

Review Article

Seeing Nursing Through Poor Patients' Eyes: A Mind Genomics and AI-Supported Framework for Interpreting Nursing and Nursing Aide Care in Safety Net Clinics

Dipak Paul¹, Howard Moskowitz^{1,2*}, Hala Badreddine^{1,3,4}

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

²Tactical Data Group, Stafford, Virginia, USA

³The American University of Beirut, Beirut, Lebanon.

⁴The University of Bath, Bath, BA2 7AY, United Kingdom

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

Citation: Dipak Paul, Howard Moskowitz, Hala Badreddine (2026) Seeing Nursing Through Poor Patients' Eyes: A Mind Genomics and AI-Supported Framework for Interpreting Nursing and Nursing Aide Care in Safety Net Clinics. *J of Nur and Clin Trai*, 2(1):1-7.

Received Date: July 22, 2026

Accepted Date: August 04, 2026

Published Date: August 11, 2026

Abstract

Poor patients experience nursing care not as isolated interactions with individual professionals but as encounters within a broader nursing ecosystem that includes nursing aides, medical assistants, and nurses working under the constraints of safety-net healthcare. While these professional roles differ in training and responsibilities, patients often interpret them collectively through their lived experiences of poverty, structural disadvantage, and prior healthcare encounters. This conceptual paper proposes a Mind Genomics and artificial intelligence (AI)-supported framework for understanding how poor patients interpret nursing and nursing aide care in safety-net clinics. Using the conceptual logic of Mind Genomics, the paper introduces five illustrative patient mindsets—Hopeful Seeker of Kindness, Guarded Survivor, Practical Questioner, Overwhelmed Listener, and System-Wary Skeptic—that represent distinct patterns through which patients may interpret everyday nursing interactions. These mindsets are presented as conceptual constructs rather than empirically established categories and are intended to guide future experimental investigation using Mind Genomics methodology. The paper further examines how communication strategies tailored to different patient mindsets may strengthen trust, comprehension, emotional safety, and patient engagement. Artificial intelligence is presented as a complementary tool that can support patient-centered communication through educational materials, communication prompts, simulation-based training, and other adaptive resources while preserving the central role of human empathy and professional judgment. Together, Mind Genomics and AI provide a conceptual foundation for future research, communication training, and practical innovation aimed at improving equitable nursing care for patients living in poverty.

Keywords: Mind Genomics, Artificial Intelligence, Nursing Communication, Patient Mindsets, Safety-Net Clinics, Health Equity

Introduction: The Nursing Ecosystem as Experienced by Poor Patients

Poor patients rarely encounter a single nurse or nursing aide in isolation. Instead, they move through a sequence of contacts: a nursing aide or medical assistant who calls them from the waiting room and records vital signs, a licensed nurse who asks focused questions and prepares the clinician, and sometimes another nurse or aide who provides education, administers injections, or gives discharge instructions. From the clinic's perspective, these roles are distinct, governed by differences in scope of practice, licensure, and workflow (American Nurses Association, 2015). From the patient's perspective, however, they often merge into a single category of "the nurses"—a loosely defined group that may be experienced as protective, rushed, distant, or deeply kind.

For patients living in poverty, this layered nursing ecosystem rests on a foundation of structural vulnerability. Poverty shapes health status, access to care, and expectations of how healthcare institutions will respond to individual needs (Marmot, 2005,

Bailey et al., 2017). Many poor patients arrive with memories of previous encounters in which they felt dismissed, judged, or hurried (Williams & Mohammed, 2013). They may also carry shame related to their health, literacy, or life circumstances, making it difficult to ask questions or admit confusion (Parikh et al., 1996). At the same time, many hope that nursing staff will provide a buffer between themselves and a healthcare system that often feels impersonal or difficult to navigate. Consequently, the same nursing interaction may be interpreted very differently depending on the patient's previous experiences, emotional state, and expectations.

This paper examines how poor patients interpret nursing and nursing aide care in safety-net clinics. Rather than beginning with professional roles, it adopts the patient's vantage point, focusing on what patients see, hear, and feel as they move through the nursing ecosystem. Using the conceptual logic of Mind Genomics, the paper proposes an illustrative conceptual typology of patient mindsets through which poor patients may interpret nursing and nursing aide care. Artificial intelligence is presented as a supportive tool for generating insights into these mindsets and informing patient-centered communication strategies (Gofman & Moskowitz, 2012, Barrett et al., 2026, Qin et al., 2025). The goal is

not to evaluate individual nurses or nursing aides but to understand the recurring patterns of meaning that patients construct from everyday nursing interactions and to provide practical guidance for improving communication, trust, and emotional safety in safety-net clinics.

Structural Context: Poverty, Nursing, and Safety-Net Care

Poverty shapes the conditions under which nursing care is delivered and received. Poor patients are more likely to experience multiple chronic conditions and social challenges such as unstable housing, food insecurity, and other barriers that influence access to care (Braveman & Gottlieb, 2014). They also frequently experience greater health burdens and social disadvantage, resulting in more complex health needs by the time they enter the healthcare system (O'Donnell, 2024). Safety-net healthcare organizations serving vulnerable populations often operate under staffing and financial constraints while attempting to meet complex patient needs (McHugh et al., 2012). Within these settings, nurses and nursing aides frequently balance clinical responsibilities, documentation, and substantial emotional labour under persistent workplace stress, increasing the risk of burnout and compassion fatigue (Wolotira, 2023).

From the patient's perspective, these structural realities often appear as long waits, brief encounters, and frequent references to time or institutional policies. A nursing aide may seem hurried while recording vital signs. A nurse may appear focused on the computer rather than the patient's face. Instructions may be delivered quickly, with limited opportunity for questions. For patients with low health literacy, limited English proficiency, or previous negative experiences with healthcare institutions, these patterns can reinforce the perception that the healthcare system does not value or understand them (Berkman et al., 2011, Nutbeam, 2008).

At the same time, many poor patients experience nursing staff as the most human part of the healthcare system. A gentle tone, a small act of kindness, or a moment of attentive listening can transform the meaning of an entire clinical encounter. Patients may remember the nurse who explained a medication in simple language, the nursing aide who noticed their fear, or the nurse who quietly advocated for them with the clinician. Such moments of human connection can reduce shame, strengthen trust, and encourage greater engagement with care (Street, 2013).

The paper situates nursing and nursing aide care within this dual reality of structural strain and human possibility. It argues that understanding poor patients' interpretations of nursing interactions requires attention to both the constraints under which staff work and the emotional histories that patients bring to healthcare encounters. Mind Genomics provides a systematic framework for studying these interpretations, while artificial intelligence offers practical tools for supporting patient education and patient-centered communication based on these insights (Gofman & Moskowitz, 2012, Thorat et al., 2024).

Mind Genomics as a Framework for Patient Mindsets About Nursing Care

Mind Genomics studies how people respond to complex situations by breaking those situations into small, testable elements and recombining them into short vignettes (Gofman & Moskowitz, 2012). Applied to nursing care, Mind Genomics can present poor patients with brief descriptions of encounters that vary elements such as tone of voice, body language, time pressure, explanations, and follow-through. One vignette might describe a nursing aide who speaks quickly, avoids eye contact, and focuses on the blood pressure cuff. Another might describe a nurse who sits down, explains each step, and invites questions. Patients rate each vignette on dimensions such as feeling respected, feeling understood, or feeling safe.

Analysis of these ratings can reveal clusters of patients who respond similarly to certain combinations of elements. These clusters may represent patient mindsets: distinct patterns through which patients interpret nursing and nursing aide behaviour. One mindset might focus on warmth and emotional presence, another might prioritize clarity and competence, another might be highly sensitive to signs of judgment or dismissal. These mindsets do not represent fixed personality traits but rather context-dependent patterns of interpretation shaped by prior healthcare experiences, structural disadvantage, and patients' emotional responses to clinical encounters (Parikh et al., 1996, Williams & Mohammed, 2013).

The paper uses this logic to construct a conceptual typology of five patient mindsets related to nursing and nursing aide care in safety-net clinics. These mindsets are intended to be illustrative rather than exhaustive. Accordingly, they should be understood as conceptually plausible constructs derived from the logic of Mind Genomics rather than empirically established patient categories and could be examined, refined, expanded, or modified through future Mind Genomics studies using experimental vignette-based research. The five mindsets are: the Hopeful Seeker of Kindness, the Guarded Survivor, the Practical Questioner, the Overwhelmed Listener, and the System-Wary Skeptic.

Introducing the Patient Mindsets: An Overview

Before presenting the first table, the paper invites the reader to imagine a typical morning in a safety-net clinic from the patient's perspective. A poor patient arrives after juggling childcare, transportation, and work constraints. They wait in a crowded room, listening for their name. A nursing aide calls them back, takes vital signs, and asks brief questions. Later, a nurse enters, reviews medications, and explains the plan. The patient's internal narrative during these moments is shaped, in part, by their mindset. One patient feels grateful for any kindness. Another braces for judgment. A third focuses on remembering instructions. A fourth feels overwhelmed by information. A fifth assumes that the system will not truly help. Table 1 summarizes these five conceptual patient mindsets.

Table 1: Illustrative Patient Mindsets for Interpreting Nursing and Nursing Aide Care in Safety Net Clinics

Patient mindset name	Core focus during nursing interactions	Typical internal narrative	How nursing and aide behavior is interpreted	Primary communication risk	Primary communication opportunity
Hopeful Seeker of Kindness	Emotional warmth and reassurance	“Please let someone here be kind to me.”	Small gestures of warmth are amplified, brusqueness feels deeply painful.	Feeling rejected if staff seem rushed or distant.	A brief, genuine kindness can transform trust and engagement.
Guarded Survivor	Protection from judgment and harm	“I have been hurt before, I must protect myself.”	Neutral or ambiguous behavior is read cautiously, any hint of judgment looms large.	Withdrawing or shutting down when sensing criticism.	Clear respect and nonjudgmental tone can slowly lower defenses.
Practical Questioner	Understanding instructions and next steps	“I need to know exactly what to do when I leave.”	Clarity and structure are valued, emotional tone matters less than concrete guidance.	Confusion if explanations are vague or rushed.	Stepwise, plain language explanations build confidence and adherence.
Overwhelmed Listener	Managing stress and cognitive overload	“There is too much happening, I cannot take it all in.”	Even well intended explanations can feel like noise, emotional tone shapes what is retained.	Missing key information due to overload.	Slowed pace, repetition, and visual aids support comprehension.
System Wary Skeptic	Evaluating whether the system can be trusted	“This place probably does not really care about people like me.”	Behaviors are filtered through mistrust, kindness may be doubted, but consistency matters.	Dismissing advice or not returning for follow up.	Reliable, consistent behavior over time can gradually build trust.

From Mindsets to Practice: Why Patient Interpretations Matter

These five mindsets illustrate that poor patients do not simply receive nursing and nursing aide care, they interpret it through lenses shaped by prior experiences, emotional responses, and structural disadvantage. The same nurse’s behavior can generate very different meanings depending on the patient’s mindset. A nurse who speaks quickly and efficiently may be experienced as competent by the Practical Questioner but as cold by the Hopeful Seeker of Kindness. A nursing aide who avoids eye contact may be interpreted as shy by one patient and judgmental by another.

Understanding these mindsets matters because patients’ interpretations can influence their responses to care. Patients who feel rejected or judged may withhold information, avoid asking questions, or disengage from care. Patients who feel overwhelmed may nod in apparent agreement while retaining little of what was said. Patients who mistrust the system may ignore instructions or fail to return. Conversely, patients who experience kindness, clarity, and consistency in ways that resonate with their mindset may be more likely to understand care recommendations, remain engaged in their care, and follow through with recommended actions (Street, 2013, Berkman et al., 2011).

The paper argues that nursing and nursing aide communication training in safety-net clinics should incorporate patient mindsets as a central organizing concept. Rather than teaching a single “correct” way to communicate, training can help staff recognize cues that suggest a particular mindset and adapt accordingly. Artificial intelligence can support this adaptation by generating

personalized educational materials, communication prompts, and other communication resources that align with the communication needs of different patient mindsets (Barrett et al., 2026, Qin et al., 2025).

Deepening the Patient Mindsets: Emotional Logic, Interpretive Patterns, and Communication Consequences

The five patient mindsets introduced in Table 1 represent recurring interpretive patterns that shape how poor patients experience nursing and nursing aide care. These mindsets arise from the intersection of structural vulnerability, emotional history, and the immediate pressures of the clinical environment. The paper now expands each mindset into a more detailed conceptual analysis, illustrating how each mindset develops, how it interprets nursing behavior, and how clinics can respond constructively. This section emphasizes that patient interpretations are not irrational or idiosyncratic, rather, they are patterned, understandable, and grounded in lived experience. Understanding these patterns allows nursing staff to adapt communication in ways that support trust, comprehension, and emotional safety.

The Hopeful Seeker of Kindness

The Hopeful Seeker of Kindness arrives at the clinic with a desire for emotional reassurance. This mindset often develops in patients who have experienced institutional coldness or indifference in the past but continue to hope that someone within the health care system will treat them with dignity. Research on patient-centered communication suggests that small gestures of warmth—eye contact, a gentle tone, and a moment of attentive listening—can have a meaningful impact on patients who feel marginalized

(Street, 2013). For the Hopeful Seeker of Kindness, these gestures signal that the clinic may be a safe place.

This mindset interprets nursing behavior through an emotional lens. A rushed tone may feel like rejection. A neutral expression may feel like indifference. A brief moment of kindness may feel transformative. The internal narrative centers on longing for connection: “Please let someone here be kind to me.” When this longing is met, trust can develop quickly. When it is unmet, disappointment can be profound and discouraging.

Clinics can support this mindset by training nursing staff to incorporate brief but genuine expressions of warmth into routine interactions. Even under time pressure, a single sentence of acknowledgment can help foster emotional safety. Artificial intelligence can assist by generating concise communication prompts and personalized educational materials that help staff express warmth while maintaining efficiency (Thorat et al., 2024).

The Guarded Survivor

The Guarded Survivor arrives with a history of negative encounters in health care or other institutions. This mindset develops when patients have previously experienced judgment, dismissal, discrimination, or disrespect. Research indicates that individuals who have experienced discrimination often develop heightened vigilance and interpret ambiguous interpersonal cues cautiously (Williams & Mohammed, 2013). The Guarded Survivor therefore scans nursing behavior for signs of judgment or harm.

This mindset interprets neutral behaviors as potential warning signals. A nurse who avoids eye contact may be perceived as disapproving. A nursing aide who speaks quickly may be interpreted as impatient. The internal narrative centers on protection: “I have been hurt before, I must protect myself.” This protective stance can lead to withdrawal, minimal disclosure, or defensive communication.

Clinics can support this mindset by emphasizing nonjudgmental language and respectful body positioning. Nurses and nursing aides can use explicit statements of respect, such as “You deserve clear information” or “Your concerns matter here.” Artificial intelligence can help staff practice respectful communication through simulated dialogues and communication exercises that emphasize empathy, appropriate phrasing, and patient-centered interactions (Barrett et al., 2026, Qin et al., 2025).

The Practical Questioner

The Practical Questioner focuses primarily on understanding instructions and next steps. This mindset often develops in patients who must manage complex life constraints such as transportation, childcare, or work responsibilities. Research indicates that patients with limited health literacy benefit from clear, concrete guidance and understandable health information (Berkman et al., 2011). The Practical Questioner values structure, plain language, and stepwise explanations.

This mindset interprets nursing behavior through a pragmatic lens. Emotional tone matters less than clarity. A warm but vague explanation may feel unhelpful, whereas a concise, structured explanation may feel empowering. The internal narrative centers on competence: “I need to know exactly what to do when I leave.”

Clinics can support this mindset by training nursing staff to use plain language, avoid jargon, and provide stepwise instructions. Visual aids, written summaries, and teach-back methods can reinforce comprehension. Artificial intelligence can generate

personalized educational materials, simplified instruction sheets, and communication resources that support understanding and reduce cognitive burden (Thorat et al., 2024).

The Overwhelmed Listener

The Overwhelmed Listener struggles to process information under stress. This mindset develops when patients experience cognitive overload related to anxiety, pain, or challenging life circumstances. Research indicates that stress and limited health literacy can impair comprehension and memory during health care encounters (Nutbeam, 2008). The Overwhelmed Listener may appear attentive while retaining little of what has been communicated.

This mindset interprets nursing behavior through the lens of cognitive capacity. Even well-intended explanations can feel like noise. A rapid pace may feel overwhelming. A calm tone may help but may not be sufficient. The internal narrative centers on overload: “There is too much happening, I cannot take it all in.”

Clinics can support this mindset by slowing the pace of explanations, repeating key points, and incorporating visual aids. Nurses and nursing aides can pause between important concepts to allow time for processing. Artificial intelligence can generate simplified summaries, visual explanations, and patient-friendly communication materials that reinforce essential information and support patient understanding (Barrett et al., 2026, Qin et al., 2025).

The System-Wary Skeptic

The System-Wary Skeptic expects the health care system to disappoint or fail them. This mindset develops in patients who have experienced discrimination, structural disadvantage, bureaucratic barriers, or institutional neglect. Research indicates that mistrust and heightened vigilance commonly develop among individuals who have experienced discrimination and structural disadvantage (Williams & Mohammed, 2013). The System-Wary Skeptic therefore interprets nursing behavior through a lens of skepticism.

This mindset questions motives, doubts expressions of kindness, and scrutinizes inconsistencies. A nurse who appears rushed may be interpreted as uncaring. A nursing aide who follows institutional procedures strictly may be viewed as obstructive. The internal narrative centers on mistrust: “I’m not sure this place really cares about people like me.”

Clinics can support this mindset by emphasizing consistency, transparency, and follow-through. Nurses and nursing aides can explain the reasons behind clinical policies and procedures in clear, respectful language. Artificial intelligence can support staff by helping them develop clear, respectful explanations of clinical policies and procedures while maintaining patient-centered communication (Topol, 2019). Over time, reliable and respectful interactions can gradually strengthen trust.

Table 2: Nursing Behaviors and Mindset Specific Communication Strategies

Before presenting Table 2, the paper emphasizes that communication strategies should align with each patient’s internal logic rather than follow a one-size-fits-all approach. The table does not prescribe rigid communication scripts but instead presents flexible approaches that can help nursing staff adapt to different patient mindsets. These strategies aim to reduce misunderstanding, support emotional safety, and improve comprehension in clinics serving people living in poverty.

Patient mindset name	Effective nursing behavior	Why the behavior works	Risk if behavior is not used
Hopeful Seeker of Kindness	Brief, genuine warmth	Meets emotional longing for reassurance	Patient may feel rejected or unimportant
Guarded Survivor	Explicit respect and nonjudgmental tone	Lowers defensive posture	Patient may withdraw or withhold information
Practical Questioner	Stepwise, plain language explanations	Supports clarity and follow through	Patient may misunderstand instructions
Overwhelmed Listener	Slowed pace and repetition	Reduces cognitive overload	Patient may miss critical information
System Wary Skeptic	Consistent, transparent explanations	Builds trust over time	Patient may disengage or mistrust care

Artificial Intelligence as a Tool for Supporting Patient-Centered Nursing Communication

Artificial intelligence (AI) extends the conceptual communication framework presented in this paper by providing practical tools that can support nursing staff, patients, and clinical supervisors. Rather than replacing human judgment or empathy, AI can enhance the consistency, adaptability, and personalization of communication while preserving the central role of human relationships in nursing care. Emerging evidence suggests that generative AI can facilitate patient-centered communication through conversational agents, personalized educational materials, communication support, and decision-support tools that improve patient engagement, understanding, and shared decision-making (Barrett et al., 2026, Qin et al., 2025).

Within the conceptual framework proposed in this paper, AI can support communication differently for each patient mindset. For the Hopeful Seeker of Kindness, AI may generate concise communication prompts and personalized educational materials that help staff express warmth and reassurance within time-pressured clinical encounters. For the Guarded Survivor, AI may assist in developing respectful, empathetic communication that reduces the likelihood of perceived judgment. For the Practical Questioner, AI can provide simplified educational materials, stepwise instructions, and plain-language explanations that improve understanding. For the Overwhelmed Listener, AI may generate concise summaries, visual explanations, and reinforcement materials that reduce cognitive burden and improve information retention. For the System-Wary Skeptic, AI may help staff develop clear, transparent explanations that improve consistency and reduce opportunities for misunderstanding. These applications are intended to illustrate how AI could operationalize the communication principles associated with each mindset rather than prescribe fixed communication scripts (Barrett et al., 2026, Qin et al., 2025, Thorat et al., 2024).

AI may also function as a rehearsal partner for both nursing staff and patients. Nursing staff can use simulated patient interactions to practice adapting their communication to different patient mindsets, while patients can rehearse asking questions, expressing concerns, or discussing barriers to care before clinical encounters. Following a clinic visit, AI may also help patients review instructions, reinforce key information, and clarify aspects of the communication that were not fully understood. These functions have the potential to improve communication competence, increase patient confidence, and support psychological engagement while complementing—not replacing—direct human interaction (Barrett et al., 2026, Qin et al., 2025).

Beyond individual encounters, AI may support quality improvement by helping clinics recognize recurring communication challenges, identify opportunities for staff development, and evaluate whether

communication strategies are meeting the needs of different patient mindsets. At a broader level, aggregated and appropriately de-identified communication data could help health systems identify patterns that inform future improvements in equitable, patient-centered communication. These potential applications should be regarded as conceptual examples that demonstrate how AI could complement the communication framework proposed in this paper rather than as currently established clinical practice (Barrett et al., 2026).

The framework proposed here emphasizes that AI should be implemented responsibly and ethically. AI should support rather than replace human connection, strengthen rather than diminish empathy, and reduce rather than increase the cognitive burden experienced by both patients and nursing staff. Within these boundaries, AI offers a practical means of extending the patient-centered communication framework presented in this paper while preserving the human relationships that remain central to high-quality nursing care.

Discussion

This paper proposes a conceptual framework suggesting that poor patients may interpret nursing and nursing aide care through recurring patterns of meaning shaped by structural vulnerability, emotional history, and the immediate clinical environment. The five proposed patient mindsets—Hopeful Seeker of Kindness, Guarded Survivor, Practical Questioner, Overwhelmed Listener, and System-Wary Skeptic—offer a structured way of understanding how similar nursing behaviours may be interpreted differently by different patients. Rather than viewing communication difficulties solely as the result of individual patient or provider characteristics, the framework emphasizes the interaction between patients' lived experiences, contextual vulnerability, and everyday nursing communication.

Mind Genomics provides the organizing logic for developing this conceptual framework by breaking complex interpersonal encounters into smaller communication elements that can be examined systematically. Within this perspective, patient interpretations become patterns that can be explored rather than isolated or unpredictable reactions. The five patient mindsets presented here should therefore be viewed as conceptual constructs that illustrate potentially meaningful patterns of interpretation rather than empirically established categories. Future Mind Genomics studies could examine, refine, expand, or modify these conceptual mindsets using experimental vignette-based research involving diverse patient populations and clinical settings.

The proposed framework also highlights the importance of understanding communication within its broader structural context. Poverty, limited health literacy, previous experiences of discrimination, and the organizational realities of safety-net

clinics all shape how patients interpret nursing interactions. At the same time, nursing communication represents one of the few opportunities within a resource-constrained healthcare system to strengthen trust, reduce uncertainty, and promote patient engagement. The framework therefore argues that improving communication requires attention to both structural conditions and the patient mindsets through which nursing behaviours are interpreted.

The framework also has practical implications for communication training in safety-net clinics. Rather than promoting a single standardized communication style, it encourages nursing staff to recognize that patients may interpret identical behaviours in markedly different ways. Training that incorporates patient mindsets may help nurses and nursing aides respond more flexibly to individual communication needs while preserving consistency, respect, clarity, and emotional safety across diverse clinical encounters. Clinical leaders and supervisors can further support this approach by developing workflows, educational programs, and communication resources that acknowledge both the realities of frontline nursing practice and the diverse interpretive needs of patients.

Artificial intelligence complements this conceptual framework by providing practical tools that may support communication rather than replace human relationships. As discussed throughout the paper, AI has the potential to assist with patient-centered educational materials, communication prompts, simulated training exercises, and other resources that reinforce understanding while preserving the central role of empathy and professional judgment. Within this conceptual framework, AI should be regarded as an enabling technology that extends the application of patient-centered communication principles rather than as a substitute for compassionate nursing care.

Future research should examine these conceptual patient mindsets empirically using Mind Genomics methodology with diverse patient populations, healthcare settings, and cultural contexts. Such studies could determine whether additional mindsets emerge, whether the proposed framework generalizes across different clinical environments, and how AI-supported communication strategies influence patient experience, comprehension, trust, engagement, and communication outcomes over time. These investigations would help determine which communication elements are most strongly associated with different patterns of patient interpretation and would provide an empirical basis for refining the conceptual framework presented here.

Ultimately, this paper argues that seeing nursing through poor patients' eyes offers a complementary perspective for understanding communication in safety-net clinics. By integrating structural awareness, Mind Genomics, and responsibly implemented artificial intelligence within a patient-centered conceptual framework, the proposed model provides a foundation for future research, communication training, and practical innovation aimed at strengthening trust, comprehension, emotional safety, and equitable nursing care for patients living in poverty.

Conclusion

This paper presents a conceptual Mind Genomics and artificial intelligence-supported framework for understanding how poor patients interpret nursing and nursing aide care within safety-net clinics. Rather than viewing communication solely through professional roles or clinical workflows, the framework shifts attention to the meanings that patients construct from everyday nursing interactions. By proposing five illustrative patient

mindsets, the paper offers a structured approach for understanding how structural vulnerability, prior experiences, and emotional context may influence patients' interpretations of nursing care.

The proposed framework emphasizes that effective nursing communication extends beyond the accurate delivery of clinical information. Building trust, promoting emotional safety, supporting comprehension, and recognizing the diverse ways in which patients interpret identical nursing behaviours are central to patient-centered care in resource-constrained settings. Mind Genomics provides a conceptual methodology for exploring these recurring patterns of interpretation, while artificial intelligence offers practical opportunities to support communication training, patient education, and adaptive communication resources that complement—rather than replace—the expertise, empathy, and professional judgment of nursing staff.

Because the framework is conceptual, the proposed patient mindsets should be regarded as illustrative constructs that invite empirical investigation rather than definitive categories. Future Mind Genomics studies can examine, refine, expand, or modify these proposed mindsets across diverse patient populations and healthcare settings while evaluating the effectiveness of AI-supported communication strategies in improving patient experience, trust, comprehension, and engagement.

Ultimately, seeing nursing through poor patients' eyes broadens the understanding of communication in safety-net clinics by integrating structural awareness, patient-centered interpretation, Mind Genomics, and responsibly implemented artificial intelligence. The framework provides a foundation for future research, communication training, and practical innovation that may contribute to more equitable, compassionate, and effective nursing care for patients living in poverty [1-17].

Conflicts of Interest

The authors declare that they have no conflicts of interest.

References

1. American Nurses Association (2015) Nursing: Scope and standards of practice (3rd ed.). American Nurses Association.
2. Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, et al. (2017) Structural racism and health inequities in the USA: Evidence and interventions. *The Lancet* 389: 1453-1463.
3. Barrett A, Uhey H (2026) What do we know about how generative AI is being used for patient-centered communication? A scoping review. *Health Communication* 1-21.
4. Berkman ND, Sheridan SL, Donahue KE, Halpern DJ, Crotty K (2011) Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine* 155: 97-107.
5. Braveman P, Gottlieb L (2014) The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports* 129: 19-31.
6. Gofman A, Moskowitz HR (2012) Rule developing experimentation: A systematic approach to understand & engineer the consumer mind. Bentham Science Publishers.
7. Marmot M (2005) Social determinants of health inequalities. *The Lancet* 365: 1099-1104.
8. McHugh MD, Brooks Carthon M, Sloane DM, Wu E, Kelly L, et al. (2012) Impact of nurse staffing mandates on safety-net hospitals: Lessons from California. *The Milbank Quarterly* 90: 160-186.
9. Nutbeam D (2008) The evolving concept of health literacy. *Social Science & Medicine*, 67: 2072-2078.

-
10. O'Donnell O (2024) Health and health system effects on poverty: A narrative review of global evidence. *Health Policy* 142: 105018.
 11. Parikh NS, Parker RM, Nurss JR, Baker DW, Williams MV (1996) Shame and health literacy: The unspoken connection. *Patient Education and Counseling* 27: 33-39.
 12. Qin J, Nan Y, Li Z, Meng J (2025) Effectiveness of communication competence in AI conversational agents for health: Systematic review and meta-analysis. *Journal of Medical Internet Research* 27: e76296.
 13. Street RL Jr (2003) Communication in medical encounters: An ecological perspective. In T. L. Thompson, A. M. Dorsey, K. I. Miller, & R. Parrott (Eds.), *Handbook of health communication*. Lawrence Erlbaum Associates Publishers 63-89.
 14. Thorat V, Rao P, Joshi N, Talreja P, Shetty AR (2024) Role of artificial intelligence (AI) in patient education and communication in dentistry. *Cureus* 16: e59799.
 15. Topol EJ (2019) *Deep medicine: How artificial intelligence can make healthcare human again*. Basic Books.
 16. Williams DR, Mohammed SA (2013) Racism and health I: Pathways and scientific evidence. *American Behavioral Scientist* 57: 1152-1173.
 17. Wolotira EA (2023) Trauma, compassion fatigue, and burnout in nurses: The nurse leader's response. *Nurse Lead* 21: 202-206.