In another life (meaning a different role than Editor of The Journal of Continuing Education in Nursing), I learned a word that I love. It has so much meaning and affects every one of us, no matter where we live or work. That word is glocal.

Glocal refers to the idea that in today’s transient society, we are all members of both a local community and a global one (National League for Nursing, 2017; Rowthorn, 2015). If you don’t think this is true, look around your community. In a town of any size, we can find niches of people who derive primarily from another part of the world. For example, not too far out of the city in which I live, I can find a community of conservative German farmers, whose predominant language is German. Or, I can look about a mile away and find a pocket of individuals from Mexico; or a little farther away, I can find families from Korea. So although I live in a Texan community, I really live in a global community. And to be perfectly honest, I would be viewed as a member of a global community because I did not live here my whole life!

Look around your community. Your groups of individuals are probably different from mine, but we are both surrounded by groups, large and small, who have moved to our communities. We can no longer say that we don’t do anything about international health. We might be engaged in it on a daily basis, and the people derive from our community rather than our traveling to a different country to interact with people there. We don’t need a passport, we need true cultural sensitivity.

Helping others see their engagement in the global picture is part of our responsibility. We can help others value the term glocal and see how the meaning plays out in our communities. We can help guide the conversations that help us learn what health care practices are important to various groups of people from around the world. Our task is to figure out the predominant groups in our communities, so that we can develop culturally sensitive care approaches for them and to listen carefully to those who come from less dominant groups to learn what is important for them. This knowledge guides our services and the care we provide. This knowledge can also affect what and how we teach others. Let me offer an example.

Suppose your community has a substantive number of nurses from a different culture. How were they educated about the role of the nurse? Do they understand and value the role of being an advocate for others? Do they know how to engage in a dialogue about questionable practices? Are their best practices for a particular health care issue reflective of what would be best practices in the United States? Those questions are examples of what we need to know about our prospective learners and their views of what health care means.

The challenge of taking on the nuances of differences is great. Yet, if we don’t, our glocal communities suffer, and we aren’t offering our best to our learners or to the people nurses serve.

REFERENCES

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The author has disclosed no potential conflicts of interest, financial or otherwise.
doi:10.3928/00220124-20170712-01