Comparable worth began attracting the attention of American advocates between 1976 and 1978. At the same time, articles explaining comparable worth and arguing for its importance began to appear in nursing journals. As early as 1978 the American Nurses Association, the primary professional organisation for registered nurses in the USA, was contributing funds to support the plaintiffs in what is widely considered to be the first comparable-worth case for nurses, *Lemons v. City and County of Denver.*

In many ways, comparable worth seems tailor-made to address the problems of low wages in all female-dominated professions in the USA: elementary-school teachers, nurses, social workers and librarians. These low-wage, female-dominated occupations could not benefit from the 1963 Equal Pay Act because there were no better-paid men doing the same work. In these professions workers are highly educated, have considerable technical skills and accept a high level of responsibility for the people they help, despite their low pay. Comparable worth addresses precisely these features of work in seeking to eliminate sex, race and other forms of bias in wage-setting. It requires that workers be paid according to the value of their jobs to their employers, without regard to the sex, race, age or other personal characteristics of the workers. Value is measured by responsibility, skill, effort and other ‘compensable factors’ associated with the job.

While many of these professions have embraced the concept of comparable work, nurses have brought more comparable-worth cases to court through their professional association and have more consistently supported comparable worth as a basic strategy for raising wages than have other professions. Comparable worth appealed strongly to nurses for several reasons. First, nursing is the most sex-segregated female profession. Over 96 per cent of registered nurses are female. At the highest
administrative and educational levels, where men are found in significant numbers among teachers and librarians, nursing is female-dominated. There are no male-dominated sub-specialities. For nurses to compare their pay with that of male-dominated jobs, they required a system which looked at ‘compensable factors’ across different jobs and professions. Second, because they are women, nurses’ work has been invisible and devalued. Their abilities have been seen not as acquired skills but as expressions of their female ‘nature’, similar to the caring and caretaking of wives, mothers or servants. Yet nurses have retained the conviction that their skills and knowledge are vital to their patients’ health and well-being. The women’s liberation movement, changing gender roles and ideologies, and a growing awareness of women’s contributions, strengthened nurses’ belief in the value of their work. When comparable worth entered public discussion, nurses were ready for it.

Third, nurses work in bureaucracies that are highly status-conscious and hierarchical. Especially in hospitals, where over two-thirds of RNs work, nurses often come into contact with administrators and doctors who devalue their work. On the one hand, nurses are treated as if their work was only to ‘carry out orders’. On the other, nurses are held legally responsible, and hold themselves morally responsible, for the care of their patients. Moreover their knowledge develops in a context in which they rely on each other for support and assistance, forging strong networks and a sense of group professional identity, while confronting the limits of their autonomy and authority. Finally, the nursing profession is highly differentiated, by clinical speciality, work-setting, administrative position, class and educational background. Comparable worth mobilised this diverse membership around common goals: increased respect for their work and better wages.

In addition, comparable worth was a different type of strategy. It relied heavily on data and technical experts: personnel specialists, comparable-worth experts and lawyers. As experts themselves, nurses are likely to be comfortable relying on experts. In addition, comparable worth offered nurses a chance to ‘prove’ to themselves and their supporters that their demands were just and that they were asking only for what ‘even the experts’ found was their due. Nurses learned early on that