

One Step Forward

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«This moment is also the beginning of a new chapter, rich in enthusiasm and in aims ... yet it also carries uncertainties and misgivings about the future, about the difficulty of retaining, over time, the capacity to grasp what is being asked and to adapt to needs as they emerge.»

Anna Maria Mattiassich,
introduction to the first issue, 1989
(translated from the Italian)

For more than thirty years, within our professional community, AICO has meant one thing: Associazione Italiana Infermieri di Camera Operatoria, the Italian Association of Operating Room Nurses. From today, those same four letters also stand for *Advanced Interdisciplinary Care in periOperative practice*.

This is neither wordplay nor an exercise in rebranding. It is one stage in a journey the association has made slowly, one step at a time, and that journey is worth retracing.

Thirty-seven years ago, in the words quoted above, the first step was taken: the decision to give ourselves a written voice. It was a less obvious choice than it may appear today, and those who made it presented it without any guarantee as to how it would end. What followed was a bulletin, then an association journal, which for more than thirty years carried accounts of operating room practice, procedures, reflections and congress proceedings. The cover, title page, and opening presentation of that first issue are reproduced in Figure 1. That work would be easy to underestimate now; in fact it taught a professional community the habit of writing

down what it knew. It taught colleagues who were not researchers by profession that their daily practice deserved to be described, discussed and challenged.

The steps that followed led to a continuing, accredited education programme delivered across the country. To sustained work on good practice and perioperative safety. To a presence at the tables where competencies, post-basic education, certification and the recognition of nursing expertise in the surgical setting are debated. To public positions, some of them uncomfortable, taken whenever that expertise was called into question. These were the years in which AICO gradually ceased to be merely a meeting point for professionals and began to behave as a scientific society: that is, as a body that does not simply represent a profession, but takes responsibility for producing its knowledge. For a scientific society, producing knowledge is not an ancillary activity. It is a responsibility. It means transforming what happens every day in clinical practice into testable questions, shareable data, and evidence capable of changing that practice in return. This is the cycle through which experience becomes science, and science returns to care.

The step we take today follows naturally from that journey.

This journal is founded with a wider remit than the one we come from. Alongside nurses, it will host the other professions involved along the surgical pathway, and rightly so, since no outcome in the operating room depends on a single profession. In this perspective, interdisciplinarity is not simply the presence of different professions within the same journal.

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It is a way of addressing problems that have long ceased to belong to any single discipline. Some of the most important questions in contemporary perioperative care arise precisely at the boundaries between disciplines. But the boundary that genuinely shifts here is a different one, and it concerns us.

For decades our professional identity gathered around a physical space: the operating room, its threshold, its rules. The operating room was, as was written back then, «the birthplace and at the same time the guiding purpose» of those early pages. It remains the birthplace; the guiding purpose, however, has widened. Focusing on that space was necessary at the time, because it was there that a specialist competence was built which needed to be recognised and defended. Today, though, we know that the outcome for the person in our care is determined long before that door opens and long after it closes: in preoperative assessment, in preparation, in the prevention of surgical site infection, in pain management, in recovery, in the continuity of care with wards and community services. This is what perioperative means: not a place, but a pathway. Shifting our gaze from the room to the whole pathway does not take the operating room nurse away from their field. But it is also something more: an emerging scientific field in which clinical, organisational, technological, and human dimensions must be studied together to understand what no single discipline can explain in isolation. This is the space in which AICO Journal intends to position itself. On the contrary, it restores the true scale of their contribution, which neither begins nor ends at the door of the surgical suite.

The environment in which this expertise is exercised is also changing. Robotics, artificial intelligence, digital systems, new devices, simulation, and the growing availability of data are transforming the operating room into one of the most technologically complex environments in healthcare. Yet innovation alone does not necessarily produce better care. It must be studied, evaluated, and integrated into practice. The future of perioperative care will therefore depend not only on the technologies we are able to introduce, but on the scientific questions we are able to ask about them.

There is also the economic dimension, and it should not be concealed. The journal will be published in full open access, with no subscription barrier for readers and no charge

whatsoever to those who publish: no submission fee, no article processing charge. Authors retain copyright in their own work. This means, quite simply, that the costs are borne by the association. It is a real and deliberate investment, added to those made in education and organisation over past years, and the reason we have committed to it is that the expected return is not measured in the balance sheet. It is measured in professional culture.

A community that publishes under peer review learns something it cannot learn elsewhere: it learns to frame a research question, to tell an opinion from a finding, to support a claim with evidence and to withdraw it when the evidence does not hold. It learns to read the work of others critically, because whoever writes will sooner or later be asked to review. It learns that clinical experience alone is not transferable knowledge: it becomes so when it is described with method. This learning does not concern only those who will publish. It feeds back into everyone's practice, because it changes the way a profession discusses itself in its units, in its committees, in the places where it is decided what an operating room nurse may and must do. A scientific journal, therefore, is not merely a place where a community preserves what it knows. It is also where, through method and critical dialogue, that community determines what it is prepared to recognise as reliable knowledge. A journal does not merely document a discipline: it helps to build it. And it concerns above all those who are just arriving.

The new generations enter the surgical setting with master's degrees, specialist qualifications, doctorates and expectations about research, and they know that work which cannot be traced in an international database does not, for assessment purposes, exist at all. Having a recognised publishing venue means offering them somewhere to build a career without having to migrate to journals that do not speak to their practice. It means retaining expertise instead of dispersing it.

All of this, to be clear, is a demand for commitment addressed to the community of nurses working in the surgical setting. Is it demanding? Yes. But it is precisely that commitment, and that effort, which generates value: a word so heavily used that it has worn thin, and one that acquires substance only when someone takes on the cost of producing it. This journal is our proposal for doing so.

It is worth saying, too, what this journal is not. It is not a badge the association pins to its chest. It is not a space reserved for members: the quality of the work will be the sole criterion for acceptance, and contributions are expected from any country. And it is not an achievement already secured. Indexing in the major bibliographic databases is a stated objective, not an accomplished fact, and it will depend entirely on the regularity of our issues, the rigour of our reviews and the number of sound manuscripts we manage to attract.

On this last point the editorial becomes an appeal. A journal is not made by a publisher or by a committee: it is made by the authors who entrust their work to it and by the reviewers who agree to read that work properly.

This first issue is one more step forward for the association, but it is also the first step of a different journey, one that no longer belongs to us alone. Colleagues in other countries who recognise themselves in this field are invited to submit their work and to leave their mark on these pages: every article published will be a step taken by someone who, elsewhere, has asked the same questions we have. Because from the moment a scientific question is shared, it ceases to belong solely to the institution or country in which it originated. It enters a wider conversation. That is the conversation these pages intend to host.

The text that opened those first pages took its leave of readers by hoping that their shared effort would find an audience. It is the right expression, and we gladly take it up again: that effort is more widely shared today than it was then, because the readership we now address will not stop at our national borders.

The road ahead is still long, but we will not be walking it alone.

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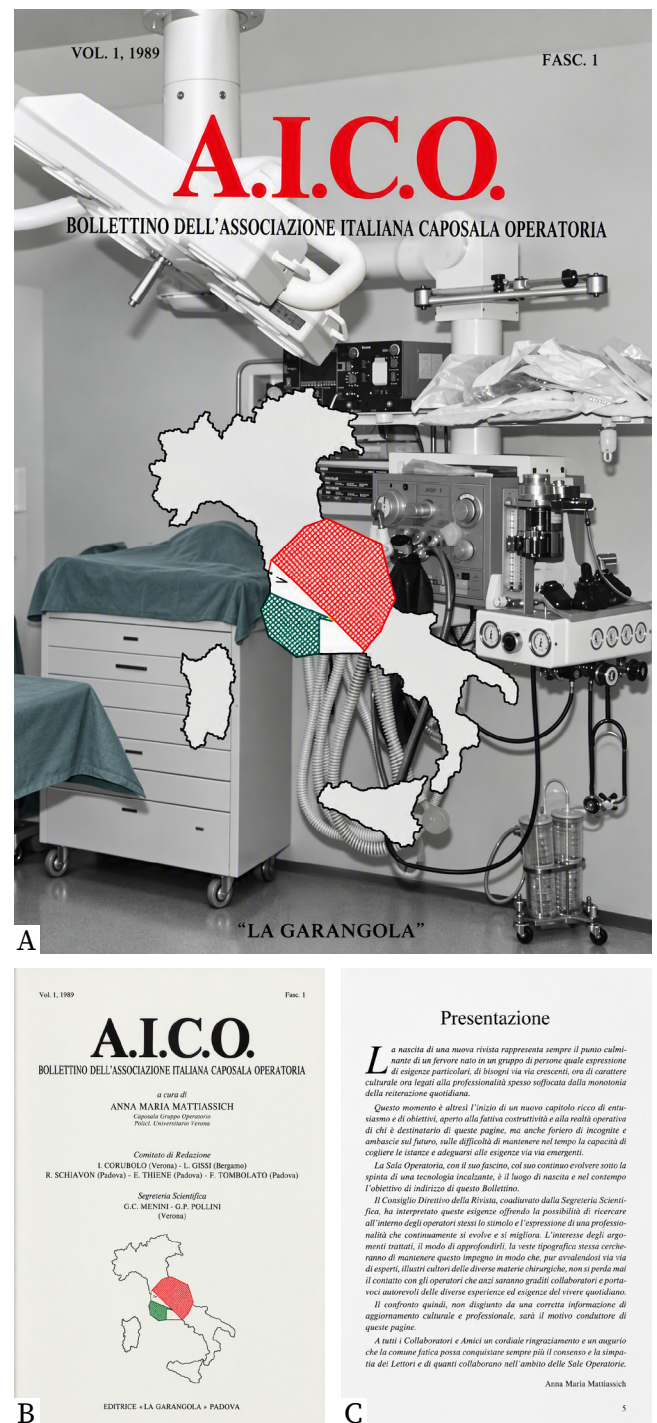


Figure 1. Historical material from the first issue of the A.I.C.O. Bulletin (Vol. 1, Fasc. 1, 1989): (A) cover; (B) title page and editorial board; (C) opening 'Presentazione' by Anna Maria Mattiassich. The passage quoted at the beginning of this editorial is taken from the text shown in panel C.