International Journal of Clinical Trials
Ahmed-Momoh J. Int J Clin Trials. 2026 Aug;13(3):xxx-xxx
https://www.ijclinicaltrials.com
pISSN 2349-3240 | eISSN 2349-3259

DOI: https://dx.doi.org/10.18203/2349-3259.ijct20261847

Systematic Review

Motivators and barriers to clinical trial participation: a comparative review across socio-cultural and healthcare contexts

Jelilat Ahmed-Momoh*

TFS Trial Form Support Healthscience Ltd, Uxbridge, United Kingdom

Received: 21May 2026
Revised: 01 June 2026
Accepted: 06 June 2026

***Correspondence:**
Dr. Jelilat Ahmed-Momoh,
E-mail: jelilatahmadum@outlook.com

ABSTRACT

Clinical trials remain essential for the advancement of evidence-based medicine and the development of new therapies. However, participant recruitment and retention continue to pose significant challenges globally, with under-enrolment affecting the success and generalisability of many clinical studies. Understanding the factors that motivate or hinder participation is therefore critical for improving recruitment strategies and ensuring equitable representation in clinical research. This study employed a systematic literature review and thematic synthesis of peer-reviewed journal articles, institutional reports, and patient perception surveys published between 2016 and 2026. Databases searched included PubMed Central, ScienceDirect, Semantic Scholar, and selected industry reports. The review identified personal benefit, altruism, and contribution to medical advancement as the most recurrent motivations for participation in clinical trials. Personal benefit, particularly access to advanced healthcare, close medical monitoring, and financial incentives, emerged as the strongest motivator across most studies. Major barriers included fear and safety concerns, lack of awareness, logistical constraints, mistrust in healthcare systems, financial limitations, and infrastructural inadequacies. Clinical trial participation is shaped by a complex interaction of individual, cultural, institutional, and systemic factors. While motivations are relatively consistent globally, barriers are more context-specific, particularly in developing countries. Improving public education, strengthening trust in healthcare systems, decentralising trial access, and enhancing infrastructural and regulatory capacity may improve participation rates and diversity in clinical research.

Keywords: Clinical trials, Participation, Barriers, Motivation, Healthcare access, Patient perception

INTRODUCTION

Participation in clinical trials is critical for the advancements of medical knowledge globally while ensuing equitable access to innovation. The level of participation varies from country to country and region to region which is dependent on a number of factors.[1] The motivators and barriers to the penetration and adoption of which varies across cultural, technological and healthcare contexts.[2] The surge in demand for clinical trial participation experienced a surge in the latter half of the 20th century, particularly after the second World war.[1] This increased need for participation in Clinical trials underscores the importance of availability of volunteers and the need to study the motivation and barriers to participation. The improved participation has brought about marginal growth in the health sector as drugs are continually developed for diseases and tested for viability and effectiveness.[3]

The importance of clinical trials cannot be overemphasised. The extent to which certain terminal illnesses with high mortality rate have seen reduced mortality goes to show that clinical trials are important. However, this benefit of advancement is largely for a greater cause in the industry and a global indirect benefit on participants. However, participants are also a beneficiary of Clinical Trials. One of such benefit is the access to sophisticated and modern care services at no cost.[4,5] However, these benefits do not imply that participation in Clinical trials is completely risk-free.

Despite the decades of research put into this cornerstone of evidence-based therapy, and investigative studies of factors influencing clinical trial participation, under-enrolment continues to affect approximately 80% of clinical trials, with 11% failing to enrol even a single participant.[6]

METHODS

The study adopted a PRISMA-informed literature screening process involving identification, screening, eligibility assessment, and thematic synthesis of peer-reviewed articles, institutional reports and patient perception survey articles. Databases used in this review paper include PubMed Central, ScienceDirect, Semantic Scholar, and industry whitepapers and reports. Keywords that were used in the search include clinical trial participation, motivation, barriers, patient perception and cultural factors. The resources reviewed were restricted to publication from the last ten years-2016 to 2026.

After sorting and review of a large collection of resources that met the criteria set with the keywords defined above, a total of 56 resources were downloaded and the contents were further reviewed. 8 of these are institutional reports, 48 were journal articles. Of the 24 resources that were used in this paper, 2 are reports, 1 letter and 21 journal papers. In the synthesis if the barriers and motivation to participation in clinical trials the inclusion and exclusion criteria for the paper is presented in Table 1.

Table 1: Inclusion and exclusion criteria.

Inclusion criteria	Exclusion criteria
Published between 2016-2026	Published before 2016
Discussed motivations/barriers	No participant perception focus
Peer-reviewed articles/reports	Non-English publications
English language	

The selected studies were analysed using thematic synthesis. Recurrent themes relating to motivations and barriers to participation were identified, categorised, and compared across geographical regions, patient populations, and healthcare settings. Studies that focused solely on technical trial outcomes without participant perception analysis were excluded. Duplicate studies and publications lacking sufficient methodological clarity were also excluded from the review.

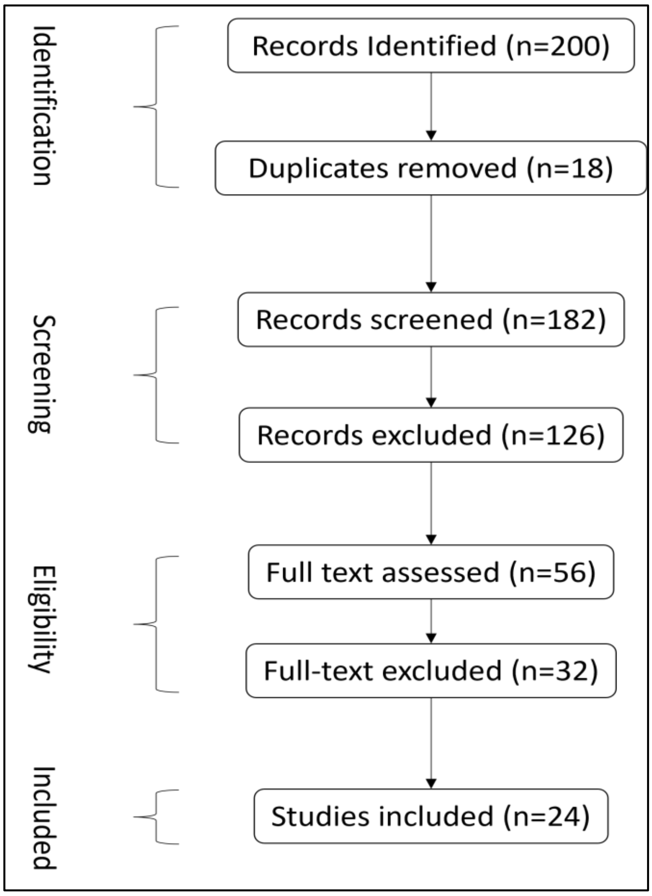

Figure 1: PRISMA-informed flowchart.

RESULTS

Motivations for clinical trial participation

Personal benefits

In the review of the studies, personal benefit was recognised as the most recurrent motivation for patient participation in clinical trials. This personal benefit is often time split as financial benefits or incentives and benefit of receiving advanced medical care and close attention while under observation.[2,3,6-11]

The desire for improved health outcomes represents a powerful motivator, particularly among patient populations. In the Polish survey, 80.5% of respondents endorsed improving one's own health as a motivating factor.[6] Among Vietnamese participants facing hypothetical cancer scenarios, close and intensive monitoring of conditions (83.7%) and treatment by disease specialists (82.3%) were the most frequently cited motivations.[11] In Alzheimer's research, 92.9% of participants rated helping themselves or a loved one as important.[8]

Besides the benefit of focused care and advanced medical care, other personal benefit identified is financial incentive or rewards. Idemili-Aronu et al posited from the interview response of a survey that 75% of the participants responded positively to being incentivised as a way of motivating participation. Another survey however submitted that the financial reward as a motivator for participation is more prevalent in the younger generation of age 18-24.[12] This perception changed with age with respondent in the age bracket of 24-35 were less motivated by the benefits and this changed even more with the older population.

Altruism

This motivating factor which was observed to be recurrent in the resources reviewed can be described as act of selflessness, desire for others to benefit or doing good for the community. It was more recurrent in the Arab countries as the major motivation for participation in clinical trials.[1,3,13] This is not to imply that it wasn’t recorded as a motivator in other countries as it was recorded as a motivating factor in Poland, the United States America. In researches conducted in Nigeria, altruism also appeared as a motivating factor but it was not a major driver for participation in Clinical Trials.[2,8,9,14]

Across diverse geographic and clinical contexts, altruistic motivation consistently emerges as a primary driver of trial participation. In a survey of 1,079 Polish adults, 68.4% identified helping future patients as a motivating factor.[6] Similarly, among Jordanian participants, contributing to science (38%) and helping others (23%) were the most cited motivators for future participation.[13] In Alzheimer's disease trials, an overwhelming 96.5% of participants rated helping others in the future as their motivation for participation in Clinical Trials.[8] In a study of the motivation for healthy participants in phase 1 clinical trials, altruism was identified as one the leading motivations for participation.[9] It was also recorded in that the desire to help other or that their participation in the clinical trials may be of benefit to others was a huge motivating factor (87.2%).[3]

Advancing medical knowledge

This motivating factor is recognised in the literatures to include participation for the advancement of medical research and the development of new therapies, treatments or drugs.[3,11-13] In a way, this is quite similar to the altruistic motive described above, however it was essential that this motive of advancing medical knowledge is discussed separately.

In the report of velocity clinical research, the older population of the respondents (above 35 years of age) were reported to believe that developing new medication and contributing to the advancement of medical knowledge as their motivation for participating in clinical trials. 89.6% and 83.9% of respondents in a study believe that they are participating to advance medical knowledge or helping in developing new medications respectively.[3] This was also supported in, where 53.6% expressed that this is a major motivation for them to participate in clinical trials.[11]

Other motivating factors include curiosity of the participants, participants feeling they had to or not wanting to say no, while others were motivated to participate because they were educated or enlightened.[2,7,10,13,15]

Table 2 describes a summary of motivators for clinical trial participation as observed in the literatures reviewed.

Table 2: Summary of motivators for clinical trial participation.

Resources	Personal benefits	Altruism	Advancing medical knowledge	Curiosity	Country
Rodríguez-Torres et al[1]	No	Yes	No	No	Global view
Gambo et al[2]	Yes	Yes	No	Yes	Nigeria
Al-Tannir et al[3]	Yes	Yes	Yes	No	Saudi Arabia
Cieszczyk et al[6]	Yes	Yes	No	No	Poland

Continued.

Resources	Personal benefits	Altruism	Advancing medical knowledge	Curiosity	Country
Tohid et al[7]	Yes	No	No	Yes	Qatar
Bardach et al[8]	Yes	Yes	No	No	United States
Manton et al[9]	Yes	Yes	No	No	Australia
Idemili-Aronu et al[10]	Yes	No	No	No	Nigeria
Nguyen et al[11]	Yes	No	Yes	No	Vietnam
Velocity clinical research[12]	Yes	No	Yes	No	United States
Al-Shami et al[13]	Yes	Yes	Yes	No	Jordan
Garavito et al[14]	No	Yes	No	No	United States

Yes, indicates the motivator was reported in the study; No, indicates that it was not reported.

Barriers to clinical trials participation

Fear and safety concerns

This barrier carries the highest weight. It expresses the concern of participants in several aspects of the clinical trials. These fear ranges from the fear of getting a placebo to fear of the side effects of the treatment/therapy, fear of being a “guinea pig”, fear of the unknown as well as fear of invasive procedures.[3,9-11,16,18,19]

In the Parkhurst et al global survey, 42.1% of respondents identified fear of side effects as a barrier.[17] Among Polish adults, 5.5% cited concern for personal safety as the main reason for declining participation.[6] In Vietnamese respondents, 74.1% identified high risk associated with less-tested treatments as a barrier.[11]

Safety concerns extend beyond side effects to include fear of receiving placebo (14.6% in Parkhurst and Froment's survey, 64% in DasMahapatra’s survey), fear of invasive procedures, and anxiety about unknown long-term consequences. Notably, prior trial participation reduces safety concerns: among those who had previously participated, only 28.0% feared side effects compared to 46.9% of never-participants.[17]

Lack of awareness and knowledge

This is quite a critical barrier to the participation in clinical trials. It is almost as prominent as the fear and anxiety barrier. Lack of awareness or insufficient knowledge of procedures could also trigger fear.[17]

Despite high general awareness of clinical trial, specific knowledge about trial processes, rights, and protections remains limited. In a survey carried out on cancer patients in Saudi Arabia, 42.8% of studied participants stated that they lack information.[18] In a survey carried out across nine countries, 23.1% of the survey participants which accounts for about 900 persons stated that they have insufficient knowledge about the procedure.[17] Among Vietnamese respondents, only 27.9% reported a strong understanding of how clinical trials operate.[11] In Jordan, 57% of participants had no opinion regarding whether clinical research is conducted ethically.

Logistical and practical constraints

This barrier was noticed to be the most recurrent barrier to participation in clinical trials. Time commitment, travel distance, and scheduling conflicts constitute substantial barriers. Some respondents in surveys and reports reviewed showed concerns of participation as result of them not having enough time to participate in the clinical trials. Some attributed this to it being inconvenient while others lamented the strict scheduling demand of some clinical trials.

In the velocity clinical research survey of 2,518 US participants, 31% cited time commitments as the primary barrier, followed by distance to trial sites (26%). The CISCRP (2021) Participation Experience Report found that traveling to the study clinic was rated as somewhat or very burdensome by 44% of participants, a substantial increase from 29% in 2019. Other burdensome aspects included diagnostic tests (42%), length of study visits (40%), and lab work (38%).[20]

Geographic disparities in trial access are pronounced. A US-based study found that rural adults were 77% less likely to have been invited to participate in a trial compared to urban counterparts.[21] This disparity reflects both the concentration of trial sites in academic medical centres and the infrastructure challenges of reaching dispersed populations.

Mistrust in the system

The case of mistrust in the system is quite broad. The spectrum of which includes mistrust in the healthcare system itself, mistrust in the healthcare practitioner (especially when not from the same culture), and mistrust as a result of past trauma from discrimination among others.[3,10,13,14,18]

Alotaibi et al reported that 42.8% of participants preferred a physician with a shared cultural background, emphasizing that cultural alignment may enhance trust. In another study in Saudi Arabia, 37.5% explicitly cited "mistrust the medical system" as a reason for not participating.[3] In Nigeria, mistrust is multifaceted, encompassing distrust of researchers, distrust of facilities and distrust of staff competence.[10]

The HINTS survey data analysed by Barsha et al do not capture individual narratives of traumatic research experiences, yet the study's findings strongly suggest that collective, historical trauma, specifically the legacy of unethical studies such as the Tuskegee Syphilis study, continues to shape mistrust among Black American respondents.[15] However, contemporary barriers extend beyond historical trauma to include ongoing experiences of discrimination, culturally insensitive recruitment practices, and lack of representation among research staff.[14]

In rounding up the barriers specific to developing nations, financial compensation emerges as a recurrent yet inconsistently prioritized obstacle. In the Nigerian cancer patient study, lack of incentive was cited by 65% of respondents as likely to prevent participation, while 73% identified transportation problems, indirectly reflecting financial stress, as a major barrier.[10] Similarly, in the Jordanian general population survey, "no financial compensation" was reported by 28.2% as a reason for non-participation, and "the monetary compensation is usually not good enough" appeared among the cited barriers.[13] The systematic review by Alemayehu et al confirms that "lack of financial and human capacity" is a unifying theme across developing countries, with investigators frequently citing low budgets, high costs, and poor financial management as insurmountable obstacles. Khoja et al add that the majority of funding for clinical trials in low- and middle-income countries (LMICs) comes from Western sources or pharmaceutical companies, while governments allocate meagre domestic funding for research and overall health, leaving trial sites perpetually under-resourced.[22]

Regulatory bottlenecks, chronic underfunding, and infrastructural inadequacy further distinguish developing-nation contexts. In Nigeria, participants explicitly linked poor infrastructure to fear and reluctance: "When people come in and see an unequipped place they will not feel comfortable to participate in trials."[10] Alemayehu et al identified "ethical and regulatory system obstacles" and "lack of research environment" as two of the five unifying themes in their systematic review, noting that complex and overly strict ethical approval procedures, sometimes taking months or causing grants to expire before recruitment begins, worsen the negative feedback loop between limited research capacity and sparse trial activity.[23] Khoja et al similarly highlight "unnecessary delays in ethical approval procedures and complex and unreasonably strict government regulatory systems" as key impediments. The study by Egharevba and Atkinson introduces an additional, less tangible barrier: corruption and the fear of being perceived as corrupt.[24]

Table 3 below describes the summary of barriers baring the participation in clinical trials from sources reviewed.

Table 3: Summary of barriers to clinical trial participation.

Resources	Fear and safety concerns	Lack of awareness and knowledge	Logistical and practical constraints	Mistrust in the system	No/lack of financial compensation	Country
AL-Tannir et al[3]	Yes	No	No	Yes	No	Saudi Arabia
Cieszczyk et al[4]	Yes	No	No	Yes	No	Poland
Manton et al[9]	Yes	No	Yes	No	No	Australia
Idemili-Aronu et al[10]	Yes	No	No	Yes	Yes	Nigeria
Nguyen et al[11]	Yes	Yes	Yes	No	No	Vietnam
Velocity Clinical Research[12]	No	No	Yes	No	No	United States
Al-Shami et al[13]	Yes	No	Yes	Yes	Yes	Jordan
Garavito et al[14]	No	Yes	Yes	Yes	No	United States
Barsha et al[15]	No	No	No	Yes	No	United States
DasMahapatra et al[16]	Yes	No	No	No	No	United States
Parkhurst et al[17]	Yes	Yes	Yes	No	No	Germany, US, Poland, UK, Mexico, Korea, Malaysia, Singapore, China
Alotaibi et al[18]	Yes	Yes	Yes	Yes	No	Saudi Arabia
Kotowski et al[19]	Yes	No	No	No	No	Poland
CISCRP[20]	No	No	Yes	No	No	Global
Kolbe et al[21]	No	No	Yes	No	No	United States

Yes, indicates the barrier was reported in the study; No, indicates that it was not reported

DISCUSSION

This review demonstrates that motivations and barriers to clinical trial participation are multidimensional and shaped by socioeconomic, cultural, institutional, and healthcare-system factors. Across the reviewed studies, personal benefit emerged as the strongest and most consistent motivator, while fear and safety concerns constituted the most prominent barriers. These findings suggest that decisions regarding clinical trial participation are largely influenced by perceived risk-benefit balance, trust in healthcare systems, and accessibility of trial opportunities.

The predominance of personal benefit as a motivating factor may reflect the growing perception of clinical trials as opportunities for access to specialised healthcare, advanced therapies, and closer medical monitoring, particularly in settings where healthcare access is limited or expensive. This trend was especially evident among participants facing severe or chronic illnesses such as cancer and Alzheimer's disease.[8] In many LMICs, participation may therefore represent not only contribution to science but also a pathway to healthcare access that would otherwise be financially inaccessible. The observed age-related difference in financial motivation-stronger in younger adults (18-24 years), is consistent with the work of Unger et al who found that participants under 35 were 2.4 times more likely to endorse financial incentives than those over 65.[25] This may reflect differences in economic vulnerability, health priorities, and risk perception across age groups.

Altruism emerged consistently across regions but appeared particularly dominant in studies conducted in Arab populations. This may reflect the influence of collectivist cultural values, religious beliefs, and community-oriented social structures prevalent in many Middle Eastern societies.[3,13] In contrast, Nigerian studies showed that although altruism was present, practical concerns such as incentives, transportation, and trust appeared more influential in decision-making.[10] These findings suggest that cultural context significantly shapes motivational priorities in clinical research participation.

Fear-related barriers remain a major impediment to clinical trial participation globally.[3,6,10] Concerns regarding side effects, placebo administration, and uncertainty surrounding experimental treatments demonstrate persistent gaps in public understanding of clinical research processes. Importantly, the reduction in fear among previous trial participants suggests that direct exposure to research environments may improve confidence and acceptance. This finding supports the need for participant education and community engagement strategies aimed at demystifying clinical trials. Mistrust appears deeply rooted in both historical and contemporary experiences. While historical unethical studies continue to influence perceptions among minority populations, present-day concerns regarding discrimination, poor communication, and inadequate cultural representation further reinforce hesitancy. In developing countries, mistrust is compounded by weak healthcare infrastructure, underfunded research environments, and concerns regarding institutional transparency.

The review highlights that barriers in developing countries extend beyond individual perceptions to systemic and institutional limitations. Financial hardship, transportation difficulties, inadequate infrastructure, and regulatory bottlenecks collectively reduce both participant willingness and institutional capacity to conduct trials effectively. The dependence on foreign-sponsored trials in many LMICs may further contribute to sustainability challenges and public scepticism regarding research motives.

These findings have important implications for clinical trial recruitment strategies and health policy. Improving public education on clinical trials, strengthening ethical transparency, decentralising trial locations, and providing logistical support such as transportation reimbursement may improve participation rates. Furthermore, culturally sensitive recruitment approaches and increased representation of local healthcare professionals may enhance trust among underrepresented populations.

Overall, participation in clinical trials is influenced by a complex interaction of perceived personal benefit, altruistic values, trust, awareness, and structural accessibility. While motivations are relatively consistent across settings, barriers appear more context-dependent, particularly in developing nations where infrastructural and institutional limitations are more pronounced. Addressing these barriers requires not only participant-focused interventions but also broader healthcare and regulatory reforms aimed at strengthening trust, accessibility, and research capacity.

CONCLUSION

Clinical trial participation remains fundamental to the advancement of modern medicine and the development of innovative therapies. This review demonstrates that participation decisions are influenced by a dynamic interaction of personal, cultural, economic, and institutional factors. Personal benefit, particularly access to specialised healthcare and improved treatment opportunities, emerged as the most dominant motivator, while fear, mistrust, limited awareness, and logistical constraints represented the most significant barriers.

The findings further reveal important regional and socio-cultural variations in participation behaviour. While altruistic motivations and contribution to scientific advancement were widely observed, participants in developing countries were more strongly influenced by structural challenges such as inadequate healthcare infrastructure, financial hardship, and limited institutional trust.

Addressing these barriers requires a multidimensional approach involving public education, ethical transparency, infrastructural investment, culturally responsive recruitment practices, and improved accessibility to clinical trial opportunities. Strengthening trust and inclusiveness within clinical research systems will be essential for improving participant recruitment, ensuring diversity in clinical trials, and advancing equitable global healthcare innovation.

Funding: No funding sources
Conflict of interest: None declared
Ethical approval: Not required

REFERENCES

1. Rodríguez-Torres E, Gonzalez-Perez MM, DIaz-Perez C. Barriers and facilitators to the participation of subjects in clinical trials: An overview of reviews. Contemp Clin Trials Communicat. 2021;23:100829.
2. Gambo A, Babashani M, Gqaleni N, Lebina L. Perceptions and attitudes toward clinical trial participation: a study on *Moringa oleifera* Lam. supplementation in adult HIV patients in Kano State, Nigeria. Front Pharmacol. 2025;16:1676393.
3. AL-Tannir MA, El-Bakri N, Abu-Shaheen AK. Knowledge, Attitudes and Perceptions of Saudis towards Participating in Clinical Trials. PLoS ONE. 2016;11(2):e0143893.
4. Schwarz K, Parasuraman S, Singh S, Horowitz JD, Dawson DK, Frenneaux MP. The unspoken benefit of participation in a clinical trial. Clin Med. 2021;21(6):e645-7.
5. Bouzalmate-Hajjaj A, Guijarro PM, Khan KS, Bueno-Cavanillas A, Cano-Ibáñez N. Benefits of Participation in Clinical Trials: An Umbrella Review. Int J Environ Res Publ Heal. 2022;19:15368.
6. Cieszczyk N, Czech M, Pronicki L, Gujski M. Factors Associated with Willingness to Participate in Clinical Trials in Poles: A Cross-Sectional Prospective Study. J Clin Med. 2026;15(7):2578.
7. Tohid H, Choudhury SM, Agouba S, Abdi Aden LHA, Omar O, Chagoury O, Taheri S. Perceptions and attitudes to clinical research participation in Qatar. Contemporary Clin Trials Communicat. 2017;8:241-7.
8. Bardach SH, Holmes SD, Jicha GA. Motivators for Alzheimer's Disease Clinical Trial Participation. Aging Clin Experim Res. 2018;30(2):209-12.
9. Manton KJ, Gauld CS, White KM, Griffin PM, Elliott SL. Qualitative study investigating the underlying motivations of healthy participants in phase I clinical trials. BMJ Open. 2019;9:e024224.
10. Idemili-Aronu N, Olakunde BO, Friebel-Klingner TM, Chike-Okoli A, Itanyi IU, Onyeka TC et al. Barriers and Facilitators to Cancer Clinical Trial Participation: Perspectives of Patients in the ICON-3 Practice-Based Research Network, Nigeria. JCO Global Oncol. 2025;11:e2500181.
11. Nguyen PV, Tran TTT, Nguyen HTT, Tran HTB, Phan VNT, Luu TNNN, et al. Motivation, barriers, and willingness to participate in clinical trials for novel cancer treatments among the Vietnamese population. PLoS ONE. 2025;20(8):e0331250.
12. Velocity Clinical Research. Patient engagement in clinical trials 2025: From motivation to misinformation. 2025;1-9.
13. Al-Shami KM, Ahmed WS, Alzoubi KH. Motivators and barriers towards clinical research participation: A population-based survey from an Arab MENA country. PLoS ONE. 2022;17(6):e0270300.
14. Garavito GAA, Gilchrist K, Ciurtin C, Khanna S, Chambers P, McNally N, et al. Enablers and barriers of clinical trial participation in adult patients from minority ethnic groups: a systematic review. Trials. 2025;26(1):65.
15. Barsha RAAA, Assari S, Byiringiro S, Hussain Z, Miller HN, Plante TB, et al. Understanding Motivation to Participate in Clinical Trials: Insights to Diversify Clinical Research Using Health Information National Trends Survey. Clin Translat Sci. 2026;19(5):e70558.
16. DasMahapatra P, Raja P, Gilbert J, Wicks P. Clinical trials from the patient perspective: survey in an online patient community. BMC Health Services Res. 2017;17(1):166.
17. Parkhurst KL, Froment A. Understanding the Practical and Psychological Barriers to Clinical Trial Diversity and Accessibility. Open Access J Clin Trials. 2024;16:49-55.
18. Alotaibi M, Alsolami L, AlHarbi S, Alagha A, Alqurashi L, Badr R, et al. Clinical Trial Awareness, Perceptions, and Participation Among Cancer Patients in Saudi Arabia. Healthcare. 2025;13(9):1044.
19. Kotowski A, Swietlik D, Kotowska M, Wronowski M, Fal A. Knowledge and perception of clinical trials (CTs) and attitude towards participation among Polish oncological patients: A pilot survey. Ann Oncol. 2019;30(5):v677-v8.
20. CISCRP. Perceptions and Insights Study. 2021.
21. Kolbe A, Bodie A. Empowering Patients to Participate in Clinical Trials, Office of Science and Data Policy. 2025.
22. Khoja A, Kazim F, Ali NA. Barriers to Conducting Clinical Trials in Developing Countries. Ochsner J. 2019;19:294-5.
23. Alemayehu C, Mitchell G, Nikles J. Barriers for conducting clinical trials in developing countries-a systematic review. Int J Equity Health. 2018;17(1):37.
24. Egharevba E, Atkinson J. The role of corruption and unethical behaviour in precluding the placement of

industry sponsored clinical trials in sub-Saharan Africa: Stakeholder views. Contemporary Clin Trial Communicat. 2016;3:102-10.

25. Unger JM, Cook E, Tai E, Bleyer A. Role of Clinical Trial Participation in Cancer Research: Barriers, Evidence, and Strategies. Am Soc Clin Oncol Educ Book. 2017;35:185-98.

Cite this article as: Ahmed-Momoh J. Motivators and barriers to clinical trial participation: a comparative review across socio-cultural and healthcare contexts. Int J Clin Trials 2026;13(3):xxx-xx.