

OREGON HEALTH & SCIENCE UNIVERSITY ORAL HISTORY PROGRAM

a project of OHSU's Historical Collections & Archives

an interview with:

Rosalie Caffrey, R.N., M.S., Ph.D.

interview conducted on: September 24, 2013

by: Donna Markle, R.N., P.M.H.N.P.



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Interviewee: Rosalie Caffrey, R.N., M.S., Ph.D.
Interviewer: Donna Markle, R.N., P.M.H.N.P.
Date: September 24, 2013
Transcribed by: Teresa Bergen

[Begin Interview.]

MARKLE: This interview is with Dr. Rosalie Caffrey, who taught nursing at Southern Oregon University (SOU) School of Nursing from 1976 through its transition to Oregon Health and Sciences University (OHSU) until her retirement in 2004. Dr. Caffrey came out of retirement in 2006-2007 to become the Interim Associate Dean for the southern region campuses of Ashland and Klamath Falls. Today is Tuesday morning, September 24, 2013. We are in the Dankook Room of the Stevenson Union, Southern Oregon University, which hosts the Ashland campus of the Oregon Health & Science University School of Nursing. [The] interviewer is Donna Markle, Associate Professor Emerita from OHSU and SOU. Good morning, Rosalie. How are you doing today?

CAFFREY: I'm doing fine. Thank you, Donna.

MARKLE: Great. Thank you so much for coming today. As you know, this year marks the 45th anniversary since the school began educating future nurses in 1968. And also the 20th year since it became OHSU. We're gathered here today to try and do an oral history that we can use for the university archives to talk about your experience teaching at Southern Oregon University and OHSU. But before we get started on your time here, can you tell us a little bit about where you came from? Your history? Where you went to nursing school? A little bit about that.

CAFFREY: Okay. Well, I was born in Iowa. North central Iowa. I went to nursing school at Saint Olaf in Northfield, Minnesota. And I got my baccalaureate degree in nursing there. After that I served in the Navy for a few months. (laughs) And I met my husband and then was discharged because I was pregnant with my first child.

After that, we went back to Minnesota. And I worked at a hospital, local hospital there. And started teaching practical nursing. And my career went on from there as far as education.

MARKLE: So how, what brought you to Southern Oregon University? And what was the appeal to you of teaching future nurses?

CAFFREY: After, while I was teaching the practical nursing program, I decided to get my master's in nursing education at the University of Minnesota. And I taught at the University of Minnesota for a while as well as South Dakota State and Mankato State in Minnesota. And we were looking at getting out of Minnesota because it was just too—too many mosquitoes, too much snow, it was too cold. (laughs) So we moved to Texas. Beaumont, Texas. And that was a place that we decided we didn't want to stay.

And so we looked at the west coast. And I put in applications all along the best coast to teach on the west coast.

And with car trouble, we ended up being here in Ashland for the first interview. And that was, we were so taken with Ashland as a place to live, and I was so taken with the faculty who interviewed me that I decided I really wanted to stay here. Especially after they offered me the job.

And so that's how I ended up here. We ended up canceling all of the other interviews that I had scheduled along the West Coast. Because this was it. We knew it was going to be here.

MARKLE: Had you ever heard of Ashland, Oregon before?

CAFFREY: Nope.

MARKLE: All right.

CAFFREY: (laughter) No. In fact, it was a shock. When we drove down Highway 6 and looked at the valley, it was so beautiful. And we just thought we had just entered heaven. So that was why we stayed.

MARKLE: When you were teaching in Minnesota, and when you were getting your master's degree, who were the people that were influential for you? Or how did they kind of inform your approach to nursing education?

CAFFREY: Hmm. At the time that I was working on my master's in nursing education, they hadn't really started the master's in nursing, the MSN program. So it was a focus on nursing education. And one of the things that we did a lot was studying nursing frameworks. Nursing theorists. That was the time when the nursing theorists were really coming out in force and trying to develop what we thought was the specific focus of nursing. Before that, we had always been taught that nursing was being a handmaiden to the doctor. Knowing your diseases and the treatments for the diseases and the medicines and so on.

And at the University of Minnesota, they were particularly interested in developing a theoretical framework focused on nursing practice. And much of that was on the interactions with patients. The nonverbal and verbal behaviors that went on between nurses and patients. To the point where actually it got into trouble. Because there wasn't enough focus on the technical aspects. (laughs) And so that meant that it had to regroup and rechange its curriculum to try and do a little bit more with that.

I think every place I went, we were working on theoretical frameworks and trying to develop curriculum around theoretical frameworks. So those were the days of Orlando and Wiedenbach and Martha Rogers and those people. It was challenging, but it was fun. We really enjoyed that.

MARKLE: What did you find most challenging and most enjoyable about that? Mostly?

CAFFREY: I think the intellectual stimulation of trying to figure out what it was that we as nurses were, particularly needed for. And could contribute to the healthcare system and to the care of clients and patients. That was the real challenge. You know, who were we? (laughs)

MARKLE: When you arrived here, there was an associate degree program and a baccalaureate completion program that was just getting started. Which of those programs did you teach in? And what did you see as the differences between the two programs?

CAFFREY: The program that I was hired to teach in was what they called the upper two. And that was the completion program for RNs. These were RNs who had gone through the basic program, which is the other program which was offered here, and gotten their licensure. And they were people who really wanted to move on in nursing, become leaders, go into community health or expand their roles. And so those were the students that were admitted into that program.

The year that I was hired was really the second year of that program. So that was the program that I was involved with.

MARKLE: And where were you taking students at that point? What kind of clinical placements did they have?

CAFFREY: Well the focus in that program was on developing leadership skills, community skills, working in the community, and research. And so our settings were all over the county. We had them in hospitals, nursing homes, public health, mental health, you name it. They were everywhere. And they were doing special projects, usually, with those programs.

MARKLE: When you think back to that, what was the thing that you hope that students would take away from their clinical experiences?

CAFFREY: Back in those days, we were really looking at these nurses becoming leaders in their fields. And so we were hoping that they would develop critical thinking. And much of the program was directed towards that. We were using the learning through discussion format. And that was a really exciting way to teach. And the students were able to do some reading. And then they would come and we would have small classes of about, oh, maybe no more than 12 students. And just discuss.

And that was extremely challenging, I think, as a teacher. And the students were challenging. They were very bright. They were enthusiastic and they were motivated.

And then their clinical experiences were a chance for them to go out and practice what they were learning and what they were talking about in the classroom. So we hope that they developed in a way of implementing some of the things that we were talking about in an actual setting.

MARKLE: So you've actually had the opportunity to see some of these students over the years.

CAFFREY: Yeah.

MARKLE: I'm wondering if you saw that come to fruition. The leadership and their ability to do some of those things.

CAFFREY: Yeah. Well, it varied. But yes. I'm thinking of Gwen Bowman, who was director of the public health nursing in Josephine County. I'm thinking of—I just had a brain lapse. (laughs) Heather. Heather Young.

MARKLE: Right.

CAFFREY: Who is a, what is she? She's one of the deans down in California right now developing a nursing program with a PhD focus as well.

The other, I've run into other ones, other graduates of that program who just have been in other settings as well. Developing their own programs, developing their own businesses. Yeah. They've really come through, I think.

MARKLE: The program continued to evolve through the '80s and was offering both the associate and baccalaureate degree, as well as outreach baccalaureate completion program to more remote rural areas of the state like Coos Bay and Roseburg and Bend and The Dalles. And then talks also began with Oregon Health Sciences about doing some outreach graduate programs. What was your role in those programs?

CAFFREY: At the time that, well, SOU was the one developing the outreach programs at that point. And at the time that that was happening, I was working on my PhD. So I wasn't here for that. But one of the things that I did while I was working on my PhD was work part time here. And one of, my major job was doing the outreach programs, especially in Coos Bay. And at that point, Betty Gee and I, who was another faculty who came on at the same time that I did, Betty Gee and I were traveling once a week over to Coos Bay. And we had a group of students there who were just absolutely wonderful. We taught classes. We'd come over in the afternoon and teach classes at night and then have clinical supervision with them the next day. And that, they were so grateful to have us come. And we just thoroughly enjoyed that trip. It was a long trip. But we always stopped and had lunch somewhere. That made that kind of special. And then to have students who were so enthusiastic to have us come over and take time with them.

MARKLE: And I'm guessing that many of these students wouldn't have had an opportunity for nursing, that type of nursing education, if there had not been that outreach program.

CAFFREY: That's exactly right. That's exactly right. Uh huh. Yeah. And that was the class that Heather Young was in, who is now the dean down in California.

MARKLE: There were, there have been ongoing concerns and similar concerns today. But also were early on in your teaching about the cost of nursing education within the college and university. And it certainly was an issue during your time as a nursing educator. How did you see economic concerns impacting faculty and students?

CAFFREY: At the time we did the upper two program, the method of teaching, using the learning through discussion, was a very expensive method. Because the ratio of student to faculty was pretty—we tried to limit that. So it ended up being a fairly expensive program. So every time the cuts would come through from the, you know, that the state would cut back on the funding, we were always looked at as being a very expensive program and probably expendable. And so it seemed like we were always fighting to try and maintain our status in the program.

It cycled. It was sort of you'd go through it one year. There would be a few years of reprieve. And then it would happen again and we'd be back trying to convince people that we were an important program to keep.

MARKLE: And then in the '90s, there was Measure 5, which was a property tax limitation. And severely constrained funding for higher education. And there's been some indication that maybe this was potentially one of the reasons that the Southern Oregon nursing program became part of OHSU. And that was a, that was a difficult time for students and faculty and the state. Can you talk a little bit about what you see as the challenges during that time?

CAFFREY: Huh. Yeah, well, one of the rumors that we had heard was that it had been under discussion for some time that OHSU would want to take over the outlying colleges and make one statewide system. So when the cutbacks happened, it really started to occur at that point.

It was right at the time that I was graduating with my PhD. And also discovered that I had colon cancer. So when all of a sudden it happened that SOU was taken over, our nursing program was taken over by OHSU, the decision was made to, that all of the faculty were to go through a rehiring process. And so I interviewed again and I was not hired. And to this day I don't know if it was because I was in the process of chemotherapy for colon cancer or just what the problem was. But there were about three of us, as I recall, that were not rehired. So it was a difficult time for us.

Fortunately, at the time, we were also covered by a union. The Faculty Union here at SOU. So they fought for us. They and their lawyer. And they discovered that actually the firing and rehiring process was not, was not acceptable. It was not legal. And so we were brought back on. But I think the leftover remnants of that experience certainly pervaded our feelings about our position in the faculty at that point.

MARKLE: How did you see faculty working through that and coming back together?

CAFFREY: I think we swept it under the rug for a while. Just tried to keep it going, keep our program going and keep on an even keel. But there was always that underlying simmering of wondering who, who played what role in that whole fiasco.

But I think we finally had it out. I think we finally at some meeting, we just finally decided we had to talk about it. And that was a relief. It got, got it out and we talked about it. And I think we then coalesced back together again.

MARKLE: How did you see students being impacted by that change?

CAFFREY: My daughter-in-law was actually one of the students who was right in the middle of that change. I think they were, there was some restlessness among the students. Some pride at still being an SOU student. But then all of a sudden graduating as an OHSU student. So there was some, I don't know that it was a negative thing. I think they just were confused at that point. I don't remember a terrible, I think there were some problems with my daughter-in-law because I was under some issues with that whole process.

MARKLE: I want to backtrack a little bit to your PhD. Can you talk about what prompted you? Because you had a family. You were teaching. And yet you chose to go on and work on your PhD. Can you talk a little bit about where you went, what your area of focus was and kind of what prompted you at that time to further your education?

CAFFREY: Well by that time my kids were grown and pretty much on their own. So I felt like it was time that I needed to do something different. There were changes happening here as well. There was, the upper two program was probably, was being phased out at that point. And there were efforts to develop the basic baccalaureate program, the four-year program. And also the whole style of teaching was changing from the discussion and the critical thinking to the lecture format. And that was kind of a burnout. I'd been there, done that, and really didn't find that to be particularly exciting. (laughs) So it just felt like it was time for me to move on and do something different.

And so I went up to OHSU and I interviewed with Pat Archbold about getting into the PhD program. Because I'd heard that they were developing it. And she said, she suggested that I really, if I wanted to go back to school soon, that I go somewhere else because they were still trying to get it through the state system. And it might take a year or two before that actually happened.

So she asked me what I was interested in and I said anthropology. And she said great, go for that.

So I went down to the University of Minnesota, or I mean the University of Oregon. And they didn't really have a medical anthropology program, but they had a faculty person who was willing to work with me. So I developed my own program in medical anthropology. And also the anthropology of aging, cross-cultural aging. And so that was my focus.

MARKLE: How did that inform your teaching when you came back?

CAFFREY: Well, one of the things that I did quite a bit was teaching a medical anthropology course. And also, at the time, they were beginning to develop the master's program down here using the online program. So I started teaching some parts of that, the introductory courses, looking at cultural and social issues.

It also, because I had a PhD, and because OHSU required PhDs for administrative positions, that put me in a position where I could get an administrative type of position. And so I took on the, I've forgotten the name of the title right now. But I did work with student affairs and faculty. Sort of a curriculum kind of person.

MARKLE: Did, were you able to bring those things into the curriculum in a more formal way with your—how did you do that with your doctoral knowledge?

CAFFREY: (laughs) Well, I think one of the ways was working with you on the NAFTA program. Donnas was one of the, you, were one of the major forces in developing the NAFTA cooperative program that we had with Mexico and Canada. It was through that program that we began to explore experiences with students going to other countries.

And as a result of that, my background was more in research, so I wanted to develop some way to evaluate that. And that was when we came up with this evaluation tool.

And then one of the outcomes of that program was that we hired Wendy, who was with a Canadian program. And she had been taking students to Guatemala for some time. And so she started taking students to Guatemala. And the evaluation tool then was we used to evaluate the cultural competency that the students gained from the Guatemala experiences, compared to students that stayed here. And that we published. And we still get inquiries from all over the world for that tool about our experiences.

MARKLE: What are some of your fondest memories of those experiences in terms of working with students from other countries and faculty from other countries?

CAFFREY: Hmm. I think students from other countries, I think they were so enthusiastic and so interested and motivated to learn as much as they could. I think that was really fun to work with that.

Faculty, also. There were, sometimes there were some differences in how we perceived nursing and how we wanted the program to run. But for the most part, we were all working as a team. And so that was fun. It was a good experience.

MARKLE: So that's one of your, certainly, legacies for this school is the contributions you've made in terms of just, I think, making all faculty more aware of cultural issues and bringing more of that into the curriculum, as well as developing the cultural competency tool. Do you see that continuing?

CAFFREY: Oh, boy, I hope so. Yes. I think it's got to continue. I think what we saw coming out of that was that students were much more attuned to the fact that there were a lot of different cultural variations even in, just shades of it in, within what you would consider the mainstream culture. So, yeah, definitely it needs to continue.

MARKLE: You came back, you had retired in 2004. And you came back in 2006 to serve as interim dean. What kind of changes did you see then over that three-year period of time?

CAFFREY: Well, one of the things that was going on at the time that I came back was the development of the statewide program. The associate degree programs were uniting with OHSU so they'd be able to send their students on for their baccalaureate degree. That was, that was a new experience.

When I came back, I was only halftime. So I didn't take on a lot of responsibilities in that area. I left that more to Sandy Theis, who had gone up to Portland, and to Carol, who had been also involved with that. So I didn't work with that as much. But I was watching the process from my position.

Most of what I did was, I think, the communication between the Portland campus and the other campuses and myself, seemed like I spent a lot of time on the telephone and doing emails at that point.

The other thing that was happening was the lab. The labs were changing to the more hands-on kind of laboratory experience that students are having now with the computer-based systems. That was exciting to watch that and trying to keep the equipment up. And making sure the labs were up and functioning. Those were probably the two biggest things that I recall at that point.

MARKLE: How do you see nursing impacting your retirement now? What kinds of things are you doing and what are you involved with? How does nursing continue to inform your life?

CAFFREY: Well, after I retired, I ended up joining a church. I never had time to really attend a church before that, although as a young woman and as a child I grew up in a church environment. And it occurred to me that churches are a place that you can meet people and develop a support system.

One of the things that I did while I was there was I took on a role of assisting the parish nurse. So I was like an assistant parish nurse. And that kept me on my role as an RN, so I could keep that identity.

I finally had to give that up last year. And that was difficult to give up my license. To all of a sudden I'm no longer an RN. But it's also freeing in some ways. But it took me a while to go through that process. And I had to keep that role for a little while.

One of the things that I have been doing, though, my volunteer work has been, in terms of, well, our church has a social justice committee. And so I've been working with healthcare reform. And then I've also now started working with our senior services. I've volunteered for that and I'm on that committee. It's an advisory committee to our

Rogue Valley Council and Governments. And because my background in anthropology was also on the anthropology of aging, cross-cultural aging. And I wanted to keep my fingers into that as well. So that's been a way of trying to keep my nursing piece also involved.

MARKLE: You spent some time yourself in Thailand and other parts of the world. Was that part of your research? Or can you talk a little bit about that?

CAFFREY: Yeah. My research initially for my PhD was on aging in Thailand. Looking at family supports in Thailand. So, yeah, we spent about nine months in Thailand researching how families dealt with the aging issues. It was in a particularly poor area of Thailand. And so we were going out into the communities and interviewing both the elderly and their caregivers. And that was enjoyable.

And then after that I got a Fulbright scholarship to go back. And in that case, the person that I was working with wasn't able to complete the research. It was going to be on something with elderly. But she wasn't able to work on that research. And so we ended up doing a study on alcohol and drug use among college students in that area.

MARKLE: In Thailand?

CAFFREY: In Thailand, yeah. Because at the time, at the time we went back, HIV was just making a real comeback. Or really just starting there because of the issues with sex.

MARKLE: Right.

CAFFREY: And so we were, and a lot of that was around the people drinking. The young men or the people, the men would go out and drink and then have sex with prostitutes. And then pass their HIV infection on to their wives and so on. And so that was just starting to make an impact. And so we thought it would be worthwhile to look at alcohol and drug use in Thailand.

MARKLE: What similarities or differences did you see in Thailand versus here around drug and alcohol use?

CAFFREY: Probably not a whole lot, actually. There's a lot of alcohol and drug use here as well. And I think probably more similarities than differences. Yeah.

MARKLE: And how about with caring for aging?

CAFFREY: Aging? Yeah. One of the things that we were looking at there was we knew that the cultural norm was that the children were supposed to take care of the elderly. That was built into their culture. And so we were wondering how that norm was being carried out in light of the fact that Thailand was going through a lot of development. And what we found in the poor areas was that children were having to leave. And they

were leaving their older parents. And going to Bangkok and other places to get jobs. And then their support was mostly in terms of sending money back. But we also found that there was a big difference just in terms of economics. The poorer families fared less well and couldn't take care of their elderly. The wealthier families, often the children could hang around because there was enough money to support them. And so they could take care of them. So there was an economic disparity, much as here.

MARKLE: Seems like some similarities.

CAFFREY: Yeah. There was a lot of similarities there. Yes. Yes. I think that was the surprising thing was that even though it was a totally different culture, there were a lot of similarities.

MARKLE: You brought back some of your expertise around drug and alcohol use and helped strengthen areas of our program here with that. Can you share a little bit about that? And how, what you started to see as the need for having more of that in the curriculum?

CAFFREY: Yeah. Well, we certainly had students who were involved at times that we had to deal with. And so the whole issue of alcohol and drug use among nurses was something that needed to be looked at as well. But also, it was a role, I think, that was emerging for nurses to be able to work in recovery programs with people. And so there were, it was a two-pronged approach, both in taking care of people and also in being aware of what was happening within the nursing profession and the issues that involved with alcohol and drug use.

MARKLE: When you think about nurses from the time you started nursing to today, what kinds of, how do you see that role evolving? What do you see?

CAFFREY: Well, I think when I first started teaching and we were starting to look at what was unique about nursing, and then we had, and it was mostly focused on the nonverbal and verbal behavior, and how to interact with people, because we saw that as a very important role. And then having to kind of backtrack and say, and especially with the changes in technology, we really had to backtrack and say okay, how do we combine that, then, with the expertise and technology and that kind of nursing as well?

So I think the nurses of today need to be pretty much geniuses. (laughter) They need to be able to be compassionate in being able to relate to clients. But they also need to know how to run those machines, and what those machines mean and what they're saying about what's going on. It requires, I think, a nurse who is pretty, pretty well-rounded, so to speak. Yes.

MARKLE: How would you, would you encourage someone today to go into nursing, from your experiences and what it's been for your life?

CAFFREY: I would encourage people that have, I think, the emotional and intellectual abilities to do it. I think people who maybe lack in those areas really ought to look in other areas. I think it's a very challenging role. And a lot of stress with it. So people really need to be pretty healthy mentally. And those would be the qualities, those people I would encourage, yes.

MARKLE: What do you think people don't understand about either the role of nursing faculty, or just the role of nursing?

CAFFREY: Well, I think with nursing faculty, to start with that one, I don't think they realize how much work goes into that role. I remember spending weekends preparing lectures and getting, redoing curriculum. I mean, it was an ongoing process of remodeling and redoing and getting prepared. Which is one of the reasons why I never went to church. I was too busy doing lectures and other things. So it's a very intensive job.

And there's a lot of, the fact that you're responsible for up to ten students at a time means that there's a lot of things that could happen on your watch. And there's a lot of responsibilities with it.

And the other part of your question was—

MARKLE: The role of, just—

CAFFREY: Oh, the role of nurses.

MARKLE: What the public may not understand about what it means to be a nurse.

CAFFREY: Yeah. I think nurses are the glue that holds the whole thing together. I see physicians as being technicians. They're the ones that know how to go in and take things out or put things in or whatever it is. (laughs) And some of them have good interpersonal skills as well. But I think that nurses are the ones who see the whole client. And that's been one of the focuses of our nursing program has been on developing holistic views of clients. Not just they're a body or a mind or whatever. But they're also within a system of a family and a community. And within the healthcare system itself. So the nurse really needs to be the glue that pulls all of that together and works on behalf of the client. She's the advocate.

MARKLE: So you—

CAFFREY: Or he.

MARKLE: --yourself experienced that sort of juggling family and career. And you've seen students trying to juggle family and school and career. What advice would you have for someone, or how did you manage that?

CAFFREY: Well it helped that my children were gone by that time. And I had a supportive husband. So that made a difference for me. For students who are coming back, we see a lot of older students coming back or people who are changing careers, or who had a master's in another area and are wanting to change their focus. I think for those people, having a supportive person with them if they're married or in a relationship is important. Having children who are able to function pretty much independently, that's, that's also very helpful.

For somebody with young children, I think it would be a real challenge. Yeah, because it takes a lot of time and a lot of energy. And you just really can't approach it in a haphazard way.

MARKLE: How would you think, do you think that nursing is harder today than it was when you went to nursing school?

CAFFREY: I think it probably is. There's just so many changes that have happened. The technology has advanced. Being computer savvy. Decision making process that nurses need to go through. There's a lot more adverse things that can happen to patients. There's the patient load is intense. It's just a lot more intense.

MARKLE: I was thinking, though, you went through lots and lots of changes in your career as a nurse. I mean, from no computers to computers, you know, the computer age. And can you speak a bit to the need for nurses to be changing, evolving, lifelong learners?

CAFFREY: Yeah. I think you really do need to keep your eye on the changes that are happening. And go to educational things that, to advance your skills. Do a lot of reading. There's a lot of work to keep up with what's happening. Definitely.

But also, I think, because there are so many things happening, you may need to, students may need to figure out what particular area they want to be in. You can't be so much of a generalist anymore. You really have to look at is there a specific area that I want to develop my skills in. And that might be a better way to go than to try to do everything at once.

MARKLE: How was that for you? When you started out, did you have an idea of what you wanted to be? And did it evolve into something else?

CAFFREY: Oh, gosh. Well, I wanted to be a med surg nurse. I mean, that's what I really liked. And then as I proceeded, I think I really started focusing on the medical part of it rather than the surgical part. I really enjoyed trying to figure things out with what was going on with people medically.

And then I think as time went on, I got a little bit more interested in the psychological pieces of that as well. So it was a kind of an evolving process.

And then, of course, when I went on for my PhD, I was looking more at the social and cultural. So it was kind of expanding, I guess you might say, from the looking at the

medical surgical to looking at the cultures. So yeah, it's, there's definitely a progression as you go on. Or change.

MARKLE: So Rosalie, what inspired you to become a nurse in the first place?

CAFFREY: Back in the days of, when I graduated from high school, the two options for women were either teaching or nursing. I had worked as an assistant in my dad's dental office during summer. So I had that experience. And then I worked as a nurse's aide. And I had an aunt who was a nurse. So I think I just gradually went into that. And the thought of teaching was not something I was really interested in doing. Surprisingly. (laughs) Since I ended up being an educator. But that was the motivation was that out of the two options of teaching or nursing, nursing was definitely more preferable.

MARKLE: And then what took you to the navy?

CAFFREY: (laughs) My dad was a Navy person. He served during World War Two. In fact, I grew up during World War Two as a baby and child. So there was that family tradition. And I wanted to travel. I figured, you know, join the navy and see the world was the motto back in those days.

When I ended up in Portsmouth, Virginia, in the hospital there, all of a sudden I discovered that that was going to be a minimum three-year stint, that they really didn't move you after that. And this big traveling around the world thing wasn't about to happen. (laughs) And it was there that I also met my husband.

At the time, they did not want their women to be pregnant and to be mothers. That's changed now. But at that time, that did not work out. So when I got pregnant, they said, "Goodbye." So that was that.

MARKLE: What kind of influence did the navy, that experience, have on you? In your future nursing?

CAFFREY: I think the whole bureaucracy thing really, the Navy made that very clear. The bureaucracy and how that operated and how that really, at the time that I was there, I got a lot of experience with OB and peds. Especially since I was dating a corpsman at the time. (laughs) So the decisions about where I could practice or where I could do my nursing and when, it just, I think I really got turned off to bureaucracy at that point. That was the main thing.

But the good thing about it was that I got a lot of experience in OB and peds. And in fact, when I ended up teaching, it was one of those situations where you taught wherever they needed you to teach. And so I've ended up teaching OB and peds at times as well. So it was good experience for that.

MARKLE: Okay. Thank you. When you look at healthcare today, what do you see as the major challenges with healthcare?

CAFFREY: Hmm. I think the healthcare system is a major problem. I think the fact that people haven't had access to healthcare has been an issue. I don't know how this new healthcare act is going to pan out. I'm hoping that it will have some positive impact on people's access to healthcare. I think that's been a real major problem. And I think it's left people with diseases and issues that haven't been treated. And that, once they start getting access to healthcare, I think there's going to be a major influx of people who need remedial care. So I think that's going to be a major issue.

The other issue is going to be the elderly. The aging population and the health issues that they bring. So I think those are the main things that I see happening.

Also the other issue, of course, is technology and how that's changing. That's going to be a whole, that's going to put a whole different dimension on it as well. And I think that there's going to be a major role for nurses developing out of all this. The fact that there are people that have not been cared for, I think nurses will be fitting into some of those clinics and taking that on. The role of the nurse practitioner, I think, is going to be expanding a lot. So I think nurses are going to play a major role in this whole, whole process. At least that's my goal.

And I also would like to see it happening that it's more, not just based in institutions or healthcare settings, but that it's seen as a community issue. That the whole community needs to be involved and that it needs to be community-based, not just care setting based.

MARKLE: You mentioned earlier the notion of stress, or the concept of stress and how that impacts people's lives. And you, in the program there was a lot of emphasis on health promotion. And trying to help people manage stress. How do you see that fitting into the current healthcare system?

CAFFREY: Hmm. Well I'm going to deviate from that just a bit and talk about the upper two program that we developed where we were working with nurses who were going on for their baccalaureate degree. One of the focuses in that program was on holistic health. That was a term that was in those days. And that was where we really started looking at the concept of stress and what that meant in terms of health and illness. I think that that still needs to be addressed in nursing education, the whole issue of stress.

And I think as things get more complex, we seem to be in a dimension of things are speeding up and getting more crazy. And I'm not sure why that is. Whether it's just the fact that we have more people, or that technology is making it more available to us. I think things are just getting really crazy. And I see also the political things that are going on and the economic extremes that are happening at this point are going to be causing more and more stress. Yeah, we've got major problems coming up, I think.

MARKLE: Were you able at any point to look at stress in students and what the impact of that was on their wellbeing?

CAFFREY: I think at one point we had students doing stress self-assessments. But I don't know that we followed through on any research on that. It was more just making them aware of their own stresses.

MARKLE: What were your observations about students under stress?

CAFFREY: Hmm. Students have different ways of responding to stress. Sometimes they get angry, sometimes. And they'll do a lot of blaming if they are feeling that they're not able to, having difficulty performing. Sometimes they just withdraw. There's a lot of, a lot of ways that students deal with stress. Some will just meet it straight on and go for it. And that's great, too.

Yeah, students under stress needed a lot, I think what happened with a lot of them was that faculty then came and really tried to support students through that process. Giving them support and so on. And students developed their own support systems, too, so that helped as well. Others turned to drugs and alcohol. I mean, there's a gamut of things that people did. So, yeah.

I think you were probably one of the ones that was most supportive and helpful to students when they were under stress. I really remember you being an important part of that process.

MARKLE: Thank you.

So Rosalie, is there anything that we haven't touched upon today that you would like people to know in your oral history?

CAFFREY: Hmm. I think you've probably covered most everything that I can think of.

MARKLE: I was, I'm going to, I'd like to ask you the question about when you had cancer and saw the healthcare system from another side, what was it that made a difference for you?

CAFFREY: Hmm. That's interesting. I think, well, my surgery, my cancer was discovered pretty suddenly. So when I went in for surgery, it was fairly quick. But before that, I went to see Donna Eden. Donna Eden is a healer. So that's a little outside of the realm of nursing. But I really depended on her because she was intuitive in being able to assess what she thought was going on with me. And also being able to calm me down. So that was my support, actually, before I went into surgery. Because she said, "You're going to be fine."

And so when I came out of surgery, then, it was in the hospital, one of the things that was positive was that a lot of the nurses on the floor that I was at, because I was at Ashland Community Hospital, were ex-students. (laughs) And so I was kind of treated with kid gloves, I think, at that point.

One experience I do remember, though, was in the middle of the night I wasn't sure if the nurse was watching the IV or not. So I'd end up adjusting the IV. (laughter) Sort of on my own. Thinking I knew better. So, and then she'd have to come in and readjust it again. And so that was an issue.

But it was really, one of the things that I really appreciated about that nurse on nights was that she recognized I wasn't able, I was not going to be able to get up and go to the bathroom as they were, you know, they were supposed to make me get up and go. And she says, "No way are you going to do that." And I so appreciated the fact that she did not force me to do that. She assessed my abilities and made a decision. And even though it wasn't the one that she was told to make, she made it anyway. So that was good.

Other than that, the nurses were very kind. But they also, because I was an ex-faculty, I think, they were a little, hmm, tentative.

MARKLE: One of the interesting things about your PhD is that you sort of developed your own program in terms of what you were going to study. So could you talk a little bit about the anthropology, the nursing, the medical anthropology, and how, how those methodologies fit together?

CAFFREY: Sure. Yeah. I wondered that, too, at the time. At the time that I made that decision, we had been, as I mentioned, the holistic health focus that we had had in our upper 2 program. And we were also, at that time, looking at various alternative methods of healing. And it occurred to me that different cultures have different ways of looking at healing. And so it seemed appropriate to study that. And I personally was interested in that. As I mentioned, Donna Eden was a healer.

But when I went up to Portland to talk with Pat Archbold, she recommended that I pursue the anthropology part. But she was also offering a weekend course on nursing theories. So part of my PhD program was taking a course from Pat Archbold up at OHSU on nursing theories. And it was that course that turned me on to exchange theory. Because the focus of her course was on using theoretical frameworks on aging research. So I wanted to keep it as close to nursing as I could. And also, a lot of her research had been on caregiving. So I used some of her work, as well as other people, in developing the research tool that I used.

And so I was also, when I did my research, I was looking at health conditions as well as caregiving. Because they do intertwine, obviously. So that was how I pulled the two together.

And then when I went, when I was working on my PhD, my faculty person that was supervising me was actually a nutritional anthropologist and had a lot of experience in Thailand. And so she was the one that turned me on to going to Thailand. And because of the Buddhist teachings there about responsibility of children to their parents, that was what led to my research focus on caregiving and what impact that cultural norm had on whether children were able to continue on with that.

But while I was doing the research, I was also doing health assessments. And that was interesting in itself. One of the things that I found when I was in Thailand was that,

hardly found any Alzheimer's. I think out of all the people that I met, only two women had Alzheimer's. And their caregivers were taking care of that.

And the reason for that was that people didn't live long enough to get Alzheimer's. Or if they did get confused, what I was told is they went off in the jungle and that was it. (laughs) That was an interesting perspective just in itself, the limited, the fact that people just didn't live that long. The healthcare system was just beginning to develop there. So.

So that's how I integrated nursing with the anthropology. It was a nice mesh. And so a lot of the work that was being done at OHSU in caregiving research was helpful to my research.

MARKLE: And it's still timely today.

CAFFREY: Yeah. In fact, Pat Archbold was one of my advisors.

MARKLE: Yeah.

CAFFREY: Yeah. Yeah, it's still relevant today. Yes.

MARKLE: All the caregiving that people need.

CAFFREY: Yes. And that's going to be expanding. Yes. Uh huh.

One of the, along with that, one of the things that's beginning to happen in this community, and I'm beginning to participate in that, is caregiving to the LGBTQ community. Because that's a whole area that hasn't been addressed at this point. So that's beginning to, through my work with Senior Advisory Committee, we're beginning to look at that population. Because they're aging now. And they're needing to be caregivers to one another. And so that's going to be our next area of development.

MARKLE: What kind of issues are you anticipating there? What are you looking for?

CAFFREY: Well one of the things is, of course, if people do go into nursing homes, how they're treated. When they go into the hospital, are the partners being able to participate in their care? So those are some of the issues of how they're being treated by other people. And whether they're given the appropriate care and the love and compassion that other people are given.

MARKLE: So you've looked at a lot of interesting things in your life, Rosalie.

CAFFREY: Yeah. Yeah. There's always something new.

MARKLE: What do you think the nurse, a nurse is going to look like in 10 to 20 years?

CAFFREY: I think we're going to see a lot of variety. I think we're going to see a lot of people who are very technically skilled and hopefully compassionate in their technology with people. I think we're also going to be seeing people, nurses who are very oriented to the whole family approach. I think there will be nurses who, I'm hoping will be taking on more leadership positions in the healthcare system. I think it needs some compassionate leadership. I think that there's a big role for nurses. I'm hoping they are able to come out and—

And we see more men coming into nursing as well. So that's, that's been nice. Although some of us have also wondered why they seem to get promoted more into leadership and make more money than the women still. So it would be nice to be able to see that equal out a little bit as well. But it's nice to see more men coming in.

MARKLE: What are your concerns about future nurses? What, or just the future of nursing, per se?

CAFFREY: There might be some blowback by the medical profession not wanting to see nurses move into more leadership positions. In fact, some of that, of course, is happening already. I think that will be an issue that nurses will probably have to deal with for a long time. That's going to be an ongoing process. I think people in power really hate to give it up. So that's going to be a process.

MARKLE: What would you like the public to know about healthcare? What do you think is missing from what people need to understand and know about their own healthcare?

CAFFREY: Hmm. I think they need to learn to ask questions. I see more and more people with conditions using the internet to try and educate themselves. I think people that are doing that need to know what are credible references and resources. So I think that kind of a skill would be important. And as well as being able to check out with the healthcare, whoever your healthcare provider is, being upfront with them about what's going on. Being an active participant, you're also in charge of your body as well as your healthcare provider. So I think those are things that people are going to have to, need to take on as part of their responsibilities.

MARKLE: Given your interest in anthropology and culture, and particularly living in this region of the country, what do you see as the needs for nurses around being culturally aware, or culturally sensitive, providing culturally appropriate care to people?

CAFFREY: Well of course we have a large Hispanic population. So that, I think, bringing, having more Hispanic care providers would be nice. But also having more cultural awareness of the differences in expectations around health. Particularly in the Hispanic. But we certainly have other cultures as well. And I just mentioned the lesbian/gay community. That's something that I think students really need to learn more about and how to deal with those issues. I think just the general sensitivity to the fact that people are very different in how they approach their health and illness. We certainly have a lot

of alternative practitioners in this area, and people use alternative health practitioners. And so learning how to accommodate that process as well. Those would be the main things, I think.

Well of course back in the day when I went to school (laughs) we sat in on lectures, we took copious notes on different healthcare conditions. Medical surgical conditions and the appropriate care. The medications were much more limited at that point, so that was much easier to learn the pharmacology. Although pharmacology was difficult anyway. It was more a lecture, learning how to supplement whatever the doctor was doing with the patient.

I think as nursing tried to develop itself, we tried to come up with our own interventions. Much of that around teaching and support kinds of actions with people. Tried to help them learn how to take care of themselves and to be responsible for their own health as much as possible.

Yeah. I think as, a lot of the intuitive approaches to nursing, I think, were helpful in their own time and in their own way. But having evidence-based approaches to nursing has made it more of a science, more of a profession. I'm hoping that evidence-based nursing doesn't, isn't so prescribed that people lose their intuitive insights into what's going on as well.

It's nice to have the evidence base because it gives you guidelines. But you still need to be able to use the critical thinking to know when those are appropriate and when they're not.

So that's the part that I think students really need to learn is how to evaluate when to use them and when to deviate. That's a difficult one. And that may not even be available to them until after they graduate and they're actually getting experience on the floor. That might not be a way that they can approach it as a student as well as a graduate with some experience. It takes a while to learn that intuitive approach.

MARKLE: A few more thoughts about alternative medicine and your observations maybe from throughout your career on either your personal experiences with it or when you started having patients who were using it. And then how allopathic medicine has evolved. I was really interested to hear you talk about that nursing education needs to evolve to teach students about how to treat patients who are also using alternative care.

CAFFREY: Okay. Let me think. Yeah. When we first, when I first started teaching here, Ashland is a hotbed of alternative care practitioners. And so all of us were really curious about that, about who these people were and what they were contributing to healthcare. And at the time, we were introducing that into the curriculum, but we were also developing a little program on the side of holistic nursing. And a lot of that had to do with doing, the people that took that on, the faculty that I'd been teaching with, took that on as an educational program, a health promotion program for businesses. And in fact, I understand that program is still going on.

So that was our approach to that was looking at alternative health as a health promotion way of being. Dealing with stress, as we mentioned before. Just upping your immune system and those sort of things.

My own experience with it was more when I had cancer. And Donna Eden, who is quite a worldwide known healer, was working with me. And that really introduced me to the fact that some of these alternative healthcare providers are really very skilled in their own areas and have something to offer that people may not get from the traditional healthcare or medical practitioners.

And she was helpful to me after, after the surgery as well, in continuing with my healing process. And so I used her, actually, as my healer. And that was my personal experience with a healthcare alternative practitioner. Yeah. What was the other part of that question?

MARKLE: How would you see students needing to learn that? Or to understand that? And do you see any parameters in that that they—

CAFFREY: Yeah. Because there are people out there, one of the things that worries me about that field is that there are people out there who are taking advantage of people. And I think it's also important to be able to screen what's appropriate and what's not. And I think when people use some, they're so desperate for help that they'll do anything. And there are people out there who will take advantage of that. And so you do have to screen what's appropriate and what's not. That can be a challenge. And I'm not sure exactly how you do that. Sometimes people just have to do it. Have to, they just, they're so desperate that they have to do it.

MARKLE: Have you ever seen problems with students trying to recommend that people do something that maybe is outside of their level of practice?

CAFFREY: The only thing that I can remember vividly is students trying to get people to abide by their particular religious beliefs. And that, I think, was not helpful or appropriate. Yeah. That would be the main one that sticks in my mind.

But things like masseuses. I mean, those are, you know, that's pretty, most everybody does that. And it's very comforting. But some of the practitioners that are using untested prescriptions or medications are, I think, a little scary. Yeah.

Well, it's probably dealing, again, with prevention issues. And the role of nurses in prevention. And that I see is a very important role, is helping, obesity, certainly, is a major problem. And helping people with healthy eating. Advocating, perhaps, for more healthy things on the grocery shelves. Working with children. Helping them become more active. Exercise more. School lunch programs. I think those are all the kinds of things that need to happen. Smoking, of course, is a big issue that still goes on. The whole, the young people drinking and using drugs. There's just a whole gamut of things that people are undertaking to destroy themselves in the future or currently.

And the role of nurses in prevention. I think being community-based is an important part of that process. And that's difficult to do, other than through, perhaps—

think it's sad that so much money has been taken out of the public health system. Because that's really where we ought to be focusing. I think the major changes in health behaviors has been because of public health focuses. And that's just not happening. There's so much money going into people making money off of, you know, the insurance companies and the hospitals making big bucks off of people that there's no money to spare to go into general public health to the population.

My own personal, I would love to see socialized medicine. I just think it's so crazy that we have this business-oriented approach to medicine. And money gets drained off into people's coffers, their own pockets, and not serving the health of populations. I think, I'm hoping that the next round of healthcare reform will be more of a single payer type of system. But that's probably going to be much later than I'm going to be around.

Simek: If you had a grandchild come to you and said, "I'm thinking about becoming a nurse," how would you discuss that? What would you say?

CAFFREY: I would ask them to really think about that. It's going to be a demanding profession, I think. I think they're going to have to realize that it's going to be, it's going to take a lot of effort on their part. And I would hope that they would be the kind of people who would be able to sense, be able to intuit other people in some ways or be able to be sensitive to other people and where they're at. As well as being very bright. I don't think you can be a slug and be in this profession. (laughs) And being able to handle the stress. I think there's a lot of stress with that profession. So, but a grandchild that, if that person was able to, was bright and was doing well in school and was personable and pretty healthy mentally, yeah. I'd say go for it. It's a good profession.

MARKLE: What are some of the reasons people, that you see, people go into nursing that aren't the ones that work very well?

CAFFREY: Well, they think they're going to earn money. The jobs are going to be out there. And they are. The jobs are going to be out there. So I think that's one of the issues, if you're coming back just thinking that you're going to get a job and that's the main thing, it's probably not a profession that you want to be in. That would be the main thing.

The other, of course, would be family pressures. You know, they always, mother always, or grandma always wanted you to be a nurse. That might be an issue as well, that there's some family pressures that way. But I think with some of the older students that we see coming back, I think it's a way of earning some money and some job security. And for some, that works out fine. They become excellent nurses once they figure out what it is that they've gotten themselves into. (laughs) But for others I think it might have been a mistake. Yeah.

MARKLE: If you had it all to do over again, would you still do what you've done?

CAFFREY: That's a question I ask myself sometimes. (laughs) You know, there's so many more options out there for women. I just think I had no clue as to how many possibilities there might have been, or would be at this point. So I don't know whether I would do it again or not. I think it's been a rewarding profession, a rewarding career for me. But if I were to do it again, would I go into nursing? I don't know whether I would or not. I mean, I look at the challenges of it and there's, there's things that would attract me to the challenge of it. But I don't know. (laughs) That's a good question. Yeah.

MARKLE: This is Tuesday, September 24, 2013. We're in the Dan Cook room at Southern Oregon University, which hosts the Ashland nursing program for OHSU. We are concluding the interview with Dr. Rosalie Caffrey, who's a professor at the School of Nursing.

Simek: And the interviewer was?

MARKLE: And the interviewer was Donna Markle.

[End Interview.]