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Chapter XI

TRANSFORMATION AND THE BIOGRAPHICAL EXPERIENCES OF HEALTHCARE WORKERS

Introduction

In the chapter, I focus on one of the mechanisms which drives the transformation process. I am interested in the introduction of the elements of market logic and its impact on the biographical experience of Poles. For obvious reasons, such a definition of the text's aim requires greater clarification and embedding both in the context of the current struggle with the subject of marketization and reference to the main assumptions of the book. At the same time, due to the limited amount of material (although the collection of 90 autobiographical narrative interviews is a major set of data), I decided to focus on one characteristic social group – the healthcare workers. This choice is supported by an assumption that among other public services healthcare system plays an extremely responsible role in maintaining social life. Moreover, looking at the year 2020 and the struggle with the coronavirus pandemic, an analysis of the biographical experience of healthcare workers seems to be expected and important. It is from their perspective that I undertake the topic of analyzing marketization processes affecting the sector of the economy in which they pursue their careers.

The introduction of market logic to Polish social reality after 1989 can be analyzed in terms of various aspects, from economic, legal, cultural and even to social issues. For obvious reasons, the latter are in the center of my interest, although the reader will find the most extensive analyses in economic literature (Kołodko 2000, Kaliński 2009, Olesiński 2000, Jarosz, Kozarzewski 2002, Dobroczyńska, Juchniewicz, Snopek 2000). These types of analyses focus on issues which we could consider as a reflection from the macro level, conducted with a specific direction of scientific view, which in turn can be described as the use of a top-down perspective. Analyzing marketization is inherently associated with the description and assessment of the transformation processes. Here, it is particularly worth paying attention to the texts of Tadeusz Kowalik (2009) critically referring to the chosen direction of reforms.

From a sociological perspective, a review of the literature on transformation can be found in Part 1. Supplementing the list there, one should recall the work of Jacek Tittenbrun (1992; 1995; 2007a–d) analyzing, among others, the issue of privatization from the position of historical materialism. In turn, in the field of reflection which could be described as the sociology of biography, it is worth emphasizing that the topic of marketization has not yet been analyzed. However, in some cases, marketization can be considered as one of the elements forming the social background for the phenomena described (Mrozowicki 2011, Waniek 2016, Biały 2015, Biały, Haratyk 2018). However, this was only one of the several elements creating a broader perspective in which the authors dealt with various problems embedded in biographical material. In this chapter, what is in the center of my interest are the threads related to marketization.

In the analytical part of this chapter, I focus on several cases of biographical interviews, which are a reference point for reflection on the described phenomenon and its social consequences. The context created by the fact that, for maintaining the coherence of argument, all the key interviews were conducted with the representatives of medical professions is of vital importance here. Thanks to access to the narrations of both doctors and technical employees, I can follow how the process of gradual subordination of the public health sector to the logic of market rules impact, in both the positive and negative way, on the biographical experience of the interlocutors. The bottom-up perspective used here makes it possible not only to analyze how the macro-level is reflected at the micro-level. It is also possible to reconstruct particular life strategies of individuals which translate (or not) into the use of the emerging opportunity structures. These, in turn, are at least partly related to the process of marketization intensifying in the sphere of the narrators' professional experience.

Before proceeding to the analysis of the empirical material, I would like to devote some space to a reflection on what the concept of marketization means in the Polish cultural and social context. The meaning of this term is primarily associated with the privatization processes, which was one of the pillars of the transformation of Polish socio-economic reality after 1989. However, these two mechanisms are not the same. I understand the first as a broader phenomenon related to the introduction of the market logic into various processes, one of which includes the privatization processes. This, in turn, is a key element in the transformation of the Polish economy after 1989 and refers primarily to the activities of the Polish governments concentrating part of the economic policy around the implementation of the plan to privatize public property. The significance of this activity is growing especially when we consider the fact that the Polish People's Republic period regarding the public and private relations was the time of dominance of the public ones:

> […] the deepest changes in ownership took place in the first decade of the People's Poland, which was particularly reflected in the nationalization of industry and the nationalization of trade, transport, and banking, reaching the peak of regular employment and monopolization of the Polish economy in the 1970s. Its organizational concentration of production and trade was favorable, with further limitation of small-scale production and craftsmanship (Kaliński 2010: 325).

At its peak (1979), the employment structure between the public and private sectors was 72% to 28%, and despite the increase in the number of employees in the private part by the end of the 1980s, the Polish society was entering another decade – crucial from the point of view of the change – working mainly in various types of public plants and enterprises.

The beginning of the political, economic, and social changes in 1989 systematically altered the principles of functioning of both institutions and individuals in the field of the economy. The emergence of a much larger role of the private sector as a party in economic relations (while in the PPR the system limited private economic activity, it did not completely eliminate it (see, among others: Knyt, Wancerz-Gluza 2006) was, on the one hand, an expected process, on the other, it was associated with changes which radically changed the working conditions. The starting point, being in the center of free-market changes, was the beginning of the Balcerowicz Plan in 1990, followed by consistent privatization of state property in the subsequent years. On the one hand, this allowed the Polish economy to quickly move to the capitalist system, on the other, it was associated with dramatic social costs (primarily the collapse of many state-owned enterprises unprepared and unprotected by the state when entering an unregulated market and the associated dramatic rise in unemployment – to almost 15% in 1995).

One of the sectors of the economy which was completely dominated by public entities in 1989 was healthcare. We can look at the processes related to the transformation of this part of the public service and its adaptation to the requirements of functioning within the capitalist system from the legal regulations perspective. In 1993, a regulation was introduced enabling the transfer of funds outside the public healthcare system to a private entity providing medical service. In 1995, independent health clinics were created. On top of that, in 1997, the system of financing the Polish healthcare changed. Previously, financial resources were provided directly from the state budget. The government of Włodzimierz Cimoszewicz led to the adoption of the law introducing universal health insurance, which meant that from that moment the scale of financing was linked to the mandatory contributions paid by taxpayers. However, what turned out to be crucial were the changes related to the so-called health care reform, one of the four great reforms introduced during the government of Jerzy Buzek (1997–2001), involving the creation of health insurance funds. The aim of introducing this type

of organizational unit was to adjust the healthcare system to the requirements of the capitalist economy. The assumed goals were not achieved, inter alia, due to changes on the Polish political scene. After the takeover of power in 2001 by the Democratic Left Alliance, the government of Leszek Miller abolished the health insurance funds and established the National Health Fund, which is still functioning today. The state of the Polish healthcare has become the subject of various types of analyses, from which it is worth recalling, among others, the report of the Supreme Audit Office from 2019. In this report the opinion on the organization of the system, the quality of treatment, and, among other things, the state of the staff was critical, to say the least.[1]

Researchers dealing with the transformation of the public sphere after 1989 in Poland refer to the concept of New Public Management (Zawadzki 2002) as a source for new operating logics: flexibility and restructuring, which were to ensure the success of public enterprises understood as increasing efficiency, reducing costs, and a client-oriented approach (Kubisa 2016, Kozek 2011). From the perspective of healthcare professionals, the changes described were associated with the implementation of solutions that deregulated labor relations, reduced employment and increased outlays on those who remained (Kozek, Radzka 2011). Bad working conditions over the last three decades have been repeatedly protested (Kubisa 2014) (e.g., nurses protested in 2016, and in the following text refers to the protest of young doctors in 2017).

After 30 years of change, we can see that the Polish health service suffers from various problems and contradictions. On the one hand, access to free health care is a right consequently guaranteed by the constitution. Still, the stratification between what is offered in the private and public part of the medical sector is becoming clearer. Poles are increasingly paying more on additionally health insurance in large medical networks such as LuxMed or Enel-Med[2]. Paradoxically, the scale of this phenomenon is so large that the private sector is also becoming inefficient. Moreover, its treatment options still do not match what the public sector can offer – in extreme cases, patients still go to public hospitals. It is not profitable for private institutions to treat the most severe cases – these generate the highest costs. Added to this is emergency treatment, when again public institutions are specialized on the one hand (they have, among others, the appropriate infrastructure and staff), on the other, they are free, and in the event of a threat to life, they can perform complicated procedures practically immediately.

[1] https://www.nik.gov.pl/plik/id,20223,vp,22913.pdf

[2] Within the three years from 2015 to 2018, the number of people paying extra for health insurance (in addition to the public health insurance premium) increased from 1.4 million to 2.6 million (https://subiektywnieofinansach.pl/juz-26-mln-polakow-placi-z-wlasnej-kieszeni-za-dostep-do-lekarzy-co-dalej-prywatne-leczenie-tez-zaczyna-pekac-w-szwach/).

This short description summarizing the most important events from the transformation process of the Polish healthcare is only intended to outline the institutional background for the issues discussed later in the text. However, what is most important from the perspective of the issues discussed in it is related to the effect which all these changes had on the whole system – they slowly and irrevocably introduced elements of the market logic directly and indirectly transforming both the legal and institutional environment, as well as everyday working conditions of thousands of people. Thus, biographical accounts from medical personnel included in the analysis gain additional value. From the perspective of research using autobiographical narrative interviews, it seems particularly important that in all the cases cited, the issue of work in healthcare plays a key role in understanding the life histories described in them.

Empirical cases

The collection of interviews contains biographical accounts of people working in various positions in health care (from doctors to technical staff), and one of the key threads in their narrations is professional experience. For them, one of the most important phenomena was, on the one hand, the processes of marketizing the health service related to the introduction of new organizational ways (e.g., outsourcing of tasks outside institutions such as hospitals). On the other, focusing on the emergence of new forms of employment (the introduction of the so-called contracts which changed the relationship between the employee and the employer, but also affected the relationship between the employees themselves). Finally, it should be emphasized that one of the most important threads related to the marketization of health care, and at the same time focused on the employee experience is the opportunity to work in private institutions, which is of particular importance for analyzing the medical narrations.

Interviews with doctors Hanna (1981), Dobrochna (1988), nurse Adam (1974), and medical technician Ada (1965) were selected for analysis. The last two work in one hospital. There is no mentioning of each other in their interviews. The first two narrations about the biographical experiences of young female doctors in the sphere of professional career concentrate on entering the profession and the first period in which both interlocutors learn not only what is related to the treatment itself, but above all, what relates to the rules of the professional social world which they enter and where they see their future. Adam and Ada's accounts are the contrast set for the first history. First of all, in the professional sphere, these are interviews with employees who are not doctors. Adam, a nurse, occupies a place in the middle of the social structure of the hospital in which he works. Ada, in turn, is a representative of a group of administrative and technical employees. In her case, the best job description will

be a medical technician, that is, the person responsible for the basic tasks which need to be performed with the patient (including personal hygiene). What is more, Adam and Ada have a different place in the general social structure in relation to Hanna. They are older, have their own families, children, they live in a small town as opposed to the doctor who comes from and works in a big city. This difference in perspectives clearly reflects on the overall interpretation of interviews, but is also crucial for analyzing the professional sphere. Adam and Ada are connected with the only large public institution operating in their town. Moreover, the hospital is the most important employer, which translates into the fact that starting work in it is, on the one hand, a kind of professional success in securing a career (especially when you are not a doctor and are vulnerable to unemployment). On the other, the long working time (especially in the case of Ada) allows the interlocutors to present various types of theoretical comments and arguments related to the working conditions and changes taking place in recent years or decades. The case of Hanna is somewhat different in this context and is a good example of the challenges faced by a young professional who is yet to work out a strategy for adapting to difficult working conditions (burden of work, financial pressure, uncertainty associated with the need to take further professional exams).

It should also be added that this chapter, like several other parts of the book, is not a classic case study in which each case is analyzed comprehensively. This is somewhat different from the method of analyzing the autobiographical narrative interview of Fritz Schütze, in which the goal is to interpret the entire narration in the spirit of *Gestalt*. However, what I consider to be the main task in this chapter is an analysis focusing on the description of the relationship between the marketization mechanisms of certain elements which make up the healthcare system and the biographical experience of the narrators. For this reason, it should also be added that in all four cases we can observe how the institutional changes leave their mark on the social reality in which the interlocutors function. Thanks to the juxtaposition of different perspectives presented by Hanna, Dobrochna, Adam, and Ada, we can see how certain parts of the system are being modernized and thus create previously non-existing opportunity structures (the cases of Adam and Ada). On the other hand, we can also observe how the culture of work found and institutionalized by the PPR system builds socio-cultural background for post-transformation health modernization processes leading to the creation of an extensive professional environment and exposing the individual to serious biographical costs (the case of Hanna). The stake in both situations is maintaining control over one's own biography and the most effective use of the emerging opportunity structures (not only in the sense of material profits).

The case of Hanna and Dobrochna

I will begin the empirical part with the interviews with Hanna (1981) and Dobrochna (1988). They are an interesting contrast-set built primarily around the tension arising from being at different points in their career. Hanna is much further in her career development compared to Dobrochna. Besides, unlike the younger interlocutor, she comes from a medical family, which translates into having a more critical approach to the profession she practices. What connects both narrators is the idealistic approach to the role of a doctor, for whom the objective is to maintain the ethos of work despite the dilemmas that both of them have to deal with. These, in turn, are related to various issues: Hanna is under the pressure of trajectory potentials associated with hard work and the need to combine it with studying for the specialization exam. Dobrochna, in turn, is in suspension regarding her professional career – she is on maternity leave. She maintains a high level of enthusiasm for the medical profession, although her narration contains tensions which are related to the uncertainty of what awaits her at further stages of her career development. I start the analysis with Hanna's case, which is richer in the topics of my interest, related to the transformation of healthcare. I supplement it with introducing Dobrochna's case.

The reader will find a detailed analysis of the first narration in Chapter X, where it constitutes the basis for reflection on the potential for disorder and suffering faced by young women entering the world of social art, medicine, and science. Not wanting to repeat the observations and conclusions, in my chapter I will focus on the thematic thread related to the problem of marketization, which is of my interest. I just want to emphasize that Katarzyna Waniek, who describes this case, notes that, among others, work is a source of serious risk of falling into a trajectory, generating extraordinary pressure associated with financial security and being overloaded with duties. Hanna is somewhat prepared to enter the destructive work system beyond her strength due to her cultural capital. Both of her parents are doctors, which gave her the chance to at least get to know the scale of the effort which needs to be put into this type of professional career. However, the opportunity structures which develop in connection with the changes in healthcare (in this case also allowing at least partial control of the trajectory potential) are much different for their daughter. Yet, this does not mean an easy way out of the situation for the narrator, who during the interview is before the specialization exam, which further intensifies her precarious professional and biographical situation.

One of the markers of uncertainty which can be found in Hanna's account and which can be associated with gaps in the employment system in healthcare is the issue of difficulties which the interlocutor encounters in the context of ensuring accounting liquidity at the early stages of work as a doctor:

> And this job of mine/ because I got into a specialization in internal medicine, the internal. I worked as a resident doctor, so I was paid not by the hospital, but by the Ministry of Health. This is the best hospital workforce because this is a doctor who works the hours and does not get money from the hospital for it, so hospitals like residents very much. Even now there are several different work systems, because […] Now, theoretically you cannot do such a duty as one did before. That you are on duty 24 hours, and then you stay at work like my parents did, for example, they had to earn, whether they wanted or not. However, we don't have this anymore. And I worked in a hospital, by the way, two blocks away. This was one of the reasons I chose this flat, to be near. […] As for me, I work either from 8 am to 3:35 pm, or you change into such a shift system, that is, such a 12-hour one. So duty hours last twelve hours. From 8 pm to 8 am, or from 8 am to 8 pm. However, when it comes to the issue of remuneration, it is less favorable, because I get remuneration/ I mean I got it, because it is also everything in the forms of the past, for working full time. So there are hours to be done depending on how long the month is. And this consists of Monday to Friday from 8 am to 3:35 pm. But, in the meantime, there are duty hours. Shifts can be either at weekends or during the week. And actually, if they are, for example, during the week, that is, let's assume the night from Monday to Tuesday, it is twelve night hours, but during that time I would make two seven hours thirty-five minutes, so, all in all, I am on duty, which totally destroys my two days and one night, but financially I don't even make full-time. Not only will I not get paid for the duty shift, but I will not get the full salary from the contract. So it was done this way that you could have six or seven such duty shifts per month, and you didn't get a penny for it, because you got the basic salary. Because it was arranged in such a way that it was just the normal working hours. Also in terms of some/ and as I say, the specialization lasts five years/ so five years of such work does not really give the opportunity to stand on one's own feet, such financial independence. Because the salary/ and of course, I had it better than they did in previous years/ but of course it is nothing. For example, I would not get a mortgage with such expenses, err, with such earnings. So, all the time during this period of secondary school, university, internship, I was dependent on my parents, which, however, is also such a stage which to some/ is a kind of psychological discomfort.

The first thing I would like to draw attention to is how the narrator describes time in relation to work. She scrupulously calculates – practically to the minute – how long the work lasted, what were the breaks between one shift and the other. We can assume that time is an essential resource and learning how to manage it is a key skill for young medical students. Additionally, the interlocutor emphasizes the choice of residency, which had to be close to the hospital, so as to reduce travel time. This is, of course, a need that we could consider more universal, but in connection with the gradually increasing workload, to which the narrator refers later in the interview, the issue of living close to the place of employment becomes a necessity. In the fragment quoted above, we can also

observe that the narrator refers to the example of parents who experienced a system which used free labor even more:

> N: Even now there are several different work systems, because […] Now, theoretically you cannot do such a duty as one did before. That you are on duty 24 hours, and then you stay at work like my parents did, for example, they had to earn, whether they wanted or not.

In a sense, we could assume that there was an improvement compared to the solutions applied before Hanna began her professional career. However, a second element appears which translates into building work-related tension – finances, which in the case of young doctors practically prevents independence. What is more, the negative effect associated with shortages of time and money is reinforced by the sense of exploitation, which in turn results from the functioning of unpaid 12-hour on-call night shifts. Hanna manages to survive the first period of work on the so-called residency. In the meantime, she undertakes additional work in the private health service, to improve her financial situation. She manages to take out a mortgage, buy a flat and move out from her parents. The crucial moment in Hanna's career history is the period in which she ends her residency and it turns out that she does not get a job offer in the hospital where she had been working at that time. What is more, the date of the specialization exam is approaching, which practically the entire career of the narrator depends on. In order to survive the period of unemployment, which she must devote to studying, Hanna decides to register as self-employed:

> N: So I know that the minimum period of preparation for this exam is three months. You can't work at all during these three months, because you just can't combine working and studying.
>
> I: Mm.
>
> N: Well, so I have to collect financial resources so that I can support myself for at least three months of studying. Plus, when you think about it later, there are three months of learning, plus this one exam, it's theoretical, it's a test. Then you wait, God knows how long before you take the practical exam. And then you know that you will not start working again the day after the exam because you have to find this work somehow. And you won't really think about it between the exams, especially since everything depends on the result of the exam. So it actually takes, well, four months to half a year. And accumulating such finances for so much time is not easy. Therefore, once I started this activity, I started working, so I had to get some jobs together. So once I became self-employed, I started working, I had to work in a few places. It was such a marathon that it was actually a bit on the edge of one's limits. Because per hour/ I think I was even counting for the first month, so I worked almost 500 hours in a month.

In the general understanding of the biographical interview with Hanna, starting self-employment is not a turning point. It is only an element of the biographical action plan which the narrator must introduce to ensure financial resources for the time she devotes to preparing for the proper professional rite of passage (specialization exam). From the perspective of the issues raised in the chapter, this is, however, an important moment closing the operation of an extensive institutional pattern of expectations. In my opinion, it can be interpreted as a mechanism to internalize the logic behind the extensive work system based, on the one hand, on deepening the normalization practices and routinizing tensions and pressure imposed on the individual. On the other hand, it is also a system supporting marketization mechanisms – a young doctor with family experience of work in healthcare (i.e., cultural, social, and financial capital) is unable to protect herself against the trajectory experience of losing control and submitting to the rigour of exhausting work (based, among others, on combining work in different places). This, in turn, is a non-alternative due to the "gaps" in public solutions of the relationship between the doctor and his employer (that is, in fact, the state). In other words, the state part of the system prepares a key workforce (doctors) from the point of view of its nominal priorities (free access to health care) to function in an institutionalized system of exploitation. On the other hand, it is also a simple way to lose this capacity in favor of other health systems (foreign and private). Not all doctors will be able, like Hanna, to give up on higher wages and a safer work environment for the possibility of professional development:

> N: And so I ended up studying medicine, I mean I do not regret it. I haven't really regretted it so far. And I say I have much better conditions than my parents have had until this day because they were starting from very difficult situations. One thing, that with such intensive work, which did not translate into earnings at all, I think that at the moment it translates more. And let's say there is more room for manoeuvre. I can choose that I want to work in a hospital, only for me, working in a hospital is connected with the fact that I will be worse off financially. Well, unless I work on a contract. On the other hand, working on a contract, that is, being self-employed has its advantages, it is in this respect, in the degree of earning money, there you can fight for certain things. Whether there or at this place you agree to such a wage or not and you are looking for a placement elsewhere. But, then I don't have the right to sick-leave. If I don't work, I don't have any earnings, I don't have, I don't have any holidays. Well, if I have a vacation, I just have no income. So these are things, something for something. Well, on the other hand, it is after all, as I say, work in the ward, well, this is something you would like to do, which somehow develops you more, but you just physically earn less. But, there is a choice, let's say. Of course, assuming that I can find such a job, but I'm speaking purely theoretically.

The quote above can be considered not only as a theoretical commentary regarding the possibility of choosing between working in a public or private institution. It is also an example of a regularly appearing contrast set in the entire collection of interviews in the project. The symbolic resource appearing as a reference to the experience of her parents in Hanna's case allows her to work through two issues. First, the narrator, by showing the experience of her mother and father, relates to herself and the researcher the change taking place in the institutions in which they worked and she works. On the other hand, it gives her a chance to reduce the tension resulting from her own difficult situation. The comparison functions here as part of the slogan: "It's not that bad because my parents had it worse." A key advantage of the changes which Hanna is experiencing is the opportunity to choose her own career path. It is this opportunity structure which was unavailable during the period of entering the labor market to her parents:

> N: It's probably one of those main things, and what is most important, nevertheless a bit better financial conditions. It is still not as it should be, but it is a little better than it used to be when they worked most of their life. Plus, still, that if you make such a decision about such intensive work, it is at your own request. However, it is no longer imposed from the top that you work what they worked. These 24-hour duty shifts, and then you worked for another day, you had to do your work until 3 pm or something, do your share of work there, and it was completely for free, so that is gone. And it is/ well, at least in most places it's gone. But, if this is already won that it is like this, so it's probably a plus.

The interview with Hanna begins the analytical part of the chapter. It is also intended to show the perspective of a health care professional who (at least in theory) plays a key role in achieving the main goal of this sector of public services. Using it as an example, we can see what role the introduction of market logic in the healthcare system plays in the transformation process. Of course, this is not a situation in which the narrator relates subsequent legal and institutional changes. However, based on her experience, we can verify what structural framework impacts individuals who are determined to enter the social world of Polish medicine. From a doctor's perspective, it is not about how patients are treated. Instead, they refer to formal, organizational, or broader institutional issues. These translate into biographical resources which individuals use in the course of their professional career. What is more, in the process of socialization to the social world of medicine, young adepts are "trained" on the effectiveness of time management and internalize the rules of the game. In the case of Hanna, we can only talk about the adaptation strategy, which we can describe as making use of the opportunities provided by the system, but apart from the interview we also know about the social protests

of resident doctors trying to force changes both in terms of their professional situation and influence the shape of government policy on health care.[3] At the time of the strike, Hanna was already after the specialization exam.

Referring to the issue of dilemmas faced by Hanna and Dobrochna, highlighted in the introduction to the empirical analysis, it is worth emphasizing that after passing the specialization exam, Hanna chose the path of a hospital doctor's career (full-time employment without being self-employed), which was associated with relatively lower remuneration.

Dobrochna's case is not only different from Hanna's life story when it comes to their career path stage. First of all, the main difference is the family issue – Dobrochna has a husband and a daughter, The young doctor clearly emphasizes that studying medicine was a biographical action plan internalized in childhood:

> N: Well, at university/, actually before the studies, because I have ALWAYS wanted to be a doctor since I can remember, it is in such books, children's albums that it is written, who do you want to be in the future – a doctor.
>
> I: Mmm.
>
> N: "Little Dobrochna wants to be a doctor" – my mother always wrote, and I don't know, I don't know why, because we in the family – in my family from my side – there are no doctors, no nurses, no one, but I think (laughs) I came across good doctors when I was little because I remember my childhood doctor and she, she was alright. Maybe that's why, I don't know. Or/ And I always wanted to help people in some way. In fact, it seems to be a little bit now […], maybe it hasn't changed, but now medicine is not just simply helping people, but this is a profession after all, and no one will be Dr. Quinn, as I wanted (laughs), although maybe my husband who works like a dog (laughing), but I remember that I have always wanted to be a doctor and I did everything to make it happen.

Of course, as time goes by and as she gains knowledge, not necessarily medical but about practising the medical profession, Dobrochna verifies her childhood idea about treatment as helping people. However, she still keeps the enthusiasm for the chosen life path. The crucial and formative experience leading her to undertaking medical studies Dobrochna recalls in the background construction:

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[3] The main wave of protests by resident doctors took place in 2017 and concerned mainly an increase in budget expenditures on health care to 6.8% and salary increases (a resident doctor earned PLN 2.1 to 2.4 thousand at that time): http://biqdata.wyborcza.pl/biqdata/7,159116,22639417,dlaczego-lekarze-protestuja-bo-system-jest-na-skraju.html; https://wyborcza.pl/7,75248,22453814,glodowka-rezydentow-mlodzi-lekarze-zaczynaja-dzis-swoj-protest.html; https://wyborcza.pl/7,75398,22585407,szef-porozumienia-rezydentow-konczymy-glodowke-ale-protest.html

N: Oh, but I told you why I wanted to become a doctor, because I was still in secondary school, just after the first grade, I was once looking for a place with a friend, to volunteer. And we were in the third grade of middle school, where I/ we were not of legal age, I don't even know if we were 16 then. I think so, but then, surprisingly, there was no interesting volunteering for secondary school students. She wanted more horses, I wanted children, but at an orphanage they didn't let any underage people work because I don't know, I think those were the rules… Well, but, later this lady from the volunteer office contacted us a year later and it turned out that there is/ looking for, such foundation "Krwinka" – which has now developed a lot and is constantly organizing something there, some nice campaigns – looking for volunteers to play with children in the oncology ward. And for me, it was just bingo! I used to go there the whole summer, to this branch, it gave me great satisfaction. And I remember that, when I said there, that I am a volunteer in the oncology ward, everyone said: "Jeeez, it's so sad." My mother cried almost every time I rode (laughs) on a bicycle, from W [name of the district] to G [street name] on the bike, it was a long way, but I always came back so terribly proud and then I thought I wanted to work there. I haven't achieved it yet, but I hope I can because there are vacancies.

In the above quote, I would like to draw attention to two elements which sum up Dobrochna's approach to the dream of being a doctor. On the one hand, we see that the narrator approaches difficult situations related to helping others in a direct way and sees them as a chance to help the needy, but also considers them in terms of experience which develops her. In this place (as well as in the further part of the interview) the connection between the medical practice understood primarily as the treatment of patients and categories such as satisfaction or development is strongly emphasized. On the other hand, the interlocutor outlines a biographical action plan which she will want to implement later. This is a characteristic feature of the interview with Dobrochna – the narrator has not yet entered the main career path. Although she has already graduated, she knows that she wants to become a paediatrician, but she has not yet taken up residency, and at the time of the interview she is on maternity leave. Her situation is a kind of suspension.

Interestingly, Dobrochna's husband is also a doctor (he comes from a medical family), but due to the birth of the child the narrator is in a sense "behind him" when it comes to the development of her career. His experience is an additional source of knowledge for the interlocutor and allows her to argue more when theoretical comments arise. Among other things, this type of pattern occurs when she is asked about connections and their impact on medical careers:

I: Uhm. Please tell me, because in such colloquial knowledge about medicine there are legends that if you have no parents, if you don't have your background, if you

> don't have different, except of course/ abilities, they are in the background, very often presented in the background. What does it look like from your perspective and your own experience as a student?
>
> N: I mean, as a student, I don't think so. I didn't have any back (laughs), no and in general I can boast that I finished this medicinal studies as the best student, and I had the highest average, and somehow […], I just took my husband's name after university and it did not stop me from learning everything, and when you get to specialization, then maybe there are some connections (speaks more slowly), but it mainly depends on the result of the exam. And for such niche specialities, that's probably a problem, but in general, if you want to become a doctor and pass, well, this exam, you should get this residency, but there is also a problem, because of these residencies, that is, such full-time jobs (the noise of a teacup), Oh, sorry, from the pool that the ministry funds and they are for people to learn, well, they are fewer less than the students, than people who finish this medicinal study, and there is also a bit of a race, because then, because if you don't get a residency, you have to apply for a full-time job, and it is difficult. Hospitals are not so willing to employ, if so, they do not want to employ internists, surgeons, some specialists such as gynaecologists, and endocrinologists, but rather such general, like paediatricians, internist, yes, maybe they hire. And if, for example, you would like to, in a more special, more interesting way, to tell you the truth (laughing) specialization, then you have to/, for example, my husband throughout all his studies went to his department and is currently employed full-time. Err, so […] but he didn't have a background there (laughing), none. However, it was worked out, because he was stubborn, and he learned that he was simply talented and knows a lot about it.

Dobrochna assesses the system, in which she functions, as generally fair. She has heard of abuse or nepotism, but giving her experience as an example shows that she had achieved everything through hard work at university. It is interesting how she emphasizes, however, that she took her husband's surname only after graduation, which may suggest that coming from a medical family does matter (as has been said, Dobrochna, unlike her husband, has no medical family roots). Then, however, the narrator stresses the role of the individual in going through the next stages and again recalls the example of her husband who procured himself employment in the specialization which was of his interest. However, it seems that the answer to the question is not so simple, because after a while Dobrochna adds:

> N: Well, I heard some stories that a father helped someone to do something, to pass some exams, but it is more like a sensational story, maybe it was like that, but you didn't talk about it like that. In my/ my student groups there were no such things, and I really had a very good student group. Hmm. One friend did have doctor parents, but she was also very talented, very hard-working and never

> used such things. Maybe/ I mean, it seems to me that people who have doctors in their family and graduate are so a bit more aware of what is next. So, for example, my husband (laughs) knows it because his parents are doctors, I listened to something there, but nevertheless, I had a slightly more idealistic approach that I will graduate and it's going to be great, I'll be a doctor, and they already knew a bit that it is not always so bright and later it is always so that […] one reads in the press about horrible doctors, and it does not always depend on this terrible doctor, however, that for example something goes wrong there, or the patient is dissatisfied, but it depends a little on the fact that this top-down health care is not so well-organized, let's say. But I/ I think that knowledge is what really matters at university.

After her husband's experiences, the narrator recalls another contrasting set – her in-laws who are doctors. She does this, on the one hand, to show her own – separate to some point – opinion which can be summarized as the result of her own experience – you do not need to have contacts or doctors in the family to get a medical education. On the other hand, which is particularly interesting from the point of view of the chapter, the husband's parents are a source of knowledge about the entire system, not just the medical studies and the first period after graduation. Dobrochna also recalls her in-laws when asked about difficult situations (including ways of dealing with death):

> N: Well, but it's already progress that one talks about it, right? That doctors, they work a lot and that they are overloaded, that this is hard work and the very fact that this can/ I think help. Because, as I observe, I hear stories how doctors once worked, but from these stories only my in-laws, or older doctors, it didn't use to be like that, I mean, that you just worked on a treadmill and didn't think about it. Anyway, well, it was generally so everywhere, that now there is this stress, and that you need to relax and so on, and in the past in Poland, generally (it can be that) you just worked hard and that's it (laughs), no one bothered about relaxation (laughing).

So we see that the narrator uses a mediated resource of knowledge and experience which allows her to comment on the questions asked. On the other hand, in a broader plan of the narration, it has a contrasting function, allowing her to overcome her fears and tensions related to what she experienced, and above all will experience in the future. It seems that concerning the topic discussed in the chapter, the key element of Dobrochna's narration may be the answer to the question about how she sees her nearest future:

> N: Since we are already talking of emigration, there are such opinions that a doctor in Poland works for peanuts, speaking colloquially. You can't splash out (laughs), no splashing, no, especially at the beginning. As for now, you

> cannot set up this private practice, because who will come to you, if you cannot do anything yet, also some of my friends say, I don't know, (thinking) 5% let's say, that they went abroad, maybe a little more. A lot leave/ if they returned to their places of living and I think there are better earnings, there are certainly better earnings in Warsaw, but generally in/ unfortunately, I have to say this impolitely, but outside big cities, even in such suburban, smaller towns, you earn better money in a hospital and it's easier to get a job there than in a large center. Well, because here, there is a terribly large supply, after graduation everyone, after settling down here, would like to stay, there is also competition, and you have to be prepared for the first, I don't know, 6 years, that's for sure it won't be crazy that you will have to work a lot to earn well. But, […] either earn less and only then start working somehow for yourself. Well, we agreed that we do not want to leave, that maybe for adventure, somewhere for a year, as part of some scientific exchange there, but due to the fact that my husband, however, he is fascinated by the field that he chose and here he thinks that he will learn the most, including in the hospital in which he works, and he must also do some scientific work, doctoral studies, but for now we have stopped thinking about it, especially that there are small children, then, in general, it is harder. But, well, well, you know, if someone is so oriented that they want to earn a lot from the beginning, so it's best for them to go to Germany, because there/ as I've heard, they really need doctors and good conditions, but you have to consider the fact that you have to leave your family, and we didn't want to do that. Because we were on Erasmus for a year and […] it was fun, but it was a bit empty, but (with laughter), for me at least, and I think my husband thinks that if it was such a great idea, he would insist, and we agreed that only maybe someday for another year, for adventure, we will go to some completely different country.

The recalled quote shows the possible paths for Dobrochna's further career (or at least those paths which the narrator sees). The interlocutor outlines them not regarding the specialization of her interest, but focuses on the institutional action patterns which she can follow. In her commentary, we see that actually, the path she will probably follow (a doctor in a large urban center, but not in Warsaw) is the least promising in the context of earnings. From the other parts of the interview, we know that the narrator herself is a talented and diligent doctor – so she assumes that she will manage to achieve a position which will ensure her material success and will be a chance to fulfil her professional ambitions. Interestingly, it is clear that the decisions regarding Dobrochna's career are taken in consultation with her husband. It remains an open question to what extent his professional career is subject to joint control. However, they definitely decide to stay in the country together, although, for at least some of their colleagues, emigration is an attractive choice.

Adam's case

As in the case of Hanna, the interview with Adam was also used for analysis in one of the chapters (this is Chapter XIV reflecting on the symbolic biographical resource of the yard). At this point, however, I would like to devote more space to an in-depth reflection on the sphere of work and its place in the interlocutor's biographical narration. For the record, I will recall the most important information about Adam's case. Born in 1972, he spent most of his life in his hometown or in a small town where he works as a nurse in a psychiatric hospital. He comes from a poor, multiple children village family with whom he still has close relations. He is married. He also has two children.

In order to reconstruct Adam's entry into the profession, it is worth returning to the moment when the narrator finishes his education in secondary school and decides to obtain a post-secondary education, which is supposed to provide him with a real chance of getting a job:

> N: The next period is the period of such education, in my case is post-secondary – I finished medical school in S. Err, nursing department, err, two and a half years of school. And then a year after receiving the diploma, the next year, well, a year intensively.
>
> I: Mm
>
> N: Because practically, practically I had intense first months looking for a job. And another disappointment in life. No work. And a condition set. Which was very, very, which I remember to this day, wherever I would go asking for a job, whether my military service was regulated.

Here we see how, although Adam started realizing his biographical action plan, he must give up his original idea for his professional career due to objective barriers (no jobs available) and institutional patterns of action operating in a different order (the requirement of doing military service). This is one of the first crises which the interlocutor faces in this field. Therefore, he reports to the Military Supplement Commission to remove one of the above obstacles. One of the potential motivations for military service is the possibility of leaving the family area. Here again the narrator's profession – he is delegated to serve in a nearby city and spends almost 9 months near home. After serving the statutory period, Adam tries to stay in the army, but after a few months he decides to leave the job:

> It wasn't for me. For me this was just, as I later stated, it was one big mistake. Simply unlimited working time, available 24 hours a day. I was going to the unit, my parents asked me when I would get back it was the answer: I don't know. And

so it happened. That I could leave on Monday and come back even in a week. I had 25 kilometers to go home. Well, unfortunately, I-I / (sighs) I managed there for over half a year, but, okay. Then I came here – I said I will see, I will try here in the hospital in W. In the hospital in W., well, it was a coincidence that they were just admitting boys, men, very, very willingly, so basically I came, I asked, the next day I had a job. On the basis of an agreement of the parties, I quit there and got employed again here. I started work in 2001 in W. … in W. in the psychiatric department.

Entering a new workplace is therefore based on the development of another biographical action plan in the sphere of a professional career. The interlocutor, despite working close to home, cannot cope with the expected unlimited availability. This allows us to make the assumption that his main motivation to change the place of employment was not material issues, but the predictability of work and the possibility of its proper balancing in relation to free time. The fact that the interviewee had nursing education which could help him in the recruitment process (although Adam himself does not say this in the interview) is also quite significant. In retrospect, we can see that the educational investment made a few years earlier had a positive effect. Let us return to the post-secondary school and nursing school for a moment:

N: I mean, at first, I didn't, at all, I didn't think about this, to do, but one of my friend who lives, among others, in my village, was working here. He was working here, presented it, we talked once, he was here/ there were once such structures/ he was nursing help. There was not such a school, they later got qualifications, some courses, they were not such typical ones. And so, we were talking once, talking, he says: "listen – [Adam]," he says – "in your case, if you wanted, you know" – he says, "you can try, you know, to go to nursing school, then there is a chance then, in our area, among other things, there is a chance that you can get a job nearby."

I: Nearby.

N: This is a fairly large workplace. Virtually, the only workplace today. Because back then, there was also such a thriving, thriving workplace such as the cooperative, it was AGS (name of the cooperative – Author note). The so-called GSs.

I: Mm

N: I think it was AGS then, although now there is something, although I'm not, hmm. But, I say, in the area here, in the radius of ten, ten to twenty kilometers, the largest workplace was the hospital. But, such an obstacle was secondary school graduation, and nothing more. Well, practically I/ or studies, unfortunately, my parents could not afford to send me to study, err, the financial situation in the family, too – the six of us, needed to be educated, at least these basics, so as to. Well, later, it also has to be somehow different, for the school to be also somehow

unpaid, or somewhere within this, to be able to commute and live at home. And there were such workshops, such meetings, with schools from the Sieradz region, err, here promoting a given school.

I: Mm

N: It was fashionable already then.

I: Mm

N: Such recruitment, such promotions. And at some point, I don't remember anymore, but I think it was before the final exams, it had to be before the final exams, err, there were such meetings/lectures organized in secondary schools.

I: Mm

N: And then, and on this basis, a lot of people decided about this and that. And there were more or less presented pers-pec-tives, perspectives of what the employment opportunities are in a given region.

I: Mm

N: It also gave a lot to-to-to undertake such a profession and not another. Well, for example, well… I suppose so. Yes, that's it. Well, as I say, these were such two realities the most, because I say, well: hospital in W., hospital in S…

I: Mm

N: There were two. Although at one point I was a witness, I was a participant, but I was also attending, I don't know, second, third grade, second grade probably. Third. Secondary school. Err, when I had to resuscitate a pat- / somebody out there, among others, in W… And then thanks to this patient I learned what this man lived off. Maybe it was also a plus, maybe some incentive that I was not afraid there, I was not afraid, although, I say not everyone/ I, starting a medical school – I'm going back to another one here – err, starting a medical school in 1996 six boys started our year. One made it to the diploma. From the year.

I: So few.

N: Few. After the first internship, after the first entry to the hospital, you drop out. Out of the 36 students, 20 finished school. Adam\

In the quote above, we can observe the structure of the background construction characteristic of the autobiographical interview (for more on the importance of background construction, see Chapter XII, among others: Schütze 2012), which in this case allows us to understand the process of entering the interlocutor's career path. The choice of such additional education serves as a direct preparation for the profession. A detailed narration referring to the conversation outlining the chance to get a better education, and thus good work in the region (which at the turn of the 1990s and 2000s was extremely

difficult, due to very high unemployment not only in Adam's place of residence), supplemented with a story of resuscitation of an accidental patient, which proves to the narrator that he is suitable for the work of a nurse. In addition, the interlocutor emphasizes the difficulty in finally obtaining qualifications, which is a kind of prelude to being a nurse, which is hard work. It also turns out that employment in a psychiatric hospital carries additional risks. On the so-called general ward (for adult patients) Adam worked for nine years. After this period, he decided to change:

> N: I wanted to try something new, a department for children and youth was opening up. And very cool, well, you have to change something in life, the next, the next stage, changes, another something there, I say, well, you can try, why not, I think, I am, I risked it. After two months I was disappointed. When I ended up in hospital. As a patient. After an intervention here in this ward. Well, unfortunately, we got colloquially speaking "beaten up," because the patients attacked the staff, right. Well, but surely it is like that, the realities are, these are psychiatric wards, I don't know, you don't know what's happening with the patient, right? (*breathing in*) I had such a breakdown, I was about to quit my job at some point, but somehow, slowly, slowly, I returned to this job, to the same position, to the same department. And I've worked there to this day. To this day in this ward. And speaking today, I would not like to change, it's all right. In the meantime, I met my wife. Current wife, who is also a nurse. We met here, at work. In one ward, we worked, I was starting work, mm. After two years, we got married. Got married. After a year, we got the flat where we are now.
>
> I: Mm
>
> N: Later that year, a daughter was born to us. Err, later, after five years, we had/ have another son.
>
> I: Mm
>
> N: And that's what it looks like my… short biography.
>
> I: Ok.

Sentences closing this quote can be considered a broken coda (a detailed description of this structure can be found in Chapter XI). As we can see, Adam closes the narration twice. First, he does it in the context of his professional career, which he apparently succeeds in, but after a brief mentioning of family life, he finally sums up the first part of the narration. This kind of situation may indicate unprocessed elements of the biography – the inability to deal with the problems which the narrator encountered on his way (Schütze 2012). In Adam's case, the topic of being beaten by patients in the quote indicates a serious crisis in the vocational calling (that is, the aspect which the interlocutor previously indicates as an important reason for choosing this particular occupation).

Moreover, the memory of a difficult situation returns in the part of additional questions, in which the researcher raises the issue of dealing with this crisis:

I: You had such a breakdown. And I would like to ask – of course, if you agree to speak a little bit about it – what could it result from and how did you deal with it, because I understand that it somehow, somehow passed, yes. Whether…

N: I mean I got over it, although it bothers me from time to time, honestly, somehow, as I mention, how such a crisis situation really happens in the ward, but you come back. However, this is an experience, I don't know, it did not happen without injury, right. I say, well, that's not why I took this job, that's not why I serve someone, because I say, it used to be, err, it was called – I don't know why – health service.

I: Mm

N: Because come on, service, so nicely named, right, service. Well, you serve someone, so as to. I say, it happened exactly on January 3. 2010. 10? 10. By the year. We were attacked… by patients. Female nurses, male nurses. And there was a fight.

I: Mm

N: Well fight, well, it's hard to call it a fight, because they charged at us, and we – unfortunately, we had to take some revenge too, no one is like that, just to give up/ to let yourself be hit, no.

I: Surely.

N: Well, but if there were 19 of them, nine of us, guys at the age of 16-19, then such chances are a bit no/ but I know, I understand that if they were kids at the age of 10, you would have taken them, they would have just flown. Well, but that's the reality. Well, after this incident I went to hospital, examinations and so on, it turned out that I had one of the… cervical vertebrae twisted. Ok. And everything's O-K. I've suffered my part. Although, err, you feel it to this day, you really feel this-this injury. And what really matters to me is maybe the attitude of the management.

I: Mm

N: Because at some point such accusations were made that the staff were guilty. Which hurt. It really hurt. It hu-rt, but unfortunately, that's the reality, with the management, it was. La-ter, of cour-se, a case was filed to court ex officio, because, ex officio, because we filed a case for violation of the integrity of a public official.

I: Mm

N: We are protected by law, ex officio, and so on and so forth. 19 extrajudicial cases were held. Everyone had default cases… Everyone, default cases and all decisions – 19 – it was written: occupational risk.

I: So rejected?

N: Yes. Virtually yes. And it was probably such a stimulus and such that I really thought, I say, why should I risk my health and life?

I: Mm

N: In the name of what? (pause: 2s) A man wants to help someone, because everyone understands, err, mental illness is also a disease like any other somatic condition, although – what annoys me the most, when I meet my friends and-and-and is the term "working at the madhouse."

I: Mm

N: I say, and where have you been? How to call it that you were in surgery, for example, right?

I: Mm

N: This is, it most/ it is also like that/but it is how it is/ Well, maybe a little less of this now, because I say, this environment is already so closed. Hardly anyone enters this environment there, those friends with whom I just have this contact, with whom I, you know. Well, it's probably because of age. But I say, well, coming back to this ward, I think it was just the last straw, at some point I say: what for. No-no-no/ I even wondered, I say yes, maybe, indeed – take up a course, take a course or do some studies generally in another field. Maybe something, maybe change the profession altogether, right?

I: Mm

N: But … but later, mm, and at that moment, my grandfather got seriously ill.

I: Mm

N: And it was another turning point, that no, why should I, for example, quit and give up when I can really help. Once again, I say – I will try, it's worth trying, I say, I finished school, I say, the work is cool, the work is nearby.

I: You are not far away.

N: I don't commute far. So as I say, but we'll probably come back to this, err, later and say, I'll try. Well, I'll try, right?

Adam reconstructs in detail the various emotions and threads related to being beaten by patients. This is a key moment – a classic turning point that could have started a completely new path in the narrator's career (metamorphosis). The interlocutor, however, remains with the chosen biographical plan – he is helped by a situation outside the professional sphere, in which his education and experience prove to be a real help. In some ways, the experience of caring for his grandfather repairs the broken relationship between Adam and patients and rebuilds the narrator's faith in being a nurse. This is a consequence of the biographical work done by Adam, who has to deal with a sense of disappointment,

as well as a loss of security and trust in the employer. In a broader perspective, the issue directly related to the topic of the chapter is not without significance. Adam decides to switch to the so-called contract, that is, a situation in which, as a sole proprietorship, he provides nursing services for the hospital. It is a financially more advantageous solution for the employer (who does not have to pay health and pension contributions) and to some extent for the employee (the net wage received is higher due to the lack of contributions):

> I: Well, and as far as/ Me too, err/ I mean, I know, err, a bit although I won't say that I know well the situation related to this change that took place in the health service and with this, err, the appearance of, err
>
> N: Contract possibilities.
>
> I: Contract possibilities. How would you assess it? Because probably most people in Poland assess it positively.
>
> N: I mean, I'll tell you this: there is definitely fear here. This is something new. I mean, with us, I still think that such activity, I'm not saying that a lot of people (unclear), only generally – setting up your own business, even sole proprietorships, just… all the more here in this environment. I think, in big cities, it may be different. It is maybe more developed and so on, err, it is fear and anxiety. I say, at the moment/ I have been on a contract since 2011, that is, three years.
>
> I: Mm
>
> N: Three years have passed since I've been on a contract. Before me there were already people, it wasn't, they were individual people, I don't know, maybe four people who were a year ago on this contract. We talked with them, err, we asked – what does it look like? Well, nobody will tell you that it's cool, it's great, I earn so much and so on. It is just/ It's like this and that, I work, I earn, enough for me. These are just, err, general statements that simply give you something to-to-to think about.
>
> I: Yes.
>
> N: I say, I thought about it, about this situation, a good month. About this decision: what to do. Whether to switch to a contract or remain full-time employed. The last days like this before, err, before the decision was made, it really was – you did not sleep at night: what to do. What are the pros, what are the cons? What will I gain? What am I losing?
>
> I: Mm
>
> N: Well, because you gain and you lose, something for something, unfortunately. And I say, okay, you live only once, you can try, let's see. I say, one can/ we are both working. At this point. It would be a different situation if only one of us worked. It would be risky: I have a contract today, I don't have it tomorrow.
>
> I: Mm

N: It is also like that. Well, the more that it was already known that the contract will be only, the first one will be signed only for half a year. Well, all the more so. And I don't know what after this half-year, how-how-how this. Well, so we went, I say, well, three such people were the first who tried, and later it was a little better. Well, we already went about 10 then. Of 150 people who/ About 150 people who worked full-time, nurses. It was something like, well, well, we are going, we will try, there are 10 people, well, I think that the management will not sack us out from day to day, after so many years of work – so, such criteria that we chose, most of us. For sure. Certainly such criteria one chose… protective shield. That's what it can be called.

I: Mm

N: Well, this security, that we've known each other, we've worked so many years and we are staying. And so we signed the contracts and that was it. Later, the contracts were extended for three years. They are lasting until today. Still. And I say, there were different issues, well-well, issues, well, there were different issues with the management. There was also a crisis in this hospital, the management changed, the debt, God knows what, because it was their fault, blaming nurses again, employed nurses, contracted nurses, there was a conflict in general, at some point, there was a conflict- / There were 18 people who were on a contract.

I: Mm

N: And a conflict arose that we – the contracted, are taking hours, taking the work, taking it, and that the debt results from our, from our contracts.

I: Mm

N: Only no one looked at the fact that all the doctors were on contracts. There was no fault in the doctors' environment, it was only in our environment.

I: Mm

N: Nursing. But later-later-later somehow it was quite calm, calm, it went away.

Departing here from the elements of the method of analyzing autobiographical narrative interviews, I will focus on the topic of the consequences of introducing a characteristic element of the market environment into the public healthcare system. From the biographical perspective of Adam's case, it is a solution which clearly improves the financial situation of the narrator and his family. From other parts of the interview (see Chapter XIV), we know that the interlocutor had experienced poverty, especially during adolescence. Among other things, that is why he uses the example of his children as a contrast set to present the scale of his material advancement, which is directly related to the decision to change the ways of employment. In a broader sense, which takes into account the systemic aspect of the appearance of contracts, we can see that this is a characteristic of the market logic shift of costs from the employer

to the employee. The essence of work does not change – it is the distribution of tangible and intangible costs that looks different. From the moment of transition to self-employment, it is Adam's responsibility to insure himself and pay health contributions. It is also a situation encouraging one to abstain from holidays and sick leave (in the new formal and legal situation these are periods for which Adam simply does not receive a salary – he invoices the hospital only for the period of his work). So we can conclude that in exchange for an increase in revenue, the narrator gets rid of a number of employee rights which are the basis of the classic relationship between an employer and an employee. We are not able to assess the scale of the consequences (positive and negative) which the decision made by Adam brings in the long run – we can, however, note that while this is an attractive solution in the context of individual profits, it is also associated with increased tension at work. The conflicts in the team required Adam (and other people working on contracts) to be flexible and adapt to the expectations of full-time employees:

> N: As I say, I work in the youth ward. We are on a contract/ three of us started on a contract, they immediately introduced the contract in the ward. We didn't have a problem with the other people who worked full time. We even got to this, even, err, our superior, we got to the point that, for example, we, as the contracted ones, although we shouldn't do it, maybe today I will, mm, one day someday, someone may say that someday we will regret what we had done. We just shook on an agreement that we stopped doing the holiday hours, night hours, that we work only at weekends/ err, weekdays.
>
> I: Mm
>
> N: Working during the week in psychiatry and working at weekends or nights – this is like chalk and cheese.
>
> I: Mm
>
> N: Because it looks like that, unfortunately.
>
> I: It's more difficult, I understand, the one at weekends and at nights, right?
>
> N: I mean, it's easier. It is much easier because if the patient goes to sleep, you have/ all you need to take care of are the potential admissions. Well, but it is, but I say, ok, so that there was a good atmosphere in the ward, that there would be no quarrel, that there would be no tension, that we the contracted had joined.
>
> I: Mm
>
> N: Well, there are three of us, we are in the minority, unfortunately, let's face it. Mm, we joined them. Well, but of course, at some point, we were the bad ones, like everywhere, right? But, as I say, you know, somehow I don't regret the decision that I switched to this contract three years ago, three and a half years ago.

Perhaps a good summary here will be recalling another quote from the interview in which Adam summarizes the conversation with his supervisor:

> Well, I say, and to this day I work, work, as I say, recently we even talked at work and my superior asked me such a question, I don't know what he had in mind to this day, although I asked him. I say, listen, Marcin, will you finally tell me what you had in mind? Would I change jobs, no? I say listen, you know work? It is not difficult to change it. It is only difficult to earn well even in this job, right. I say, I'm not complaining yet, I'm on a contract, I work for myself, so far I'm not complaining. I don't know what will happen in a year. When my contract ends, when the management talks to us, maybe then I will tell you that I'm really changing, because at the moment what I have is enough for me. And… That's it. I don't know what I really/ we were still laughing about this the day before yesterday when I was at work.

I would like to draw attention to one important issue raised by the narrator, which illustrates well the change occurring in the healthcare system not only in the context of the systemic transformation symbolically rooted in the late 1980s and early 1990s. The introduction of various mechanisms related to the market logic may rather be considered (especially in the third decade after the change of the system) as a consequence of the globalization processes (on the other hand, is transformation itself not one of these processes?). The sense of this change would be visible in underlining the element absent in previous system solutions – uncertainty. The work of a male nurse (but also a doctor or female nurse) in addition to different types of workload had one important feature – stability of employment guaranteed by the employer, that is, the state. Particularly after 1989 and the dramatic rise in unemployment affecting the whole country, the former job in the public sector was extremely attractive. In this context, Adam's account shows that the situation is now quite the opposite (of course, in the case of people working on a contract) – job security is not ensured at all, and the main gain, in this case, is a significant increase in income.

Ada's case

The fourth interview selected for analysis is the case of Ada, a medical technician working in the same hospital as Adam. Born in 1963, the second oldest child among five offspring and has spent almost all her life in a small city in central Poland. When Ada is seven years old, her father dies, and the grandmother becomes the proper family caretaker (and also the biographical guardian of Ada). Ada finishes a trade school preparing for the profession of a seamstress and at the age of 18, she immediately starts working in a psychiatric hospital:

N: Primary school, trade school. After trade school, I went to work, very early. So, I was 18, I completed this trade school, err, and I went to work straight away. It was my first job, it was the time when it was very hard. I couldn't be employed in my profession, it was also because it was the time of Martial Law.

I: Mm

N: It was just imposed then. So they ceased, they weren't hiring new workers, err, but by the skin of my teeth, I got a job in a hospital. And the first thing I did in the hospital was the hospital orderly training. And that was it, all these years, well, well, coming back to the story then I got, I got married, I gave birth to my first child. Then I had the second child. And so, I've spent so many years in hospital.

In the first, interrupted part of the interview, Ada describes the next stages of her life. She adds to her history a two-year trip to Wrocław (most probably at the turn of the 1980s and 1990s), which was due to the work of her husband – a forester by profession. The return was associated with the death of her mother and the birth of her son. Ada couldn't get used to living elsewhere. We can also guess that the professional plans of her husband, who set up his own company around that time, had changed. After a rather enigmatically outlined life history, Ada opens up "narratively" only after being asked about choosing a trade school, and not a secondary school:

I: Mhm. I'll ask you, as if, actually I don't know, what made you choose a trade school and not to try to go to a secondary school.

N: I mean, frankly speaking, I think that you also weren't sure when you finished primary school, where to/ what you would like to be. It seems to me, it was my mum's decision. I guess she chose it because you graduate from school with a certain profession. Err, I think, it was important to start work as soon as possible and help mum, it was also/ I faced the decision, you know well, I had to I had to be obedient, no way, it wasn't like today that a child says: I have my own opinion, I'd like to go to and/ It was different back then. Especially that we also had to help mum, you know. It wasn't that easy and maybe it wasn't a job of my dreams, as I'd be working in this job today., But, I never have, apart from the training period and completing the school, I have never worked in this job. I've never seen myself in it, today I sometimes sew something, but only for myself. I've never pictured myself in this job (pause 2s). That's why I didn't continue it. And later life went on, yeah. I think… maybe I didn't want to, maybe, mm, I wasn't ready to leave W. It was also, it was why I didn't continue my education.

I: But, I understand that you found a job here.

N: Err, well, thanks to my mum, because my mum worked in a hospital. And it was just in such times/ they weren't hiring new workers. I found it in such a way that the manager himself offered it to me, I mean my mum organized it.

> And, I brought the demand for a new worker to the employment office myself, a vacancy for a cleaner. It was a vacancy for a cleaner. And after a year, I took a course to become a hospital orderly.
>
> I: Were there such training courses in hospital, or/
>
> N: It was an away training. You had to, in the past, it was like… we were the right hand of a nurse, we did everything, you know, a hospital orderly. We were responsible for taking care of patients, as it used to be in the past. Just after the war, when I didn't work yet, there were so-called assistants. They had the same training as we had to become an orderly, so-called hospital orderly. It was, well. It looked like this: a nurse came, we were interested in/ we were responsible for taking care of patients, looking after them, their hygiene and also cleaning the room. Well, these were such additional duties. It is still so, although today we are, we are called differently.
>
> I: And what are you called? (laughter)
>
> N: (laughter) Well, you wouldn't like to/ Now the manager converted us from hospital orderlies to, err, caretakers.
>
> I: I see, so a bit/
>
> N: Well, well, he's put us into a different category. Well, allegedly I am still a hospital orderly, I am still paid for this job, but I am a caretaker.

Ada, by going to a trade school, implements the institutional pattern of action imposed by her mother, who expects help from her daughter, mostly by starting to work quickly. At the beginning of the 1980s, this is guaranteed by acquiring a profession. However, this opportunity structure closes just as Ada finishes school. Information about the lack of admission ("they weren't hiring new workers") refers to the period of Martial Law (Ada mentions this in another part of the interview). In retrospect, it is difficult to verify the information about the suspension of recruitment for work (perhaps this was due to the limiting of the opposition by the PPR authorities). Nevertheless, the job Ada gets being urged and directly helped by her mother seems to be a great opportunity for a young girl. The narrator sees the potential risk which was associated with going to work in accordance with the acquired profession, and maybe that is why implementing the externally imposed pattern ends after years with Ada adopting a biographical action plan, which in her case is working in a hospital. A comprehensive summary of the narrator's biographical experience is another issue. Not having too much room here for conducting an extensive analysis, it is worth noting that the interlocutor in the further part of the interview devotes a lot of space to her relationship with her husband and non-professional activity.

Returning to the topic of work, Ada's case shows changes in a broader perspective than transformation processes. The narrator enters the institution of a psychiatric hospital in the early 1980s and has been observing its transformation

over the past three decades. Compared to the narrative of Hanna and Adam, Ada's account has the most cross-sectional character. Also, the interlocutor presents the insights of an employee who has a low position in the hospital's occupational structure. This, in turn, makes this experience unique – a person who throughout all this period has a close relationship with patients and treatment methods:

> N: Maybe it was also difficult for me at the beginning, and there was the time I complained to my mum that I didn't want to work. Because, the first, the first ward which I got was a restless ward, and it was very big, there were 75 patients and all of them were aggress-aggressive.
>
> I: Mm.
>
> N: Obviously the conditions were terrible, worse than/ Now, the very drugs. Back then there were only two drugs. Haloperidol and scopolamine. There weren't any. And they were used to pacify patients. Now there are a lot of drugs, it's known medical restraint is not in much use now. A patient must be really aggressive, back then, patients were often tied up.
>
> I: Mm.
>
> N: Nowadays the hospital looks completely different, it's colorful. In the past there were bars on the windows, every section/ every section was locked, err, you had to go to a section or to a ward, there were so-called three sections: a restless section, a working section and there were patients who went to work on the hospital site. Because in the hospital grounds there used to be a kind of a farm. So, there were patients who went during their therapy to work there, you know. And the restless section was a completely locked section.

Like Adam, Ada first experiences a crisis related to the hardships. We can only guess that again the mother, who knows the daughter's manager, convinces the narrator to stay at work. Without much information, however, we can try to interpret what appears immediately after information about conversations with the parent. The work in a psychiatric hospital resembled another total institution, that is, a prison. The strict division into wards, the physical threat from patients and violent methods of controlling them translated into a sense of threat. Additionally, the organization of space did not help in the situation – bars, door locks, strict control created difficult conditions not only for patients, but also for employees. This in turn translated into the creation of a kind of community based on similar, extreme experiences:

> I: And, and you, as I get it, you were appointed to work in one of these wards?
>
> N: From time to time I was sent to a different ward. And it used to be like this, that if there was the need we went to other wards. It didn't matter if you were a woman or a man, you went to the restless ward to work.

I: Mm. And you regularly took care of the patients.

N: All of us did. We did everything, also tied them up. Also tied them up *(laughter)*. Everything.

I: Mm.

N: I still remember, till today.

I: Mm.

N: So, you see, it's not easy work as you might expect.

It might seem that the changes highlighted by the narrator with the phrase "colorful hospital" should be assessed by her as positive. This is actually the case, but only in relation to the patient's perspective. Ada is much more critical regarding her position. She refers in her comments to both the organization of the working time, the work of individual departments, the range of measures which can be used to calm patients. In this context, what appears in the first quote and which, at first glance, seems to be a positive assessment of changes, turns out to be a somewhat inverse statement. Ada believes that there has been a dangerous imbalance for medical staff. Importantly, the narrator introduces the perspective of employees who are between the doctor and the patient. It seems that one could risk the assumption that in her opinion it is the middle and lower staff in the structure that are losing due to the changes, in comparison to doctors and patients:

N: And now I say, well…. well, I don't know how to tell you this *(laughter)*. These changes entirely, all this, it is bad both for the patients and for the staff. Everything which has happened, these changes which have been introduced. Well, I preferred it the previous way, those, mm, this this, all this/ The whole, err, organization, mm, also for the patients, they used to have more activities, patients cooperated more with us, more than now. Now, the patients are… so… well, I don't know how to explain it to you.

I: As if you were explaining it to a child.

N: As if to a child *(laughter)*. Nowadays, a patient has rights, doesn't he?

I: Mm.

N: A patient demands from us. We have no right to demand anything from a patient because a patient is ill. He may do to us whatever, whatever he wants. We have no rights. Today we have to wait until a patient really deserves to be under medical restraint. And he may do really a lot of harm to you in the meantime. But, it is the doctor's decision, who has to come, see what is going on and then decide if the patient/ can be tied up. We are less safe, I would put it like this, less safe. In the past, it was a nurse on duty who decided. She took the,

she knew what was going on in the ward, she reacted quicker to eliminate the danger for other patients or for the staff, so there was a quick decision, and only then a duty doctor came, he recognized the case, yeah. But, he had to come, it's different now. At present, as I say, so many unpleasant situations that took place here… and-and… for me it is just, what has been done, it's just/ there are wards, where they still keep, but it's not the specificity of every psychiatric ward, where, well, different people are admitted. And the danger is at a different level. Well, lack of security, lack of safety. We avoid security guards, we were told about the specificity of such hospitals where they are necessary, well, there are certain rules, well, we don't say we would like to keep people in cages, or so. But, to make a patient a bit… to make it just the same/ patients have got the rights and the staff as well.

In a way, in Ada's case, the situation she experienced at the beginning of her hospital work repeats. For her, the physical threat from patients is a real trajectory potential, which, as we know from Adam's report, can be activated even in the case of an experienced employee.

As has already been said, the narrator's experience allows her to reflect on a long time perspective. It is also a chance for the researcher to look at the process of institutional and structural changes and their consequences translating into the daily struggles of individuals:

I: I see. And when did it start to change? Can you remember it?

N: You know, well…

I: More or less.

N: *(pause 2s)* I think it started from the manager T., it was …mm… in '90, in '98–9, maybe then. Well, the changes started slowly, you know.

I: Mm.

N: And they were already assigned, various wards were created.

I: Was it at the time of the health service reform?

N: Yes, yes, yes. It started to go all wrong. We just got the shaft, excuse my language, it was about the money. And they started to give us less, the same as now, that's right, very slowly. Yet, Mr. T, the manager, err, so I say they introduced, a drug rehab ward was created, the addiction ward was specially financed. It still exists. And it has the highest expense, everyone knows there isn't enough, they finance themselves. Err, but despite all the staff / he took care of the staff and you know. And later it went one by one, there still was the manager P who actually was the real manager of the hospital. Because later we had, before, we had doctor G, who didn't manage at all, we only heard: learn, use the funds to learn and in fact all nursing associate professionals ended up with MAs. I think it is absolutely. And we forgot that a patient needs an ordinary nurse to take care of him, to wipe his

nose and so on, because there are such situations, or just to clean. Today, we are far from this, today we just wait for a cleaner to do it. It's very good to make a list of orders *(not clear)*, but to take care of the patient and go – it is disgusting.

I: Mm.

N: Today we have hospital orderlies, everybody wants it, because it is, really, whether in a general or our hospital – as soon as we see it, today everybody would like to have an extra, err, person to do the work for them. In the past it was a nurse's job to wash patients, make beds, err, care for a patient, feed if necessary. And who does it today? Nobody. Nobody *(pause 3s: a talk with the daughter – 15s)* I think that the reform and all that followed was a disadvantage.

Ada's theoretical commentary above shows the subsequent stages of the reform, which on the one hand (in the narrator's opinion) deprived the hospital of funds. On the other, it introduced a new institutional pattern of expectations based on the requirement to educate staff. As a side note, we can see that the ability to capture a comparative perspective – in this case showing the narrator's reflections on the economic and social change is the undoubted advantage of the autobiographical narrative interview. The limitations and the facade of the solution imposed by the management have become the target of the narrator's further criticism, which shows that while the medical staff of middle level (e.g., nurses) had real access to the realization of this task, the lower one was practically deprived of this possibility.[4] In fact, this allows Ada to introduce the thread, which from the point of view of this chapter is perhaps the most interesting one – the gradual degradation of the lowest personnel. It was a mechanism based primarily on revoking the status of the professional group involved in the treatment process:

I: I just want to ask you, as you've said for all these years you've been doing different things. I mean, I just want to know, if the duties change as you are moved in this structure. Or whether it's only the specificity of the patients that is different, but your duties stay the same?

N: Mm no, I'm saying as an orderly my responsibility was to take care of a patient, help a nurse with the surgeries, too. And dead bodies, I used to do different things there. Because it was my duty. And now, err, cleaning and cleaning, and cleaning.

I: Mm.

N: Now, at the moment we are as cleaning ladies.

[4] This thread can also be found in Chapter X, which mentions the case of Czesia – a teacher teaching in postgraduate nursing studies. To be able to stay on the labor market, she keeps doing new studies and obtains certificates.

Ada, in the further part of her account, extends not so much the scope of duties as the description of the role of a medical technician, which in her opinion once (before the changes) consisted in building trust relationships with patients. It is particularly important for her in the context of the previously discussed security-related threads. In turn, for the research reflection, Ada's experience is extremely valuable, showing the complex processes and mechanisms which constitute the creation of the hospital social world (in this case – psychiatric), which combines the interests, responsibilities, and the agency of various professional and social groups. The issue of finance was also important in the criticism of change, which was particularly sensitive in the case of lower staff:

> I: Actually, I've wanted to ask about the money, well, you've said it started after '99/
>
> N: They were taking it away from us slowly and gradually/
>
> I: coming down/
>
> N: and finally, they liquidated us. We are separate medical workers, it was also illegal, but unfortunately, nobody could support us, and the manager decided we were not medical workers, so they had to change it. And it was very quick *(not clearly)*, obviously people need to work. Some of them have been working here for too many years to look for work somewhere else now and maybe if the majority had gathered at that time, we could have won and she would have had to give us everything back. As it was all illegal. There are many illegal aspects which are practised only inside our hospital. Well, probably the manager is allowed to cha/ make some changes. Although according to the law he shouldn't. But, everything is done so quietly.

In the above quote, we can observe how top-down changes (though as Ada emphasizes having a local dimension) affect not only the financial condition of the affected staff, but above all affect the group's agency. On the one hand, we see some uncertainty related perhaps to the insufficient legal knowledge regarding the legality of the management's actions. On the other hand, Ada shows that there was a potential for resistance, but due to the lack of self-organization (later in the interview she talks about the passive attitude of the trade unions), this potential did not manage to get transformed into collective action. The narrator ends the theme of work in the hospital with a depressing reflection:

> There have never been, err, people here who would speak in favor of the lower staff. We have always been, and these relocations and our money was taken from us. They've always called it "the hospital's saving," but the ones who are disadvantaged most are the lowest staff, who earn the least.

Conclusions

Due to the choice of cases in accordance with the logic of maximum contrast, I was able to capture in the chapter the perspective of individuals being in radically different positions, also within the structure of the social world of the Polish medicine. The differences in origin, education, place of residence, or social position have left their mark on the professional careers of Hanna, Dobrochna, Adam, and Ada. However, the main emphasis was placed on the reconstruction of the impact of changes related to the introduction of market logic elements to the aforementioned healthcare system.

It should be emphasized, of course, that it was not possible to capture the entirety of the reforms. This was a consequence of their complexity and, above all, resulted from various directions which subsequent activities and changes within the healthcare system were taking. Starting from the first decisions to "open" a completely public system to the interactions with private entities, through a number of organizational and institutional reforms, to the expansion of the sphere of private healthcare – the area which could be covered by the study is simply huge. In this context, the only sensible solution was to entrust the material and follow the biographical experiences of the interlocutors.

With regard to all four accounts, I would like to emphasize the topic which was not necessarily clearly marked in the analyses above. From a thirty-year perspective, and based on the biographical material, it is a very difficult task to trace specific transformation processes. This is not just about issues related to the factual reconstruction of subsequent ordinances, laws or decisions of the management of specific hospitals. It seems even problematic to say that the modernization of the Polish health care is a transformational phenomenon. The further away from the symbolic date of 1989, the more clearly it can be seen that at least some of the processes are simply global in nature, and Poland is just one of the next places where the market logic begins to involve the spheres once traditionally reserved for state action.

However, this is not only connected with establishing new relations in the field of economics, in other words, the stake of the reform is not only money. It seems that one of the key issues is the reconfiguration of power relations, which takes place at both the macro and micro social levels. In the first case, as it was pointed out a moment ago, the state begins to give its prerogatives to the market – partly it is related to pharmaceutical concerns or private consortia and treatment companies, partly it simply concerns the lack of agency at the level of setting new directions of the reform. A bit like in Beck's risk society, the system you are trying to manage is so complicated that every decision has unforeseen consequences. In turn, the micro-level is becoming an arena for games between various interest groups – in the context of the analyzed cases, it is, inter alia,

relationships with hospital management, supervisors, or colleagues employed on a different type of contract. In this context, we can find different aspects in an interview with Hanna, whose history shows how much pressure is put on young doctors, and whose source is not at all in professional work, but in the effectiveness of routine and self-management practices.

Finally, it is worth posing the question about the costs of the reforms (whether they are considered as part of transformation or globalization processes). All four accounts are the stories of people who are not directly involved in decision-making processes. Hanna, Dobrochna, Adam and Ada need to develop adaptive strategies which will allow them to make the best use of the emerging opportunity structures. The stake in every case is maintaining control over their own lives.