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Yael Greenberg (YG): Today is Friday August 15th, 2003. My name is Yael Greenberg, oral history program assistant for the Florida Studies Center. We continue a series of interviews in our studio here in the Tampa campus library with USF faculty, students, staff, and alumni in order to commemorate 50 years of university history. Today, I will be interviewing Dr. Ona Riggin, who came to USF in 1977 as a professor and director of special projects in the College of Nursing. Currently, Dr. Riggin is an emeritus and distinguished professor. Good afternoon, Dr. Riggin.

Dr. Ona Riggin (OR): Good afternoon.

YG: Let's begin by you taking us to the year you arrived in Tampa, and what circumstances brought you to the University of South Florida.

OR: I arrived at the University of South Florida in the fall of 1977. I had been teaching at the University of Tennessee. And my husband, who is Dr. John Riggin, accepted the position as chief of staff at the James A. Haley Veterans Hospital. So that meant that we were moving. We came to Tampa, and I accepted the position at the College of Nursing.

YG: What did the University of South Florida look like in 1977?

OR: You know, I'd have to reflect on that, but I think it was sort of a skeleton of what it is today. And, of course, initially, I was pretty much scheduled at the Health Sciences Center. And at that point in time, it was the College of Nursing building, the College of Medicine building, and the library, and that was about it. And then, you know, since that time, many buildings have been added there.

YG: How did you—you had mentioned that you came along with your husband, who was going to head up the veterans hospital. What kinds of things had you and your husband heard about the University of South Florida prior to your arrival here in Tampa?

OR: Well, in a way, we hadn't heard too much about the University of South Florida. It was just that with the Veterans Administration, usually the personnel are placed by a central office, which was in Washington, DC. And so, of course, when the opportunity opened here for a chief of staff position, since he had been in academic medicine all of those many years, you know, it was sort of—it was a combination of what he had been doing and also a challenge to do administrative-type work, really. And at that point, we looked into Tampa, we looked into the university, and we thought, well, you know, let's go for it. And so we both came for interviews. We were both happy with the interview situation, and we mutually decided to come.

YG: You came into the University of South Florida as a professor and director of special projects in the College of Nursing.

OR: Correct.

YG: Can you sort of take us back to 1977 and how the College of Nursing came into fruition?

OR: The College of Nursing has really a very interesting history. In 1965, the legislature approved funds—well, approved legislation for the establishment of a college of nursing. And then in 1966, the—really, I guess the first dean, Alice Keefe, was appointed, but she served less than a year. Gwendoline MacDonald then was appointed dean in, let's see—in 1969. Right. And that year and 1970, she employed nine charter faculty. And then in 1973, they admitted the first class of baccalaureate students, which—they admitted 50 students at that time. And that class graduated in 1975. So, you know, it's like 10 years before the first class graduated. But that's not unusual when you're starting a new college. You have to come up with faculty, with a curriculum and everything. And then a couple years later, they added the BS program—well, the RN to BS program. And so it was—as I say, it had a rapid transition from the time that money was appropriated, the proposal for the college was written, and graduated their first class.

YG: In terms of location on campus, where was the College of Nursing in those early days?

OR: Well, I only can tell you stories about that because it was before I came, but the College of Nursing actually started in trailers. And they did not move into the building proper until 1975. So the first two years, the students in—some of those students who are graduates now, obviously, are still around. They talk about that experience, and some of the faculty who were here at that time do.

YG: In terms of structure, how was the College of Nursing structured? What kinds of courses were being offered? Just give me a little, a picture of how the structure of the College of Nursing went.

OR: The College of Nursing is an upper-division baccalaureate degree. And what that means is that the students have the first two years either on a four year campus or they can go to an associate degree campus where they meet the requirements for—well, say, physiology, for some of the social sciences, for growth and development. You know, the routine courses that students really have in the first two years plus, the base for beginning professional work. And then once they are admitted to the College of Nursing, they have a combination of theory work and clinical work. And usually they serve in the clinical area, well, somewhere in the neighborhood of 15 to maybe 20 hours a week. And they do—it's a very, very rigorous curriculum, because they have a number of theory courses which are really very demanding. Plus the fact, you know, they have to make that transition from being a layperson to being a professional person. And so it's a tall order.

YG: You were hired as a professor and director of special projects. What were some of the special projects that you helped to initiate?

OR: Well, that title in a way was sort of an interesting title, because when I came—and I think it was the newness of the program—they really needed someone who could counsel students, advise students, basically, you know, do some of the emotional, behavioral kinds of problems. And in addition, they needed someone who was qualified who could do a feasibility study for the master of science degree program and then write the proposal, which I did, and do all of the legwork, basic work, so to speak, for the master of science program, which was accredited—well, I should back up just a little bit. It was—well, the proposal was approved by the Board of Regents in 1979. And we admitted our first class of students in 1980. We admitted 16 students at that time.

YG: In terms of the students in those early days, were there African-Americans attending the College of Nursing in those early days? Were there men attending the College of Nursing, or was it predominantly a female major, if you will?

OR: It was predominantly a female major; however, we did have some men, and we did have some African-American students. Now, in the master's program—because in order to enter the master's program, students have to have a baccalaureate degree in nursing, and there were very, very few of those individuals around, really, in those early days. So that was—the first class was entirely Caucasian. And then we—the second class we admitted, we had a male student. And since that time, we've had a pretty good mix, really, of male students, African-American students, Hispanic students, and Caucasian students. We've had some Asian students, as well.

YG: Being that in 1977, the College of Nursing was basically new and the College of Medicine was also fairly new, were there—was there a relationship between the College of Medicine and the College of Nursing, or were they really separate institutions within the University of South Florida?

OR: They were separate institutions; however, there was a very, very good cooperative relationship with the College of Nursing and the College of Medicine. For example, in the master's program, really, a number of the chairs from the College of Medicine and some additional faculty taught in that early master's program. Again—well, we really had three faculty in that program to begin. And so, you know, it was just impossible to really provide in-depth instruction in some of these subspecialties. And so we had very, very good cooperation.

YG: You just mentioned that, really, the College of Nursing had virtually a couple of faculty. Can you talk about the people here early in those days who helped to build the College of Nursing?

OR: I was talking about the master's program had basically three faculty to begin with. One was Dr. Gerry Dowd, and her specialty was medical surgical nursing and adult health. And then the other major faculty member was Dr. Imogene King. And Dr. King is well known for theory development. In addition to that, she taught the research courses and certainly carried a fairly heavy thesis load, of course, as all of us did, because in the early days of the program, students were required to do a thesis. And so as I say, most of us at that time were on nine or 10 or more thesis committees, which was really a pretty heavy load. In fact, last night, I was just sort of breezing over my CV in preparation for today, and I was really surprised that I had chaired over 50 theses in that period of time.

YG: What were some of the immediate challenges that the College of Nursing had to deal with, particularly in those early days after it had been established?

OR: Well, one of the major challenges was really accruing a sufficient number of faculty. And that was probably a many-faceted-type problem because there weren't that many prepared nurse educators in the country to begin with. The university here was a relatively new program, and many times, seasoned people are not eager to come to a relatively new program. And then also the funding, which continues to be a problem, but it was a problem at that time. And sometimes we had applicants whom we could have employed but really did not have the funds to employ them. Then another problem came along in that nationally, in order to maintain accreditation, one really then had to have faculty who were prepared at the doctoral level. And so probably in the 19—oh, I don't know, after 1980, probably 1985—well, no, really probably about 1980 to 1985, during that period, we probably had 13 faculty who were working on doctoral degrees and who were part time on the faculty here. And so that was, you know—again, it was a fairly difficult period of time.

YG: How did the College of Nursing manage to attract faculty from other areas of the country to

come to USF?

OR: Well, I think, again, there were probably many, many ways that that happened. One, Gwendoline MacDonald had been the president of the National League for Nursing, and so because of that position, she had wide exposure nationally. Also, as one brings on more faculty, you know people in your specialty area, and you begin to tell them about all of the advantages here. And usually the first reaction is, “Tampa, Florida? Where’s that? University of South Florida? What’s that?” And as you talk about it, because we were so enthusiastic, they would become enthusiastic and would come for an interview. And then many of those people just really fell in love with the college and the faculty and the university and came and joined us.

YG: How was the College of Nursing funded in those early days?

OR: Oh, dear. Well, and that continues to the present time—within the university, there is the—I won’t have the correct title for it now, but there’s the budget for the main campus, so to speak. And then health sciences has its own budget. And in the early days, the vice president for health sciences was also the dean of the College of Medicine. And so it was really negotiated between that individual and between the dean in the College of Nursing. And then we went through a period of time where we had only a vice president for health sciences and a separate dean for the College of Medicine. And I can’t remember—probably about 10 years ago—I think I’m fairly accurate on that—it again reversed, and we now again have a vice president for health sciences, and he also is the dean of the College of Medicine. But, of course, since that time, we’ve added the College of Public Health, and so it’s become, I think, a much smoother operation within the health sciences. More collaborative, I should say, than it was when we were just dealing one on one with two colleges.

YG: In terms of the university support, as a faculty member in the College of Nursing, could you get a sense that the University of South Florida was supportive of having a college of nursing?

OR: Oh, I would say they were really quite supportive. You know, for example, I’ve served on numerous committees on the main campus, and during my career here, I chaired the graduate council, and I chaired the research council and the honors and awards council. And in addition to that, as I say, served on many, many committees within the university. Having come from big campuses—the University of Wisconsin and the University of Minnesota—I just could not be sequestered in just the health sciences. But everyone here on this campus was really very open and very eager to have us as a part of the governance structure.

YG: After becoming a professor and director of special projects, you also became an assistant dean for graduate education and research. Can you talk about some of your major initiatives? And I particularly would like to ask you about the MA and the proposal for the MA and seeing that through as well.

OR: The proposal for the MS, you mean?

YG: MS.

OR: MS, yeah. It’s a master’s of science degree with a major in nursing. When I wrote the proposal at that time, I had a lot of consultation, and in writing the proposal we—because of restricted faculty, restricted funding, we really could only have one focus area. Based on the feasibility study, that needed to be in adult health nursing. So the way I wrote the proposal was that it was approved as a master’s of science degree program, as I say, with a major in nursing. And then we were able to add concentrations, which were really different specialty areas, to the curriculum without having to

go through again the graduate council way and through the Board of Regents. Now, we always did go through the graduate council on this campus, but I mean we didn't have to go through the whole state operation in terms of gaining permission. We added the gerontological program in 1982, and that was a result of some federal funding from the Department of—well, it was really a nurse-training grant from the Department of Advanced Nurse Training.

And then in '70, uh—a couple years later, I said—did I say '72? I meant '82.

YG: You said '82.

OR: I said '82. Yeah. And then in '84 we added the specialty area in psychiatric mental health nursing. And in '86, we added our community health nursing and oncology nursing. And then in '88, we added the family health nursing concentration, and that again was under a nurse-training grant from the federal government.

YG: Why was it important for the College of Nursing to have this MS degree and then focus it into these particular specializations?

OR: Well, it was really important because, again, specialized knowledge becomes very, very important, and so you need individuals who have specialty training. It's somewhat akin to the specialty areas in medicine, really. So that's why it was necessary to add the various concentrations. Also, you have baccalaureate graduates out there who have been working in the field and who are particularly interested in these different areas. And so that becomes really important.

YG: Particularly in those first few years of the establishment of the College of Nursing, why did students want to come to the University of South Florida, and why did they come to study nursing? If you could, give me a sense.

OR: Well, at that point in time, we were really the only master's program in this area. There was a master's program at the University of Florida in Gainesville, and there was one at the University of Miami in Miami. But in this area, there really had not been an opportunity for master's education, and so I had mentioned earlier, in 1980 we admitted 16 students. By 1983, when the program was accredited by the National League for Nursing, we had 140 students. They weren't all full-time. Many of them were part-time, which is again pretty typical at the graduate level. But it really shows you, I think, the very, very rapid growth and the very—very much the interest that students had.

YG: After you were assistant dean for graduate education and research, eventually you became—after a brief administrative leave—you became chairperson for the graduate program in psychiatric mental health nursing. Can you talk a little bit about what some of your major responsibilities for that position were?

OR: Sure. That was my love, I guess. My specialty is psychiatric mental health nursing. And again, because the program had grown very rapidly, we really needed someone to administer that particular concentration and to help that particular concentration develop. Because nationally, a very, very small percent of nurses enter psychiatric mental health nursing, both at the staff level and certainly at the graduate level. And so from then until I retired, I chaired that program, and really, it became one of the better-known psych mental health programs in the country. At one point in time, we had more students than some of the large universities. Also, our program was approved by the Air Force and the Navy, and they would send students here to complete their master's degrees. So it was, you know, it's a great program.

YG: As the psychiatric program began to grow and the College of Nursing began to grow, were

professors and other scholars attracted to come to USF, particularly prominent professors and physicians and nurses?

OR: I'd say very much so. You know, we had a number of applicants during those years. Now, during some of those years was also when we had probably the most difficulty with funding. And from—I don't know if I could give you specific dates here; I probably cannot—but from about, say, 1985 until 1988, 1990, somewhere in that range, we actually had lost seven positions in the College of Nursing because we didn't have funding. That was the problem. It wasn't a recruitment problem at that point; it was a funding problem.

YG: Why was funding so difficult during that period, and was this something that was occurring not only in the College of Nursing but throughout the University of South Florida?

OR: It was throughout the university, throughout the state. Those were just very, you know, difficult budget years. So we were not singled out for that, but, you know, again, because we were a small college in a way, we took a major loss there. Yeah. And also because we had one budget in the Health Sciences Center, probably more funding was going to medicine. That may not be a totally fair statement, but I think it is.

YG: In terms of curriculum, I know you had mentioned that for the first two years, initially, the students had to take some core-level courses. But as—I would imagine as the program continued to grow, and specialties—more specialties began to come into the program, that there were more courses being offered. If you could maybe name some of the more popular courses, or some of the courses that are, were very unique to the College of Nursing at the University of South Florida.

OR: At the baccalaureate level—our program continues to be an upper-division program, and the curriculum in the baccalaureate program is really a prescribed curriculum. In other words, a student enters the program, and that student goes through the entire program in a lockstep manner, which is not different from or unusual from many professional programs. Our middle son was in veterinarian school, and the identical thing happened there. And then our younger son was in law school, and it was the same thing. So it's fairly typical for the baccalaureate program. Now, the master's program—that is really quite different, because their students do have a core curriculum, and the core curriculum is—pretty much, it's—they have a theory course, they have a research course, they have a pathophysiology, pharmacology, physical assessment. Those are pretty much the core courses.

Then after that, they have some prescribed courses in terms of each specialty. But they also have the option to take electives in other specialties or even electives in the university. And then we have a number of students who will do a dual major. For example, again, in psychiatric mental health nursing, a number of the students also completed the family health concentration or the adult health concentration. So they do have those options.

YG: Is the baccalaureate degree a four-year degree in nursing?

OR: It is a four-year degree in nursing.

YG: And the master's degree?

OR: The master's degree—when we started the master's program, it was a 48-credit program. And then, again, due to trends in the country and some changes within the university, we really had reduced the program down to 36 credits at one point in time. But everyone quickly, quickly realized that that was not enough. Today, I think the program is—it's back up in, like, 44, 45 credits,

something in that neighborhood. It depends a little bit on the specialty. The family health specialty requires more credits because those students have to be prepared both to take care of children and to take care of adults, and so they do have some additional courses in them as a result—some additional credits.

YG: In 1990, you became the director for the development grant in alcohol, tobacco, and other drugs.

OR: Right.

YG: Could you talk a little bit about your major responsibilities in directing this project?

OR: Yes. That was—the University of South Florida College of Nursing was one of seven colleges of nursing in the entire country who was fortunate enough to receive moneys on that particular grant. And the major purpose of that grant was to prepare faculty in the area of substance abuse and other drugs. We had five faculty fellows on that particular grant. In addition to that—or in the preparation of that, I guess one should say—they were prepared both again through some theory work—they were not formal theory courses, but for example, we met every week in terms of a seminar or two, you know, discuss various aspects. They worked with specialists in the community in the area of substance abuse. And then there was a research focus, so that each of the fellows developed a subspecialty area in substance abuse, and two of the fellows did this in the area of pediatrics. And one of the fellows did it in terms of gerontological nursing. Let's see. What were the others? Oh, one was in adult health nursing. And the fifth one, I have to think of who they were. To think what their—there were two in adult health. Two in adult health, two in maternal child, and one in gerontological.

YG: As the College of Nursing continues to expand, as well as the University of South Florida, what are some of the challenges that the College of Nursing is presently facing, if you will?

OR: The major, major challenges—again, faculty—prepared faculty shortages. And this is a dire problem throughout the country. Dr. Patricia Burns was appointed as a dean in 1997. And she is really a very, very innovative dean who has done many, many things, I think, to advance the College of Nursing. And one of the things that she's engaged in right now is they've employed a number of master's degree graduates who work primarily with the undergraduate students in clinical areas and who—also, they do supervise some of the graduate students in the clinical area. They do not solely teach any of the core courses or major courses. But what—for example, this year, five of those individuals are beginning doctoral study. So in a way, it's kind of history repeating itself to where we were back in the '80s. We're right there again.

YG: What was, in those early days in particular, the vision of the College of Nursing, and has that vision of the College of Nursing changed throughout the years?

OR: The vision was always to prepare top-notch nurse graduates at the various levels. That was always the vision. I think the way it has changed is through some curriculum changes and educational changes. For example, in 2001, the college established five clinical—let's see, what are they called? Clinical something collaboratives. And, as Dr. Burns says, this is probably the best cross between diploma nursing and baccalaureate nursing, because what happens is that a student, once they're admitted to the College of Nursing can elect a clinical hospital or a clinical group that they wish to be with for their entire program. And say, for example, one of the clinical cooperatives is the combination of the Veterans Administration hospital, the Moffitt Cancer Center, and the Shriners hospital, so that a student then, instead of going to different hospitals for the different experiences, they remain with the same faculty and with the same clinical people during that period

of time. And then another of the clinical collaboratives is University Community Hospital, and another one is Tampa General Hospital. And then also we have one in St. Petersburg, which is Bayfront Hospital and St. Anthony's and All Children's. And the fifth one is St. Joseph's Hospital. Now, this year, they're adding a sixth clinical collaborative. And I will mention, one of the major changes that happened is—

[AUDIO DROPS OUT FROM 37:27 TO 37:45].

OR: In 2001, that was lifted, and immediately, the college then started admitting 60 students two times a year.

So now we—in one year, we're admitting 120 baccalaureate students, and that again is to help meet the nursing shortage out there, because there is a severe nursing shortage. Rarely a day goes by that I do not receive an ad in the mail for a position somewhere. And I mean these are not just in Tampa or in Florida. I mean, these are national—people just begging you to come and work for them.

YG: Was the cap because of funding, or what was the primary reason why there was such a cap on students coming into the College of Nursing?

OR: It was a legislative action. And as I say, it had existed for so many years, really, how it happened initially, I don't know. I do know it was a legislative action. It had to do somewhat with the state Board of Nursing, and it had to do somewhat with the number of associate degree programs that were beginning to open

[AUDIO BECOMES UNUSABLE AFTER 39:11].

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