisis life strategies – tendency toward normalization rather than resilience (individual or collective)



# WHAT'S THE POINT?

Being medical doctor as a classic field of sociological reflection – interesting revisit in context of popularity of new phenomena in sociology of work (platform work, digitalization of work, precarisation of work)

The theoretical status of the concept of biographical resources as an analytical term

Is there any space for another type of social capital: biographical capital?