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Research Article

The Microethics of Nursing Care for Women Living in Poverty: A Mind Genomics and AI-Supported Framework for Sensory, Power, and Interpretive Decision-Making in Safety-Net Clinics

Dipak Paul[1], Howard Moskowitz[1,3]*, David Stevens[2] and Sharon Wingert[3]

[1]Mind Genomics Associates, Inc., White Plains, New York, USA

[2]Advanced Learning Strategies, New Hampshire, USA

[3]Tactical Data Group, Virginia, USA

***Corresponding Author:** Howard Moskowitz, Mind Genomics Associates, Inc., White Plains, New York, USA and Tactical Data Group, Virginia, USA.

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Abstract

Nursing care in safety-net women's health clinics unfolds through a series of microdecisions that shape women's experiences of dignity, bodily autonomy, emotional safety, and trust. These microdecisions include touch, tone, timing, permission, boundaries, interpretation, and silence. Although they often occur within seconds, they carry ethical significance because they are embedded in clinical encounters marked by structural inequity, time pressure, trauma, and social vulnerability. This conceptual paper examines how women living in poverty may interpret these small but meaningful aspects of nursing and nursing aide communication during encounters involving pregnancy, gynecologic symptoms, contraception, breastfeeding, infertility, miscarriage, menopause, and disclosures of violence or emotional distress. The paper uses the organizing logic of Mind Genomics to conceptualize nursing communication as a set of sensory, power, and interpretive microethical elements. Sensory elements include tone, touch, and pacing; power elements include permission, boundaries, and bodily autonomy; and interpretive elements include how nurses respond to silence, hesitation, and emotional cues. Based on this framework, five illustrative microethical mindsets are proposed: the Safety Seeker, the Autonomy Protector, the Clarity-Driven Interpreter, the Trauma-Sensitive Listener, and the Consistency Evaluator. These mindsets are theoretical constructs intended to represent recurring patterns of ethical sensitivity rather than empirically derived categories. Artificial intelligence (AI) is presented as a complementary tool that can support element generation, simulation, staff training, and the development of tailored communication strategies. The proposed framework demonstrates how small nursing decisions can either reinforce or mitigate the structural vulnerabilities associated with poverty. By integrating microethics, Mind Genomics, and artificial intelligence, this paper offers a practical and theory-based approach to improving woman-centered communication in safety-net clinics and provides a foundation for future research, education, and system-level interventions aimed at advancing equity in women's health care.

Keywords: Microethics; Nursing Communication; Women's Health; Poverty; Mind Genomics; Artificial Intelligence; Health Equity; Trauma-Informed Care

Abbreviation

AI: Artificial Intelligence.

Introduction

Microethics as the hidden architecture of nursing care for women living in poverty

Women living in poverty often seek healthcare for concerns that involve not only physical symptoms but also deeply personal aspects of bodily integrity, reproduction, and emotional well-being. These concerns may include menstruation, pregnancy, infertility, miscarriage, breastfeeding difficulties, pelvic pain, menopause, and experiences of sexual or domestic violence. In these situations, the quality of nursing care is shaped not only by clinical knowledge and technical skill but also by the subtle interpersonal decisions that occur during routine interactions. The warmth of a greeting, the tone of a question, the timing of a pause, and the presence or absence of permission before touch can strongly influence whether a woman feels respected, safe, and understood. These microinteractions are especially important during intimate and emotionally charged encounters and are closely linked to health equity, gender equality, and human rights [1]. They shape whether women disclose sensitive concerns, ask questions, and follow through on clinical recommendations. Poverty, trauma, and prior experiences of discrimination may heighten sensitivity to these cues, making microethical decisions central to equitable and trauma-informed care [2-4].

Microethics refers to the ethical significance of small, often unnoticed decisions that occur during routine care [5]. These decisions are embedded in the ordinary flow of nursing practice: whether to ask permission before touching a woman's breast, whether to pause after explaining a pelvic examination, or whether to interpret silence as confusion, embarrassment, fear, or resistance. Each decision carries ethical weight because it influences a woman's sense of bodily autonomy, dignity, emotional safety, and belonging. What may appear to be a minor clinical behavior to the nurse may be experienced by the patient as either a profound act of respect or a subtle violation of trust. Feminist nursing ethics emphasizes that ethical care requires attention to relationships, context, and power, particularly when caring for women whose voices may be muted by social and economic disadvantage [6,7].

This conceptual paper argues that microethics provides a practical framework for understanding and improving nursing and nursing aide communication with women living in poverty. The paper examines three interconnected domains: sensory microethics (touch, tone, and timing), power microethics (permission, boundaries, and autonomy), and interpretive microethics (how nurses understand silence, hesitation, and emotional cues). Mind Genomics provides the organizing logic for structuring these microethical elements and for developing illustrative patient mindsets that represent different ways women may interpret nursing communication [8]. Artificial intelligence serves as a complementary tool that can assist in generating elements, simulating responses, identifying patterns, and translating conceptual insights into practical communication strategies [9,10]. Together, Mind Genomics and artificial intelligence provide a structured and actionable approach for understanding how the smallest nursing decisions can either reinforce or repair the structural vulnerabilities that shape the lives of women living in poverty.

Materials and Methods

This conceptual paper used the organizing logic of Mind Genomics and the supportive capabilities of artificial intelligence to develop a theory-based framework describing how women living in poverty may interpret the microethical dimensions of nursing and nursing aide care in safety-net women's health clinics. No human participants were recruited, and no surveys, interviews, or other forms of primary data collection were conducted. Instead, the framework was developed by examining the structural context of poverty-shaped women's health care, organizing nursing communication into sensory, power, and interpretive microethical domains, and conceptually grouping recurring patterns of ethical sensitivity into five illustrative microethical mindsets. These proposed mindsets are presented as theoretical constructs intended to guide clinical reasoning and communication rather than as empirically derived categories. The following sections outline the conceptual basis of the framework and explain how the proposed microethical mindsets and associated nursing strategies were developed.

Structural context: Why microethics matter more in poverty-shaped care

Safety-net clinics serving women often operate under chronic structural strain, including high patient volumes, limited staffing, time pressure, and constrained resources. Women living in poverty

frequently present with overlapping medical, psychological, and social concerns, including pregnancy complications, chronic gynecologic symptoms, intimate partner violence, food insecurity, transportation barriers, and caregiving responsibilities [11]. These structural realities amplify the ethical significance of microdecisions. A rushed tone may feel dismissive to a woman who has repeatedly felt unheard. A lack of explanation before an intimate examination may feel violating to a woman with a history of trauma. A nurse's interpretation of silence may determine whether a woman leaves feeling informed and supported or confused and ashamed.

Research suggests that women, particularly those from marginalized backgrounds, often rely heavily on relational cues such as tone, pacing, eye contact, and body language when interpreting clinical encounters [12]. Women with limited health literacy may depend on these cues to determine whether it is safe to ask questions or disclose sensitive concerns [3]. Women who have experienced discrimination, coercion, or gender-based violence may interpret ambiguous behaviors as signs of judgment or disregard [4]. In this context, microethical excellence is not a luxury but a necessity. It enables nurses and nursing aides to create emotionally safe environments that support trust, comprehension, adherence, and continuity of care.

The ethical importance of these interactions is heightened in women's health because many encounters involve highly personal aspects of bodily integrity, reproductive decision-making, and identity. Communication surrounding contraception, fertility treatment, breastfeeding, miscarriage, and menopause requires not only technical competence but also sensitivity to privacy, autonomy, and emotional meaning. Microethics therefore provides a practical lens for understanding how structural inequities are enacted—or mitigated—in the smallest moments of care.

Mind genomics as a framework for microethical elements

Mind Genomics breaks complex human experiences into small, testable elements and recombines them into structured vignettes to reveal how people respond to different combinations of cues [8]. Applied to the microethics of women's health care, Mind Genomics can present women with short scenarios that vary sensory cues (e.g., tone, touch, timing), power cues (e.g., permission, boundaries, autonomy), and interpretive cues (e.g., how nurses respond to silence, hesitation, or emotional distress). One vignette might describe a nurse who asks permission before a breast examination, explains each step slowly, and pauses to ask whether the woman has questions. Another might describe a nurse who begins an intimate procedure without explanation and interprets silence as agreement.

By analyzing women's responses to these vignettes, Mind Genomics can identify clusters of respondents who interpret microethical cues in similar ways. These clusters represent microethical mindsets—distinct patterns of ethical sensitivity shaped by lived experience, structural vulnerability, and emotional history. In the present conceptual framework, these mindsets include the Safety Seeker, the Autonomy Protector, the Clarity-Driven Interpreter, the Trauma-Sensitive Listener, and the Consistency Evaluator. These mindsets are not personality types but patterned ways of experiencing the ethical texture of nursing care.

Artificial intelligence strengthens this approach by assisting with element generation, simulation, clustering, and the translation of findings into practical communication strategies. AI can help generate realistic vignettes, identify recurring response patterns, and develop tailored scripts that support respectful and woman-centered care. Together, Mind Genomics and AI offer a rigorous and actionable framework for understanding how the smallest nursing decisions shape the experiences of women living in poverty and how these decisions can be refined to promote dignity, trust, and equitable care.

Results

The results presented in this conceptual paper are theoretical rather than empirically derived. Using the organizing logic of Mind Genomics, the analysis identifies five illustrative microethical mindsets that represent distinct ways in which women living in poverty may interpret nursing and nursing aide communication in safety-net clinics. These conceptual results are summarized in Table 1 and elaborated in the sections that follow. Together, they describe how microethical cues related to tone, timing, touch, permission, boundaries, and interpretation may influence women's perceptions of dignity, emotional safety, autonomy, comprehension, and trust. Table 2 extends these conceptual findings by translating each mindset into practical nursing strategies designed to improve communication and support equitable, woman-centered care.

Introducing the microethical mindsets in women's health care

Before presenting the first table, the paper invites the reader to imagine a woman living in poverty moving through a safety-net women's health clinic. A nursing aide reaches toward the woman's breast or abdomen without first asking permission. A nurse explains a pelvic examination while typing into the computer. Another nurse pauses, looks up, and asks, "Does this make sense so far?" Each microdecision carries ethical weight. Each is interpreted through the woman's microethical mindset. Table 1 summarizes these mindsets and their defining characteristics in the context of nursing and nursing aide care for women living in poverty.

Microethical mindset name	Core ethical sensitivity	How microcues are interpreted	Primary risk	Primary opportunity
Safety Seeker	Sensory cues of gentleness and calm	Tone and pacing determine emotional safety	Feeling threatened by abruptness or speed	Gentle tone and slow pacing build trust
Autonomy Protector	Permission and bodily boundaries	Touch without consent feels violating	Withdrawing from care or resisting examination.	Asking permission strengthens agency
Clarity-Driven Interpreter	Interpretive accuracy and explanation	Silence is not agreement; clarity is essential	Misunderstanding instructions	Stepwise explanations support adherence
Trauma-Sensitive Listener	Emotional attunement and pacing	Sudden movements or rapid speech trigger overwhelm	Emotional shutdown	Soft tone and predictable pacing reduce distress
Consistency Evaluator	Reliability and followthrough	Inconsistency signals institutional unreliability	Mistrust of care plan	Consistent behavior builds longterm trust

Table 1: Microethical Mindsets of Women Living in Poverty in Response to Nursing and Nursing Aide Care.

From microethics to practice: Why these mindsets matter

These microethical mindsets illustrate that women living in poverty do not simply receive nursing care; they interpret microcues through ethical lenses shaped by vulnerability, trauma history, prior healthcare experiences, and everyday structural pressures. A nurse's decision to ask permission before touching a woman's breast may feel routine to the nurse but profoundly meaningful to the Autonomy Protector. A nurse's decision to pause after explaining contraceptive instructions may feel unnecessary to the nurse but essential to the Clarity-Driven Interpreter. A nurse's consistent tone and pacing may feel ordinary to the nurse but deeply reassuring to the Consistency Evaluator.

Understanding these mindsets matters because microethical interpretation influences behavior. Women who feel unsafe may withhold symptoms, concerns, or histories of violence. Women who feel disrespected may decline examinations or avoid returning for follow-up care. Women who feel overwhelmed may misunderstand instructions regarding medications, contraception, breastfeeding, or prenatal care. Women who perceive inconsistency may lose trust in both the clinician and the healthcare system. Conversely, when nursing communication aligns with a woman's microethical mindset, she is more likely to feel respected, understood, and empowered to engage in her care.

Deepening the microethical mindsets: Sensory, power, and interpretive logic in women's health encounters

The five microethical mindsets introduced in Table 1 represent patterned ways in which women living in poverty may interpret the smallest cues in nursing and nursing aide interactions. These

mindsets emerge at the intersection of structural vulnerability, emotional history, and the immediate realities of women's health care. They are particularly relevant in settings involving intimate examinations, reproductive decision-making, and disclosure of sensitive concerns. The following sections expand each mindset into a fuller analysis, illustrating how it forms, how it interprets sensory, power, and interpretive cues, and how clinics can respond constructively. These patterns are not random; they are grounded in lived experience and can be systematically addressed to promote dignity, comprehension, and emotional safety [7,12].

The safety seeker

The Safety Seeker is highly sensitive to sensory cues such as tone, pacing, facial expression, and body positioning. This mindset often develops in women who have experienced rushed, dismissive, or judgmental care in the past. For women discussing infertility, pregnancy complications, miscarriage, or gynecologic symptoms, the emotional tone of the interaction may be as important as the clinical information itself. Research suggests that patients rely heavily on relational cues to determine whether a healthcare environment is emotionally safe [12].

The Safety Seeker interprets microcues through an emotional lens. A soft tone signals safety. A slow pace signals respect. A nurse who pauses before speaking or touching communicates care. Conversely, abrupt movements, rapid speech, or a distracted demeanor may feel threatening. The internal narrative is simple and powerful: "Please do not startle me; please do not rush me".

Clinics can support this mindset by training nursing staff to incorporate gentle sensory cues into routine care. Even under time pressure, a moment of warmth and calm can anchor emotional safety. Artificial intelligence may assist by generating short communication scripts that help staff express reassurance efficiently [10].

The autonomy protector

The Autonomy Protector is highly sensitive to power cues such as permission, bodily boundaries, and control over decision-making. This mindset is especially relevant in women's health, where care frequently involves breast examinations, pelvic procedures, contraceptive counseling, and reproductive choices. Women with histories of trauma, coercion, or prior violations of consent may be particularly attuned to these cues.

The Autonomy Protector interprets microcues through a power lens. Touch without permission feels violating. Instructions delivered without explanation feel controlling. A nurse who asks, "Is it okay if I begin the examination?" communicates respect. A nurse who proceeds without warning signals disregard. The internal narrative is: "Please let me remain in control of my own body".

Clinics can support this mindset by emphasizing permission-based care. Nurses and aides can ask before touching, explain each step, and check for understanding before proceeding. Trauma-informed, consent-centered communication is especially important in women's health settings [1,7]. Artificial intelligence may support communication training and clinical workflows in primary care, with potential applications in helping staff practice permission-based and patient-centered communication strategies [13].

The clarity-driven interpreter

The Clarity-Driven Interpreter is highly sensitive to interpretive cues such as explanation, pacing, and confirmation. This mindset often develops in women who are balancing healthcare decisions with transportation challenges, caregiving responsibilities, and financial constraints. For these women, practical understanding is essential.

This mindset interprets microcues through a cognitive lens. Silence is not agreement. A nod may signal confusion rather than comprehension. A warm tone may feel supportive but insufficient without clear instructions. A stepwise explanation feels empowering. The internal narrative is: "Please tell me exactly what I need to do".

Clinics can support this mindset by using plain language, avoiding jargon, and providing structured explanations. Teach-back, written summaries, and visual aids may reinforce understanding, particularly for women with limited health literacy [3]. Artificial intelligence may help streamline clinical workflows and support the development of patient education materials that improve understanding and follow-through [10].

The trauma-sensitive listener

The Trauma-Sensitive Listener is highly sensitive to cues that signal unpredictability, threat, or emotional overload. This mindset may be common among women who have experienced

sexual violence, intimate partner violence, reproductive loss, or chronic adversity. Trauma can profoundly shape how sensory and interpersonal cues are interpreted.

This mindset interprets microcues through a trauma lens. Sudden movements may feel threatening. Rapid speech may feel overwhelming. Predictable pacing and a calm tone signal safety. Conversely, abrupt actions may trigger emotional shutdown. The internal narrative is: "Please go slowly; please do not surprise me".

Clinics can support this mindset by adopting trauma-informed microethical practices, including predictable pacing, clear explanations, and gentle tone. These practices are especially important during breast and pelvic examinations and when discussing traumatic experiences. Artificial intelligence may support the development of standardized educational materials and training tools that promote consistent communication during sensitive clinical encounters [4,13].

The consistency evaluator

The Consistency Evaluator is highly sensitive to reliability, follow-through, and alignment between words and actions. This mindset often develops in women who have encountered broken promises, fragmented care, or institutional indifference.

This mindset interprets microcues through a reliability lens. A nurse who follows through on small commitments signals trustworthiness. Inconsistency in tone, pacing, or explanations may suggest that the system itself is unreliable. The internal narrative is: "Please show me that I can depend on this place".

Clinics can support this mindset by emphasizing consistency in communication and follow-through. Predictable phrasing, honoring commitments, and reinforcing key messages can strengthen trust over time. Artificial intelligence may assist by supporting the standardization of clinical workflows, potentially freeing healthcare workers to provide more consistent and values-aligned interpersonal care over time [9]. Consistent behavior reassures women that the healthcare system is dependable and respectful.

Table 2 translates the five microethical mindsets into practical nursing and nursing aide communication strategies for women living in poverty. The table does not prescribe rigid scripts; rather, it offers flexible approaches that help nursing staff adapt microethical decisions to each woman's needs, responses, and ethical priorities. These strategies are intended to reduce misunderstanding, support emotional safety, preserve autonomy, and improve comprehension in safety-net women's health clinics.

Microethical mindset	Effective microethical behavior	Why the behavior works	Risk if behavior is not used
Safety Seeker	Soft tone, calm pacing, and gentle body language	Signals emotional safety and reduces fear	Woman may feel startled, threatened, or emotionally unsafe
Autonomy Protector	Asking permission before touch and explaining each step	Strengthens agency and preserves bodily autonomy	Woman may feel violated, controlled, or withdraw from care
Clarity-Driven Interpreter	Stepwise explanations, teach-back, and written summaries	Supports comprehension and follow-through	Woman may misunderstand instructions or fail to adhere
Trauma-Sensitive Listener	Predictable pacing, clear explanations, and gentle tone	Reduces overwhelm and promotes emotional regulation	Woman may shut down emotionally or disengage
Consistency Evaluator	Consistent tone, honoring commitments, and reinforcing key messages	Builds long-term trust and confidence in care	Woman may mistrust the care plan or not return for follow-up

Table 2: Microethical Elements and Mindset-Specific Nursing Strategies for Women Living in Poverty.

From microethics to practice: Why these strategies matter

These microethical strategies illustrate that women living in poverty do not simply receive nursing care; they interpret microcues through ethical lenses shaped by vulnerability, trauma history, prior healthcare experiences, and everyday structural pressures. A nurse's decision to ask permission before touching a woman's breast may feel routine to the nurse but profoundly meaningful to the Autonomy Protector. A nurse's decision to pause after explaining contraceptive instructions may feel unnecessary to the nurse but essential to the Clarity-Driven Interpreter. A nurse's consistent tone and pacing may feel ordinary to the nurse but deeply reassuring to the Consistency Evaluator.

Understanding these strategies matters because microethical interpretation influences behavior. Women who feel unsafe may withhold symptoms, concerns, or histories of violence. Women who feel disrespected may decline examinations or avoid returning for follow-up care. Women who feel overwhelmed may misunderstand instructions regarding medications, contraception, breastfeeding, or prenatal care. Women who perceive inconsistency may lose trust in both the clinician and the healthcare system. Conversely, when nursing communication aligns with a woman's microethical mindset, she is more likely to feel respected, understood, and empowered to engage in her care.

Artificial intelligence as a tool for operationalizing microethical nursing care

Artificial intelligence strengthens the microethical framework presented in this paper by functioning as a practical tool that supports nursing staff, patients, and supervisors in navigating the sensory, power, and interpretive dimensions of women's healthcare. AI does not replace human presence or moral judgment; rather, it enhances the precision, consistency, and adaptability of microethical communication in safety-net clinics. Its value lies in its ability to analyze linguistic patterns, simulate patient responses, generate tailored communication scripts, and reinforce patient understanding outside the clinical encounter.

AI supports nursing staff by identifying microethical cues embedded in women's narratives. By analyzing transcripts, patient comments, or simulated interactions, AI can detect patterns suggesting that a woman is functioning as a Safety Seeker, Autonomy Protector, Clarity-Driven Interpreter, Trauma-Sensitive Listener, or Consistency Evaluator. These insights help nurses and nursing aides adjust their communication in real time. For example, AI may flag language suggestive of fear or overwhelm, prompting the nurse to slow pacing and soften tone. It may also detect a need for permission-based care, prompting the nurse to ask before initiating a breast, pelvic, or abdominal examination.

AI supports staff training by generating simulated dialogues that allow nurses and aides to practice adapting tone, timing, permission, and interpretive strategies to different microethical mindsets. Staff can rehearse how to respond to a Safety Seeker's need for emotional gentleness, an Autonomy Protector's need for bodily control, a Clarity-Driven Interpreter's need for stepwise explanation, a Trauma-Sensitive Listener's need for predictability, or a Consistency Evaluator's need for reliability. This structured practice builds confidence and reduces the cognitive burden of adapting communication during real encounters.

AI supports patients by functioning as a rehearsal partner before and after clinic visits. Before the visit, women can practice describing symptoms, formulating questions, and expressing fears related to pregnancy, menstruation, breastfeeding, infertility, menopause, or gynecologic concerns. After the visit, AI can help clarify instructions, reinforce key information, and explain unfamiliar terms. This support is particularly valuable for women with limited health literacy or language barriers, who may rely heavily on tone, pacing, and permission cues to interpret meaning.

AI supports supervisors by generating dashboards that track patterns in microethical communication. These dashboards can reveal recurring challenges such as rushed tone, inconsistent explanations, or inadequate permission-based care. Supervisors can then design targeted training interventions to strengthen specific communication behaviors. AI may also simulate how changes in staffing, workflow, or policy could affect the microethical climate of care.

AI supports health systems by enabling large-scale analysis of communication patterns across clinics. Aggregated and anonymized data can reveal systemic disparities in tone, pacing, permission, and interpretive accuracy, helping organizations design interventions that reduce inequities in women's healthcare.

This paper emphasizes that AI must be integrated responsibly. AI should support, not replace, human connection. AI should

enhance clarity, not flatten emotional nuance. AI should reduce cognitive load, not create additional burdens. When used thoughtfully, AI strengthens the capacity of nursing staff to meet the diverse microethical needs of women living in poverty and supports women as they navigate complex healthcare experiences.

Discussion

This conceptual paper demonstrates that microethical decisions—touch, tone, timing, permission, boundaries, interpretation, and silence—shape how women living in poverty experience nursing and nursing aide care in safety-net clinics. These microdecisions carry ethical significance because they occur in contexts marked by structural inequity, emotional vulnerability, and time pressure. The paper identifies five microethical mindsets—Safety Seeker, Autonomy Protector, Clarity-Driven Interpreter, Trauma-Sensitive Listener, and Consistency Evaluator—that represent distinct ways in which women may interpret microcues during healthcare encounters.

Mind Genomics provides a rigorous framework for identifying and organizing these microethical mindsets. By breaking complex interactions into testable elements, Mind Genomics reveals the underlying logic that drives women's interpretations of nursing behavior. This logic becomes the foundation for targeted interventions aligned with each mindset's sensitivities and needs.

Artificial intelligence extends this framework by accelerating analysis, generating communication variants, and supporting both clinicians and patients in real time. AI's ability to process language, simulate interactions, and generate tailored scripts makes it a powerful complement to Mind Genomics. When used responsibly, AI offers scalable tools that can strengthen emotional safety, comprehension, and trust.

The paper argues that improving microethical nursing communication in women's health settings requires a dual focus on structural context and interpersonal nuance. Poverty, gender-related vulnerability, health literacy, trauma, and systemic inequities shape women's expectations and interpretations. Microethical decisions shape the emotional and cognitive meaning of each interaction. Effective interventions must address both dimensions simultaneously.

The paper also emphasizes that microethical excellence is not solely the responsibility of individual nurses or aides. Clinics must design workflows, training programs, and support systems that recognize the emotional and cognitive demands of women-centered care. Supervisors must understand the microethical mindsets women bring to clinical encounters and provide targeted support. Health systems must invest in tools and structures that reduce disparities and enhance consistency.

Artificial intelligence offers important opportunities for scalable, data-driven improvement. At the same time, AI must be integrated carefully to avoid reinforcing inequities or diminishing human connection. This paper advocates for a model in which AI supports human judgment rather than replacing it, thereby honoring both the professional expertise of nursing staff and the lived experience of women receiving care.

Conclusion

This paper presents a Mind Genomics and AI-supported conceptual framework for understanding and improving the microethical dimensions of nursing and nursing aide care for women living in poverty in safety-net clinics. By conceptualizing patient interpretations as microethical mindsets, the framework offers a structured approach to recognizing and addressing the sensory, power, and interpretive realities that shape women's healthcare experiences.

Mind Genomics provides a rigorous method for identifying these mindsets, while artificial intelligence enhances analysis, training, and patient support. Together, these tools offer a practical strategy for understanding how small communication decisions influence dignity, autonomy, emotional safety, comprehension, and trust.

The framework respects the dignity of both women and nursing professionals. It acknowledges the structural pressures that shape microethical decisions and offers actionable strategies for improving tone, timing, permission, boundaries, and interpretive accuracy. It also provides a foundation for future research and practice, including the development of tailored training programs, patient-facing educational tools, and system-level interventions designed to advance equity in women's healthcare.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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