

# The Family in Europe: Structure, Intergenerational Solidarity, and New Challenges to Family Health

Journal of Family Nursing

2019, Vol. 25(2) 170–189

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DOI: 10.1177/1074840719841404

journals.sagepub.com/home/jfn



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## Abstract

Understanding the family experience of health and illness within the family's social and cultural context helps health professionals understand a family's stories. The purpose of this article is to present salient characteristics of the Western European family to extend understanding about family structure and values in relation to caring and intergenerational solidarity. The goal is to provide nurses and other health professionals with culturally competent knowledge that can inform practice with families. Evidence suggests that a family model, characterized by strong-family type societies consisting of coresidence, solidarity, and intergenerational relationships, stalwartly continues in Mediterranean countries. However, due to the recent economic crisis in Spain and other European countries, there is a trend toward the withdrawal of state responsibility toward the family, and an increasing weight on families' responsibility, particularly for women, toward the care of their old and chronically ill relative. Therefore, there is a need to make health and social systems more effective, sustainable, and focused on family care.

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**Keywords**

family, intergenerational relations, family structure, family health, Europe

In a health care context, family is important because the experience of health and illness is a family affair (Wright & Leahey, 2013). Knowing a family's context and stories helps professionals tailor individual and family interventions (Driessnack, 2017). Nurses who wish to understand and alleviate family suffering require an ability to listen carefully to the family's experiences and illness beliefs, as well as facilitate open and compassionate communication with all family members (Bell & Wright, 2015). Developing a healing atmosphere based on listening, respect, kindness, and a mutual relationship appears to be fundamental elements to knowing a family and understanding their illness suffering.

However, an interest in the family is not exclusive to health sciences; it is also of scholarly interest to many other professions, including sociologists, economists, and geographers. The sixth World Values Survey (WVS; 2016), a worldwide macrosurvey that reports data from 61 countries on changing values and their impact on social and political life, also highlighted the importance of family. According to this recent survey, family is considered "very important" by 91.9% of those interviewed, a percentage which is clearly higher than those obtained for the other social subjects, which were ranked as important: work (63.7%), religion (50.3%), friendship (46.8%), leisure time (36.7%), and politics (15%). These results, in both the level of percentages and the ranking of the various items, are similar to earlier findings of the WVS (2008).

Family appears to be the most relevant cultural topic in contemporary societies. It is the institution, which is most highly regarded no matter what the specific features of the families in the countries may be, or the characteristics that define the country. Family is highly valued in countries with all types of political systems (e.g., democratic, in transition, or authoritarian), level of economic development, and historic-religious tradition (Latin, Anglo-Saxon, Muslim, African, or Oriental). In other words, the importance of the family is defined as a social fact (Pliego Carrasco, 2014) and a key institution in the development of people's lives. It is in the family where the salient factors of family life and the foundations for all interpersonal relationships thrive: love, support, trust, generosity, mutual confidence, and care.

In addition to understanding the family experience of life, health, and illness, knowing the family's social and cultural context helps professionals understand a family's stories. This is because culture has been shown to be a strong determinant of beliefs, meanings, and attitudes toward health and illness

(Garcia Diaz, Savundranayagam, Kloseck, & Fitzsimmons, 2017). Therefore, it is important to consider cultural beliefs and social behavior when seeking to understand the meanings that family gives to a situation that causes suffering. Information on family types and characteristics in health and social sciences are universally available, but additional information for family focused health care is needed.

This article aims to present salient characteristics of the Western European family to extend understanding about family structure and values related to caring and intergenerational solidarity with a goal to help nurses and other health professionals have culturally competent knowledge to transform practice with families in the European context. This article, based on an interdisciplinary approach from nursing and social sciences, advances on knowledge about the family features in Europe.

## **European Family Structures**

Societies that are very different share a common belief: They hold the institution of the family in high esteem. However, the type of links between family members varies dramatically from one country to the next. Social scientists speak of families with strong links as “strong families”; families whose links are weak are referred to as “weak families” (Alesina & Giuliano, 2013, 2010). In societies with strong families, home production is higher and families are larger; labor force participation of women and youngsters and geographical mobility are lower than in societies with weak families. Strong-family societies prioritize the group over the individual and the hierarchical authority over individual freedom; in weak-family societies, the values are the opposite.

We find that a strong-family system is characteristic of the Mediterranean countries including Spain, Italy, Portugal, Greece, whereas the weak-family system is common among north-Western European countries such as Sweden, Norway, the British Isles, the Low Countries, and Germany (Reher, 1998). This contrast has deep historical and cultural roots and may be traced by analyzing how families have taken care of their members—one of the most important functions of the family. Specifically, the indicators are focused on the transition toward adult life (or youth emancipation) and the support for care to elderly.

Looking at transition toward adult life, the weak-family type is characterized by early emancipation including economic independence from the family of origin. One’s dwelling is shared with other people and, frequently, precarious or temporary jobs are strung together. The establishment of life as a couple and/or having one’s own home does not occur, usually, until years later. The strong family, on the contrary, is characterized by late emancipation. Young people do not leave the parental home permanently until they

have a stable job and, frequently, this coincides with their own marriage or life as a couple and access to their own home.

Regarding support for the elderly, before the modern pension systems were created, the family was the main guarantor of well-being. Nevertheless, the role of the family was much more important in strong-family societies than in weak-family societies. In these strong-family societies, an elderly person lived with one of his or her children or with several of them in turn, or close to them, whereas in the weak-family type societies, it was the community as a group, and not their children, who cared for disabled elderly people or those who could no longer look after themselves. Frequently children did not live in the same household or close by the elderly family member.

In reality, while these differences in patterns of intergenerational society tend to be described following a European North–South divide (Reher, 1998), this is a simplification of the reality. In each country, there are a wide variety of different family systems together with different forms of developing solidarity (Fokkema, Bekke, & Dykstra, 2008).

### *Implications of the Prevailing Family System*

The social and economic implications of the family system prevailing in a country are numerous. For example, they explain the earlier or later development of social policies depending on the role that socially was allocated to families (Reher, 1998), the type of welfare system chosen by the country (Alesina & Giuliano, 2010; Esping-Andersen, 1999), or even the type of pension system (Coleman, 1988, 1990; Galasso & Profeta, 2012).

In weak-family societies, the civil component is clear, and people prefer to depend on public action rather than the family environment for their welfare (Lucifora & Meurs, 2012). In these countries, individual initiative is important, and the development of social protection systems was early. In the Anglo-Saxon countries, people with economic resources turn to the market, and the state supports with social care those who do not have economic resources. In this liberal model, the family plays a marginal role. In the Nordic countries' version of the social-democratic model, the state is the main provider of welfare, rather than the market or the family. It is so because individuals are considered to have access to public resources as citizens regardless of their participation in the labor market (Gauthier, 1996).

In the strong-family societies, there is greater trust in the solidarity of one's own family as a provider of goods and services. The conservative model (Germany is a useful example) is defined by the role of the family that is the central provider of welfare, while the state intervenes in a subsidiary way and the market has a marginal role. In the Mediterranean countries, the

role of the family is even more prominent. Here, the social protection systems developed later, and the states offer very different coverage (Flaquer, 2000). Social cohesion is important, so much so that, according to Esping-Andersen (1999), social risks are interiorized in the families by pooling resources from one generation to the next.

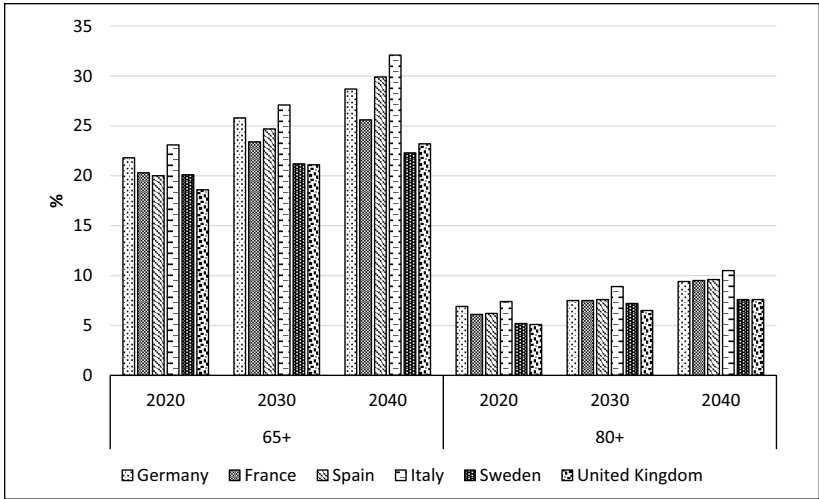
### *Recent Transformations in the Shape of Families*

The modernization processes of contemporary societies cover all areas of human action and are intrinsically interrelated. Phenomena such as the drift from the land and the important growth of cities and metropolitan areas, the change from an industrial society to a postindustrial service-based one, the incorporation of women to the labor market, the generalized access to consumer goods, changes of mentality (which imply both phenomenological aspects—clothes, music, pastimes—and ideological and cultural ones) which define new values and social and community approaches (secularization, a reduction in masculine-paternal authority, etc.) are part of these processes.

From the European population perspective, the modernization process implied the transition from high to low death and birth rates, what has been called “First Demographic Transition” (Casterline, 2003). Nowadays, Western societies are characterized by being long-lived—a great majority of people reaches advanced old age—and having very low fertility, that is, women of childbearing age have very few children. This results in aging countries, with a high percentage of adults, especially of old and very old individuals (80+), and with definite prospects of having more (Figure 1).

What is more, since the 1960s, societies are facing a series of changes that have radically affected the creation and breakup of families. These changes, which, by analogy with the First, are called the “Second Demographic Transition,” include in the field of partnership phenomena such as a reduction in the number of marriages, the increase of marriage breakups, of cohabitation and other marital unions, the spread of blended families and of single-parent families (Kalmijn, 2007; Lesthaeghe, 1995). In the area of progeny, the increase in the number of children born outside marriage, the increase of definitive infertility and, the drop in the number of large families illustrate the effects of a fertility rate of extraordinarily low levels (Lesthaeghe, 2010; van de Kaa, 1987).

All these changes, which have been interpreted because of new motivations underlying family formation behavior and a shift in norms, from altruistic to individualistic (Lesthaeghe, 2014; van de Kaa, 2001), have driven to a deinstitutionalization of marriage and the family (Cherlin, 2004; Rousset, 1989).



**Figure 1.** Population projections, “65+” and “80+” years (2020-2040).  
*Source.* Data obtained from the database EUROSTAT. Retrieved from <http://ec.europa.eu/eurostat/data/database>. Copyright 2015 by EUROSTAT DB.  
*Note.* Projected demographic balances and indicators [proj\_15ndbims].

On the contrary, there is another demographic issue with important social implications. Until the 1980s, net migration to Europe has been close to zero, but since then 30 million people have been added through migration. According to the United Nations (UN, 2016), between 2000 and 2015, net annual immigration into the European Union reached 1.5 million people. Moreover, there is the rising wave of refugees and asylum seekers that has exceeded the million mark in 2015. In 1990, the stock of migrants in Europe represented 6.8% of the total population, whereas in 2015 was 10.3% (Livi Bacci, 2018). Migration streams will not be capable of stemming aging, but they boost the growth of “multicultural societies.”

Overall, the Second Demographic Transition brings new social challenges, including those associated with further aging, less stability of households and integration of immigrants and other cultures (Lesthaeghe, 2014). Moreover, the economy can accentuate social challenges such as high levels of poverty or exclusion among certain household types, for example, single persons of all ages, lone mothers, and long-term unemployed. These challenges affect particularly Western cultures with Christian roots, and it seems to predict the disappearance of the historical differences in the shape of families mentioned above. When Roussel (1992) analyzed the Second Demographic Transition, the basic hypothesis was that all European countries would converge into a

Germany	France	Spain	Italy	Sweden	Great Britain
64%	80%	85%	82%	88%	81%

**Figure 2.** Parents' responsibilities to their children "at expense of own well-being" (yes vs. no).

Source. Data obtained from the database European Values Study (EVS; 2016): EVS, 2008. Retrieved from <https://dbk.gesis.org/EVS/Variables/>. Copyright by EVS.

single type of family system. This type, in accordance with the recent transformations in the shape of families, would be the weak type, in which social cohesion is low.

But, are the profiles of the family systems in Europe waning? Can a country with high social cohesion, such as the Mediterranean countries, evolve into a country with low social cohesion? Is the spread of the aforesaid social phenomena changing the intergenerational solidarity patterns? Although partnership and fertility phenomena linked to the Second Demographic Transition, the increase of employment of women in the workforce, or immigration are shared factors in all European countries, it is not clear that distinctive family regional features will disappear. The reason is that the "structural" background in each place, that is, cultural, historical, ideological, geographical, and so on, offers a different basis for phenomena effects. Attitudes people have toward the family, the way they understand and live family life, and the influence the family has on people's lives have long-lasting imprints in how people deal with intergenerational solidarity (Gauthier, 1996; Reher, 1998; Wolf & Ballal, 2006).

### *Intergenerational Solidarity*

Family interactional patterns related to intergenerational solidarity have been an important concept in Europe. Caring for frail older people and chronic patients, wishing a more cohesive society and promoting more sharing of knowledge and involvement between generations are values transmitted in European families (Brandt, 2013; Dykstra & Fokkema, 2010). But what are the parameters that increase intergenerational solidarity among families?

*The sense of family duty.* The European Values Survey (EVS, 2016) offers some clues to the sense of duty and the exchange of support of the interviewees depending on their country of origin. The percentage of people who consider that it is their responsibility to ensure the well-being of their children even at the expense of their own is very high (Figure 2). However, the figures

	Germany	France	Spain	Italy	Sweden	Great Britain
duty to provide long-term care (yes vs no)	39%	54%	68%	67%	27%	36%
duty to take care of ill parent (*mean)	2.27	1.61	1.51	1.7	3.28	2.89

**Figure 3.** Adults’ responsibilities to their parents.

Source. Data obtained from the database EVS (2016): European Values Study 2008. Retrieved from <https://dbk.gesis.org/EVS/Variables/>. Copyright by EVS.

Note. Possible answers range from “1,” that means complete agreement with the statement to “5” meaning complete disagreement.

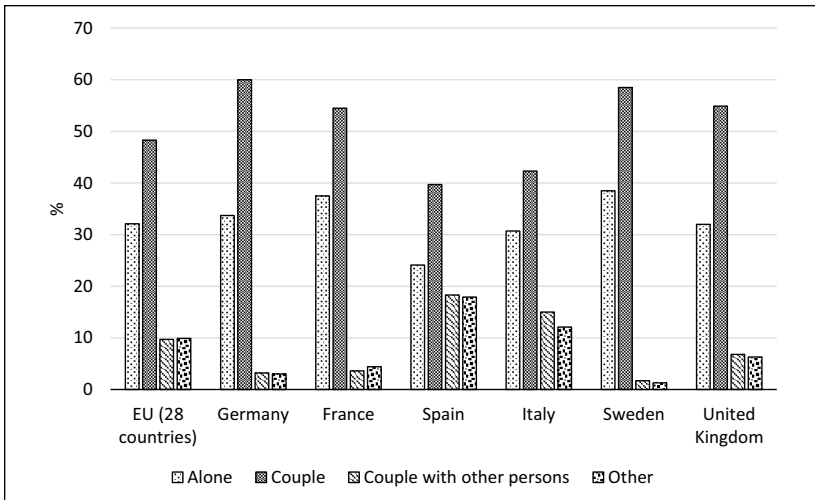
clearly drop when the question refers to the degree of responsibility toward elderly parents (Figure 3).

There are European countries’ differences in the sense of family duty and, it is unmistakably directed toward the new generations. Whatever be the case, people in countries with a strong-family tradition, for example, Spain, Italy, believe, to a far greater extent than people in countries with a weak-family system, that it is their responsibility to attend to parents who need long-term care. And, they also agree more with the idea that it is a filial duty to attend to a parent who is ill. It has been stated that in countries with a more family culture, older parents receive more support from children than in countries with a less family culture, especially in situations of health vulnerability (Suanet, van Groenou, & van Tilburg, 2012).

*Coresidence and residential proximity.* A very characteristic feature of Mediterranean countries is a high proportion of households in which older generations live with adult children. No fewer than 40% (Greece) and 50% (Spain and Italy) of the older adults live with one of their children. In central and northern Europe, these percentages are much lower, ranging between 27% in Switzerland and 14% in Denmark (Fokkema et al., 2008).

Another approach to the topic is to focus our attention on the distribution of the type of home in which people of 65 years and above live. Eurostat (2015), the statistical office of the European Union, shows that in Mediterranean countries the oldest live with others, as a couple, as a couple plus someone else, or with another person (family member or not), in a proportion which is much higher than in the rest of Europe (Figure 4). In Spain, there is an elderly person living in one of every three households; mainly, this coresidence is with their children or their children and grandchildren. “This fact clearly shows the strength of the family system and the close relationship between





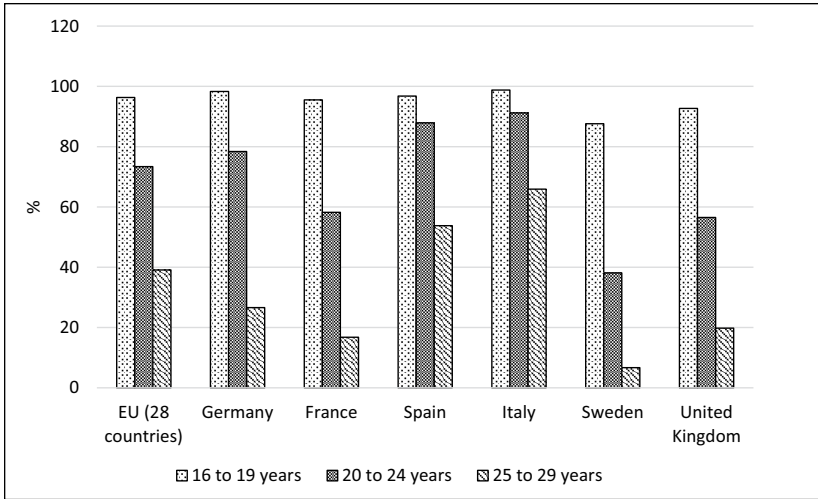
**Figure 4.** Population aged 65 years and above by type of household (2015).

Source. database. Copyright by Retrieved from <http://ec.europa.eu/eurostat/data/> EUROSTATDB. Copyright by EUROSTAT DB.

Note. Information EU-SILC = European Union Statistics on Income and Living Condition.

elderly people and their families” (Abellán García, Puga González, & Pujol Rodríguez, 2015, p. 71).

In some cases, this coresidence is because the historical pattern of late emancipation in Mediterranean countries continues unchanged to the present day, whether we study the average age of emancipation or the presence of young adults in family households (Figure 5). It should be pointed out that the data between 2008 and 2016 show that the highest average age of emancipation is found in Spain (28-29 years) and Italy (30 years), in clear contrast with the 23 to 24 years average age in countries such as Germany, France, and the United Kingdom and 20 to 21 years in Sweden. The objective may be to avoid a drop in their standard of living or a means of ensuring their survival in a country with high levels of youth unemployment and uncertain jobs. However, we also find homes where parents live with one of their children (married or not) when they need assistance at more advanced ages (Tomassini, Glaser, Wolf, Broese van Groenou, & Grundy, 2004a; Tomassini et al., 2004bb). The high cost of a dwelling, limited financial assistance by the state, or scant provision of public services, are among the reasons given for this coresidence, apart from responding to a social value that supports this idea.



**Figure 5.** Young people living with their parents by age groups (2013).  
 Source. Data obtained from the database EUROSTAT. Retrieved from <http://ec.europa.eu/eurostat/data/database>. Copyright by EUROSTAT DB.  
 Note. Statistics on youth [yth\_demo\_050].

In addition, when emancipation does occur, the younger generations in Spain tend to live close to their parents in a clearly higher proportion than those in the countries in the surrounding area. According to Meil (2011), 69% of emancipated children live within 5 km (3 miles) of their parents’ home, whereas in the Scandinavian countries and in France the number is approximately 40%.

*Frequency of contact.* As with geographical proximity between members of a family, maintaining regular contact is necessary for mutual support. The more frequent the contact, the more support is provided as a form of social relationship; it is also easier to receive or give support, and, in addition, to identify the type of support needed.

The results of the different studies reflect that Mediterranean countries, for example, Spain, Italy, and Greece, present a high level of contact between family members, higher than in other European countries. More than two thirds of people above the age of 50 years have daily contact with their non-co-resident children, compared with percentages of between 28% in Switzerland and 43% in Belgium and Austria. If we analyze the frequency of contact on a weekly basis, the differences between countries

diminish, and the contact becomes more important: over 85% of parents have weekly contact with at least one of their children in all the countries considered (the Netherlands, Sweden, Denmark, Belgium, Germany, France, Austria, Switzerland, Italy, Spain, and Greece (Fokkema et al., 2008). Another study found that 87% of Spanish parents say that they see their emancipated children weekly compared with 73% on average in Europe and, that the frequency of contact between generations has not diminished in the last few decades, either in Spain or in other European countries (Meil, 2011). In other words, the countries classified within the strong-family system show a higher intensity of contact between members of a family than the countries classified within the weak-family system, and these differences remain up to current times.

*Support and assistance between generations.* A very widespread idea in the literature is that the expansion of the welfare state results in a decline in the role of the family as the main group responsible for the economic and care of its members. Yet, empirical studies show that the support of the welfare state does not annul family support, but is rather complementary to it (Brandt, 2013; Daatland & Lowenstein, 2005; Igel, Brandt, Haberkern, & Szydlik, 2009; Suanet et al., 2012). These studies include countries with different welfare models and family traditions such as Austria, Belgium, the Czech Republic, Denmark, England, France, Germany, Greece, Italy, the Netherlands, Norway, Spain, Sweden, and so on. Moreover, the support works both ways: the older generation helps and is helped, and the same can be said for the children's generation. What varies is the type of help given and received, and the relationship of this help with the age and the health condition of those who give and receive.

Starting with the support that the older generation gives to the children's generation, a chapter is the care and supervision of underage grandchildren. Fifty-nine percent of European grandparents with grandchildren below the age of 13 years look after them regularly or occasionally. What is surprising is that the percentages were even higher in Nordic countries and in France, countries where the provisions for child care are far better than in other European countries (Fokkema et al., 2008). The explanation can be found in the fact that the frequency of this care is clearly lower than in Mediterranean countries and is limited to situations of illness in the children or extension of the parents' work timetable. However, over 40% of Greek and Spanish grandparents and over 50% of Italian ones look after their grandchildren on a weekly basis; and, as many as 25% of grandparents provide daily child care (Aassve, Meroni, & Pronzato, 2012; Albertini, Kohli, & Vogel, 2007). These are the countries where child care is scarce and expensive.

For example, grandparents in Spain have a key role as a source of support for young families because of men and most women of childbearing age work outside the home, usually in full-time jobs, and the provision of child care public funding is relatively low. In a recent survey by the Center of Sociologic Investigation (Centro de Investigaciones Sociológicas [CIS], 2014), grandparents were mentioned as main caregivers of children aged below 3 years just after the parents themselves, and clearly above the provisions offered by the market or third parties in the setting. The time that grandparents spent caring for their grandchildren is a key element that permits the women of intermediate generations to work outside the home (Tobío, Agulló Tomás, Gómez, & Martín Palomo, 2010).

Another major chapter in the support and assistance is the one that the children's generation provides to their parents' generation. The number of grandparents who receive support for personal care (16%) or to resolve administrative issues (11%) from their children is important all over Europe, especially in the northwestern and central countries, although the Mediterranean countries stand out because this type of assistance is regular and frequent. Conversely, when the issue is financial assistance, it is the children who receive the support of their parents. The percentage of grandparents who give money to their children varies between 25% in the richer countries in northern Europe and 15% in the case of Mediterranean countries (Fokkema et al., 2008).

As the age of the grandparents increases, they gradually give less and need more help. The rise of the life expectancy derives on additional years of life, but they might not be free from some sort of disability, especially after the age of 80 years, when the probability of needing support and care increases clearly, as the physical, psychological, or social situation deteriorates, leading to care dependency (Edjolo, Proust-Lima, Delva, Dartigues, & Pérès, 2016; Eurostat, 2015). Also, the aging of Western societies, in which the number of people above 80 years is increasing greatly, implies a parallel increase in the number of people who will require long-term care (Lévesque et al., 2010).

About that, a European Joint Report on Health Care and Long-Term Care Systems and Fiscal Sustainability (European & Union, 2016a, 2016b) addressed the challenges on health care and long-term care and policy opportunities to improve the sustainability of long-term health systems in Europe. Despite the different initiatives to ensure sustainable access to good quality services for all, the European social protection systems have very varied forms of long-term care and there is a deep variation in care use. For instance, in the Netherlands, Belgium, and Scandinavian countries, the volume of the

population receiving formal care is important and contrasts with the situation in countries such as Spain, Greece, or Italy where older adults receive informal care in much more proportion than formal care (Suanet et al., 2012). It has also been stated that only in some cases is there significant cover of affordable formal services and, even in those countries with the best situation, it was not enough to respond to the demand created (European Commission, 2013). Whatever the case, in all European countries the role of the family as the informal provider of long-term care is relevant, even if its importance ranges from values around 23% to 25% of “only family carers” in the Netherlands or France to 71% to 74% in Germany, Italy, or Spain (Bettio & Verashchagina, 2013).

Therefore, the evidence shows that the family, particularly in some countries, has been a safety net for socioeconomic resilience, working as an authentic “Ministry for Health and Social Matters.” Although family solidarity and generosity for care of their loved ones is a positive family value, it should be noted that it can also lead to a problem of inequality. People who have children—not only in the literal sense, but also in their proximity to the former’s home—have a safety net at their disposal, which those who are alone do not. The dependency situations of those without children are, in health and social terms, clearly visible. However, the most severe dependency situations due to chronic illness and disabilities are the most invisible from the perspective of public social services, because they are mainly to be found in multigenerational homes (Abellán et al., 2015). Despite the gradual drop in the number of homes in which adult children coreside with their parents, the most widespread method of caring for the very old is by living with them in the same home, for example, 48% of Spaniards above 84 years live with one of their children (Meil, 2011).

Furthermore, long-term care is marked by a gender aspect, both of the person who receives care and the person who gives it. Elderly women have longer life expectancy and a different morbidity pattern from elderly men; therefore, most of the long-term care patients are female. However, most caregivers—formally and informally—are women (Rodrigues, Huber, & Lamura, 2012). In the European Union countries, women are 1.6 times more likely higher than men of being caregivers; moreover, women’s participation in the care of dependent people is statistically more significant in the group of women between the ages of 50 years and 64 years (Who Cares?, 2014). In other words, women are the major providers of long-term care, but as workforce participation increases, caregiving could pose even greater financial challenges for many women workers, due to mostly lost wages from reduced work hours, time out of the workforce, family leave or early retirement.

## **Conclusion**

Understanding people through cultural values, in conjunction with individual and family beliefs, is important to comprehend peoples' behaviors. This article has contributed to an understanding of the salient European family structure and values in relation to caring and intergenerational solidarity. As we have seen in this analysis focusing on Western European countries, historically we can differentiate between the strong- and the weak-family system. The processes of modernization of society could have eroded the differences between them, but yet this is not so: The patterns of emancipation and intergenerational involvement of each of the systems are still observed nowadays. In other words, the Mediterranean model of coresidence, solidarity and intergenerational relationships, characterized by strong links, continues stalwartly in Mediterranean countries.

In Europe, aging and chronic diseases pose a real challenge as the number of people in need of long-term care is increasing every day, as health expenditures also increase. It is also to be expected that there will be a drop in the availability of family members, mainly working women, to provide family care for the elderly and chronic patient. Particularly, strong-families type will experience significant challenge as the number of relatives who will be in need of long-term care will increase and the number of caring families will decrease as a consequence of new family structure and roles. Therefore, greater responsibility and state solidarity for the protection and promotion of families' well-being would be expected. There is a need to make health and social systems more effective, financially sustainable, and focused on the family.

The experience of illness is a family affair (Wright & Leahey, 2013), and as it has been shown in the previous section, it is often based on intergenerational solidarity. Family members are crucial companions in the care for patients, both in the hospital and at home. Also, relatives and the family as a unit have specific needs that must be addressed by health professionals. Therefore, it seems crucial that the focus of care should shift from a patient-focused approach to a family focused one, and from family involvement to family inclusion in health care (Puurveen, Baumbusch, & Gandhi, 2018). Achieving this goal would be possible with hospital and community policies and programs that support the inclusion of families in nursing care planning. A relational, partnership, and strengths-based relationship of nurses with patient and her or his family would contribute to focus on strengths and competencies of individuals and families rather than weaknesses and disease (Bell, 2009). The promotion of a model that encourage a "Sustainable Caring Family," which can continue to care without seriously damaging its functioning and relationship family patterns has also been revealed to be

significant in supporting family of patients in need of long-term care (Canga, 2013; Canga, Vivar, & Naval, 2011).

The practice of Family Systems Nursing is about working with families and helping them recognize their problems and mobilize their own coping resources to alleviate suffering caused by a perceived threatening situation (International Family Nursing Association [IFNA], 2015, 2017; Wright & Bell, 2009; Wright & Leahey, 2013). Therefore, “thinking family” and the translation of family knowledge to clinical practice (Bell, 2014; Duhamel, 2017) would be invaluable strategies to support families to deal with the present and future responsibility of caring for their old or ill relative. For Europeans to enjoy positive health and well-being—as individuals, families, and as a population—they must have the benefit of high-quality health and social services that promote and support intergenerational solidarity and Family Systems Care.

### Editor’s Note

This article is based on an invited keynote address presented at the 13th International Family Nursing Conference in Pamplona, Spain, June 16, 2017.

### Declaration of Conflicting Interests


The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The authors received no financial support for the research, authorship, and/or publication of this article.

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