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Emily Lemoine Loveridge (1860-1941): Pioneer and Leader in Nursing

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Abstract

Emily Lemoine Loveridge (1860-1940): Pioneer and Leader in Nursing

The life of Emily L. Loveridge reflects the context of the times in which she practiced as a nurse and assumed leadership roles as a superintendent of nurses and subsequently a hospital superintendent. Over the course of her remarkable 40-year career, she would begin the first training program for nurses in the Northwest and shepherd a foundling hospital from a wooden structure housing 50 patients to a brick structure of over 330 beds. She would also advance the professionalization of nursing while contributing significantly to a variety of professional organizations.

As an 1889 graduate of Bellevue Hospital in New York City, she journeyed to Portland, Oregon in 1890 upon the request of her father, an Episcopal minister. He called upon her to come to Good Samaritan Hospital, an institution founded by the Episcopal Diocese, to initiate a training program for nursing students.

Immediately upon her arrival, she assumed the position of superintendent of nurses, which included implementing and providing oversight of a training program for nursing students, supervising nursing staff, as well as practicing as a staff nurse and operating room supervisor. Over the ensuing years, she would become the superintendent of Good Samaritan Hospital and hold this position for 25 years. By the time she retired in 1930, the hospital had been shepherded through significant periods of change and growth and had become a thriving institution. More than 800 students had graduated from its nursing program.

Emily Loveridge imbued characteristics common to nurse leaders of her time: tenacity, creativity, and perseverance. She also modeled caring as a way of being throughout her professional and personal life.

Emily Lemoine Loveridge (1860-1941): Pioneer and Leader in Nursing

The life and times of Emily Lemoine Loveridge as a professional nurse, reflect in large part the changes occurring in nursing, medicine, and healthcare administration from 1890 to 1930. It was during this time that she served as the first administrator of the Good Samaritan School of Nursing and later as the superintendent of Good Samaritan Hospital. She was a pioneer and leader in nursing practice, nursing education, and hospital administration.

Her impact on the nursing profession and healthcare community in Oregon and ultimately the Pacific Northwest was significant. She arrived in Portland from New York City in 1890, agreeing to stay one year to start a nurse training program at Good Samaritan Hospital. She retired from the same organization 40 years later as superintendent of the hospital. Her life's journey was characterized by service, caring, and a commitment to high standards of patient care. The forty years spent in leadership roles at the hospital and professional organizations were notable in terms of the changes and advancement of nursing care that occurred as well as the role of the hospital in the provision of health care to the community.

Emily Lemoine Loveridge was born August 28, 1860 in Hammondsport, New York. She was the daughter of an Episcopal minister and a mother who died when Emily was just five years old. After graduating from the first class at Norwich High School in Norwich, New York in 1883, she taught at the primary grade school level for several years. During this time, she became engaged to an attorney, who was murdered when he attempted to collect on a debt. This was a

life-altering event for Ms. Loveridge, who then decided to become a nurse. Her family found this somewhat remarkable, as when she was younger she had an aversion to blood. They noted she had to leave the room if someone received a cut and bled (Christerson 2007).

Ms. Loveridge entered the Bellevue Training School for Nurses in New York City and graduated in 1889. The educational program was a two-year program and “the first in the United States to be modeled after Florence Nightingale’s school” (Kalisch and Kalisch 2004, 66) in London. By the time she graduated, her father and stepmother had relocated to Portland, Oregon. Active in the Episcopal ministry, her father learned that the diocese had opened a facility in Portland in 1875 named Good Samaritan Hospital and was now seeking someone to develop and implement a training program for nurses. Reverend Loveridge convinced his daughter to head west to do this. For Ms. Loveridge, this represented a call to service, and she traveled by train to Portland, then a bustling city of 70,000, arriving on April 27, 1890 (Lindsay 1998, 2). During this period it was not uncommon for women who had graduated from elite training programs to “serve as ‘nursing missionaries’ starting and organizing schools in the American hinterland beyond the major East Coast cities” (Reverby 1989, 105).

It is difficult to know what she must have been thinking as she first viewed the hospital, which was located in a wooded area at the outskirts of the city. Later she would note that “the place looked small enough after the rambling buildings of Bellevue but the grounds consisting of two double blocks gave us

plenty of room to expand” (Lindsay 1998, 1). She had come from a large, urban hospital, traveled several hundreds of miles by train, and carrying her suitcase, rode a horse drawn street car that deposited her six blocks from the hospital. At that time Good Samaritan was a two story, frame building surrounded by a field that was home to a few dairy cows that supplied milk for the patients and staff (Carver and Ross 1992). The hospital, which had 25 beds when opened in 1870, now contained approximately 50 beds. There was no electricity or elevator. When necessary, patients were carried from one level of the hospital to the other by the nurses or orderlies. Wood fueled the furnaces as well as the kitchen stove. Gas lights and candles were used for lighting. When Ms. Loveridge arrived, she found herself one of three graduate nurses in the city. As she noted, “I had plenty of courage but needed it” (Loveridge 1930, 48).

Ms. Loveridge became the Superintendent of Nurses at Good Samaritan Hospital on May 1, 1890. By June 1st, the training school opened with five students, three of whom were already providing care at the hospital (Loveridge 1930, 49). A previous attempt to start a nursing program had been initiated in 1883, but closed after a short period of time, as nursing was not seen as an appropriate role for genteel women by influential supporters of the hospital. However, with Ms. Loveridge in charge and a growing recognition of the need for educated nurses, support from the community and diocese was secured and the school was opened.

Although she had promised her father she would stay for a year, she noted “for six long months I was very homesick for the East” (Loveridge 1930, 48). She threw herself into her work which, as superintendent of nursing, involved starting and maintaining a training program as well as providing oversight of staff in the hospital, practicing as a staff nurse, and functioning as the operating room supervisor. As she noted, “...in my leisure moments (I) did any necessary work—sewing, cleaning, painting, etc.—that there was to be done” (ibid.).

Ms. Loveridge lived in the hospital, in a room over the women’s wards. The other nurses were quartered in a basement dormitory near these same rooms. The bathroom, located in another part of the hospital, was about a block from where they slept (Loveridge n.d., 6). She was constantly on call and as she described, during her first year “never knew what it was to have a whole night’s uninterrupted rest” (Loveridge 1930, 49). Later, as hospital superintendent, she would continue to reside at the hospital. This was a common practice of the times as “it was assumed necessary for an administrator to live within the hospital’s walls” (Reverby 1989, 106).

The influence of her education at Bellevue Hospital could be seen in the uniforms and caps (which Ms. Loveridge made) of the student nurses (Lindsay 1998, 2). She also designed a school pin that was similar to that of her alma mater’s. Ms. Loveridge’s education at Bellevue also had a significant effect on her nursing practice. Upon her arrival, she was appalled at the local standard of practice in which the shades covering the windows in the operating room served

as the pin cushions for threaded surgical needles. She quickly upgraded the standards and established a procedure whereby the needles were placed in a bandage and boiled with other surgical instruments. Bi-chloride was the antiseptic utilized and was also used to prepare the patient's skin prior to surgery. As she noted, "we never felt that the patient's skin was properly cleansed until it was red from the scrubbing." (A history of looking forward n.d., 6). Sundays were usually the busiest day of the week for surgeries, as physicians had no scheduled office hours and as she noted, there also "was no golf" (Kalisch and Kalisch 2004, 125).

In the early years it was not uncommon for people to refuse to come to hospitals out of fear of these institutions. In these cases, Ms. Loveridge would "load up the surgical gear and go to the patient's home" (A History of Looking Forward, 6). Extensive scrubbing and cleansing of the operative environment ensued and was completed by nurses prior to the surgery (Loveridge 1930, 51). Although family members were sometimes involved in this process, she recalled that "it was better to keep them occupied and away from interfering with our surgical supplies" (ibid.).

As was typical of the times, nursing education involved learning by doing. The students provided the majority of nursing care to patients. After working 12- to 16-hour days, they attended classes several evenings a week in Ms. Loveridge's room. She provided instruction in anatomy, physiology, and material medica, utilizing what she described as "...our small text books" (Loveridge 1930,

49). The students recalled that they often had to pinch themselves to remain awake, and Ms. Loveridge remarked that she "...would have enjoyed spending in sleep the time devoted to study..." (ibid.). Physicians also provided lectures for the students. One of the doctors noted that so many of the students were sleepy during his classes that "he feared his literary efforts were not appreciated" (Loveridge n.d., 2). In 1892 the first class, which had now grown to 12 students, graduated from the training program (LaBarre 1975, 29).

Ms. Loveridge maintained high standards for potential students. In keeping with the times, the description of preferred student attributes included "...a good constitution...some education, the more the better...and a sympathetic nature" (LaBarre 1975, 29). A woman's moral character, good health and stability, as well as the ability to extend compassion to patients were emphasized. This was in keeping with the Nightingale standards of "good education; good character; good background; good health" (Kalisch and Kalisch 2004, 100). In addition, Ms. Loveridge founded the school on two major premises. The first was that students would acquire sound theoretical and clinical knowledge "demonstrated by examination" (Henberg 2007, 98). The socialization of students within the confines of hospitals also emphasized the need to respect authority and exhibit self-control (Kalisch and Kalisch 2004, 105). This was reflected in her second premise, which focused on the development of character "through discipline and obedience" (Henberg 2007, 98). However, for her obedience was informed by what was best for the welfare of patients. If blindly following a rule might

endanger a patient, she “expected her nurses to think their way to a better-informed course of action” (ibid).

Ms. Loveridge’s own compassion and concern for her students were remarkable and also extended to the graduates of the training program. During World War I, 103 graduate nurses left to serve in military hospitals in Europe. Although Ms. Loveridge also wanted to provide service overseas, this opportunity was denied her, as she was needed at the hospital in her administrative role. However, she wrote to each former student and was described as a “diligent and dedicated letter writer” (Lindsay 1998, 3). She was fondly referred to as “Aunt Em” and “modeled the way” for her students and graduates.

Ms. Loveridge’s experiences as a hospital administrator began in 1905. Because of poor health, her predecessor retired and she was asked to assume the role of Hospital Superintendent at Good Samaritan Hospital. Over the next 25 years, the hospital would continue to grow and Ms. Loveridge would respond to changes occurring in health care by keeping the hospital staff and environment current.

Ms. Loveridge entered hospital administration during a time when the number of hospitals in the country was increasing rapidly. In 1873, there were 149 hospitals and sanatoria in the country (Arndt 2009, 129). This number had grown to 6,949 by 1918 (ibid.). Superintendents of hospitals were often nurses, particularly in small (100 beds or fewer) and mid-sized (100-200 beds) institutions. In large hospitals, however, men who were usually physicians

occupied this position (Arndt and Bigelow 2005, 236). The roles of superintendents were perceived as extensions of women's roles. Appelbaum (1975, 52) notes that the administration of hospitals was seen as a "natural sequence of events" as women "combined their nursing with the tasks of supply, feeding, and housekeeping". Thus administering a hospital was "similar to the management of a household" (Friedman 1994, 239-240) and as such, "required no significant decision-making skills" (ibid.). Ms. Loveridge's leadership during her 30 years of administering the institution, however, belies this description as she guided and facilitated its remarkable growth and development during ensuing decades.

While administrator more wings and beds were added to serve the growing needs of the community. By 1909, Good Samaritan, now a brick structure, occupied one complete city block and had grown to 250 beds. In 1921, the Wilcox Maternity Hospital, the first of its kind in Oregon, was added to the Good Samaritan campus (A history of looking forward n.d., 6). During the previous year, a student dormitory had been opened to house those seeking their diplomas in nursing. In 1928, a cancer clinic was established at the hospital and two years later, the first electrocardiogram in Portland was installed at the hospital. The hospital's X-ray, pathology, and physical therapy departments grew as knowledge in these areas developed and new equipment and therapies became available. During these years of growth, the hospital also added a

surgery wing and increased the number of its surgical suites. In 1930 it was awarded a "first class rating" by the American College of Surgeons (ibid., 7).

During her tenure Ms. Loveridge responded to various crises by mobilizing nurses and doctors in the provision of care. In 1906, patients injured in the San Francisco earthquake made their way to Portland and were cared for at Good Samaritan (A history of looking forward n.d., 5). A group of nurses from the hospital traveled by train to San Francisco to aid the injured. During the Spanish flu epidemic in 1918, Ms. Loveridge was asked by the city's mayor to set up a temporary emergency facility in the municipal auditorium. Staff cared for more than 1200 patients (A history of looking forward n.d., 8). During the epidemic, more than 3,000 Oregonians died, including four Good Samaritan nurses (Henberg 2007, 102).

Ms. Loveridge's determined leadership and advocacy for staff are reflected in the minutes taken at the meetings of the Board of Hospital Trustees of the Episcopal Diocese of Oregon. For example, in July of 1924, it is noted that "a long letter was read from the Superintendent with many recommendations therein and all were approved save that of the Heating the Orderlies House and officers' quarters" (Board Minutes of July 24, 1914, 221). Eight months later another request from Ms. Loveridge was reviewed by the Board, in which she asked for heat in the same facility. In this request she detailed the justifications, which included cost-savings, a more comfortable environment for the employees, and the fact that the danger from fire would be reduced (ibid., 235-6). This time,

her request was granted. Her unrelenting pursuit of excellence was reflected in the local newspaper, *The Oregonian*, on the celebration of the hospital's 50th anniversary in 1925. A large article and several photographs followed the headline, which noted Good Samaritan was "one of the country's most splendidly equipped hospitals" (A history of looking forward n.d., 8).

These years of significant growth and change were accompanied not only by Ms. Loveridge's leadership and management skills, but her constant sense of compassion and sense of humor. 1907 was very difficult year economically for those living in the area and many were unable to find employment. They were provided a meal for each hour of work completed at the hospital. Hospital employees provided oversight to the work of these "volunteers" (Loveridge 1930, 52). She was known for not refusing a patient care due to a lack of money. She covered the cost however she could and "probably operated in the red on occasion because of her kindness" (Carver and Ross 1992, 8). Emily maintained the practice of visiting each patient daily, "even when she oversaw a 300-bed hospital" (A history of looking forward n.d., 8). In her later years as hospital superintendent, she stated that "my idea of heaven is a place where everybody gets well and there are no bills" (Lindsay 1998, 4).

Her sense of humor was reflected in the practice of confiscating the hat of any physician who did not respond in a timely manner to a request to meet with her. She would take the recalcitrant doctor's hat from the hat rack used by medical staff and put it in her office (Lindsay 1998, 3). As hats were a part of the

wardrobe of gentlemen of the times, appointments were made soon after! She was also known to routinely joke with those in the kitchen by asking if they could "...boil water without burning it" (Henberg 2007, 98).

Ms. Loveridge supported the registration of nurses and worked for such standardization. She was the sixth nurse in Oregon to receive her nursing license on October 19, 1911. In 1914 she also received her license as an anesthetist.

Ms. Loveridge was very active in professional organizations, often in positions of leadership. She was involved in the Oregon Association of Hospitals and described as one of its "most active members" (Miss Loveridge honored 1941, 2). In January of 1927, during a meeting of the Northwest Hospital Association (during which time Ms. Loveridge was serving as its president), members decided to develop an organization to represent western hospitals. A resolution was passed to establish such an organization on January 4th. The primary purpose of this new organization, aptly named the Western Hospital Association, was to provide education for hospital administrators and personnel. Membership included 12 states and British Columbia. Provisional officers were elected to comprise the executive committee and charged with completing the organization and planning its first meeting (History and development of the Association of Western Hospitals 1936, 26). Ms. Loveridge was elected the Second Vice-President of this executive committee. In August 1928, at its annual convention held in San Francisco, she was elected president of the organization, a position she held until 1929 (ibid.). In their study of hospital administration and the

masculinizing of a female occupation, Arndt and Bigelow found that in the early part of the twentieth century, the leadership of the American Hospital Association was consistently male (Arndt and Bigelow 2005, 245). Ms. Loveridge's recognition as a leader in hospital associations is testament to the high regard in which she was held by other leaders in hospital administration as well as nursing.

In 1929, Isabelle Stewart at Teacher's College, Columbia University, wrote to Ms. Loveridge. The possibility of offering a program of study for nurses wanting to prepare for positions as hospital executives was under consideration. Ms. Stewart was writing to "about thirty of the outstanding nurse administrators in the hospital field" (Letter from Ms. Stewart to Emily Loveridge n.d.) to ask them to provide input on their positions as well as the type of preparation they had had and if it had served them well. Feedback about the type of courses needed by nurse administrators was also requested. Although "honored" by the request, Ms. Loveridge was unable to respond in the timeframe provided (Letter from Emily Loveridge to Ms. Stewart, February 24, 1930) but added "I will try to make time in the future to do any work of this kind which you request me to do".

Ms. Loveridge's personal life was one in which she also demonstrated her capacity of caring about and for others. She was very close to her sister Sarah, who moved to Eugene, Oregon in 1894, following the death of her husband. Their father was then an Episcopal minister in that community. Sarah's son Paul and daughter Ernestine accompanied her to Oregon. Five years later, Sarah also died. Paul was now nine and Ernestine was fourteen. The children went to live

with Ms. Loveridge in a suite of rooms at Good Samaritan Hospital (Lindsay 1998, 40). Here, the children enjoyed the grounds of the institution and undoubtedly received much attention from those at the hospital! She also had a fox terrier that was a pet not only to the children, but hospital staff and patients. During her many years at the hospital she was also known to have had cats that were seen playing on the fire escape outside one of her windows.

Ms. Loveridge reached out to yet another young person in 1919 when a long-time patient at the hospital died. Her patient's daughter Eleanor, who was 14 years of age, became Ms. Loveridge's ward and lived with her for many years, both while Emily was superintendent and later when she retired (Lindsay 1998, 4).

Her correspondences also reflect the ways in which she reached out to help others. For example, in December 1929, she received a letter from a gentleman who credited her, alone, with helping him obtain his American citizenship papers. He was very grateful for all that she had done for him (Letter from Walter MacDougall to Emily Loveridge December 25, 1929). Another friend wrote to ask for a loan of 25 dollars, so she could travel to a new nursing job, which was some distance from her home. Ms. Loveridge responded with a check for that amount, plus an additional five dollars as a gift. Her friend wrote back that Ms. Loveridge reminded her of the Red Cross poster, which said on it "the mother of the whole world" (Letter from Lola Wright to Emily Loveridge January 1, 1930).

Ms. Loveridge retired April 30, 1930, at the age of 69. Her reasons for retiring were revealed in later letters to others. In one she noted that "personally, my reason is that I am all tired out. I shall have to learn to play all over again, but I am sure it is the best for the Hospital" (Letter from Emily Loveridge to *The Trained Nurse & Hospital Review* July 10, 1930). To another, she wrote: "you may rest assured that I have had and am having many heart aches over leaving this place which has been my child for so many years" (Letter to Lola Armstrong July 10, 1930). Her sense of humor was again revealed in a letter, written on the same date to the editor of *Hospital Management*:

Personally, I am so glad Miss Davis is to be my successor. The Board very kindly allowed me the privilege of choosing my successor and I am sure she will be beloved by all and will do better work than I have done.

Another thing, I feel that she will get many things that I have wanted and did not get. You know the second wife usually does this (Letter from Emily Loveridge to Matthew Foley July 10, 1930).

During her tenure, Ms. Loveridge had shepherded the hospital through an incredible period of growth and development. When she retired, the hospital had 330 beds, 130 students in its diploma program, and 330 employees (Oregon's most renowned woman n.d., 12). She was credited as "...the first woman in the nation to administer a 300-bed hospital" (Ninety five years of excellence in nursing education n.d.). During her four decades she began the nursing education program and by the time she retired, over 800 students had graduated

from the school of nursing (Lindsay 1998, 4). She provided oversight during the construction and many expansions of the hospital. She also prepared the hospital for compliance to the standardized requirements expected by the American College of Surgeons, kept informed of state-of-the art equipment and purchased materials accordingly, worked with both nursing and medical staffs effectively, and provided tremendous stewardship in relation to the hospital's finances. As noted in the *Oregon Churchman*, "she is credited by the public at large as having accomplished the greatest achievement of any woman in Oregon" (Oregon's most renowned woman n.d., 12).

Upon her retirement, Ms. Loveridge received many honors to commemorate her years of leadership and service to the hospital and the healthcare community. In a letter from the Secretary of The Hospital Board of Trustees she was provided "a pension or whatever you may wish to term it, the full salary you now enjoy for the remainder of you (sic) life" (Letter from John Dawson to Emily Loveridge, July 24, 1930). The secretary also stated that "the Board feels that after forty years of service...this is the least it can do to show its appreciation, in a small way, of the many self denying efforts and sacrifices you have put forth in the past to bring our institution up to the very high position it enjoys throughout the whole country" (ibid.).

In a newspaper article published in Portland's *The Oregonian*, dated October 6, 1930, it was noted that in the following month a room in a newly completed addition to the nurses' home at Richmond Memorial Hospital in New York City

would be named in Ms. Loveridge's honor. The rooms, rather than being numbered, were being named for famous nurses of the times. The superintendent of Richmond Memorial Hospital stated that Ms. Loveridge was "...for the last 40 years the most distinguished nurse in the Pacific Northwest" (New York hospital plans to honor Portland nurse, October 6, 1930, page unknown). In this same news article, the executive secretary of the Portland Red Cross was quoted as saying that Ms. Loveridge "...is without question the most beloved nurse in the Pacific Northwest...She is known as the 'dean of the nurses of the northwest.' For the last 40 years she had devoted her life to nursing and the welfare of nurses in this part of the nation" (ibid.).

At the fourth annual convention of the Western Hospital Association in 1930, Ms. Loveridge was elected Honorary Vice-President, a position she held for two years. She wrote to Dr. Malcolm T. MacEachern, Associate Director of the American College of Surgeons, who had been selected as the Honorary President of the Western Hospital Association that same year, the following:

May I thank you for your part in the honor bestowed on me at the recent Hospital meetings in Vancouver, B.C. I am sure most of the credit is due you and I am very proud to be acting as Vice President under you as President. Standing in your shadow should be an inspiration to anyone.

(Letter from Emily Loveridge to Malcolm MacEachern, August 26, 1930.)

They would both be re-elected to these positions the following year at the fifth annual convention in Oakland, California.

There is also evidence that Ms. Loveridge remained involved in nursing activities. She was asked to serve on a special committee of the Oregon State Graduate Nurses' Association (later the Oregon Nurses Association) in July of 1930. She also was closely involved in the Good Samaritan School of Nursing's Alumnae Association. In February 1941, an honorary membership by the Oregon Association of Hospitals was awarded Emily, as she was considered "one of the most active members" in the association, "so it is only fitting that members pay her this honor" (Miss Loveridge honored 1941, 2). Years later, in 1971, a new nursing education building was opened on the campus of Good Samaritan Hospital and named Loveridge Hall to honor her work.

Upon Ms. Loveridge's retirement, she and Eleanor shared a home together. She also opened this home to her niece Katherine, who stayed with them while attending college. Ms. Loveridge helped fund Katherine's college education and her niece recalled that they attended church regularly. She also noted that every evening at bedtime Ms. Loveridge would get down on her knees to pray, always including the fiancé she had lost in her remembrances (Christerson 2007). Later, Eleanor would marry and she, her spouse, and Ms. Loveridge would live together as family.

In March of 1941, Ms. Loveridge attended a meeting of the Western Hospital Association in San Francisco, where she was the guest of honor and speaker at a banquet. She was suffering from a kidney infection, and even though her temperature was reported to reach 103 degrees, she completed her talk but was

hospitalized the next morning. Eventually, she was able to travel and was transferred to Good Samaritan. Her infection continued to worsen and she died on April 26th (Obituaries 1941, 738). Services were conducted at Trinity Episcopal Church located near the hospital. Ms. Loveridge "lay in state dressed in her nurse's uniform" (Lindsay 1998, 9). One hundred physicians and one hundred twenty-five uniformed nurses participated in her funeral procession. Over one thousand people were at her service (Obituaries 1941, 738). "Taps" was played as her body was committed in a family plot in Portland.

Ms. Loveridge provided leadership during a period in which tremendous changes were occurring in many aspects of healthcare. Nursing became professionalized through registration and licensure. The number of nursing education programs increased and the educational programs became longer and were standardized as three-year diploma programs became the norm. Technology developed, medical education and practice changed, and healthcare administration emerged as a profession with its own domain of knowledge and educational paths. With the development of nursing, medicine, and hospital administration as distinct professions with specialized bodies of knowledge, however, a significant shift occurred. Hospital administrators became educated in the management of healthcare organizations and focused on the business aspects of these institutions. As nursing matured and became more specialized, those who pursued administration assumed leadership roles as directors of nursing services. Hospitals began to change and "the management of

hospitals...shifted from the 'running of a household' to big business" (Friedman, 1994, *An unfinished revolution*, 240). This trend was reflected in a survey conducted in 1930 at Good Samaritan. The findings noted that the hospital was in the midst of a transformation, from a "happy and usually contented family to a modern, highly complex, scientific institution...with a personnel of specialists each concerned only with his or her particular job" (*A history of looking forward*, p. 9).

Ms. Loveridge's role in developing Good Samaritan into a modern, contemporary hospital and providing leadership during her 40-year tenure cannot be overstated. She demonstrated compassion and care. She insisted on an environment in which adherence to standards of quality were the norm. She supported the development of the nursing profession, from both educational and practice perspectives. When necessary, she advocated for the needs of her staff with the Hospital Board of Trustees and brought about changes needed to advance healthcare delivery in the hospital. In 1930 she reflected somewhat prophetically on the past and stated: "If the next forty years witness the same advancement in hospital work that has been made in the last forty, what will those who come after think of us today?" (Loveridge 1930, 48).

Perhaps a fitting closing for this remarkable woman's life would be a quote upon her death from the *Oregon Journal*:

The life of Emily L. Loveridge goes on, in a widening stream of human service, a stream that can never cease widening in depth and power, so

long as it carries the spirit of dedication and service that it derives from the labors of the great woman who stands forever at its source. Such a life never ends... (Lindsay 1998, 5).

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