
From the editor

THE REAL AND THE IDEAL

Models, in their various forms and configurations, always prompt for me an awareness of a fundamental tension between the real and the ideal. The models I tend to like best are those that get my creative juices flowing, those that open vistas of possibility that move beyond the mundane aspects of the world. But when I take a near-sighted look at the realities of the world around me, I realize that the model may have seduced me into a never-never land.

This issue of *Advances in Nursing Science* (15:2) gave me the opportunity to think about my assumptions concerning models and the “real” world. Models, assumed to be “ideal,” are burdened with expectations far more than they are designed to deliver. The “real” world, assumed to be imperfect at best, is doomed to premature diagnosis of all sorts of ills. The best possibilities that models call forth, and the most creative opportunities of real situations in practice, remain obscure and out of reach as long as models are idealized and real-world situations are viewed with skepticism.

It is possible to step away from the dichotomization between the ideal and the real. If models are taken to represent some possibility for the future, but not a literal ideal to be implanted upon any and all situations, then models represent an opportunity for thoughtful reflection, for stimulating the imagination, or for stepping toward something different from the model itself. If the “real world” of a particular situation is reframed to bring into focus the many rich and diverse opportunities and strengths of a situation that lie beyond the boundaries of any single

model, then the situation itself becomes the medium through which new realities are created. Perhaps this is a key to unlock the often-decried “gap” between theory and practice, between the world of scholarly enterprise and the world of nursing practice.

One of the strengths of this issue of *ANS* is that many of the practice models that are described here evolved from, and are currently being actualized in practice. These are models that “exist” in that they form and inform the real world of practice, even though at one time they may have originated in someone’s imagination. This link between the imagination and application in practice demonstrates an important step toward creating possibilities for the future.

However, for those of us who are not involved in the particular situations in which these models have evolved, these models in themselves may not be as ideal as they seem. The fact that a model has been applied successfully in one situation may make it seem larger than life. If the focus is on the model as a prescription, it may not be possible to see rich possibilities inherent in another situation.

It is my hope that the articles in this issue of *ANS* will light fires of imagination for nurses around the world to new possibilities in nursing practice. At the same time, it is my hope that you will take a new, fresh, and more optimistic look at your own situation. As possibilities that are suggested by the models merge with what you notice in your own situation, you too will begin to create a model in practice.

—Peggy L. Chinn, RN, PhD, FAAN
Editor