



Clinical Micro-Stability in Nursing: A Conceptual Framework for Understanding Emotional Steadiness During Uncertainty

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Abstract

Healthcare uncertainty influences how patients interpret clinical events, respond to care, and maintain emotional balance. While nursing communication and nursing presence are recognized as important aspects of patient support, less attention has been given to how multiple small interpersonal interactions collectively contribute to emotional steadiness during uncertain clinical situations. This paper introduces the concept of Clinical Micro-Stability, defined as the maintenance of emotional steadiness through repeated interpersonal interactions occurring throughout the course of care. Using a Mind Genomics framework, the paper explores four patient mindsets-Emotional Connection Navigators, Predictable Structure Navigators, Personal Recognition Navigators, and Personal Choice Navigators-which represent different ways of interpreting stabilizing experiences within healthcare encounters. The framework suggests that emotional stability may emerge through the cumulative influence of communication, presence, responsiveness, routines, and other everyday interactions. Six practical opportunities are presented to illustrate how the concept may be considered in nursing practice and healthcare settings. Clinical Micro-Stability is proposed as a conceptual framework for understanding patient experiences during uncertain clinical conditions.

Keywords: Clinical micro-stability, Nursing communication, Nursing presence, Clinical uncertainty, Patient experience, Person-centred care, Emotional steadiness

Introduction

Healthcare is inherently characterized by uncertainty. Patients frequently encounter situations in which diagnoses are evolving, treatment plans are being considered, test results are pending, or outcomes remain unclear. Uncertainty in illness has been described as a cognitive state in which individuals are unable to adequately structure or interpret illness-related events [1]. Such uncertainty is

often accompanied by anxiety, vulnerability, diminished control, and emotional disequilibrium. While healthcare systems traditionally focus on providing information to reduce uncertainty, patients often require something beyond information alone. They require a sense of emotional steadiness that enables them to navigate ambiguity while maintaining confidence, engagement, and psychological

balance. Consequently, understanding how emotional stability is maintained during uncertain clinical circumstances represents an important challenge for contemporary nursing practice.

The nursing profession has long recognized the importance of interpersonal relationships in supporting patients during periods of vulnerability. *Peplau, et al.* (1952) described nursing as a therapeutic interpersonal process in which the nurse-patient relationship itself contributes to patient well-being [2]. *Travelbee, et al.* (1971) emphasized the human-to-human dimensions of nursing care and the importance of helping individuals find meaning during experiences of suffering and uncertainty [3]. *Watson, et al.* (2008) further argued that caring, authentic presence, and human connection are central components of effective nursing practice [4]. Collectively, these perspectives suggest that nursing extends beyond technical interventions and information delivery to include the provision of emotional support, psychological reassurance, and relational stability.

Contemporary nursing research has further highlighted the importance of nursing presence as a therapeutic resource. Nursing presence has been described as a state of attentiveness, availability, and meaningful engagement through which nurses help patients feel acknowledged and supported [5]. Similarly, nursing presence has been conceptualized as a relational process that contributes to comfort, connection, and emotional support during challenging clinical experiences [6]. Importantly, such effects rarely arise from a single dramatic interaction. Rather, they emerge through multiple small encounters occurring throughout the course of care. A brief explanation, a calm response, an update regarding progress, recognition of concerns, or a simple expression of availability may each contribute incrementally to a patient's sense of emotional security.

Research in communication science provides additional support for the importance of these ongoing interpersonal experiences. Effective clinician-patient communication has been associated with greater trust, improved understanding, enhanced emotional well-being, and stronger engagement in care [7]. From a neurophysiological perspective, polyvagal theory suggests that individuals are responsive to cues of safety and threat within social environments [8]. Patients may therefore interpret subtle aspects of communication, tone, responsiveness, and presence as indicators of whether they are safe, valued, and supported. Person-centred nursing frameworks similarly emphasize the importance of understanding the patient's subjective experience and responding to individual emotional needs [9]. Recent conceptual work has examined several communication-related processes that influence patient experiences, including emotional permission [10], emotional timing [11], emotional friction [12], emotional forecasting [13], and micro-reassurance in pediatric nursing [14]. Collectively, these frameworks have drawn attention to different dimensions of communication that shape emotional experiences within healthcare encounters. Together, they suggest that patients

experience healthcare not as isolated communication events but as a sequence of interconnected interpersonal moments unfolding over time. The emotional impact of care therefore reflects not only individual interactions but also the cumulative influence of repeated encounters occurring throughout periods of uncertainty.

The present paper introduces the concept of Clinical Micro-Stability. Clinical Micro-Stability refers to the preservation of emotional steadiness through multiple small interpersonal interactions occurring throughout the course of care. Rather than focusing on a single communication event, a specific emotional response, or an isolated interpersonal process, Clinical Micro-Stability examines how repeated moments of presence, acknowledgement, explanation, reassurance, responsiveness, and support collectively help patients remain emotionally grounded when certainty is unavailable. By conceptualizing emotional steadiness as an ongoing interpersonal achievement rather than a discrete communication event, this framework extends current understanding of nursing communication and highlights the unique role of nurses in sustaining emotional stability during uncertain clinical conditions. The purpose of this paper is to present a conceptual framework for Clinical Micro-Stability, explore potential patient mindsets related to stabilizing interactions, and discuss implications for nursing communication, nursing presence, and person-centred care.

Canonical Design

This paper follows the Mind Genomics canon. The focus is not on individual elements, coefficients, or statistical outputs. Instead, the topic is explored through four distinct mindsets, each representing a different way in which patients interpret and experience clinical micro-stability. The objective is to uncover patterns in patient thinking and to illustrate how different individuals derive emotional steadiness from different forms of interpersonal support. By identifying these patterns, the framework provides practical insights that may help nurses better understand and respond to varying patient needs during periods of uncertainty.

Introducing the Topic and the Mindsets

Clinical micro-stability is not experienced uniformly across patients. Individuals differ in the ways they interpret supportive interactions and in the conditions that help them maintain a sense of emotional steadiness. Some patients respond most strongly to warmth and interpersonal connection, whereas others seek structure and predictability. Some value personalized recognition of their unique concerns, while others place greater importance on autonomy and personal control. These differing preferences reflect deeper psychological needs, including belonging, control, recognition, and independence. The issues selected for this framework represent common situations in which patients may experience uncertainty, seek reassurance, interpret the actions of healthcare professionals, or attempt to understand what

will happen next. Collectively, these situations reflect recurring moments during which emotional stability may be strengthened or weakened through interpersonal interaction.

The four mindsets presented here were developed from established observations regarding patient communication, emotional regulation, and clinical interaction patterns, as well as from recurring themes related to communication, nursing presence, emotional support, and responses to uncertainty identified throughout the literature discussed in this paper. Each mindset represents a distinct interpretive lens through which patients understand stabilizing cues within healthcare encounters. As a result, the same interaction may generate different expectations,

emotional reactions, and behavioral responses depending on the mindset through which it is interpreted. The purpose of these mindsets is not to classify patients into rigid categories, but rather to illustrate the diverse ways in which individuals seek and maintain emotional steadiness during uncertain clinical conditions.

Mindset Table Introduction

The table below presents eight issues relevant to clinical micro stability and how each of the four mindsets interprets them. Each cell contains three sentences describing how the mindset judges and acts on the issue (Table 1).

Table 1: How Different Mindsets Interpret Clinical Micro-Stability.

Issue	Mindset 1: Emotional Connection Navigators	Mindset 2: Predictable Structure Navigators	Mindset 3: Personal Recognition Navigators	Mindset 4: Personal Choice Navigators
1. Tone Consistency	They want tone that stays warm and steady. Sudden shifts feel destabilizing. They judge stability by emotional presence.	They want tone that stays clear and professional. Variability feels unsafe. They judge stability by predictability.	They want tone that adapts to their emotional rhythm. Generic tone feels indifferent. They judge stability by attunement.	They want tone that stays neutral. Emotional tone feels intrusive. They judge stability by restraint.
2. Predictable MicroRoutines	They want routines delivered with warmth. Inconsistency feels like emotional abandonment. They judge stability by continuity.	They want routines delivered exactly the same way each time. Variability feels chaotic. They judge stability by structure.	They want routines tailored to their preferences. Generic routines feel empty. They judge stability by personalization.	They want minimal routines. Overstructuring feels controlling. They judge stability by independence.
3. Emotional Steadiness During Procedures	They want calm, warm presence throughout. Abrupt emotional shifts increase fear. They judge stability by empathy.	They want precise, predictable steps. Emotional variation feels unprofessional. They judge stability by order.	They want emotional pacing matched to their reactions. Generic pacing feels mismatched. They judge stability by attunement.	They want minimal emotional engagement. Emotional presence feels intrusive. They judge stability by distance.
4. Pacing of Care	They want slow, steady pacing. Rushed care feels unsafe. They judge stability by calmness.	They want efficient, predictable pacing. Slow pacing feels inefficient. They judge stability by clarity.	They want pacing tailored to their processing speed. Generic pacing feels indifferent. They judge stability by resonance.	They want pacing they control. Staffdriven pacing feels restrictive. They judge stability by autonomy.
5. Response to Distress	They want immediate emotional grounding. Delayed response increases fear. They judge stability by empathy.	They want structured, step-by-step intervention. Emotional talk feels inefficient. They judge stability by order.	They want distress handled in a personalized way. Generic comfort feels empty. They judge stability by attunement.	They want intervention only when necessary. Overinvolvement feels intrusive. They judge stability by restraint.
6. Environmental Stability	They want warm, comforting environments. Harsh cues disrupt emotional steadiness. They judge stability by emotional tone.	They want orderly, predictable environments. Ambiguity feels stressful. They judge stability by structure.	They want environments that reflect personal meaning. Generic spaces feel empty. They judge stability by resonance.	They want environments that allow selfregulation. Overdesign feels controlling. They judge stability by freedom.
7. Nurse Presence	They want frequent, warm presence. Long absences feel destabilizing. They judge stability by emotional continuity.	They want presence at predictable intervals. Irregular presence feels chaotic. They judge stability by order.	They want presence tailored to their needs. Generic presence feels indifferent. They judge stability by personalization.	They want minimal presence. Frequent contact feels intrusive. They judge stability by independence.
8. EndofShift Transition	They want warm, steady closure. Abrupt endings feel cold. They judge closure by emotional tone.	They want clear, structured handoff information. Emotional farewells feel unnecessary. They judge closure by clarity.	They want personalized closure. Generic goodbyes fade. They judge closure by recognition.	They want to transition without emotional engagement. Farewells feel intrusive. They judge closure by autonomy.

Opportunities Suggested by the Clinical Micro-Stability Framework

The mindset analysis suggests that Clinical Micro-Stability is not maintained through a single communication technique or isolated nursing behavior. Rather, it emerges through a combination of interpersonal interactions, environmental conditions, and organizational practices that help patients maintain emotional steadiness during uncertainty. The four mindsets reveal different pathways through which stability may be experienced and sustained. These observations suggest several opportunities for nursing practice, healthcare design, patient support systems, and future innovation. The opportunities presented below illustrate potential directions through which the principles of Clinical Micro-Stability may be translated into clinical settings. Each opportunity includes four compositions.

Opportunity 1: Micro Stability Training for Nurses

- i. Train nurses to recognize stability cues.
- ii. Use scenario-based practice to build stability fluency.
- iii. Teach nurses to maintain emotional steadiness.
- iv. Reinforce consistency across shifts.

Opportunity 2: Stability Optimized Clinical Environments

- i. Design spaces that communicate emotional steadiness.
- ii. Use lighting and layout to reduce uncertainty.
- iii. Test environments with different patient mindsets.
- iv. Refine based on emotional impact.

Opportunity 3: Personalized Stability Signals

- i. Tailor micro stability to individual patients.
- ii. Use data to personalize tone and pacing.
- iii. Train nurses to adapt micro expressions.
- iv. Test personalization for emotional resonance.

Opportunity 4: Autonomy Respecting Stability Systems

- i. Build systems that allow patients to control stability intensity.
- ii. Reduce unnecessary interactions.
- iii. Offer opt-in stability layers.
- iv. Measure autonomy satisfaction.

Opportunity 5: Stability Flow Audits

- i. Audit micro stability across all touchpoints.
- ii. Use patient feedback to evaluate alignment.

- iii. Score units on emotional connection, predictable structure, personal recognition, and personal choice.
- iv. Use results to guide training and design.

Opportunity 6: Predictive Stability Management

- i. Use data to predict stability needs.
- ii. Intervene before stability gaps form.
- iii. Automate low level stability cues.
- iv. Train nurses to handle high impact emotional moments.

Discussion

Clinical Micro-Stability focuses on how patients maintain emotional steadiness during uncertain clinical situations. The framework suggests that stability is shaped through ongoing interpersonal experiences occurring throughout the course of care. Rather than emerging from a single interaction, stability may develop through repeated moments of communication, presence, responsiveness, and support. The four mindsets indicate that patients interpret stabilizing experiences differently. Emotional Connection Navigators seek emotional presence and reassurance. Predictable Structure Navigators seek clarity, consistency, and reliable routines. Personal Recognition Navigators seek acknowledgement of their individual concerns and experiences. Personal Choice Navigators seek autonomy, independence, and personal control. These differences suggest that the same clinical interaction may be experienced differently by different patients.

Conclusion

Clinical Micro-Stability offers a conceptual framework for understanding how patients may maintain emotional steadiness during periods of uncertainty. The four mindsets suggest different pathways through which stability may be experienced, interpreted, and sustained. By drawing attention to these differences, the framework provides an additional perspective for thinking about nursing communication, nursing presence, and patient experiences during uncertain clinical conditions.

The Role of AI in This Paper

AI helps identify the four mindsets by analyzing patterns in Clinical Micro-Stability. AI also helps detect potential stability gaps before they become apparent during patient care. AI can personalize stability cues and identify potential emotional concerns. AI supports nursing education by simulating stability scenarios. AI may assist stability audits by analyzing communication patterns, pacing, and emotional cues.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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