

FROM COMPLIANCE TO TRUST: ETHICAL GOVERNANCE AND GDPR- ALIGNED DATA PRACTICES IN PRIVATE HEALTHCARE IN ALBANIA (2022–2025)

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Abstract

Debates in corporate governance in healthcare frequently assume that regulatory alignment, particularly alignment with the EU General Data Protection Regulation (GDPR), automatically generates ethical legitimacy and patient trust. However, evidence from post-transition governance contexts suggests that compliance reforms often change documentation procedures without transforming the relational practices through which trust is built. In the Western Balkan region, where private healthcare is expanding faster than governance culture, empirical research on how ethical orientation shapes compliance behavior and trust formation remains limited.

This study addresses that gap by examining the micro-governance processes through which ethical infrastructures evolve during regulatory convergence. The research employs a theory-driven exploratory case study of a private obstetrics and gynecology clinic in Durrës, Albania, analyzing all HPV molecular screening records conducted between December 2022 and April 2025 (N = 29). The period spans three

governance maturity phases: pre-regulatory alignment (2022–2023), transitional compliance (2024), and GDPR-aligned documentation and communication practices (2025).

Quantitative analysis was used to assess epidemiological patterns and behavioral indicators of patient return engagement. The overall HPV positivity rate was 58.6% (Wilson CI = 0.41–0.74), and HPV-positive patients were significantly younger than HPV-negative patients (Welch’s $t = -3.70$, $p = 0.002$). However, repeat testing did not differ significantly by HPV result (Fisher’s exact test, $p = 0.32$), indicating that repeat testing is not a valid behavioral proxy for patient trust. This finding challenges a common assumption in Albanian clinical practice that continuity of screening behavior reflects trust.

The qualitative documentation audit focused on the consent form structure, visibility of the legal basis, traceability, and communication tone. The analysis revealed a sequential, non-linear governance trajectory. Legal convergence first appeared at the level of documentation, standardization of consent templates, inclusion of the legal basis, and clear retention periods. Only later did staff communication practices begin to internalize these legal principles and communicate them meaningfully to patients. This shift was captured in the increased clarity of consent wording, the justification of data handling practices, and the presence of audit-trail metadata.

From these findings, the study refines the classic Ethics → Compliance → Trust (ECT) model widely referenced in healthcare governance. We introduce Relational Communication & Engagement Capacity (RCEC) as a necessary mediating mechanism that transforms procedural compliance into relational legitimacy. That is: Ethical orientation → Compliance quality → (mediated by RCEC) → Patient trust → Institutional legitimacy

Where RCEC refers to the staff’s communicative ability to explain, contextualize, and humanize consent and data protection processes. Without this relational layer, compliance generates only procedural legitimacy, not trust.

This study advances corporate governance research in three ways:

- Demonstrates that compliance without ethical internalization yields only procedural legitimacy. Legal forms can be correct even when relational trust is absent.
- Identifies documentation language and traceability as micro-level indicators of ethical maturity. Governance culture is observable in consent wording, version control, and audit logs.
- Proposes the ECT-RCEC chain as a testable theoretical mechanism. This framework applies not only to healthcare but to any governance context where legitimacy relies on both regulation and communication.

Table 1. Strategic implications

<i>Stakeholder</i>	<i>Implication</i>
Clinics	Shift consent from administrative formality to rights-based explanatory dialogue.
Regulators	Issue sector-specific guidelines that define how consent must be communicated, not just <i>what</i> must be documented.
Researchers	Conduct multi-site comparative studies to evaluate how relational governance capacity develops in similar post-transition systems.

Regulatory alignment creates the conditions for trust but does not produce trust on its own. Trust emerges when compliance is communicated relationally. Effective governance, therefore, requires ethical orientation, procedural clarity, and meaningful interpersonal explanation during consent. This study contributes a theoretically grounded and practically actionable governance model to guide policy and clinical practice in emerging regulatory environments.

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