Velocity
CLINICAL RESEARCH

Patient engagement in clinical trials 2025:

From motivation to misinformation

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Contents

Introduction: comparing 2022 data with 2025

In 2022, Velocity Clinical Research conducted its first nationwide patient survey to understand how clinical trial participants perceive and engage with research. The study was shaped by the unique backdrop of the COVID-19 pandemic; a period that accelerated decentralized trial models, thrust clinical research into mainstream conversation, and sparked a wave of interest among younger demographics. Our findings at the time revealed a patient population that was increasingly familiar with the concept of clinical trials, broadly receptive to digital tools, and driven by a sense of purpose.

Three years on, our latest patient survey paints a more complex picture.

In 2022, most participants had limited direct experience with decentralized trials. Despite this, there was clear enthusiasm for tech-enabled options. Today, we see a shift – 22% of respondents in our 2025 survey say they have only ever participated in virtual studies.

Perhaps more telling is the change in who is participating. In 2022, 60% of 18–34–year-old respondents had taken part in multiple trials. In 2025, that figure has nearly halved to 31%. This trend was also reflected in engagement with the study itself, where under 44s once made up a fifth of respondents; they now account for just 10%. This demographic shift suggests that, as an industry, we've struggled to maintain the post-pandemic momentum around trial participation among younger adults.

Respondents who have taken part in multiple trials
(18–34–year-old)

60%	▼ **31%**
2022	2025

Survey respondents
(under-44s)

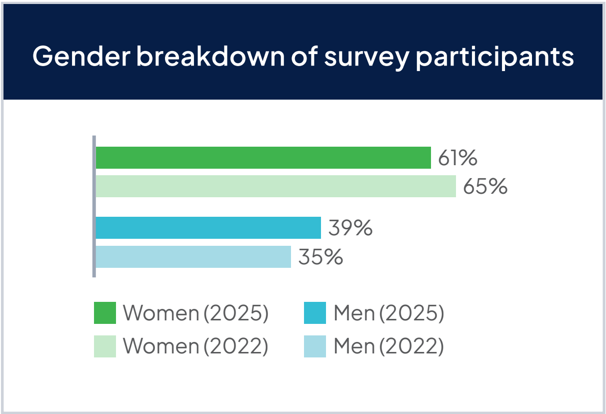
20%	▼ **10%**
2022	2025

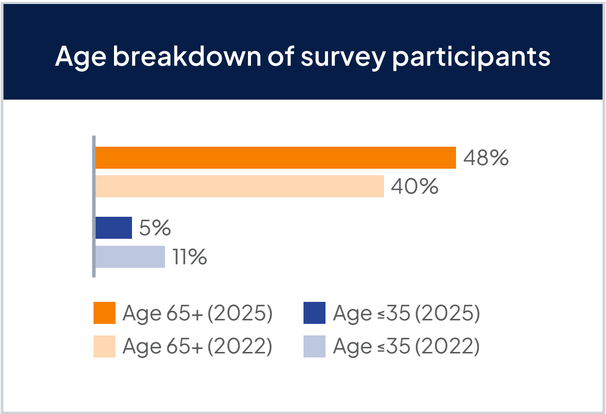
While the 2022 report focused on attitudes toward digital transformation and technology adoption, our 2025 findings pivot toward a different influence: how the attitudes of others shape willingness to participate. The polarization of healthcare issues in the intervening years means misinformation now permeates unchecked into liminal media spaces, which has a profound impact on public opinion, patient support systems, and how participants communicate their involvement with friends and family.

This report moves away from the question of technology towards the question of perception, looking at the forces – both societal and practical – that are reshaping recruitment, and providing insight into how the clinical trial industry can respond to ensure we're accessible, trusted, and able to drive forward the delivery of novel therapies.

Methodology

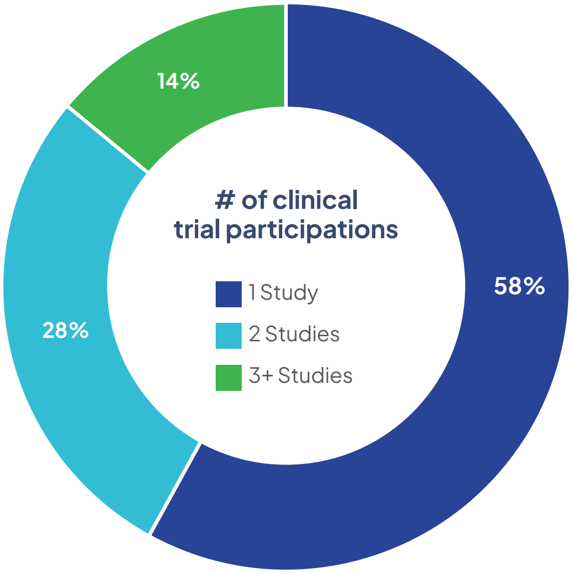
In Q1 2025, Velocity Clinical Research surveyed 2,518 individuals in the United States who had previously participated in at least one clinical trial. The survey was distributed via Velocity's VISION app to participants in our database, and responses were collected over a four-week period. The goal was to gather broad insights into the experiences, perceptions, and motivations of clinical trial volunteers, with a focus on the influence of emerging social factors.


Gender breakdown of survey participants


Age breakdown of survey participants

Of those who responded, 61% identified as female and 39% as male. Nearly half (48%) were aged over 65, while younger adults under the age of 34 made up just 5% of the respondent pool — a notable shift from our 2022 survey, which had a higher proportion of younger participants.

In terms of trial experience, most respondents had participated in only one study (58%). A further 28% had participated in two, and 14% had taken part in three or more. While the survey was not designed to assess long-term retention or re-engagement, this spread offers a useful lens through which to explore patterns of participation and the factors that may influence an individual's likelihood to return for future studies.

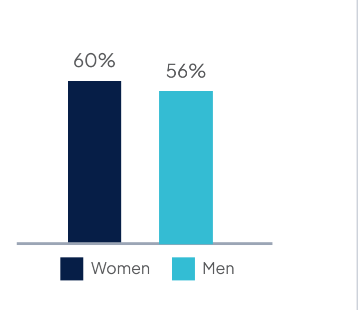


Section one:
Motivations for participation

What drives someone to take part in clinical research varies widely by age. For younger participants, financial incentives are the clearest motivator, with 42% of 18–24-year-olds saying they signed up because of the compensation available.

> *"Older cohorts were far more likely to say their primary motivation in signing up for a trial was to support medical progress."*

By the time participants are in their late thirties, altruism is the main driver. Older cohorts were far more likely to say their primary motivation in signing up for a trial was to support medical progress. Interestingly, this balance seems to shift during the mid-to-late twenties. Participants aged 25–34 were the only group to value compensation and contribution to scientific discovery equally, suggesting this is the crossover point where personal gain and social impact are weighed in tandem. As participants age out of this bracket, altruism takes the lead.

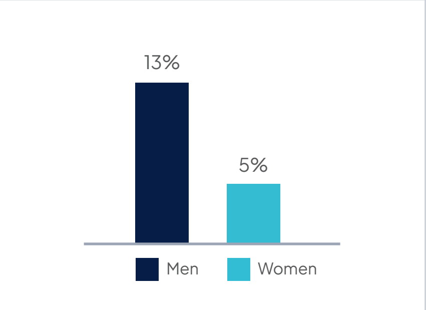


18–24-year-olds who rated the amount of support from those around them for their clinical trial participation at a full 10 out of 10.

Social pressures

The level of social support that participants feel from those around them also varies across their lifespan. That said, regardless of their age, half of those with a support network that disapproves of their participation feel that disapproval is linked to safety concerns (49% in those over 55 vs 50% in those under 55).

> *"Among 18–24-year-olds, 56% of men and 60% of women rated the amount of support from those around them for their clinical trial participation at a full 10 out of 10."*



18–24-year-olds who choose to keep their clinical trial participation private.

Gender seems to be the most significant determinant of how supported participants feel. For those aged 18–24-year-olds, 56% of men and 60% of women rated the amount of support they receive from their network for participating in clinical trials at a full 10 out of 10. In the 25–34 group, men felt significantly less supported than women. Only 37% of men reported the highest level of support, compared to 47% of women. This gender divide continues into the 35–44 age cohort; just 44% of men feel they receive 10/10 support, compared to 57% of women. The gender support gap appears to close again by 55+, where support levels stabilize across genders, but by that point, many male participants may have spent years feeling isolated during clinical trials.

This support dynamic also shows up in how openly participants talk about their involvement. Younger men (18–24) are more than twice as likely as women the same age to keep their participation private (13% vs. 5%). The same is true among men aged 45–54, where 27% said they don't tell others they're involved in trials, compared to 17% of women.

> *"Younger men (18–24) are more than twice as likely as women the same age to keep their participation private (13% vs. 5%)."*

The male inclination to keep participation quiet isn't isolated to clinical trial participation. A 2025 survey from the Pew Research Centre showed that men are significantly less likely than women to seek emotional support when they need it.

Despite this, men are more likely to repeatedly participate. Our findings show that one in five men in the 25–34 bracket had participated in three or more studies, compared to just 7% of women. It's possible that, in not discussing their participation, men are exposed to fewer objections from those around them and so are more willing to undertake further studies.

Key takeaway:

Community plays a critical role in how participants experience trials and the level of support they receive. Outreach that builds wider public understanding of the value of clinical research could translate into stronger support systems for participants — especially men, many of whom are taking part but not talking about it.

Campaigns that encourage peer-to-peer conversation could be particularly impactful, helping participants connect and normalize the experience within their own social circles.

Section two:

Perception and misinformation

When asked what would prevent participants from taking part in a clinical trial in 2025, the largest proportion (31%) said time commitments, followed by not living close to a trial site (26%). However, despite their previous participation, a minority (7%) said they would opt out of clinical trials because there was too much misinformation about clinical research. This suggests that, while they previously overcame such concerns, ongoing exposure to misinformation may now be eroding either their confidence in clinical research or the level of support they expect from those around them.

While this represents a minority of those who took part in the survey, it's a reminder that recruitment challenges aren't just logistical; they're increasingly social. Public perception of clinical trials is shaped by everything from political discourse to individual experience and word-of-mouth, and it has an impact on people's willingness to engage with the industry, even if they've taken part in trials before.

> *"Social media was identified as the biggest source of misinformation about clinical trials by 54% of respondents."*

Social media was identified as the biggest source of misinformation about clinical trials by 54% of respondents. This rose to 62% among those under 44. While the sources of misinformation didn't vary much by gender, men were marginally more likely to cite celebrities and influencers (3% vs. 2% of women), and more than twice as likely to name colleagues (2% vs. 1%) as a common source of misinformation.

Misconceptions don't live solely online. Older adults are more likely to point to their immediate circles as a source of misinformation, with 12% of 45–54–year-olds saying friends and family spread misinformation, compared to just 3% of 18–24–year-olds.

The proliferation of false narratives contributes to distrust of clinical research more broadly. When asked why those around them most object to their taking part, a belief that pharmaceutical companies can't be trusted was the second most common reason. That sentiment peaked among 25–34–year-olds — a cohort who, just a few years ago, were among the most engaged with research. Younger participants (18–34) were also more likely to hear concerns that clinical protocols are unmonitored or dangerous.

> ***"Two-thirds of those under 24 agree that misinformation skews public perceptions, yet 23% were unable to point to the impact of that, far higher than any other age group."***

Surprisingly, it was younger people who struggled most with the influence of misinformation. Two-thirds of those under 24 agree that it skews public perceptions, yet 23% were unable to point to the impact of that, far higher than any other age group. This suggests that, while younger participants are more aware of misinformation than older groups, they are the least confident in identifying it.

Key takeaway:

Misinformation is no longer a side issue — it's a strategic challenge. To build trust and support ongoing recruitment efforts, we need to invest in long-term, community-focused communication that provides people with a foundation to distinguish fact from fiction. Online and offline channels are equally important, as is ensuring that information from trusted sources, like media, accurately reflects the realities on the ground.

Section three:

High-risk patients

As clinical trial recruitment shifts toward more specific phenotypes, it's increasingly important to understand the motivations, support systems, and openness of patients who don't fit the traditional definition of "healthy" and whether they differ meaningfully from other patient populations.

There is evidence that this is the case in patients who perceive themselves to be overweight. While 49% of all respondents believe that those around them disapprove of their participation due to safety concerns, this rises to 55% among patients who experienced weight-based stigma in a clinical trial setting. This group is also more likely to believe others disapprove of their participation because they aren't compensated enough – over a quarter (28%) stated this, more than double the survey average of 12%. This may reflect people around them raising more 'socially acceptable' objections and avoiding direct reference to weight, or it may suggest a perception that, for certain individuals, the risks outweigh the perceived rewards.

Support also appears harder to come by for this group. Just 16% of patients who reported experiencing weight-based stigma in trials rated their support network 10 out of 10, compared to 55% among all survey respondents. These patients were also more than twice as likely to keep their participation private, with 33% choosing not to disclose their involvement, compared to 16% overall.

In contrast, patients who joined trials in hopes of treating an existing condition report a markedly different experience. This group received some of the highest levels of support, with 59% rating it a perfect 10. They also faced less resistance overall, and objections were more likely to be based on concerns about past negative experiences, rather than questions of risk or compensation. Only 17% of this group said they chose to keep their participation private.

Key takeaway:

The experience of participating in clinical trials isn't uniform, and for groups who carry visible or perceived health risks, the social cost can be higher. To support more inclusive recruitment, we must consider not just how we reach patients, but how we create environments where they feel respected. Prioritizing accessibility in clinic with appropriate equipment and ensuring things like the language used is neutral and respectful can go a long way to ensuring patients are comfortable enough to remain in trials.

Section four:

Future participation

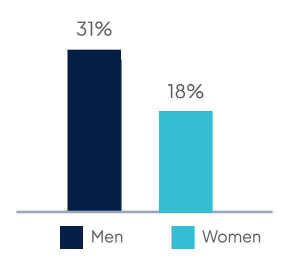
The outlook for future trial participation among those who have previously taken part is positive. Nearly two-thirds (63%) of respondents said they intend to participate in a clinical trial in 2025, and 18% are already enrolled. Just 3% said they wouldn't participate again.

> *"Nearly two-thirds (63%) of respondents said they intend to take part in a clinical trial in 2025..."*

But beneath that, some hesitancy lingers. The 18–24 cohort was by far the most undecided, with 43% unsure whether they'd take part in a study this year. That compares to 20% in the next most uncertain group (25–34-year-olds).

When it comes to the therapeutic areas they'd like to participate in, diabetes and obesity was the most popular, with 32% of all participants selecting it. Interest was slightly higher among men (36%) than women (30%), and particularly strong among those aged 25 and over. Just 7% of 18–24-year-olds expressed interest in this area, likely reflecting differences in the relevance to their personal health rather than a lack of awareness.

Vaccine trials were the second most popular therapeutic area of interest among participants, chosen by 23% of respondents. These were significantly more appealing to younger groups — 32% of under-44s expressed interest, compared to just 22% of those over 45. Men were almost twice as likely as women to show an interest in vaccine trials (31% vs. 18%).



Respondents who expressed interest in vaccine clinical trials, by gender.

> *"Men were almost twice as likely as women to show an interest in vaccine trials (31% vs. 18%)."*

Memory loss and Alzheimer's trials ranked third overall (18%), with interest slightly skewed toward older adults, as expected. However, 29% of 18–24-year-olds also selected this category, suggesting a possible connection to lived family experiences with the disease that might be more distant for those in middle age.

One in four female respondents would be interested in taking part in a women's health trial this year. Interest was highest in women 18–24-year-olds (45%) and 35–44-year-olds (46%), perhaps indicative of lifestyle choices around fertility. Interest dropped notably among women over 55.

> *"...a lack of follow-up information about trials they've previously participated in was cited by one in five respondents as a reason for not participating in future trials."*

While a lack of time and inaccessible sites were the main barriers to participation, a lack of follow-up information about trials they've previously participated in was cited by one in five respondents as a reason for not participating in future trials. Not understanding the wider impact of their contribution to earlier trials was most frustrating to under-45s, 22% of whom said it would stop them participating this year, compared to 20% of older participants.

While a minority of respondents (<1%) said a lack of trust in the clinical trials industry would prevent them from signing up for trials this year, all of those who did were over 45.

Key takeaway:

To keep working-age participants engaged, trials need to be more flexible. Evening and weekend clinic hours, sites in accessible locations, and remote and technology-enabled options would all help to boost engagement.

Communicating the outcome of drug trials to participants can help motivate them to participate in future trials.

Conclusion:

This year's survey highlights a clinical trial population navigating a mix of persistent logistical barriers and growing social pressures. While time and access remain practical challenges, misinformation, skepticism, and a lack of visible support are becoming increasingly influential, often shaping whether someone feels confident in taking part or chooses to stay quiet about their involvement.

These findings point to clear opportunities. Better public education, lobbying efforts and engagement with local media around the clinical trial process could help counter misinformation and foster more open conversations, especially among groups who currently feel unsupported. At a site level, simple actions — like sharing study outcomes — could go a long way in reducing social friction and maintaining participant motivation.

These aren't abstract insights; they're actionable ones.

To find out how Velocity's Patient Recruitment team uses research like this to shape our engagement strategy and meet recruitment goals, contact feasibility@velocityclinical.com.

If you are interested in joining a clinical trial with Velocity, visit VelocityClinicalTrials.com.