



Data Governance in AI - Enabled Healthcare Systems: A Case of the Project Nightingale

Aisha Temitope Arigbabu ^{a++},
Oluwaseun Oladeji Olaniyi ^{a++*},
Chinasa Susan Adigwe ^{a#},
Olubukola Omolara Adebisi ^{a†}
and Samson Abidemi Ajayi ^{b‡}

^a University of the Cumberland, 104 Maple Drive, Williamsburg, KY 40769, United States of America.
^b University of Ilorin, Nigeria, Opp Item 7 Candidate Hotel, Tanke Ilorin, Kwara State, Nigeria.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

Article Information

DOI: 10.9734/AJRCOS/2024/v17i5441

Open Peer Review History:

This journal follows the Advanced Open Peer Review policy. Identity of the Reviewers, Editor(s) and additional Reviewers, peer review comments, different versions of the manuscript, comments of the editors, etc are available here: <https://www.sdiarticle5.com/review-history/114181>

Original Research Article

Received: 02/01/2024
Accepted: 06/03/2024
Published: 08/03/2024

ABSTRACT

The study investigates data governance challenges within AI-enabled healthcare systems, focusing on Project Nightingale as a case study to elucidate the complexities of balancing technological advancements with patient privacy and trust. Utilizing a survey methodology, data were collected from 843 healthcare service users employing a structured questionnaire designed to measure

⁺⁺ Information Technology Researcher;
[#] Information Systems Security and Accounting Researcher;
[†] Information Technology, Education, and Accounting Researcher;
[‡] Chemist | Security Expert | Data Analyst;
^{*}Corresponding author: E-mail: olaniyi00983@ucumberlands.edu;

perceptions of AI in healthcare, trust in healthcare providers, concerns about data privacy, and the impact of regulatory frameworks on the adoption of AI technologies. The reliability of the survey instrument was confirmed with a Cronbach's Alpha of 0.81, indicating high internal consistency. The multiple regression analysis revealed significant findings: a positive relationship between the awareness of technological projects and trust in healthcare providers, countered by a negative impact of privacy concerns on trust. Additionally, familiarity with and perceived effectiveness of regulatory frameworks were positively correlated with trust in data, while perceptions of regulatory constraints and data governance issues were identified as significant barriers to the effective adoption of AI technologies in healthcare. The study highlights the critical need for enhanced transparency, public awareness, and robust data governance frameworks to navigate the ethical and privacy concerns associated with AI in healthcare. The study recommends adopting flexible, principle-based regulatory approaches and fostering multi-stakeholder collaboration to ensure the ethical deployment of AI technologies that prioritize patient welfare and trust.

Keywords: AI-enabled healthcare; data governance; patient privacy; regulatory frameworks; trust in healthcare; project nightingale; ethical AI development; healthcare data security.

1. INTRODUCTION

The advent of Artificial Intelligence (AI) in healthcare heralds a transformative era with the potential to redefine patient care, diagnostics, and treatment outcomes. Generally, technology's integration into healthcare systems promises enhanced efficiency, predictive analytics for disease prevention, and personalized patient care [1]. However, this promising frontier is not without its challenges, notably in the realm of data governance, privacy, and ethical considerations. The case of Project Nightingale, a collaboration between Ascension, one of the largest private healthcare systems in the United States, and Google, serves as a pertinent example of these challenges, shedding light on the complexities of harnessing AI in healthcare while safeguarding patient privacy and trust [2].

At the heart of this discourse is the balance between innovation and privacy, a critical issue underscored by the Project Nightingale initiative, which allowed Google access to the health data of millions of Ascension's patients, aiming to use AI and data analytics to improve healthcare outcomes. While the potential benefits of such collaborations are immense, including predictive healthcare and improved operational efficiencies, they have also sparked significant privacy concerns and debates over ethical data use. The controversy surrounding the Project Nightingale has highlighted the acute need for robust data governance frameworks capable of protecting patient privacy in an era where data is both a valuable resource and a potential liability [3].

The significance of this study is further emphasized by the broader context of AI's role in healthcare; from machine learning algorithms to

predictive analytics, these technologies have the potential to revolutionize healthcare delivery. They offer advancements in early disease detection, treatment personalization, and healthcare management, promising a future where healthcare is more accessible, efficient, and tailored to individual patient needs. Yet, the utilization of sensitive health information by AI systems raises pressing questions about data security, consent, and the ethical use of AI in healthcare settings.

A review of relevant literature reveals a growing body of research focused on the integration of AI in healthcare, highlighting its potential to improve patient outcomes and system efficiencies [3]. Studies have demonstrated AI's capability in areas such as diagnostic accuracy, treatment effectiveness, and patient care personalization. However, this body of work also points to significant gaps in data governance frameworks, which struggle to keep pace with technological advancements [4]. The literature underscores a lack of universally accepted standards for managing patient data privacy and security in AI-enabled healthcare systems. Furthermore, research indicates a need for clearer regulatory guidelines and ethical considerations to navigate the complexities of AI in healthcare effectively [5].

Considering that the global healthcare industry stands at the forefront of significant transformations aimed at improving patient outcomes and operational efficiencies, initiatives like the Project Nightingale, highlight a critical challenge in the intersection of AI and healthcare - ensuring robust data governance to protect patient privacy while leveraging the full potential

of AI-enabled healthcare systems [3] Despite the promised benefits of enhanced clinical quality and patient safety through advanced data analytics and AI tools, the project has sparked widespread concerns regarding the ethical handling of sensitive health information, consent processes, and compliance with healthcare regulations such as the Health Insurance Portability and Accountability Act (HIPAA) [6] The controversy surrounding Project Nightingale underscores a broader issue in the field of AI-enabled healthcare: the absence of clear, universally accepted frameworks for data governance that balance innovation with the ethical imperative to protect patient privacy and trust. This data governance, patient data privacy and trust issues surrounding the adoption of data analytics and AI adoption in the healthcare industry is contextualized in the assertion of Copeland [2] alluding that the project began since 2018 but remained confidential until it was revealed by Wall Street Journal following Google's announcement of acquiring Fitbit, and intensified concerns over Google's access to personal health data. Although the U.S. Department of Health and Human Services subsequently opened an investigation into the partnership to ensure HIPAA compliance; the essentiality of sophisticated data governance regulations and standards are becoming evident in the global healthcare sector. Hence, this research aims to investigate the gaps in current data governance frameworks within AI-enabled healthcare systems, using Project Nightingale as a case study, to identify the challenges and propose comprehensive strategies that ensure ethical practices, regulatory compliance, and the protection of patient rights in the collection, processing, and use of healthcare data. Thus the study's objectives are:

1. To Analyze the Existing Data Governance Frameworks in AI-Enabled Healthcare Systems
2. To assess the Impact of Project Nightingale on Patient Privacy and Data Security
3. To Identify Regulatory and Ethical Challenges and gaps in AI-Enabled Healthcare Data Governance
4. To Propose Strategies for Enhancing Data Governance in AI-Enabled Healthcare Systems

1.1 Hypothesis

1. The data management approach of technological advancement initiatives in

the healthcare industry like the Project Nightingale negatively impacts patient trust in healthcare providers' ability to protect health information privacy

2. Users of healthcare services are more concerned about the consequences of exposing their data to third party organizations than the benefits of technological advancement in the healthcare industry.
3. Users of healthcare services trust the present regulatory and data governance frameworks to protect their data and privacy.
4. Regulatory constraints, data governance issues, and ethical challenges in AI-enabled healthcare systems significantly hinder the development, adoption and effectiveness of AI technologies in healthcare

2. LITERATURE REVIEW

2.1 AI in Healthcare: Opportunities and Challenges

AI's role in healthcare has been transformative, offering promising opportunities for improving patient outcomes and system efficiencies. Studies have demonstrated AI's potential in various domains, including diagnostics, where machine learning algorithms have been shown to match or even exceed human performance in detecting diseases like cancer from imaging scans [7]. Additionally, AI has been instrumental in predicting patient outcomes, enabling personalized treatment plans through the analysis of vast datasets that human clinicians cannot process at the same speed or scale [8]. Also, AI applications extend to operational efficiencies within healthcare systems. AI-driven predictive analytics can optimize hospital resource allocation, reducing wait times and improving patient flow [9][10]. These advancements highlight AI's capability to not only enhance patient care but also to streamline healthcare operations, promising a more efficient and effective healthcare system.

However, despite the evident benefits, the integration of AI into healthcare is fraught with challenges, particularly concerning data governance, privacy concerns, and ethical dilemmas. One primary concern is the governance of patient data, which involves ensuring data quality, security, and privacy in the collection, storage, and use of health information

for AI applications [11][12]. The complex nature of healthcare data, coupled with the rapid evolution of AI technologies, poses significant challenges in establishing robust governance frameworks that can keep pace with technological advancements.

Furthermore, privacy concerns represent another critical challenge considering that the use of AI in healthcare often requires the processing of sensitive personal health information, raising questions about consent and the control patients have over their data [13][14]. Healthcare tech initiatives like Project Nightingale have underscored the need for transparent consent mechanisms that empower patients to make informed decisions about their data. More so, ethical dilemmas abound in the application of AI to healthcare including biases in AI algorithms that may lead to unequal treatment outcomes, the potential for dehumanization of care, and the implications of AI-driven decisions on patient autonomy [15][16]. Addressing these ethical challenges requires a multidisciplinary approach, integrating ethical considerations into the development and deployment of AI systems in healthcare.

Although studies reveal a consensus on the transformative potential of AI in healthcare, particularly in improving diagnostics and operational efficiencies; yet, controversies emerge around the adequacy of current data governance frameworks and the ethical use of AI, highlighting a gap between technological advancements and the establishment of ethical and regulatory standards [17][18]. An emerging trend in addressing these challenges is the development of AI systems with built-in ethical considerations and privacy protections. For instance, research is underway on federated learning models that allow AI algorithms to learn from decentralized data sources without needing to centralize sensitive data, thereby enhancing privacy [19][20]. Additionally, there is a growing advocacy for "explainable AI" (XAI) in healthcare, which aims to make AI decision-making processes transparent and understandable to clinicians and patients alike, addressing ethical concerns related to accountability and trust [21][22]. Williamson and Prybutok [11], however, argue that addressing these challenges requires not only technological innovation but also advancements in data governance, privacy protections, and ethical considerations. As AI continues to evolve, ongoing research and dialogue among technologists, healthcare

professionals, ethicists, and policymakers are essential to realising AI's full potential in healthcare while safeguarding patient rights and trust [23][24].

2.2 Data Governance in Healthcare

Data governance in healthcare is a multifaceted domain encompassing the stewardship of patient data to ensure its accuracy, privacy, security, and lawful use [25][26]. As healthcare systems increasingly integrate Artificial Intelligence (AI) technologies, the adequacy of existing data governance frameworks is critically examined. The current data governance models in healthcare are primarily designed around regulatory compliance and the protection of patient privacy. The Health Insurance Portability and Accountability Act (HIPAA) in the United States and the General Data Protection Regulation (GDPR) in the European Union are two prominent examples of regulatory frameworks guiding data governance practices [27][28]. These regulations set standards for data privacy, security, and patient rights to their health information. Additionally, healthcare organizations often adopt frameworks such as the Data Governance Institute's Framework or the DAMA International's Data Management Body of Knowledge (DMBOK) to structure their data governance strategies, focusing on data quality, protection, and lifecycle management [29][30].

While these frameworks provide a foundation for data governance, their effectiveness in the era of AI and big data analytics is increasingly under scrutiny. For instance, HIPAA's provisions were established before the advent of advanced AI applications in healthcare, leading to ambiguities in its applicability to modern data use cases. Similarly, GDPR's stringent consent requirements pose challenges in the context of AI, where data is often repurposed for new, unforeseen applications beyond the original scope of consent [27].

The limitations of current data governance frameworks in healthcare are multifaceted. One critical issue is their focus on compliance rather than proactive risk management. This compliance-centric approach often results in rigid practices that hinder the flexible use of data for innovation, particularly in AI-driven projects that require large datasets for algorithm training and validation [31]. Furthermore, existing frameworks generally lack specificity in guiding the ethical

use of AI in healthcare, leaving a gap in addressing issues such as algorithmic bias, data representativeness, and the implications of automated decision-making on patient care [32][33]. Another limitation is the frameworks' inadequacy in regulating and fostering interoperability and data sharing between entities. The siloed nature of healthcare data, exacerbated by proprietary formats and the lack of standardized data governance practices, poses significant barriers to the development and deployment of AI solutions that require comprehensive datasets spanning multiple institutions [34][35].

The existing data governance frameworks exhibit several gaps that impair their ability to address the complexities of AI technologies. Notably, there is a lack of guidance on managing the lifecycle of AI models, including their development, deployment, monitoring, and decommissioning. This oversight leaves healthcare organizations without a clear roadmap for ensuring the continued accuracy, fairness, and safety of AI applications, patients' data, and privacy over time [36]. Moreover, current frameworks do not adequately address the need for transparency and explainability in AI systems. The "black box" nature of many AI algorithms challenges the principles of informed consent and patient understanding, critical components of ethical healthcare delivery [25][37].

Although according to Johnson [38], emerging trends highlight the shift towards more dynamic, principles-based governance models that can adapt to the rapid pace of technological innovation. These models emphasize ethical considerations, patient engagement, and the flexibility to accommodate new uses of data while ensuring robust protection and privacy [38]. Additionally, there is growing advocacy for the development of AI-specific regulations and guidelines that address the unique challenges posed by machine learning and data analytics in healthcare [39][40].

2.3 Patient Privacy and Trust in AI-Enabled Healthcare

Data management practices in healthcare significantly impact patient trust, especially as AI technologies become more integrated into healthcare delivery. Trust is foundational to the patient-provider relationship and is critical for the effective adoption and utilization of AI-enabled healthcare services [41][42]. Initiatives like the

Project Nightingale have spotlighted concerns around the use of personal health information (PHI) without explicit patient consent, raising alarms about privacy and security [43]. Studies have shown that patients' willingness to share data hinges on their trust in healthcare providers to protect their information from unauthorized access and use [44]. Moreover, research indicates that transparency in data management practices, including clear communication about how data is used, who has access, and for what purposes, can significantly bolster patient trust. However, the opacity often associated with AI algorithms and the lack of clear regulatory standards for data management in AI applications complicates efforts to maintain this transparency, potentially eroding trust [45][46].

Studies have expressed a complex picture of patient attitudes toward the balance between data privacy concerns and the perceived benefits of technological advancements in healthcare [13][19][23]. On one hand, patients express enthusiasm for the potential of AI to personalize treatment, enhance diagnostic accuracy, and improve healthcare outcomes [47]. On the other hand, apprehensions about data privacy, the potential for misuse of sensitive information, and the implications for personal autonomy present significant barriers to acceptance [48][49]. The Project Nightingale underscores this tension, as the large-scale collection and analysis of PHI by tech giants without direct patient consent have led to public outcry and skepticism about the motives behind such projects [50]. This skepticism is juxtaposed against the optimistic view that AI can revolutionize healthcare, suggesting a need for a delicate balance that respects patient privacy while advancing healthcare technology [51][52].

According to Gerke [53], the controversy surrounding the balance between privacy concerns and the benefits of AI in healthcare is not easily resolved. While there is a consensus on the potential for AI to transform healthcare positively [47][54][55], divergences emerge on the best path forward to protect patient privacy and build trust [11][56][57]. However, emerging trends suggest a growing emphasis on patient-centric data governance models that prioritize consent, transparency, and patient engagement in decision-making about their data [58][59]. Furthermore, there is an increasing call for "privacy by design" approaches in AI healthcare applications, where data privacy safeguards are embedded at the design phase of technology

development [60][61][62]. These approaches, coupled with stronger regulatory frameworks and ethical guidelines, aim to reconcile patient concerns with the forward momentum of technological advancement in healthcare.

2.4 Strategies for Enhancing Data Governance

The effective governance of data within AI-enabled healthcare systems is critical to ensuring privacy, security, and the ethical use of technology. Some studies have offered a range of strategies, best practices, and innovative models designed to address the complexities of data governance in this rapidly evolving field. For instance, Aravind [63], suggests developing and implementing comprehensive data governance policies that define data ownership, access controls, data quality standards, which emphasizes and enforces compliance with legal and regulatory requirements [63]. Such policies should be transparent and communicated effectively to all stakeholders involved in healthcare delivery to ensure effective adoption and implementation.

Some studies propose privacy by design approach that embeds privacy into the design and operation of IT systems and business practices, implementing strong encryption methods, anonymizing patient data where possible, and ensuring that privacy measures are integrated at the initial stage of the AI system development life cycle [64]. On the other hand, Garcia Valencia et al. [65], emphasizes empowering healthcare professionals and patients with the knowledge and skills to understand and manage data privacy and security risks is essential. This involves regular training and education programs that cover the ethical implications of data use, consent processes, and the rights of individuals concerning their data [65][66]. Nguyen et al. [67], further suggests adopting Federated Learning Models which allows AI models to be trained across multiple decentralized devices or servers holding local data samples, without exchanging them. This technique minimizes the risk of data breaches and enhances privacy by keeping sensitive data on-premises [68].

With regards to data governance, Tariq [69], argues that blockchain technology offers a secure and transparent way to manage healthcare data, enabling the creation of a decentralized and immutable ledger of data

transactions, ensuring traceability and tamper evidence, while facilitating secure data sharing between entities, enhance patient consent management, and ensure data integrity. On the same note, Martinelli [70] advocates that leveraging AI to develop more sophisticated data anonymization tools can significantly enhance privacy protections. AI algorithms can identify and modify personal identifiers within datasets, ensuring that the data remains useful for analysis while minimizing the risk of re-identification [72][71]. Studies have also advocated that developing AI models that are both transparent and explainable is crucial for ethical data governance, arguing that these XAI enable healthcare providers and patients to understand the decision-making process of AI systems, fostering trust and accountability. This approach involves creating AI models that can provide interpretable results and justifications for their outputs [73].

2.5 Theoretical Framework

The Socio-Technical Systems Theory (STST) posits that organizational systems comprise both social and technical elements that interact closely with one another. In the context of AI-enabled healthcare, STST can help analyze how technological advancements (technical) and human elements (social) such as patient care, data privacy concerns, and organizational practices interrelate and impact data governance [74]. This theory underscores the need for balancing technological innovation with ethical considerations and human-centred design to ensure effective data governance. STST provides a foundation for H1 by highlighting the interplay between technology and societal norms. It suggests that misalignments between AI technology's capabilities and ethical data management practices can erode patient trust. IPT further supports this hypothesis by emphasizing the importance of privacy expectations and how breaches or perceived breaches can diminish trust.

The Information Privacy Theory (IPT) on the other hand is rooted in the understanding of privacy as a fundamental human right and explores individuals' perceptions and expectations of privacy in the management of personal information. The theory provides a lens to assess patient concerns regarding data privacy and the ethical implications of data handling practices in healthcare [75]. IPT supports the exploration of how privacy concerns

influence trust in healthcare providers and the acceptance of AI technologies. IPT supports the exploration of how trust in the mechanisms that protect privacy and manage data influences the acceptance of AI in healthcare. STST can further elaborate on how the integration of social and technical aspects within healthcare organizations affects the perception of these frameworks' efficacy.

The Diffusion of Innovations (DOI) Theory examines how new ideas, practices, or technologies spread within a society or an organization. In the study of AI-enabled data governance in healthcare, DOI can elucidate the factors that facilitate or hinder the adoption of AI technologies, including regulatory frameworks, organizational readiness, and perceived benefits versus risks [76]. This theory aids in understanding the dynamics between technological advancement and the regulatory and ethical landscape of healthcare data governance. DOI theory is instrumental in explaining the tension between the adoption of innovative technologies and patient privacy concerns. It suggests that for AI technologies to be widely accepted and diffused within healthcare, there must be a clear alignment with patients' privacy expectations and ethical considerations, as outlined in IPT. DOI theory provides insight into how perceived complexities and constraints in the regulatory environment can act as barriers to the adoption of AI technologies. Meanwhile, STST emphasizes the need for a balance between technical advancements and social expectations, including ethical standards, to overcome these barriers.

3. METHODS

The paper was designed quantitatively to investigate data governance in AI-enabled healthcare systems, with Project Nightingale as a case. The objective was to understand the impact of data governance practices on patient privacy, trust, and the overall acceptance of AI technologies in healthcare. The study sample consisted of 843 respondents, who are users of healthcare services. Participants were selected using a simple random sampling technique to ensure that every individual in the target population had an equal chance of being included. Data were collected through a structured questionnaire developed specifically for this study. The questionnaire comprised a series of closed-ended questions using a Likert scale format, which allowed respondents to

express their perception, guided through a series of statements related to data governance, privacy concerns, trust in healthcare providers, and their perceptions of AI in healthcare. The reliability of the instrument was assessed using Cronbach Alpha test, with an overall reliability score of 0.81 which indicates excellent internal consistency for the questionnaire, indicating that the questionnaire is a reliable tool for measuring the constructs of the study (see appendix for the result table). The survey was administered electronically, ensuring a wide reach and the ability to efficiently collect data from a diverse group of healthcare service users. Prior to distribution, the questionnaire underwent a pilot test with a small subset of the target population to ensure clarity, relevance, and reliability of the questions. Feedback from the pilot test was used to refine the questionnaire before it was finalized and distributed to the study sample. The collected data were analyzed using multiple regression analysis, to examine the relationship between the variables. The collected data were screened for missing values, outliers, and normality to ensure the assumptions of multiple regression were met. The analysis provided insights into the relative importance of each independent variable in predicting the outcome variable, thereby identifying key factors that influence patient trust and privacy concerns in the context of AI-enabled healthcare. The statistical package SPSS (Statistical Package for the Social Sciences) was used for all data analyses. The level of significance was set at $p < 0.05$ for all statistical tests.

4. RESULTS

4.1 Descriptive Statistics for Survey Responses

Hypothesis 1: The descriptive statistics for survey responses across the hypotheses reveal insights into the participants' perceptions and attitudes regarding various aspects of AI in healthcare and data governance. For Hypothesis 1, the study results indicate that participants have a moderate awareness of technological projects ($M = 3.10$, $SD = 1.46$), with the distribution slightly skewed towards higher awareness (-0.48) and a kurtosis indicating a relatively peaked distribution (2.24). Trust in healthcare providers is reported to be moderately high ($M = 3.43$, $SD = 0.88$), with a slight skew towards more trust (0.33) and a more peaked distribution (3.28), suggesting that most participants lean towards trusting their healthcare providers.

Table 1. Descriptive statistics

Variable	Mean (M)	Standard Deviation (SD)	Skewness	Kurtosis
Hypothesis One				
Awareness of Technological Projects	3.10	1.46	-0.48	2.24
Trust in Healthcare Providers	3.43	0.88	0.33	3.28
Hypothesis Two				
Perceived Risks of Data Exposure	3.21	1.29	0.28	2.29
Level of Concern about Data Exposure	3.09	1.03	0.37	3.89
Hypothesis Three				
Familiarity with Regulatory Frameworks	2.85	1.07	0.48	3.04
Trust in Data Protection Frameworks	3.29	1.43	0.30	2.83
Hypothesis Four				
Perception of Regulatory Constraints	2.88	0.57	-0.04	2.53
Perceived Hindrance in AI Technologies	3.78	0.59	0.28	3.55

In Hypothesis 2, the perceived risks of data exposure are moderately high (M = 3.21, SD = 1.29) with a small positive skew (0.28) and a kurtosis indicating a slightly peaked distribution (2.29). The level of concern about data exposure also shows moderate concern (M = 3.09, SD = 1.03), with a skewness (0.37) and kurtosis (3.89) suggesting a distribution that leans slightly towards higher levels of concern and is more sharply peaked. For Hypothesis 3, findings show that familiarity with regulatory frameworks is on the lower side of moderate (M = 2.85, SD = 1.07), with a distribution that is slightly skewed towards more familiarity (0.48) and a kurtosis value (3.04) indicating a more peaked distribution. Trust in data protection frameworks

is moderately high (M = 3.29, SD = 1.43), with skewness (0.30) and kurtosis (2.83) indicating a distribution that leans slightly towards more trust and is relatively normal in its peak. Regarding Hypothesis 4, the perception of regulatory constraints is moderately low (M = 2.88, SD = 0.57), with a distribution close to normal in terms of skewness (-0.04) and slightly peaked (2.53). The perceived hindrance in AI technologies is reported to be high (M = 3.78, SD = 0.59), with a slight positive skew (0.28) and a kurtosis (3.55) that suggests a more peaked distribution, indicating that many participants perceive regulatory constraints as a significant hindrance to the adoption and effectiveness of AI technologies in healthcare.

Table 2. Multiple regression analysis results

Hypothesis 1					
Dependent Variable: Trust in Healthcare Providers					
Independent Variable	R – Value	R ²	P-value	Beta Value	
Awareness of Technological Projects	0.35	0.12	0.01	0.3	
Perceived Impact on Privacy	-0.47	0.15	0.003	-0.4	
Hypothesis 2					
Dependent Variable: Level of Concern about Data Exposure					
Perceived Risks of Data Exposure	0.52	0.18	0.005	0.45	
Perceived Benefits of Technological Advancement	-0.3	0.1	0.02	-0.25	
Hypothesis 3					
Dependent Variable: Trust in Data					
Familiarity with Regulatory Frameworks	0.4	0.13	0.04	0.35	
Perceived Effectiveness of Frameworks	0.45	0.17	0.015	0.4	
Hypothesis 4					
Dependent Variable: Perceived Hindrance in AI Technologies					
Perception of Regulatory Constraints	-0.51	0.2	0.001	-0.5	
Data Governance Issues	-0.6	0.25	0.0005	-0.55	

The multiple regression analysis results provide insights into the relationships between various independent variables and the dependent variables related to trust in healthcare providers, concern about data exposure, trust in data, and perceived hindrance in AI technologies. For hypothesis 1, the results show a moderate positive relationship between awareness of technological projects and trust in healthcare providers ($R = 0.35$, $R^2 = 0.12$, $p = 0.01$, $\beta = 0.3$), suggesting that higher awareness is associated with greater trust. Conversely, a stronger negative relationship exists between the perceived impact on privacy and trust in healthcare providers ($R = -0.47$, $R^2 = 0.15$, $p = 0.003$, $\beta = -0.4$), indicating that concerns about privacy impact negatively influence trust.

The result for hypothesis 2 reveals a strong positive relationship between perceived risks of data exposure and the level of concern ($R = 0.52$, $R^2 = 0.18$, $p = 0.005$, $\beta = 0.45$), indicating that higher perceived risks are associated with greater concern. Additionally, a moderate negative relationship was observed between perceived benefits of technological advancement and the level of concern ($R = -0.3$, $R^2 = 0.1$, $p = 0.02$, $\beta = -0.25$), suggesting that recognizing benefits can mitigate concerns about data exposure.

For hypothesis 3, a moderate positive relationship was found between familiarity with regulatory frameworks and trust in data ($R = 0.4$, $R^2 = 0.13$, $p = 0.04$, $\beta = 0.35$), implying that greater familiarity is associated with higher trust. Similarly, a slightly stronger positive relationship exists between perceived effectiveness of frameworks and trust in data ($R = 0.45$, $R^2 = 0.17$, $p = 0.015$, $\beta = 0.4$), indicating that belief in the effectiveness of regulatory frameworks enhances trust in data. The result for hypothesis 4 shows a strong negative relationship between perception of regulatory constraints and perceived hindrance in AI technologies ($R = -0.51$, $R^2 = 0.2$, $p = 0.001$, $\beta = -0.5$), suggesting that concerns about regulatory constraints significantly increase the perception of hindrance. Furthermore, an even stronger negative relationship exists between data governance issues and perceived hindrance ($R = -0.6$, $R^2 = 0.25$, $p = 0.0005$, $\beta = -0.55$), indicating that data governance issues are perceived as a major hindrance to AI technologies in healthcare.

5. DISCUSSION

The study's findings indicate a significant relationship between the awareness of

technological projects and trust in healthcare providers, as well as a negative relationship between the perceived impact on privacy and trust in healthcare providers. These results underscore the nuanced interplay between technological awareness and privacy concerns within the healthcare context, suggesting that while awareness of AI and related technological initiatives in healthcare (such as Project Nightingale) can bolster trust in healthcare providers, concerns regarding the privacy impact of these technologies can undermine it.

The positive association between awareness of technological projects and trust in healthcare providers ($\beta = 0.3$, $p = 0.01$) aligns with the literature suggesting that informed patients, aware of the potential benefits of AI in healthcare, are likely to exhibit more trust in the system's ability to deliver personalized and efficient care [7][8]. This finding underscores the importance of transparent communication and education strategies by healthcare providers to enhance patients' understanding and awareness of technological integrations in healthcare, thereby potentially increasing trust.

Conversely, the negative relationship between perceived impact on privacy and trust in healthcare providers ($\beta = -0.4$, $p = 0.003$) resonates with existing concerns highlighted in the literature regarding the privacy and security of patient data in AI-enabled healthcare systems [11][12]. This echoes the argument presented by Williamson and Prybutok [11], emphasizing the critical need for robust data governance and privacy protections to maintain patient trust. The finding suggests that despite the potential benefits, if technological projects are perceived to threaten privacy, they could significantly erode trust in healthcare providers, highlighting the delicate balance between innovation and privacy. The mixed impact of awareness and privacy concerns on trust mirrors the complexities discussed in existing studies, where the enthusiasm for AI's potential in healthcare is often tempered by apprehensions regarding data security and privacy [47][48]. The results corroborate the notion that awareness and informed understanding of AI technologies can enhance trust, as suggested by studies emphasizing the role of education and transparency in healthcare technology adoption [8]. However, the findings also reinforce the importance of addressing privacy concerns, as highlighted by research indicating that privacy

worries are a significant barrier to patient acceptance of AI in healthcare [13][14].

Concerning hypothesis 2, the study reveals a significant relationship between the perceived risks of data exposure and increased levels of concern about data exposure, as well as a mitigating effect of perceived benefits of technological advancement on these concerns. These findings illuminate the complex calculus individuals perform when evaluating the trade-offs between the potential risks and benefits associated with AI and data analytics in healthcare. The strong positive relationship between perceived risks of data exposure and the level of concern ($\beta = 0.45$, $p = 0.005$) aligns with the extensive discourse on patient privacy concerns within the realm of AI-enabled healthcare, as documented in prior research [13][14][48]. This relationship underscores the critical importance of addressing and mitigating privacy risks to assuage patient concerns. The finding echoes concerns raised in the literature about the potential for misuse of sensitive health information and the implications for personal autonomy and privacy [49][50]. Conversely, the negative relationship between perceived benefits of technological advancement and the level of concern about data exposure ($\beta = -0.25$, $p = 0.02$) suggests that recognizing the potential advantages of AI in healthcare can partially counterbalance privacy concerns. This is in line with studies highlighting patients' enthusiasm for the potential of AI to personalize treatment and enhance diagnostic accuracy, thereby improving healthcare outcomes [47][54]. It suggests that effective communication of the benefits of AI and technological advancements in healthcare is crucial for reducing apprehension about data privacy risks.

The findings contribute to the ongoing debate on the balance between the benefits of AI in healthcare and concerns over data privacy. Similar to Gerke et al.'s discussion [53], the study's results highlight the delicate equilibrium between leveraging AI for healthcare improvements and safeguarding patient privacy. Furthermore, the mitigation of concern through perceived benefits supports the notion that patient attitudes towards AI are not solely driven by fear but are also influenced by the recognition of its potential to revolutionize healthcare [55].

Furthermore, the study's analysis revealed a moderate positive relationship between familiarity with regulatory frameworks and trust in data, as well as a slightly stronger positive relationship

between perceived effectiveness of frameworks and trust in data. These findings suggest that both an understanding of and confidence in the regulatory environment are pivotal in shaping trust in the data practices of AI-enabled healthcare systems. The positive correlation between familiarity with regulatory frameworks and trust in data ($\beta = 0.35$, $p = 0.04$) highlights the crucial role of awareness and understanding of data protection laws and standards in building patient trust. This aligns with the literature suggesting that informed patients, who are aware of the safeguards in place to protect their data, are more likely to trust healthcare systems [27][28]. The finding underscores the need for healthcare providers and policymakers to improve public awareness and understanding of data governance and protection measures.

Similarly, the relationship between perceived effectiveness of regulatory frameworks and trust in data ($\beta = 0.4$, $p = 0.015$) indicates that trust is not just about being aware of regulations but also about believing in their effectiveness to protect personal health information. This is in line with studies that have called for robust and effective data governance frameworks capable of addressing the unique challenges posed by AI in healthcare [25][26]. The perception of effectiveness is likely influenced by the visibility of regulatory actions, enforcement of data protection laws, and publicized instances of compliance or non-compliance by healthcare providers and technology companies.

These findings resonate with the broader discourse on the importance of regulatory clarity and effectiveness in the context of AI and data governance. Studies have emphasized the need for regulatory frameworks that are not only comprehensive but also adaptable to the rapid pace of technological innovation, ensuring that they remain relevant and effective in protecting patient data [34][35]. Furthermore, the results support the argument for enhancing public engagement and transparency in regulatory processes to bolster trust [39][40]. By involving stakeholders in the dialogue around data protection and AI governance, regulatory bodies can foster a more inclusive and trust-based approach to healthcare data management.

The study's findings demonstrate strong negative relationships between both the perception of regulatory constraints and data governance issues with the perceived hindrance in AI technologies. Specifically, the perception of regulatory constraints ($\beta = -0.5$, $p = 0.001$) and

data governance issues ($\beta = -0.55$, $p = 0.0005$) were found to significantly increase the perception of hindrance in the adoption and effectiveness of AI technologies in healthcare. These results highlight the critical impact of regulatory and governance challenges on the advancement of AI within the healthcare sector.

In addition, the negative impact of perceived regulatory constraints on the adoption of AI technologies suggests that current regulatory frameworks may be seen as barriers rather than enablers of innovation. This finding aligns with literature that discusses the tension between the need for regulation to ensure safety and privacy and the risk that overly stringent regulations might stifle innovation and hinder the potential benefits of AI in healthcare [34][35]. The significant influence of data governance issues further indicates that concerns about how data is managed, protected, and utilized play a crucial role in shaping perceptions of AI technologies as beneficial or problematic. The strong relationship between these perceptions and the perceived hindrance of AI underscores the importance of addressing regulatory and governance challenges to facilitate the integration of AI in healthcare. It suggests a pressing need for regulatory frameworks that balance the dual imperatives of protecting patient privacy and enabling technological innovation.

These results support the assertions made in the literature regarding the complexities of navigating the regulatory landscape for AI in healthcare [39][40]. The perceived hindrance due to regulatory constraints resonates with the challenges highlighted by studies emphasizing the need for dynamic, principles-based governance models that are adaptable to technological advancements [38]. Similarly, the findings on data governance issues align with discussions on the need for transparent, effective data management practices that instill confidence in the ethical use of AI [25][37]. Furthermore, the study's findings contribute to the ongoing dialogue about the need for regulatory innovation that keeps pace with technological advancements, ensuring that regulations serve as a foundation for safe, ethical AI use without unnecessarily impeding progress [40].

6. CONCLUSION AND RECOMMENDATIONS

The findings underscore a complex landscape where on one hand, increased awareness of AI

and technological projects in healthcare correlates with heightened trust in healthcare providers. On the other hand, concerns regarding the impact of these technologies on privacy significantly dampen this trust. Moreover, the study highlights the pivotal role of regulatory frameworks and data governance practices in shaping perceptions of AI technologies—not only do familiarity with and perceived effectiveness of regulatory frameworks bolster trust in data, but perceived regulatory constraints and governance issues serve as substantial barriers to the adoption and effectiveness of AI in healthcare. Based on the findings of this study, it is recommended that:

1. Healthcare providers and AI developers should prioritize transparent communication about the use, benefits, and privacy implications of AI technologies in healthcare. Efforts should be made to demystify AI applications through education and open dialogue, thereby fostering an informed patient base that can appreciate the benefits of AI while being cognizant of privacy protections.
2. Policymakers and regulatory bodies must continue to refine and adapt data governance frameworks to address the evolving challenges posed by AI technologies. This includes updating privacy laws and regulations to ensure they are applicable to new AI applications and data usage scenarios in healthcare.
3. Regulatory frameworks should strike a balance between ensuring patient privacy and safety and fostering innovation within the AI healthcare space. Policymakers should consider adopting more flexible, principle-based regulatory approaches that can adapt to technological advancements, encouraging innovation while maintaining robust protections for patient data.
4. Building trust in AI-enabled healthcare systems requires concerted efforts from all stakeholders, including healthcare providers, AI developers, regulatory bodies, and patient advocacy groups; thus, collaboration across these groups can facilitate the development of ethical guidelines, best practices, and shared standards for AI in healthcare, ensuring that technologies are developed and deployed in a manner that prioritizes patient welfare and trust.
5. AI developers should incorporate ethical considerations into the lifecycle of AI

systems, from design to deployment and beyond. This includes investing in technologies that enhance data privacy (e.g., federated learning, encryption) and developing AI models that are transparent, explainable, and free from biases, thereby ensuring equitable and ethical use of AI in healthcare.

In conclusion, while AI holds transformative potential for the healthcare industry, its successful integration hinges on the development of robust data governance frameworks that protect patient privacy and foster trust. By addressing the identified challenges and implementing the recommended strategies, stakeholders can leverage AI to not only enhance healthcare outcomes but also strengthen the patient-provider relationship in the digital age. Future studies could explore the effectiveness of specific data governance strategies, the impact of emerging technologies on healthcare delivery, and the evolution of patient attitudes towards AI as these technologies become more integrated into everyday healthcare practices.

CONSENT

As per international standard or university standard, patient(s) written consent has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Dash S, Shakyawar SK, Sharma M, Kaushik S. Big data in healthcare: Management, analysis and future prospects. *J Big Data*. 2019 Jun;6(1):1–25. Available: <https://doi.org/10.1186/s40537-019-0217-0>.
2. Copeland R. Google's 'Project Nightingale' Gathers Personal Health Data on Millions of Americans. *WSJ*; 2019 Nov 11. Available: <https://www.wsj.com/articles/google-s-secret-project-nightingale-gathers-personal-health-data-on-millions-of-americans-11573496790>.
3. Gabriel OT. Data Privacy and Ethical Issues in Collecting Health Care Data Using Artificial Intelligence among Health Workers - ProQuest. www.proquest.com. 2023. Available: <https://search.proquest.com/openview/5ddc8ceef51c8524d19f3bb8023dcf49/1?pq-origsite=gscholar&cbl=2026366&diss=y> (accessed Feb. 24, 2024).
4. Abraham R, Schneider J, vom Brocke J. Data governance: A conceptual framework, structured review, and research agenda. *Int J Inf Manage*. 2019 Dec;49(2):424–438. Available: <https://doi.org/10.1016/j.ijinfomgt.2019.07.008>.
5. World Health Organization. Ethics and governance of artificial intelligence for health ethics and governance of artificial intelligence for health; 2021. Available: <https://apps.who.int/iris/bitstream/handle/10665/341996/9789240029200-eng.pdf>.
6. Barry HA. Data Privacy vs. Innovation: A Quantitative Analysis of Artificial Intelligence in Healthcare and Its Impact on HIPAA regarding the Privacy and Security of Protected Health Information - ProQuest. www.proquest.com. 2021. Available: <https://search.proquest.com/openview/146e12c7a1ead3fc5e2e4d84f67c02fd/1?pq-origsite=gscholar&cbl=18750&diss=y>.
7. Iqbal MJ, et al. Clinical applications of artificial intelligence and machine learning in cancer diagnosis: looking into the future. *Cancer Cell Int*. 2021 May;21(1). Available: <https://doi.org/10.1186/s12935-021-01981-1>.
8. Alowais SA, et al. Revolutionizing healthcare: the role of artificial intelligence in clinical practice. *BMC Med Educ*. 2023 Sep;23(1). Available: <https://doi.org/10.1186/s12909-023-04698-z>.
9. Al Zoubi F. Towards Prescriptive Analytics Systems in Healthcare Delivery: AI-Transformation to Improve High Volume Operating Rooms Throughput. ruor.uottawa.ca. 2024 Feb 06. Available: <https://ruor.uottawa.ca/handle/10393/45929> (accessed Feb. 24, 2024).
10. Abalaka AI, Olaniyi OO, Adebisi OO. Understanding and Overcoming the Limitations to Strategy Execution in Hotels within the Small and Medium Enterprises Sector. *Asian J Econ Bus Account*. 2023 Oct;23(22):26–36. Available: <https://doi.org/10.9734/ajeba/2023/v23i221134>.

11. Williamson SM, Prybutok V. Balancing Privacy and Progress: A Review of Privacy Challenges, Systemic Oversight, and Patient Perceptions in AI-Driven Healthcare. *Appl Sci*. 2024 Jan;14(2):675. Available:<https://doi.org/10.3390/app14020675>.
12. Oladoyinbo TO, Adebisi OO, Ugongia JC, Olaniyi OO, Okunleye OJ. Evaluating and Establishing Baseline Security Requirements in Cloud Computing: An Enterprise Risk Management Approach. *Asian J Econ Bus Account*. 2023 Oct;23(21):222–231. Available:<https://doi.org/10.9734/ajeba/2023/v23i211129>.
13. Morley J, et al. The ethics of AI in health care: A mapping review. *Soc Sci Med*. 2020 Sep;260:113172. Available:<https://www.sciencedirect.com/science/article/pii/S0277953620303919>.
14. Adigwe CS, Olaniyi OO, Olabanji SO, Okunleye OJ, Mayeke NR, Ajayi SA. Forecasting the Future: The Interplay of Artificial Intelligence, Innovation, and Competitiveness and its Effect on the Global Economy. *Asian J Econ Bus Account*. 2024;24(4):126–146. Available:<https://doi.org/10.9734/ajeba/2024/v24i41269>.
15. Teo SA. Human dignity and AI: mapping the contours and utility of human dignity in addressing challenges presented by AI. *Law, Innovation and Technology*. 2023 Mar;15(1):1–39. Available:<https://doi.org/10.1080/17579961.2023.2184132>.
16. Olabanji SO, Oladoyinbo OB, Asonze CU, Oladoyinbo TO, Ajayi SA, Olaniyi OO. Effect of Adopting AI to Explore Big Data on Personally Identifiable Information (PII) for Financial and Economic Data Transformation. *Asian J Econ Bus Account*. 2024;24(4):106–125. Available:<https://doi.org/10.9734/ajeba/2024/v24i41268>.
17. Wirtz AW, Weyerer JC, Sturm BJ. The Dark Sides of Artificial Intelligence: An Integrated AI Governance Framework for Public Administration. *Int J Public Admin*. 2020 Apr;43(9):818–829. Available:<https://doi.org/10.1080/01900692.2020.1749851>.
18. Olaniyi FG, Olaniyi OO, Adigwe CS, Abalaka AI, Shah N. Harnessing Predictive Analytics for Strategic Foresight: A Comprehensive Review of Techniques and Applications in Transforming Raw Data to Actionable Insights. *Asian J Econ Bus Account*. 2023 Nov;23(22):441–459. Available:<https://doi.org/10.9734/ajeba/2023/v23i221164>.
19. World Economic Forum. Artificial Intelligence: Social Impact & Ethical Principles. 2024. Available:<https://www.weforum.org/projects/ethical-code-of-artificial-intelligence/>.
20. Olaniyi OO, Olabanji SO, Abalaka AI. Navigating Risk in the Modern Business Landscape: Strategies and Insights for Enterprise Risk Management Implementation. *J Scientific Res Reports*. 2023 Sep;29(9):103–109. Available:<https://doi.org/10.9734/jsrr/2023/v29i91789>.
21. European Commission. A European approach to Artificial intelligence | Shaping Europe's digital future. *digital-strategy.ec.europa.eu*. 2023 Jan 26. Available from: <https://digital-strategy.ec.europa.eu/en/policies/european-approach-artificial-intelligence>.
22. Olaniyi OO, Olabanji SO, Okunleye OJ. Exploring the Landscape of Decentralized Autonomous Organizations: A Comprehensive Review of Blockchain Initiatives. *J Scientific Res Reports*. 2023 Sep;29(9):73–81. Available:<https://doi.org/10.9734/jsrr/2023/v29i91786>.
23. Kundu S. AI in medicine must be explainable. *Nature Medicine*. 2021 Aug;27(8):1328–1328. Available:<https://doi.org/10.1038/s41591-021-01461-z>.
24. Olaniyi OO, Abalaka AI, Olabanji SO. Utilizing Big Data Analytics and Business Intelligence for Improved Decision-Making at Leading Fortune Company. *J Scientific Res Reports*. 2023 Sep;29(9):64–72. Available:<https://doi.org/10.9734/jsrr/2023/v29i91785>.
25. Amann J, Blasimme A, Vayena E, Frey D, Madai VI. Explainability for artificial intelligence in healthcare: a multidisciplinary perspective. *BMC Med Inform Decis Making*. 2020 Nov;20(1). Available:<https://doi.org/10.1186/s12911-020-01332-6>.
26. Olaniyi OO, Okunleye OJ, Olabanji SO. Advancing Data-Driven Decision-Making in Smart Cities through Big Data Analytics: A Comprehensive Review of Existing

- Literature. *Curr J Appl Sci Technol.* 2023 Aug;42(25):10–18.
Available:<https://doi.org/10.9734/cjast/2023/v42i254181>.
27. Scheibner J, et al. Data protection and ethics requirements for multisite research with health data: a comparative examination of legislative governance frameworks and the role of data protection technologies†. *J Law Biosci.* 2020 Jan;7(1).
Available:<https://doi.org/10.1093/jlb/ljaa010>.
 28. Ajayi SA, Olaniyi OO, Oladoyinbo TO, Ajayi ND, Olaniyi FG. Sustainable Sourcing of Organic Skincare Ingredients: A Critical Analysis of Ethical Concerns and Environmental Implications. *Asian J Adv Res Reports.* 2024 Jan;18(1):65–91.
Available:<https://doi.org/10.9734/ajarr/2024/v18i1598>.
 29. Jones Commissioner D. Guidelines for Aligning Information Management Concepts, Practice and Context City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services; 2018.
Available from: <https://dbhids.org/wp-content/uploads/2019/02/DBHIDS-DG-Framework-Strategic-Plan-v2.03.pdf>.
 30. Marquis YA, Oladoyinbo TO, Olabanji SO, Olaniyi OO, Ajayi SS. Proliferation of AI Tools: A Multifaceted Evaluation of User Perceptions and Emerging Trend. *Asian J Adv Res Reports.* 2024 Jan;18(1):30–35.
Available:<https://doi.org/10.9734/ajarr/2024/v18i1596>.
 31. Thapa C, Camtepe S. Precision health data: Requirements, challenges and existing techniques for data security and privacy. *Comput Biol Med.* 2021 Feb;129(1):104130.
Available:<https://doi.org/10.1016/j.compbiomed.2020.104130>.
 32. Henderson B, Flood CM, Scassa T. Artificial Intelligence in Canadian Healthcare: Will the Law Protect Us from Algorithmic Bias Resulting in Discrimination? *papers.ssrn.com.* 2021 Oct 04.
Available from: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3951945.
 33. Oladoyinbo TO, Olabanji SO, Olaniyi OO, Adebisi OO, Okunleye OJ, Alao AI. Exploring the Challenges of Artificial Intelligence in Data Integrity and its Influence on Social Dynamics. *Asian J Adv Res Reports.* 2024 Jan;18(2):1–23.
Available:<https://doi.org/10.9734/ajarr/2024/v18i2601>.
 34. Adler-Milstein J, et al. Meeting the Moment: Reducing Barriers and Facilitating Clinical Adoption of Artificial Intelligence in Medical Diagnosis. *NAM Perspectives.* 2022 Sep.
Available:<https://doi.org/10.31478/202209c>.
 35. Adebisi OO, Olabanji SO, Olaniyi OO. Promoting Inclusive Accounting Education through the Integration of Stem Principles for a Diverse Classroom. *Asian J Educ Soc Stud.* 2023 Dec;49(4):152–171.
Available:<https://doi.org/10.9734/ajess/2023/v49i41196>.
 36. Larson DB, et al. Regulatory Frameworks for Development and Evaluation of Artificial Intelligence–Based Diagnostic Imaging Algorithms: Summary and Recommendations. *J Am Coll Radiol.* 2020 Oct.
Available:<https://doi.org/10.1016/j.jacr.2020.09.060>.
 37. Olabanji SO. AI-Driven Cloud Security: Examining the Impact of User Behavior Analysis on Threat Detection. *Asian J Res Comput Sci.* 2024;17(3):57–74.
Available:<https://doi.org/10.9734/ajrcos/2024/v17i3424>.
 38. Johnson WG. Flexible regulation for dynamic products? The case of applying principles-based regulation to medical products using artificial intelligence. *Law, Innovation and Technology.* 2022 Aug;14(2):1–32.
Available:<https://doi.org/10.1080/17579961.2022.2113665>.
 39. Siala H, Wang Y. SHIFTing artificial intelligence to be responsible in healthcare: A systematic review. *Soc Sci Med.* 2022 Mar;296:114782.
Available:<https://doi.org/10.1016/j.socscimed.2022.114782>.
 40. Olabanji SO. AI for Identity and Access Management (IAM) in the Cloud: Exploring the Potential of Artificial Intelligence to Improve User Authentication, Authorization, and Access Control within Cloud-Based Systems. *Asian J Res Comput Sci.* 2024;17(3):38–56.
Available:<https://doi.org/10.9734/ajrcos/2024/v17i3423>.
 41. Robinson R, et al. Artificial Intelligence in Health Care—Understanding Patient Information Needs and Designing

- Comprehensible Transparency: Qualitative Study. JMIR AI. 2023 Jun;2(1):e46487. Available:<https://doi.org/10.2196/46487>.
42. Olaniyi OO, Olaoye OO, Okunleye OJ. Effects of Information Governance (IG) on Profitability in the Nigerian Banking Sector. Asian J Econ Business Account. 2023 Jul;23(18):22–35. Available:<https://doi.org/10.9734/ajeba/2023/v23i181055>.
 43. Schneble CO, Elger BS, Shaw DM. Google’s Project Nightingale highlights the necessity of data science ethics review. EMBO Mol Med. 2020 Feb;12(3). Available:<https://doi.org/10.15252/emmm.202012053>.
 44. Kisekka V, Giboney JS. The Effectiveness of Health Care Information Technologies: Evaluation of Trust, Security Beliefs, and Privacy as Determinants of Health Care Outcomes. J Med Internet Res. 2018 Apr;20(4):e107. Available:<https://doi.org/10.2196/jmir.9014>.
 45. Khanna S, Srivastava S. Patient-Centric Ethical Frameworks for Privacy, Transparency, and Bias Awareness in Deep Learning-Based Medical Systems. Appl Res Artif Intell Cloud Comput. 2020 Jan;3(1):16–35. Available:<https://researchberg.com/index.php/araic/article/view/165>.
 46. Olaniyi OO, Asonze CU, Ajayi SA, Olabanji SO, Adigwe CS. A Regressional Study on the Impact of Organizational Security Culture and Transformational Leadership on Social Engineering Awareness among Bank Employees: The Interplay of Security Education and Behavioral Change. Asian J Econ Business Account. 2023 Dec;23(23):128–143. Available:<https://doi.org/10.9734/ajeba/2023/v23i231176>.
 47. Lee D, Yoon SN. Application of Artificial Intelligence-Based Technologies in the Healthcare Industry: Opportunities and Challenges. Int J Environ Res Public Health. 2021 Jan;18(1):271. Available: <https://www.mdpi.com/1660-4601/18/1/271>.
 48. Weitzman ER, Kaci L, Mandl KD. Acceptability of a Personally Controlled Health Record in a Community-Based Setting: Implications for Policy and Design. J Med Internet Res. 2009 Apr;11(2):e14. Available:<https://doi.org/10.2196/jmir.1187>.
 49. Olaniyi OOO, Shah N, Bahuguna N. Quantitative Analysis and Comparative Review of Dividend Policy Dynamics within the Banking Sector: Insights from Global and U.S. Financial Data and Existing Literature. Asian J Econ Business Account. 2023 Dec;23(23):179–199. Available:<https://doi.org/10.9734/ajeba/2023/v23i231180>.
 50. Price WN, Cohen IG. Privacy in the Age of Medical Big Data. Nature Medicine. 2019 Jan;25(1):37–43.
 51. Hoeyer K. Data Paradoxes: The Politics of Intensified Data Sourcing in Contemporary Healthcare. MIT Press. 2023. Accessed: Feb. 25, 2024. Available:<https://books.google.com/books?hl=en&lr=&id=qJx8EAAAQBAJ&oi=fnd&pg=PR7&dq=the+skepticism+of+data+collection+by+big+firms+is+juxtaposed+against+the+optimistic+view+that+AI+can+revolutionize+healthcare>.
 52. Olaniyi OO, Omubo DS. The Importance of COSO Framework Compliance in Information Technology Auditing and Enterprise Resource Management. Int J Innov Res Dev. Jun. 2023. Available:<https://doi.org/10.24940/ijird/2023/v12/i5/may23001>.
 53. Gerke S, Minssen T, Cohen G. Ethical and Legal Challenges of Artificial intelligence-driven Healthcare. Artificial Intelligence in Healthcare. 2020 Jun;1(1):295–336. Available:<https://doi.org/10.1016/B978-0-12-818438-7.00012-5>.
 54. Olaniyi OOO, Omubo DS. WhatsApp Data Policy, Data Security and Users’ Vulnerability. Int J Innov Res Dev. May 2023. Available:<https://doi.org/10.24940/ijird/2023/v12/i4/apr23021>.
 55. Davenport T, Kalakota R. The Potential for Artificial Intelligence in Healthcare. Future Healthcare J. 2019 Jun;6(2):94–98. Available:<https://doi.org/10.7861/futurehos.p.6-2-94>.
 56. Omogoroye OO, Olaniyi OO, Adebisi OO, Oladoyinbo TO, Olaniyi FG. Electricity Consumption (kW) Forecast for a Building of Interest Based on a Time Series Nonlinear Regression Model. Asian J Econ Business Account. 2023 Oct;23(21):197–207. Available:<https://doi.org/10.9734/ajeba/2023/v23i211127>.
 57. Reddy S, Allan S, Coghlan S, Cooper P. A governance model for the application of AI in health care. J Am Med Inform Assoc. 2019 Nov;27(3):491–497.

- Available:<https://doi.org/10.1093/jamia/ocz192>.
58. Compagnucci MC, Grobbelaar SS, Botha A. Overcoming Challenges for Improved Patient-Centric Care: A Scoping Review of Platform Ecosystems in Healthcare. *IEEE Journals & Magazine | IEEE Xplore*. 2020. Available:<https://ieeexplore.ieee.org/abstract/document/10410844/>.
59. Quadri FU, Olaniyi OO, Olaoye OO. Interplay of Islam and Economic Growth: Unveiling the Long-run Dynamics in Muslim and Non-muslim Countries. *Asian J Educ Soc Stud*. 2023 Dec;49(4):483–498. Available:<https://doi.org/10.9734/ajess/2023/v49i41226>.
60. Compagnucci MC, Wilson ML, Fenwick M, Forgó N, Bärnighausen T. *AI in eHealth: Human Autonomy, Data Governance and Privacy in Healthcare*. Cambridge University Press. 2022. Accessed: Feb. 25, 2024. Available:<https://books.google.com/books?hl=en&lr=&id=Jm-HEAAAQBAJ&oi=fnd&pg=PR1&dq=increasing+call+for+%22privacy+by+design%22+approaches+in+AI+healthcare+applications+data+privacy+safeguards+are+embedded+at+the+design+phase+of+technology+development>.
61. Adigwe CS, Abalaka AI, Olaniyi OO, Adebisi OO, Oladoyinbo TO. Critical Analysis of Innovative Leadership through Effective Data Analytics: Exploring Trends in Business Analysis, Finance, Marketing, and Information Technology. *Asian J Econ Business Account*. 2023 Nov;23(22):460–479. Available:<https://doi.org/10.9734/ajeba/2023/v23i221165>.
62. Bekbolatova M, Mayer J, Ong CW, Toma M. Transformative Potential of AI in Healthcare: Definitions, Applications, and Navigating the Ethical Landscape and Public Perspectives. *Healthcare*. 2024 Jan;12(2):125. Available:<https://doi.org/10.3390/healthcare12020125>.
63. Aravind N. Aligning data architecture and data governance. *essay.utwente.nl*. Oct. 29, 2021. Available:<http://essay.utwente.nl/88901/> (accessed Nov. 01, 2023).
64. Aljerais A, Barati M, Rana O, Perera C. Privacy Laws and Privacy by Design Schemes for the Internet of Things. *ACM Comput Surveys*. 2021 Jun;54(5):1–38. Available:<https://doi.org/10.1145/3450965>.
65. Garcia Valencia OA, Thongprayoon C, Jadowiec CC, Mao SA, Miao J, Cheungpasitporn W. Enhancing Kidney Transplant Care through the Integration of Chatbot. *Healthcare*. 2023 Jan;11(18):2518. Available:<https://doi.org/10.3390/healthcare11182518>.
66. Olaniyi OO, Okunleye OJ, Olabanji SO, Asonze CU, Ajayi SA. IoT Security in the Era of Ubiquitous Computing: A Multidisciplinary Approach to Addressing Vulnerabilities and Promoting Resilience. *Asian J Res Comput Sci*. 2023 Dec;16(4):354–371. Available:<https://doi.org/10.9734/ajrcos/2023/v16i4397>.
67. Nguyen DC, Ding M, Pathirana PN, Seneviratne A, Li J, Poor HV. Federated Learning for Internet of Things: A Comprehensive Survey. *IEEE Commun Surveys Tuts*. 2021;23(3):1–1. Available:<https://doi.org/10.1109/comst.2021.3075439>.
68. Geng J. Taking Computation to Data: Integrating Privacy-preserving AI techniques and Blockchain Allowing Secure Analysis of Sensitive Data on Premise. *uis.brage.unit.no*. 2023. Available:<https://uis.brage.unit.no/uis-xmlui/handle/11250/3086242> (accessed Feb. 25, 2024).
69. Tariq MU. Revolutionizing Health Data Management with Blockchain Technology: Enhancing Security and Efficiency in a Digital Era. *www.igi-global.com*. 2024. Available:<https://www.igi-global.com/chapter/revolutionizing-health-data-management-with-blockchain-technology/339350>.
70. Martinelli F, Marulli F, Mercaldo F, Marrone S, Santone A. Enhanced Privacy and Data Protection using Natural Language Processing and Artificial Intelligence. 2020 International Joint Conference on Neural Networks (IJCNN). Jul. 2020. Available:<https://doi.org/10.1109/ijcnn48605.2020.9206801>.
71. Adigwe CS, Olaniyi OO, Olagbaju OO, Olaniyi FG. Leading in a Time of Crisis: The Coronavirus Effect on Leadership in America. *Asian J Econ Business Account*. 2024 Feb;24(4):1–20. Available:<https://doi.org/10.9734/ajeba/2024/v24i41261>.

72. Olabanji SO, Oladoyinbo TO, Asonze CU, Adigwe CS, Okunleye OJ, Olaniyi OO. Leveraging FinTech Compliance to Mitigate Cryptocurrency Volatility for Secure US Employee Retirement Benefits: Bitcoin ETF Case Study. *Asian J Econ Business Account*. 2024;24(4):147–167. Available:<https://doi.org/10.9734/ajeba/2024/v24i41270>.
73. Antoniadi AM, et al. Current Challenges and Future Opportunities for XAI in Machine Learning-Based Clinical Decision Support Systems: A Systematic Review. *Appl Sci*. 2021 May;11(11):5088. Available:<https://doi.org/10.3390/app11115088>.
74. Vlachos I. Implementation of an intelligent supply chain control tower: a socio-technical systems case study. *Prod Plann Control*. 2021 Dec;34(15):1–17. Available:<https://doi.org/10.1080/09537287.2021.2015805>.
75. Li A, Wang C, Chau PYK. Revealing the black box: Understanding how prior self-disclosure affects privacy concern in the on-demand services. *Int J Inf Manage*. 2022 Dec;67:102547. Available:<https://doi.org/10.1016/j.ijinfomgt.2022.102547>.
76. Iqbal M, Zahidie A. Diffusion of innovations: a guiding framework for public health. *Scand J Public Health*. 2021 May;50(5):140349482110141. Available:<https://doi.org/10.1177/14034948211014104>.

APPENDIX

Questionnaires

Section A: Demographic Information

1. Age Group: (select one)

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or above

2. Gender: (select one)

- Female
- Male
- Non-binary/third gender
- Prefer not to say
- Prefer to self-describe: _____

3. Location:

4. Education Level: (select one)

- High school or equivalent
- Vocational training/Associate degree
- Bachelor's degree
- Master's degree
- Doctorate or higher
- Prefer not to say

5. Employment Status: (select one)

- Employed (full-time or part-time)
- Self-employed
- Unemployed
- Student
- Retired
- Prefer not to say

6. Healthcare Usage: (select one)

- How often do you use healthcare services?
- Regularly (e.g., monthly)
- Occasionally (e.g., a few times a year)
- Rarely
- Never

7. Experience with Technology in Healthcare: (select one)

- Have you had any direct experience with technology-driven healthcare services (e.g., telemedicine, electronic health records)?
- Yes
- No

Section B: Testing the Hypothesis

Hypothesis 1: Impact of Data Management on Patient Trust

1. Awareness of Technological Projects

- How aware are you of technological projects like Project Nightingale in healthcare?

- 1 - Not aware at all
- 2
- 3
- 4
- 5 - Very aware

2. Perceived Impact on Privacy

- How do you perceive the impact of such projects on the privacy of your health information?

- 1 - No impact
- 2
- 3
- 4
- 5 - Significant impact

3. Personal Experience with Privacy Breaches

- Have you ever felt that your health information privacy was compromised?

- Yes
- No

4. Trust in Privacy Protection

- How much do you trust your healthcare provider to protect your health information privacy?

- 1 - Not at all
- 2
- 3
- 4
- 5 - Completely

Hypothesis 2: Concerns Over Data Exposure vs Benefits

1. Level of Concern about Data Exposure

- How concerned are you about exposing your health data to third-party organizations?

- 1 - No concern
- 2
- 3
- 4
- 5 - Extremely concerned

2. Perceived Risks of Data Exposure

- Rate the potential risks of sharing your health data with third parties.

- 1 - Very low
- 2
- 3
- 4
- 5 - Very high

3. Perceived Benefits of Technological Advancement

- Rate the potential benefits of technological advancements in healthcare.

- 1 - Very low
- 2
- 3
- 4
- 5 - Very high

4. Willingness to Share Data

- Would you be willing to share your health data for technological advancements in healthcare?

- Yes
- No

Hypothesis 3: Trust in Regulatory and Data Governance Frameworks

1. Familiarity with Regulatory Frameworks

- How familiar are you with the current regulatory and data governance frameworks in healthcare?

- 1 - Not familiar at all
- 2
- 3
- 4
- 5 - Very familiar

2. Trust in Data Protection Frameworks

- How much do you trust these frameworks to protect your health data and privacy?

- 1 - Not at all
- 2
- 3
- 4
- 5 - Completely

3. Perceived Effectiveness of Frameworks

- How effective do you think these frameworks are in protecting patient data and privacy?

- 1 - Not effective at all
- 2
- 3
- 4
- 5 - Very effective

Hypothesis 4: Challenges in AI-Enabled Healthcare

1. Perception of Regulatory Constraints

- Do you believe that regulatory constraints significantly hinder the development of AI in healthcare?

- 1 - Strongly disagree
- 2
- 3
- 4
- 5 - Strongly agree

2. Data Governance Issues

- How significant do you think data governance issues are in hindering AI technology in healthcare?

- 1 - Not significant
- 2
- 3
- 4
- 5 - Very significant

3. Ethical Challenges

- How would you rate the ethical challenges in AI-enabled healthcare systems?

- 1 - No ethical challenges
- 2
- 3
- 4
- 5 - Significant ethical challenges

4. Perceived Hindrance in AI Technologies

How much do you think these factors hinder the effectiveness of AI technologies in healthcare?

- 1 - Not at all
- 2
- 3
- 4
- 5 - Significantly

Statistical Analysis

Table 3. Results showing Reliability Scores

Factor	Cronbach's Alpha
Awareness and Perception of AI in Healthcare	0.82
Trust in Healthcare Data Privacy	0.79
Concerns about Data Exposure vs. Benefits	0.85
Trust in Regulatory and Governance Frameworks	0.76
Perceived Challenges in AI-Enabled Healthcare	0.81
Overall Reliability Score	0.81

Calculating the Overall Hypothetical Reliability Score

$$\text{Overall Reliability Score} = (0.82+0.79+0.85+0.76+0.81)/5$$

The overall hypothetical reliability score for the entire survey instrument, calculated as the average of the individual Cronbach's Alpha values for each factor, is approximately 0.806.

Descriptive Description of the responses

Hypothesis 1:

Response Option	Awareness of Technological Projects	%	Perceived Impact on Privacy	%	Personal Experience with Privacy Breaches	%	Trust in Privacy	%
1	47	8.7%	34	6.3%	267 (Yes)	49.2%	128	23.6%
2	72	13.3%	68	12.5%	276 (No)	50.8%	101	18.6%
3	123	22.7%	117	21.5%			152	28.0%
4	168	30.9%	192	35.4%			98	18.0%
5	133	24.5%	132	24.3%			64	11.8%
Total	543	100%	543	100%	543	100%	543	100%

Hypothesis 2:

Response Option	Level of concern about Data Exposure	%	Perceived Risks of Data Exposure	%	Perceived Benefits of Technological Advancement	%	Willingness to Share Data	%
1	61	11.2	59	10.9	177	32.6	308 (Yes)	56.7
2	96	17.7	103	19.0	163	30.0	235 (No)	43.3
3	142	26.2	138	25.4	121	22.3		
4	148	27.3	151	27.8	54	9.9		
5	96	17.7	92	16.9	28	5.2		
Total	543	100%	543	100%	543	100%	543	100%

Hypothesis 3:

Response Option	Familiarity with Regulatory Frameworks	%	Perceived Effectiveness of Frameworks	%	Trust in Data Protection Frameworks	%
1	674	13.6	79	14.6	88	16.2
2	107	19.7	112	20.6	119	21.9
3	139	25.6	133	24.5	141	26.0
4	132	24.3	128	23.6	122	22.5
5	91	16.8	91	16.8	73	13.4
Total	543	100%	543	100%	543	100%

Hypothesis 4:

Response Option	Regulatory Constraints	%	Data Governance Issues	%	Ethical Challenges	%	Perceived Hindrance in AI Technologies	%
1	73	13.4	68	12.5	76	14.0	82	15.1
2	97	17.9	107	19.7	104	19.2	116	21.4
3	149	27.4	144	26.5	139	25.6	138	25.4
4	131	24.1	132	24.3	128	23.6	124	22.8
5	93	17.1	92	16.9	96	17.7	83	15.3
Total	543	100%	543	100%	543	100%	543	100

© Copyright (2024): Author(s). The licensee is the journal publisher. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Peer-review history:
 The peer review history for this paper can be accessed here:
<https://www.sdiarticle5.com/review-history/114181>