




Entry

Transgenerationality in Nursing Care: Implications for Person-Centered Practice and Hospital-to-Home Transitions

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Definition

Transgenerationality refers to the psychological and behavioral elements transmitted across generations. It is intrinsically linked to unelaborated content—such as trauma, grief, secrets, conflicts, and shame—operating through implicit and partially unconscious pathways that manifest in individual behavior. In the context of nursing, transgenerationality explores how nursing care is influenced by these dynamics and how the concept can be utilized to achieve superior health-related outcomes, such as facilitating more effective healthcare transitions. Specifically, it examines how experiences, vulnerabilities, resilience factors, and health-related patterns transmitted across generations affect overall health. As a humanistic profession rooted in person-centered care, nursing must remain cognizant of the impact of this concept on healthcare. This is particularly relevant in clinical settings where nurses are pivotal practitioners, such as mental health, health literacy, chronic disease management, and healthcare transitions. Healthcare transitions represent critical periods in a person's life, and nurses are present across all contexts to facilitate these shifts. A primary example is the transition from hospital to home, which illustrates the importance of understanding transgenerationality within the roles of both patients and caregivers. Understanding how this concept impacts healthcare allows for the perception of transition as a holistic process. Awareness of these transgenerational operations leads to more personalized care, fostering healthier and more seamless healthcare transitions. The general purpose of this paper is to define and operationalize the concept of transgenerationality within nursing care, emphasizing its critical role in achieving better health outcomes, particularly during hospital-to-home transitions.

Keywords: continuity of care; family/informal caregiver; hospital-to-home transition; nursing; person-centered care; transgenerationality



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1. Introduction

Transgenerationality in nursing care is a new perspective of care within real caring situations, such as hospital-to-home transitions. In order to understand this, it is fundamental to understand first the philosophical roots of nursing itself and how these rooting perspectives are deeply connected with transgenerationality itself.

1.1. *Nursing as Humanistic Profession*

Nursing has been connected, since its very beginnings, to the concept of caring for others, which constitutes its genesis and its highest mission. “Caring” appears to be far more comprehensive and broader than “curing,” as it is a concept that moves away from the biological domain of disease and encompasses knowledge of the other through careful observation of individual meanings and subjective lived experiences. It also examines how individuals adapt based on those meanings and experiences during their life transitions [1,2].

The foundation of the nursing profession and the essence of caring, as a concept, is the valuing of human beings [3]. This means recognizing each person as a unique and special individual with the right to self-determination, and working collaboratively with them to deliver the best possible healthcare—in other words, humanistic care.

Humanism is a broad philosophical concept that frames a perspective based on the human being and their potentialities. It can be described as “a democratic and ethical life stance, which affirms that human beings have the right and responsibility to give meaning and shape to their own lives” [4]. In this sense, humanistic care is grounded in experiences related to health and suffering in which participants “are and become” through their human potential [5].

Humanistic care has been extensively studied from a wide range of perspectives, including theoretical approaches and practical experiences that support its development [4]. The nursing profession itself has evolved around this concept and is currently conceptualized through an honest human relationship with others, based on the possibility of continuous human growth and development [6].

In its evolution as a caring profession, nursing has undergone a transition that involved moving beyond “doing for” toward “being with,” integrating technical competence with relational, ethical, and reflective practice, placing the person—rather than the task or disease—at the center of care.

This shift, which has led nursing to adopt the concept of humanistic care as the core of its perspective, defines it through the following attributes [7]: excellence in clinical literacy; creation of a healing environment; a comprehensive and unique viewpoint; contribution to the client’s adaptation and flourishing of talents; unconditional regard and affection; preservation of human dignity; real presence; constructive dynamic interaction; and nurses’ self-care.

Nowadays, one of the most influential contemporary nursing theories is the Person-centered Nursing Framework by McCormack and McCance [8], which perfectly encompasses this humanistic care perspective. It defines person-centered nursing as a practice that is respectful of values and beliefs, engages the person in decision-making, and is underpinned by therapeutic relationships.

Person-centered humanistic care highlights the relevance of understanding an individual’s past in the provision of nursing care, particularly how interaction and socialization across previous generations generate behaviors and may compromise each individual’s potential to seek health [9].

It is this humanistic approach, which guides nursing as a profession, that enables it to observe individuals across all their dimensions. This perspective facilitates an under-

standing of the human nuances arising from social interactions, particularly those within family structures. Furthermore, it is through this lens that nurses are able to identify transgenerationality as a pivotal concept in healthcare delivery.

1.2. Transgenerationality, Socialization and Attachment

Prior to defining transgenerationality, it is essential to clarify that this concept is distinct from intergenerationality, despite their frequent conflation. Operationally, both terms refer to transmission processes across generations; however, they are not equivalent. Intergenerationality pertains to that which circulates between generations in direct interaction (e.g., parent-child or grandparent-grandchild), primarily through socialization, learning, and modeling. It often assumes a relatively explicit and consciously recognizable character, even if not formally taught.

Conversely, transgenerationality refers to that which is transmitted across generations, potentially “skipping” a generation. It tends to be linked to unelaborated content—such as trauma, grief, secrets, conflicts, and shame—operating through implicit and partially unconscious pathways. In these instances, one inherits “without knowing”: that which has not been symbolized reappears over time in the form of relational patterns, family silences, or symptoms, reinscribing into the present that which remained unelaborated [10,11].

Inheritance includes characteristics such as height, sex, eye color, and potential intelligence; while some are wholly genetic, others are inherited as ranges of possibility dependent on the environment [12]. It is to this second category of characteristics that the concept of transgenerationality is deeply connected. The way we experience and regulate emotions results from the interaction between lived experience and inherited psychic legacies, partially inscribed in the individual and family unconscious [13]. The infant enters this world as a biological organism concerned with its own physical comfort, but soon becomes a human being endowed with a set of attitudes, values, preferences, aversions, goals, and purposes, alongside an enduring conception of its own identity [14].

This concept is deeply rooted in sociology, particularly in the field of socialization. Socialization can be defined as an active process of learning and social development that occurs as individuals interact with one another and become familiar with the social world in which they live, forming ideas about who they are and making decisions about their goals and behaviors [14]. This learning occurs primarily in an unconscious manner. For Pierre Bourdieu, one of the most influential sociologists of the second half of the 20th century, socialization is the process through which social structures are incorporated into individuals in the form of habitus, shaping perceptions, practices, and actions in a largely unconscious manner [14]. This type of process leads individuals to internalize attitudes and patterns of behavior from previous generations, giving rise to conditioned responses to similar events. That is, the response to an adverse event is strongly shaped not only by one’s own lived experience, but also by the experiences of preceding generations.

This concept is also directly linked to psychological theory, particularly Attachment Theory. Bowlby’s classical attachment theory explains how early emotional bonds between infants and primary caregivers shape patterns of emotional regulation, security, and relationships throughout the lifespan. According to Bowlby [15], consistent and sensitive caregiving enables the child to develop secure attachment, fostering trust, autonomy, and the capacity to seek support in times of distress. In contrast, inconsistent, unavailable, or frightening caregiving may lead to insecure attachment patterns, which can influence how individuals respond to stress, illness, and dependency later in life.

Intergenerational transmission may manifest in the reproduction or interruption of legacies, rituals, legends, and customs, occurring through implicit pathways—such as micro-regulations of the body and voice or patterns of attachment—and through narrative

pathways, such as stories that are told and omissions, often sustained by pacts of silence and invisible loyalties [16]. Transgenerationality manifests itself not through conscious and open practices passed from one generation to another, but through what was never verbalized and remains hidden among unspoken family secrets [17]. Several studies use this theory to explain the reproduction of psychopathological behaviors derived from previous generations, which manifest as mental disorders without the individual being aware that they are reproducing behaviors that are not originally their own [18]. In other words, this illustrates the practical impact of transgenerationality.

When parents are unable to elaborate specific affects or traumas, these contents may be implicitly transmitted to the child, who incorporates them as if they were their own [11]. Such a process compromises the child's capacity to understand and manage their own suffering, interfering with the construction of internal resources for emotional regulation [19,20]. This "undigested" emotional burden can thus disrupt the recognition, naming, and regulation of affects, with repercussions for the development of reflective function and mentalization [21,22].

When a child begins to assume symbolic roles of caregiving or emotional organization within the family—for instance, when the eldest child attempts to "substitute" for the parents—a role reversal (parentification) may emerge. This imposes premature maturity and can compromise spontaneous psychic development [23,24]. Family relational patterns may transform throughout the life cycle as new relationships and sociocultural contexts introduce influences that create conditions for either continuity or rupture. Nevertheless, the persistence of these patterns is frequently sustained by childhood experiences, which structure expectations, meanings, and internal working models of relationships [25].

This kind of unspoken transmission of behavioral patterns within families on this transgenerationality surpasses the abstract field of philosophical concepts and it is observed in practice, particularly in healthcare settings, being an important part of the contexts where nursing care is delivered.

2. Transgenerationality as Focus on Nursing

Transgenerationality has long been described as a philosophical and abstract concept within the social sciences, particularly in sociology and psychology. Its transposition into clinical practice, specifically within healthcare, is now a reality, most notably in psychological care. However, within the context of nursing care, the question remains: how can this concept shape or transform the delivery of nursing care in the present and the future?

Evidence regarding this concept already exists in the field of mental health, particularly concerning trauma. This trauma as an overwhelming, distressing, or harmful experience should be recognized as part of the care complexity because has profound effects on health, and influences how people engage with their healthcare services [26]. In this domain, intergenerational trauma is understood as "a discrete form of trauma which occurs when traumatic effects are passed across generations without exposure to the original event [27].

Trauma-informed care can be applied across multiple settings—such as healthcare, education, and community services—by recognizing that individuals may carry not only personal trauma but also the lasting effects of trauma passed down through families and communities. This idea of transgenerationality is closely linked to Intergenerational Trauma, where the impact of past experiences influences current behaviors, coping mechanisms, and health outcomes.

Furthermore, established modalities of family therapy are already based on this theoretical framework [28,29]. In this sense, the concept is also explored through the lens of the mental health of vulnerable populations or ethnic minorities, specifically in relation to conflict zones or other forms of systemic abuse. Within nursing, however, this concept

remains under-explored; when addressed, it is typically confined to the psychiatric specialty. Nevertheless, the concept is far more comprehensive, influencing many of the behaviors and reactions of clients receiving nursing care across all settings. The incorporation of this concept into chronic illness management and health literacy programs can substantially optimize nursing practice and patient education strategies.

This concept may provide an explanation for various behaviors, particularly during periods of transition, as the behavioral patterns of a previous generation influence those of the next—for instance, in the bonding process during the transition to parenthood [30]. In this case, the mother-child bonding was shaped by the previous generation experience inscribed on adult attachment between recent mother and their mothers, concluding that attachment patterns are transmitted across generations. The recognition of this concept by nurses allows for a more thorough, targeted, and person-centered assessment of the individual and family undergoing transition. This, in turn, facilitates the provision of individualized care and the anticipation of potential complications arising from these shifts. Moving forward, equipped with this knowledge, nurses will undoubtedly be better prepared for these transitional moments, especially as they accompany individuals throughout the entire life cycle.

In nursing, transgenerationality is particularly relevant because care is inherently relational and situated within family systems. Nurses frequently encounter patients and caregivers whose responses to illness, hospitalization, and care transitions are influenced by prior family experiences with suffering, separation, or death. These transgenerational influences may affect trust in healthcare professionals, engagement in care, emotional regulation, and the caregiving burden [31]. Recognizing these patterns supports a more comprehensive understanding of patients' needs beyond immediate clinical presentations.

From a humanistic and person-centered nursing perspective, awareness of transgenerationality enables nurses to provide care that acknowledges the patient's life history and family context. By attending to narratives, emotions, and relational meanings, nurses can help interrupt cycles of unreflected transmission and foster resilience and healing [5,8]. Thus, integrating transgenerational perspectives into nursing practice contributes to more compassionate, reflective, and holistic care, particularly in contexts of chronic illness, mental health, and care transitions.

The following example operationalizes this concept from a nursing perspective for easier understanding.

Concept in Practice: Healthcare Context Transition

It is particularly vital for nurses to grasp this transdisciplinary concept, especially when preparing clients for their return home. It is within the domestic context and the shifting environment—moving from hospital institutionalization to the home—that patterns associated with transgenerationality manifest most clearly.

In nursing, transitions are frequently framed within Meleis's Transitions Theory. In this framework, a transition is defined as the process of moving from one state, condition, or phase to another, which can affect a person's well-being and require adjustments at physical, psychological, social, and environmental levels [32].

In the context of healthcare, this encompasses changes such as transitioning from hospital to home care, adapting to a chronic disease diagnosis, recovering post-surgery, or adjusting to aging-related functional changes. These transitions are not merely changes in location; they involve a process in which individuals experience instability, develop coping strategies, and gradually achieve a new sense of balance and control.

Hospital discharge triggers a micro-reorganization of daily life: routine tasks, practical knowledge, and temporal rhythms are reconfigured to ensure safety and therapeutic

continuity at home. This transition necessitates a readjustment of roles (e.g., child–caregiver; spouse–caregiver–manager), where the bond previously mediated by the institutional context transforms into daily practice, often characterized by high dedication and a renewed sense of responsibility [33,34].

In this adaptive dynamic, task-sharing is generally promoted; however, over time, the experience can become strained. As Karlsson et al. [34] note, transitional care can facilitate the caregiver’s adaptation to home-based care, provided it is adjusted to the specific context and the available support network. This role is frequently assumed abruptly, exposing caregivers to physical and psychological burdens that may compromise their health and, consequently, the quality of care [35]. Upon returning home, caregivers act as the link between the healthcare team and the dependent person, serving as primary interlocutors for clinical guidelines and monitoring tasks [36,37].

The informal caregiver’s experience becomes particularly evident in a “gray zone” between the hospital and the home—a transitional space where nursing can assert renewed interventions focused on safety, confidence, and autonomy. The shift is not merely physical: it involves the reconstruction of daily life, the reconfiguration of family roles, and the transformation of the caregiver’s identity [38]. Nurses must be aware of the real complexity of this experience to better understand their role on ensuring the better possible transition between settings and, most fundamentally, as a developmental transition. Events such as unexpected seizures, falls, or doubts regarding therapeutics highlight the need to bolster nursing competencies in caregiver education, health literacy, and crisis management [39,40].

Research points toward an innovation that is simultaneously practical and ethical: the need to structure accessible communication mechanisms, such as helplines, follow-up nursing consultations, or the designation of a Nurse Case Manager responsible for the longitudinal coordination of the family journey [41,42]. This role ensures early intervention (within the first 72 h), adaptation visits, and education through teach-back methods, while monitoring indicators such as readmission rates [43–45].

The evidenced transgenerational impact is associated with the transmission of trauma, experiences, and emotional patterns across generations, affecting the development of offspring. To comprehend the scope of the hospital–home transition, a transgenerational assessment is required. This is conducted via genograms, clinical interviews, or psychogenealogical approaches, requiring qualified active listening and rigorous narrative analysis to map repetitive dynamics [46]. Psychogenealogical methods seek to understand how ancestral experiences and “family secrets” exert an unconscious influence on current life, originating repeating behavioral patterns and limiting beliefs [47,48].

Transgenerational transmission operates predominantly unconsciously, recognizable through repetitions and silences. In contrast, social factors tend to be integrated more consciously and adaptively [49]. Social and economic conditions also shape this generational experience: while older generations may have faced greater financial instability, younger generations are immersed in a reality marked by globalization, reconfiguring their understanding of health. Furthermore, family caregiving roles vary; older generations may be accustomed to intensive, continuous care, whereas younger generations may have different strategies when professional services are available.

Shared family memories and narratives consolidate over time, though each generation reinterprets these experiences in light of their historical context [50]. Finally, increased longevity and medical progress decisively influence this experience. How one generation faces critical illness can profoundly mark subsequent perceptions of vulnerability and death [51]. Recognizing this impact is essential, as it has long-term consequences for family life [52]. Anonymity and fragmented care intensify vulnerability, whereas a

continuous professional bond turns the hospital–home transition into a shared, resilient journey [42,53–55].

Transgenerationality in nursing could be understood through the lens of Meleis’s Transitions Theory, as it posits that transitions are not isolated events but interconnected processes shaped by historical and familial contexts. At the core of this relationship is the concept of transition conditions, specifically the personal and societal factors—such as cultural beliefs, socioeconomic status, and inherited trauma—that facilitate or inhibit a person’s movement through life changes.

When a family experiences a profound shift, hospital-to-home return, the “patterns of response” are often passed down, influencing how subsequent generations perceive and navigate their own health-illness transitions. This creates a feedback loop where the properties of transition (like awareness and engagement) are deeply colored by the lived experiences of ancestors. Ultimately, Meleis’s framework suggests that achieving a state of connectedness and “mastery” over a new life phase is often a collective, multi-generational effort, where the way that a transition was made by one generation could provide the psychosocial infrastructure for the health and stability of the next.

3. Practical Implications and Future Directions

The integration of transgenerationality into clinical nursing practice necessitates the development of specific competencies that enable nurses to identify and intervene in transgenerational patterns within diverse clinical contexts. Clinical communication regarding traumatic experiences—particularly adverse childhood experiences (ACEs) that are transmitted across generations—constitutes a fundamental strategy for person-centered care [56]. In all settings, adopting a trauma-informed approach means creating safe, respectful, and empowering environments that acknowledge these layered experiences, helping to break cycles of trauma and promote resilience over time. Nurses should adopt inclusive and trauma-informed approaches, recognizing that high-quality care must respond to the individual’s perspective, promote recovery, and sustain a cultural framework that values the diverse experiences of families [57].

Education in trauma-informed care and therapeutic communication should be systematically embedded in all nursing curricula, equipping practitioners with tools for genogram-based assessment and narrative analysis. Particularly in contexts of care transitions, chronic disease management, and mental healthcare, the consideration of transgenerationality enables more personalized and effective interventions, thereby reducing disparities in care quality and promoting positive outcomes for both clients and their families.

Future research should elucidate the biological and psychosocial mechanisms through which transgenerational patterns influence responses to illness and hospitalization, including the role of epigenetic modifications in psychiatric vulnerability [58,59]. The implementation of evidence-based, culturally adapted, and context-sensitive parental and family support programs represents a promising strategy for interrupting cycles of unreflected transmission [60], particularly among migrant populations and vulnerable communities.

Culturally adapted mental health education that integrates traditional and Western approaches has demonstrated both acceptability and feasibility across diverse populations [60], suggesting that the inclusion of transgenerational perspectives is essential to the promotion of health equity. Nurses, as humanistic professionals positioned on the front line of care, are ideally situated to lead this transformation. By collaborating across disciplines, they can operationalize transgenerationality as a structural dimension of clinical excellence and health justice.

4. Conclusions

The perspective presented herein demonstrates the application of a profoundly sociological concept within the practice of healthcare, as viewed through the lens of nursing. Nurses, through their humanistic and holistic orientation, possess the sensitivity to discern the subtle nuances and details that constitute healthcare delivery. Transgenerationality is a vital concept for understanding these intricacies, thereby facilitating increasingly person-centered care.

Transgenerational impact should not be treated as a secondary theme in nursing care, but rather as a structural dimension of it. This is exemplified in the hospital-to-home transition: when a continuous and identifiable professional bond exists, the transition is transformed into a shared and safer journey; conversely, when anonymity prevails, loneliness, risk, and caregiver burden are intensified.

The redistribution of roles—strained by the tension between protection and autonomy—emerges as the core of this process. This underscores the imperative for an accessible clinical presence and continuity mechanisms—such as direct contact, longitudinal follow-up, and teach-back education. Such strategies bolster caregiver self-efficacy and recognize the family as a unit that simultaneously provides care while remaining inherently at risk.

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