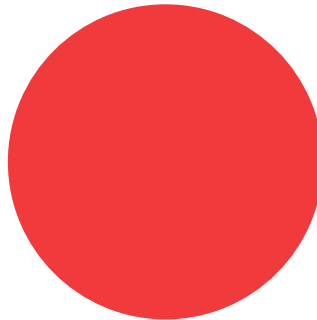
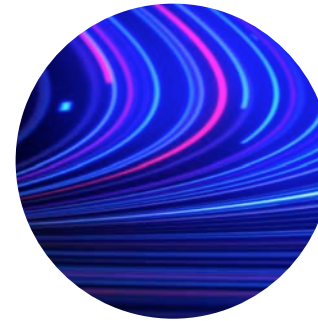
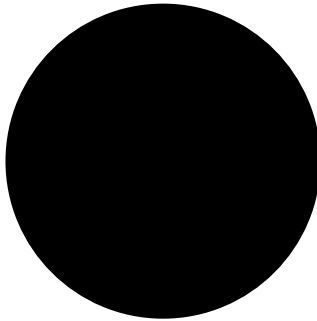
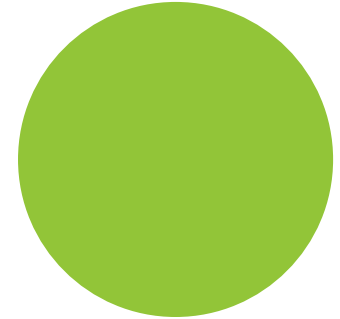
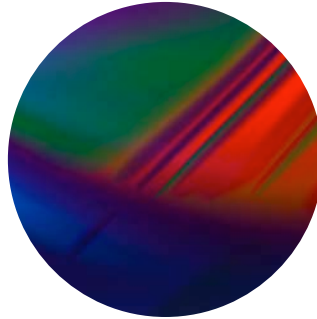
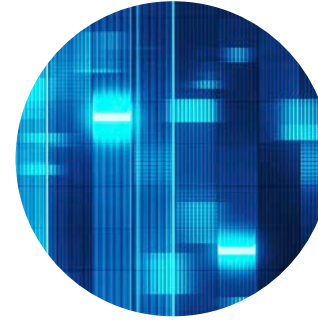
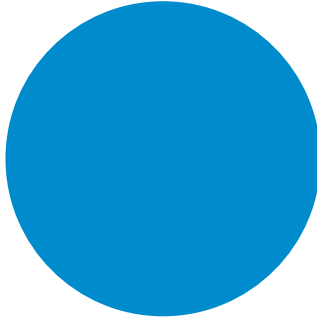


2026 Future Ready Healthcare Survey Report

Patients, doctors, and nurses on AI: Similar tools, different pathways, one destination



Similar tools, different pathways, one destination

Table of contents

- 3 [Introduction](#)
- 4 [Key survey findings](#)
- 5 [From experimentation to embedded infrastructure](#)
- 7 [Addressing different priorities within a shared ecosystem](#)
- 9 [Reshaping the dynamics of the clinical encounter](#)
- 11 [Trust as the limiting factor in AI-enabled care delivery](#)
- 13 [Aligning opportunities and boundaries for AI to augment healthcare](#)
- 15 [Looking ahead: Preparing for the next phase of AI](#)
- 16 [In conclusion](#)

Foreword

AI is bringing immense promise and opportunity into every industry. But it also brings the need for thoughtful discernment in how, when, and where it is deployed.

The reality is that AI is a tool. And, in order for tools to be effective, they must serve a clear purpose while being reliable and trustworthy. Tools also need to be purpose built and wielded by people who understand how to use them appropriately, which includes recognizing when they may be reaching their limits, or introducing friction and unintended consequences.

Nowhere do these criteria matter more than in healthcare, where the speed and scale of AI adoption is already revolutionizing the way clinicians and their patients interact with technology to make decisions and complete tasks.

In this new era of AI, we must deeply understand the problem sets and use cases we are looking to address, as well as the benefits and potential risks of introducing AI-enabled capabilities into the broader healthcare ecosystem.

The *2026 Future Ready Healthcare Survey Report* builds on last year's inaugural edition. Both reports were developed specifically to take the pulse of where AI is working in the clinical setting and where there is opportunity to do more. Importantly, by adding patient-facing questions to this year's report, we can now better understand the unique perceptions of doctors, nurses, and patients around agentic and generative AI, most notably what they want and don't want when it comes to AI in the care setting.

The findings reveal some exciting emerging applications of this powerful technology, ranging from medical research and literature discovery to patient education and the automation of high-burden activities. The results also expose an important reality bubbling to the surface of the AI conversation: while real-world utilization is rising year-over-year, it is being accompanied by a significant trust gap, with mounting concerns around AI hallucinations, bias, and the monetization of personal data.

It's our hope that this research provides strategic and actionable insights for healthcare technologists and health system leaders who are looking to innovate and invest in AI tools that deliver real-world benefits to clinicians and patients.



Greg Samios
CEO, Wolters Kluwer Health

Introduction

AI in healthcare has been compared to many different things. An intelligent assistant. A caregiver's companion. A clinical chatbot to augment human thinking. But increasingly it can be described as a powerful compass that helps both patients and clinicians navigate the dizzyingly complex problems they are solving every day.

These problems are varied and often shared across patients, doctors, and nurses as their roles and responsibilities continue to evolve. From helping to diagnose conditions and recommending treatments to building relationships and communicating with clarity and empathy, healthcare is shifting toward a more collaborative approach to problem-solving, where everyone contributes to reaching the right answer in new and often unexpected ways.

Patients and clinicians are now relying on a similar set of AI tools to address their own unique challenges. As a result, the issue becomes not whether AI can guide these journeys, but rather how each member of the modern care team is using AI as they travel their own pathways – and what happens as those paths diverge and intersect.

In this report, we will explore how patients and clinicians are engaging with AI and how health system leaders can ensure that AI utilization, both inside and outside the traditional clinical setting, ultimately leads to the same destination: more efficient, effective, coordinated and patient-focused care.



Key survey findings

To gather real-world insights into how healthcare organizations and patients are viewing and using AI throughout the care delivery journey, Wolters Kluwer surveyed a panel of doctors, nurses, and patients.

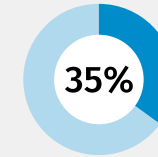
We found these five major themes:

- 1. From experimentation to embedded infrastructure:** AI use is now a normal part of the daily experience for both clinicians and patients, creating the right conditions for AI to become truly embedded in every aspect of the care delivery process. With more than a third of clinicians and patients using AI at least daily at work and in their personal lives, widespread familiarity with AI tools is making it easier to bring AI-assisted processes into clinical processes and relationships.
- 2. Addressing different priorities within a shared ecosystem:** While both clinicians and patients are embracing AI, they are using it to solve different – yet intertwined – problems within the healthcare ecosystem. Clinicians are focused on system-level challenges such as reducing administrative complexity and operational burdens, while patients are zeroed in on how AI can help address personal health concerns. Success in both areas will be necessary to truly enrich the healthcare experience.
- 3. Reshaping the dynamics of the clinical encounter:** AI is reshaping how information enters and influences care decisions, with AI-generated insights now flowing to patients from clinicians – and to clinicians from patients. With more patients bringing their own research into the clinical consult, clinicians are now taking on a larger role as interpreters and validators of new inputs, with varying degrees of acceptance and success.

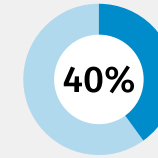


- 4. Trust as the limiting factor in AI-enabled care delivery:** Clinicians and patients both have reservations about the impact of AI on healthcare, but their caution is being shaped by different concerns. The majority of clinicians are concerned about issues including hallucinations and bias in AI products, as well as widespread clinical “deskilling” that could affect a clinicians’ critical thinking skills. Meanwhile, patients are focused on privacy, accountability, and transparency.
- 5. Aligning on opportunities and boundaries for AI to augment healthcare:** Both categories of respondents agree that AI can reduce friction and improve outcomes across the care delivery ecosystem, and they are aligned around the importance of achieving these goals. But neither want AI to replace human decision-making. They envision AI as an assistive tool for decision-making rather than something that will lead the care process.

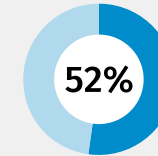
In this report, we will take a deep dive into how healthcare organizations and patients are approaching AI adoption, and how well the health system’s implementation and governance efforts are aligned with their current and future goals.



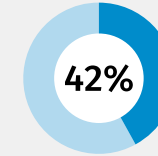
Percent of clinicians who use AI multiple times per day at work



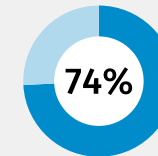
Percent of patients who use AI at least daily in their personal lives



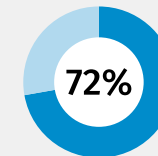
Percent of patients who use AI to understand diagnoses



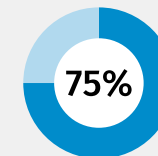
Percent of patients who very frequently/ frequently bring AI-generated information to appointments



Percent of clinicians concerned about “deskilling”



Percent of clinicians concerned about sponsored content within AI tools



Percent of patients concerned about accountability if AI causes harm

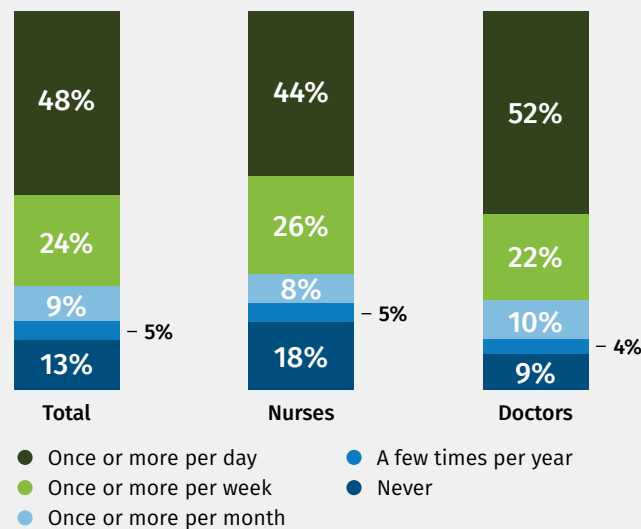
From experimentation to embedded infrastructure

Over the past three years, AI has shifted from experimental technology to deeply embedded capability. It is now actively shaping the delivery, efficiency, and experience of healthcare, with both patients and clinicians getting increasingly acclimated to – and increasingly expectant of – AI in their interconnected workflows.

Clinicians and their patients are all using AI frequently in their personal and professional lives. Outside of the office, doctors, nurses, and patients are using AI at similar rates. More than eight out of ten (82%) doctors, 76% of nurses, and 81% of patients engage with AI tools at least once a week.

AI use within the clinical setting is only slightly lower, as 74% of doctors and 70% of nurses use AI at least once a week for professional purposes. But the numbers are still significantly higher than in 2025, when just 38% of doctors and 46% of nurses used AI tools at work once a week or more.

How frequently do you use GenAI at work?



As AI is increasingly embedded across health ecosystems, it is profoundly shaping expectations and behaviors for how care is delivered and experienced.

The intensity of use has also increased markedly. The share of clinicians using AI multiple times per day has more than tripled for doctors (from 10% in 2025 to 38% in 2026) and doubled for nurses (from 16% to 32%), indicating that AI is becoming embedded in day-to-day workflows.

The seismic nature of this shift gets even clearer when zeroing in on the percentages of clinicians who say they have never used AI in a professional context. In 2025, 43% of doctors and 34% of nurses said they had no experience with AI at work.

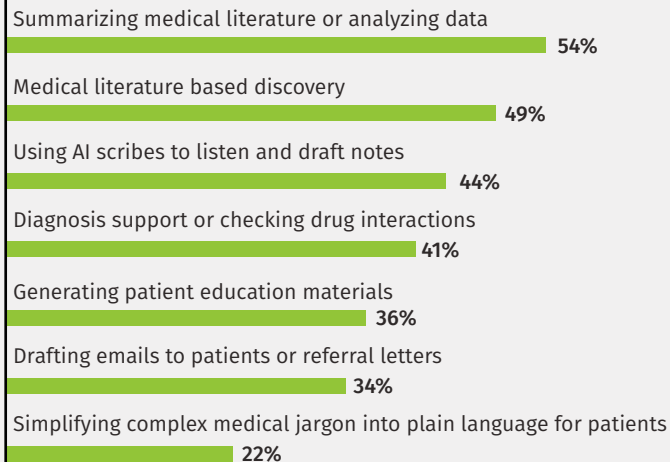
Just 12 months later, those “never used” numbers have collapsed. In 2026, a mere 9% of doctors and 18% of nurses never use AI tools in the workplace, showing that the technology has clearly crossed a threshold from digital novelty to routine workflow companion, particularly among the physician community.

Clinicians are using AI within the workflow for a variety of purposes, anchored by familiar use cases such as summarizing medical literature or analyzing data, generating patient education materials, checking drug interactions, using AI scribes for generating documentation, and supporting diagnostic discovery.

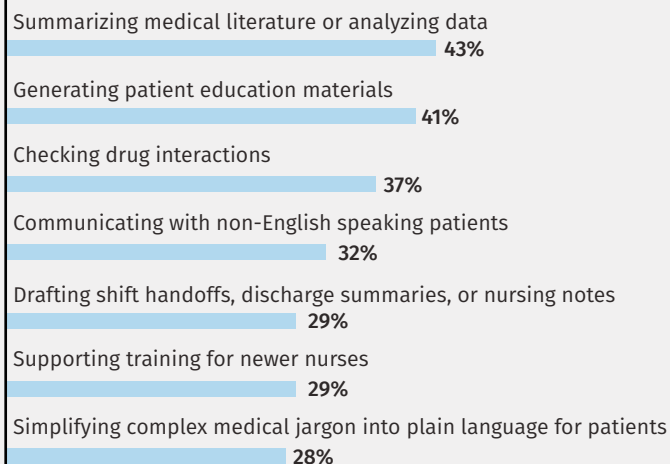


In which areas of your role are you currently using AI?

Doctors



Nurses



This same pattern is emerging on the patient side as well. Patients are starting to view AI use as table stakes when it comes to their healthcare needs. Now that more than 7 in 10 patients use AI in their personal lives multiple times per week, health-related queries are taking center stage.

Just over half of patients are using AI to research side effects (54%) or ask for more information about diagnoses (52%), while 44% use AI to learn more about their symptoms. In addition, about 4 in 10 patients are or would consider using AI to simplify complicated medical jargon and interpret test results.

Unlike clinicians, who tend to rely on healthcare-specific tools designed around targeted clinical use cases, patients are using generalized platforms, such as Google Gemini and ChatGPT, to ask questions about their health concerns. Patients believe that these types of tools provide results that are easier to understand than medical websites and faster at offering answers than their care teams – despite concerns around data privacy and security.

Overall, this behavior indicates that basic online searches have evolved into a more active form of self-guided exploration, where individuals can quickly access, interpret, and revisit health information on their own terms.

There are certainly benefits to the patient journey becoming more self-directed, but there are also risks. Right now, we are experiencing a shared layer of AI usage that has more similarities than differences between patients and their care teams.

However, this moment of confluence may be more fragile than it seems, especially if health systems struggle to keep patient use of AI integrated into the broader clinical care ecosystem where experienced clinicians can verify AI-generated information and validate appropriate next steps.

Addressing different priorities within a shared ecosystem

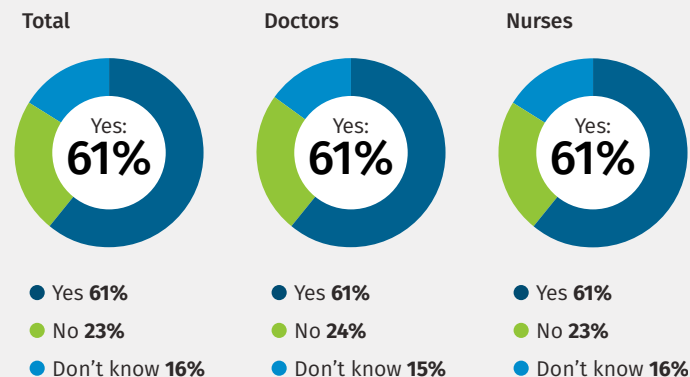
Rapid increases in AI use clearly show that patients and clinicians believe strongly in the potential of the technology to improve their experiences. However, patients and clinicians come into their relationship from different perspectives, and have distinct priorities and preferences even as they work toward the same goal of better outcomes and smoother experiences.

That leaves healthcare leaders with the challenge of supporting a wide range of AI-driven use cases that are both overlapping and, at times, in tension with one another.

As a result, health systems may find themselves pulled in multiple directions when determining where and how to invest in AI tools, especially in an environment of limited resources and competing demands.

At a high level, there is agreement on the goal. Roughly 61% of clinicians believe AI can help clinicians spend more time on patient care, and 74% of patients feel that generative AI can be an efficient way for clinicians to seek information related to their care, pointing to a joint desire to use AI to reduce friction and improve the overall care experience. But beyond that headline, the definition of “improvement” begins to diverge.

Is GenAI making it possible for you to spend more time on patient care?



AI is being adopted across healthcare, but not always for the same reasons—creating new tensions between operational efficiency and patient expectations.

For clinicians, the value of technology-driven improvements is tied to eliminating operational pain points, reducing administrative burdens, and gaining cognitive support. Over the next three years, clinical respondents envision continued challenges with cost containment pressures (79%), time spent on administrative tasks such as prior authorizations (79%), and staffing shortages or retention issues (74%), all of which represent prime use cases for AI-assisted relief.

Patients are less focused on these internal pressures – and less uniformly comfortable with how AI is applied to address them.

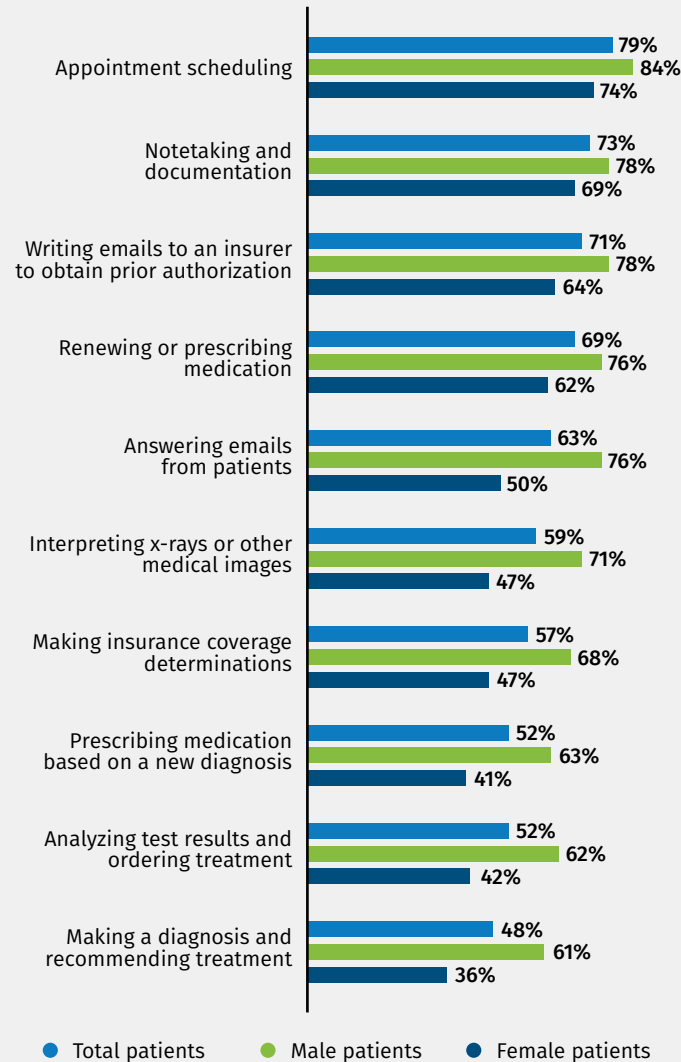
For example, 7 in 10 patients overall are comfortable with AI being used as part of obtaining prior authorizations. While 63% of patients approve of clinicians using AI to answer their emails, they're marginally more amenable (73%) to one of the most popular uses of AI in the workflow: using ambient listening for transcribing conversations and generating clinical documentation.

These differences become even more pronounced across demographic groups. It may not be surprising that patients aged 55 and up are generally less comfortable than younger individuals with these use cases. But the data also found a clear split by gender, regardless of age. Male patients expressed more comfort with AI use than female patients across the board, with female respondents showing markedly higher reluctance for AI to take part in diagnosing conditions, analyzing test results, and prescribing treatments.

This is a clear signal that clinicians and patients may not yet be fully aligned around all of the health system's most high-priority operational use cases. Healthcare leaders will need to take a considered and patient-centered approach to identifying where AI can provide the most value while still respecting patient preferences as AI reshapes the clinical experience.

Recognizing what patients do want to see from AI will be an important step in the right direction. As evidenced by their widespread use of consumer-grade AI tools to gather information on their own, patients want access, clarity, speed, and self-navigation capabilities that will help them have more informed conversations with clinicians and make more personalized decisions.

How comfortable are you with AI being used to do the following autonomously, i.e., completely on its own? (Percent responding Totally Comfortable)



Reshaping the dynamics of the clinical encounter

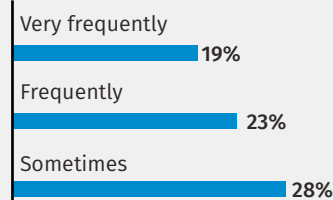
The clinical encounter is where patients and clinicians demonstrate the strongest alignment on their unified goals to improve care outcomes. Real-world patient behaviors indicate that patients are actively leveraging AI to fuel more informed and data-driven conversations about their health.

Overall, 42% of patients frequently or very frequently bring AI-generated information to their appointments. That number explodes to 81% of the youngest patients (18-24 years old), and stays strong (around 56%) among patients in their 30s and early 40s.

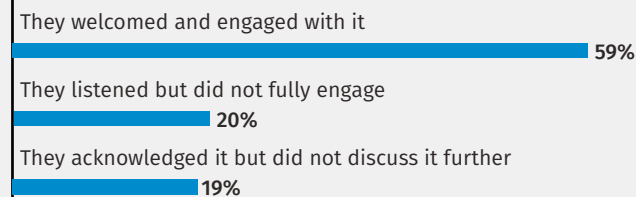
AI results in the exam room

Patient perspective

How frequently do you bring GenAI generated information to a medical appointment?

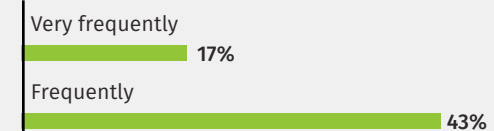


How receptive was the doctor/nurse to the information you brought to the appointment?

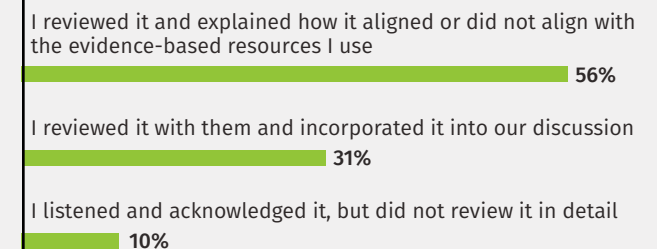


Clinician perspective

How frequently do patients come to medical appointments having done their own health research using GenAI tools?



How receptive were you to the information your patient brought to the appointment?



Many patients report that their clinicians welcome this new behavior pattern. Just under 60% said their clinicians openly engaged with the data, although patients in their thirties felt more strongly than younger patients that clinicians take their notes seriously (86% of 30-34 year olds vs. 41% of 18-24 year olds).

Notably, 14% of seniors (65+) also said their clinicians actively minimized or brushed the data aside, highlighting potential age-related biases in how clinicians interact with patients who use AI to support their own care.

As patients bring AI-generated content into the exam room, clinicians are increasingly spending time interpreting and validating that growing stream of information.

From their perspective, clinicians are seeing similar trends among their patients. Sixty percent of doctors and nurses say they've had patients frequently or very frequently bring in AI-generated information, and clinicians are fairly aligned with their patients on how that information gets used during the encounter.

More than half (56%) of clinicians say they review patient-provided AI data and explain how it aligns or does not align with the evidence-based resources used to make clinical decisions. A further 31% say they review the data and incorporate it into the visit as a discussion tool.

But doctors and nurses are much less likely than their patients to say they are dismissive of AI data, with just 3% saying they try to redirect conversations away from the information, showing a mismatch in how clinicians and patients perceive these interactions.

The increasing frequency with which patients bring AI insights into the clinical encounter is reshaping the role of the clinician. Patients are now expecting both doctors and nurses to validate, interpret, and contextualize outside data, which can put additional strain on the provider.

This introduces new cognitive and communication dynamics. As AI becomes more deeply embedded on both sides of the relationship, the ability to align on how information is introduced, interpreted, and acted upon will become a defining factor in the effectiveness of the patient-clinician interaction.

Overall, both patients and clinicians are optimistic about how AI can assist them with these goals. Seventy percent of both groups believe that AI can enable better patient health literacy and engagement, which directly ties back to the goal of improving communication and reducing friction within the patient-clinician relationship.



Trust as the limiting factor in AI-enabled care delivery

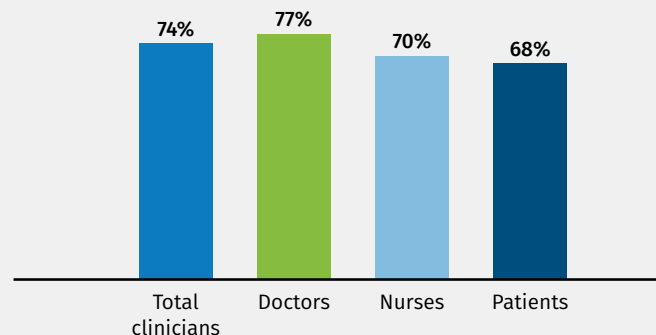
AI adoption is accelerating, but trust is not keeping pace. Clinicians and patients are already actively defining boundaries around how AI should be used in the healthcare setting, with those limits largely centered on preserving human oversight, critical thinking skills, and decision-making abilities.

Both groups are advocating for robust governance of AI tools to prevent potential problems with how AI will be used in practice.

For clinicians, the concerns largely center on retaining control and autonomy over their ability to make trusted, independent clinical decisions. For example, three-quarters (74%) anticipate that clinical “deskilling” will be one of the greatest risks of overreliance on AI tools, especially as decision support models offer to automate more of the process around diagnostics and treatment planning. Just over two-thirds (68%) of patients share these concerns.

How concerned are you about deskilling?

Both clinicians and patients are concerned about “deskilling” as a result of over reliance on AI



AI productivity tools have unintentionally created an additional workflow step for doctors and nurses: the validation of AI-generated clinical content.

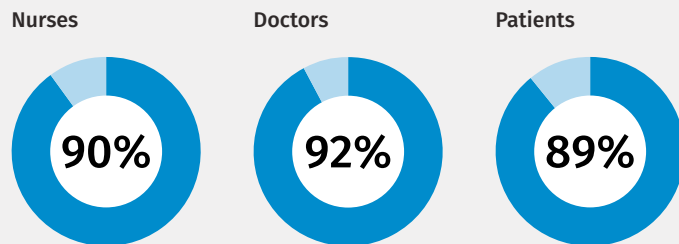
The risks of deskilling are compounded by ongoing worries about AI hallucinations, which may infuse inaccurate or irrelevant information into the decision-making cycle. Once again, three-quarters of clinicians (74%) cited hallucinations as a major concern affecting their ability to practice appropriately. And while 73% said they are somewhat or very confident in being able to determine whether an answer is clinically valid without consulting an outside source, that still leaves a quarter of clinicians who are simply not sure if they can identify incorrect output without cross-verification.

Most (77%) clinicians will take the extra step to verify AI outputs, however, largely by confirming with trusted databases like UpToDate and PubMed or clicking on citations and source links. A similar number (78%) of patients expect them to do so, illustrating alignment in the need to double-check AI answers.

The majority of clinicians (59% of nurses and 72% of doctors) want to see those citations and sources presented clearly within the workflow to make it easier to verify information. In addition, about half of clinicians say they want AI to be required to show detailed reasoning behind its responses.

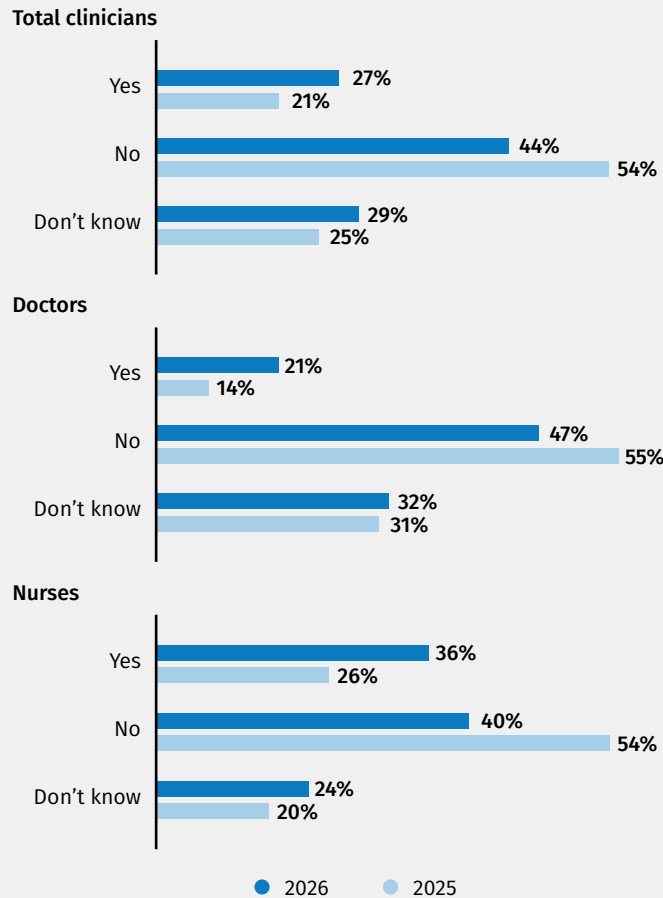
This expectation is shaping how both groups think about AI transparency and verification from the ground up. More than 90% of clinicians (and 89% of patients) feel it is important for human experts to be in the loop to validate the sources behind AI-generated content to reduce the likelihood of errors creeping into the system to begin with.

AI-generated clinical content should be validated by human expert-in-the-loop



Meanwhile, patients surfaced additional concerns about data privacy and security (74%), as well as AI-driven biases (72%) and lack of clarity around accountability if AI contributes to a poor outcome in their care (75%). Clear labeling of AI use within the care process would help, said 64% of respondents.

Does your organization have a published policy for the authorized use of GenAI?



Interestingly, clinicians are more in favor of strong penalties for misuse of AI or data breaches than their patients. Half (49%) of doctors want to see more significant consequences for using AI incorrectly or failing to protect personal data, while just 29% of patients said the same.

Despite these expectations, governance remains largely invisible. Most clinicians still aren't aware of published policies within their organizations. Just 27% of doctors and nurses said they knew about how their workplaces are addressing governance issues – up from 21% in 2025 – which leaves a major gap in governance education for leaders to fill.

Among those who were aware of organizational policies, most (63%) understood how established privacy regulations like HIPAA apply to AI use, and 51% were aware of policies explicitly listing approved and unapproved tools. Significantly fewer (35%) knew about guidelines for validating the accuracy and reliability of output, and just 22% said their organization had policies for delineating the responsibilities of clinicians and AI tools.

Overall, nurses were more aware of the details of the policies in place than doctors, highlighting an opportunity for additional conversations with doctors about AI guardrails. As AI becomes more embedded, closing that gap will be critical. Without clear, accessible guardrails, even well-designed tools risk eroding the trust they are meant to build.

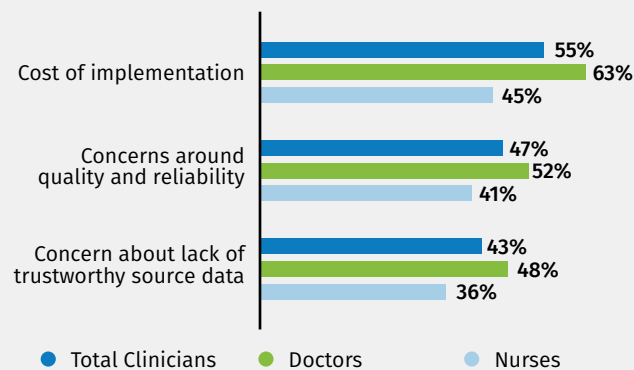
Aligning on opportunities and boundaries for AI to augment healthcare

Patients and clinicians may share the same ultimate goal of better outcomes and more efficient care, but they are operating within different boundaries when it comes to how AI is used to get there.

Healthcare organizations are now faced with a fundamental challenge: defining where AI should operate within the clinical workflow, and where its influence on clinical judgment must be limited.

In fact, when asked about the barriers to AI adoption in their organization, doctors and nurses cited the cost of implementation, concerns around quality and reliability, and concerns about lack of trustworthy data, as the top three.

Barriers to AI adoption

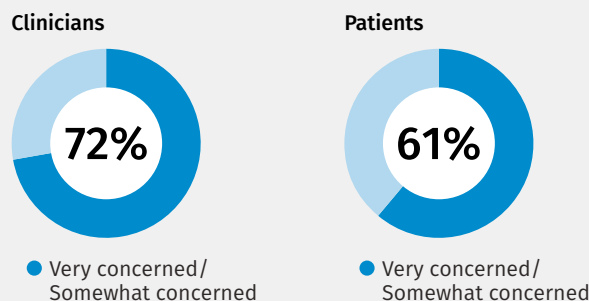


AI's impact in healthcare will be determined as much by where it is limited as by where it is applied.

Additionally, concerns about external influence highlight this tension. For instance, 72% of clinicians and 61% of patients are concerned that sponsored outputs could introduce bias into AI-generated responses, with doctors leading the way (77%) in expressing caution about embedded commercial influence. Patients are particularly wary of pharmaceutical sponsorship, with 70% indicating discomfort with how it might affect clinical decision-making.

Concerns about sponsored advertising in AI tools

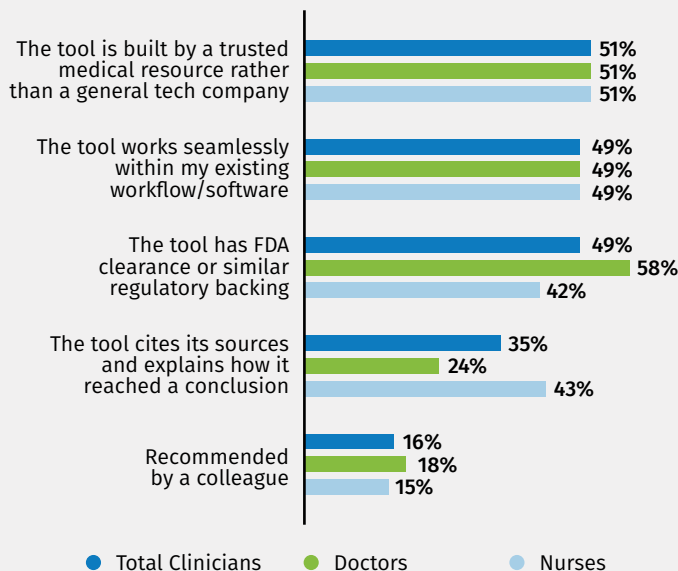
How concerned are you about tools sponsored by advertising producing biased answers to your queries?



At the same time, these expectations exist alongside widespread use of general-purpose AI tools such as ChatGPT and Google Gemini, which operate outside the control of the health system and may themselves include advertising or sponsored content. This creates a fundamental disconnect: patients are comfortable exploring information in less regulated environments but are demanding significantly stricter guardrails when that information is used inside the clinical environment.

Evaluating AI tools for clinical use

When evaluating AI tools, priority is placed on the tool being built by a trusted medical resource rather than a general tech company (Percent ranked 1 or 2)



As a result, clinicians are increasingly tasked with interpreting and validating inputs generated from tools that do not follow the same standards of transparency or oversight required within the health system. This expands the role of the clinician beyond traditional responsibilities, adding a layer of evaluation and contextualization that requires both time and training.

When digital tools are no longer confined to what's been deployed within the health system, it means organizations are not just implementing AI. They are responding to it, interpreting it, and, in some cases, correcting it in real-time.



Many organizations are not yet equipped to support this shift. Resource constraints and ongoing staffing challenges continue to impact AI implementation plans, with only around 60% of provider organizations expressing confidence in their ability to train and upskill staff and/or effectively leverage AI in patient care.

Taken together, these dynamics suggest that the success of AI in healthcare will depend on the ability of organizations to define and enforce clear boundaries around their use. Without alignment between how patients engage with AI independently and how clinicians are expected to use it within the system, even well-intentioned implementations risk introducing new friction rather than reducing it.

Looking ahead: Preparing for the next phase of AI



Five trends expected to have an impact on healthcare over the next three years:

Gaps between adoption and readiness will widen as AI starts to scale. While 90% of clinicians expect AI to significantly impact their organization over the next 3 years, preparedness to make it happen remains uneven. Only 65% of clinicians believe their organizations are prepared to develop skills that ensure their staff is capable of leveraging the technology, signaling a growing disconnect between vision and execution.

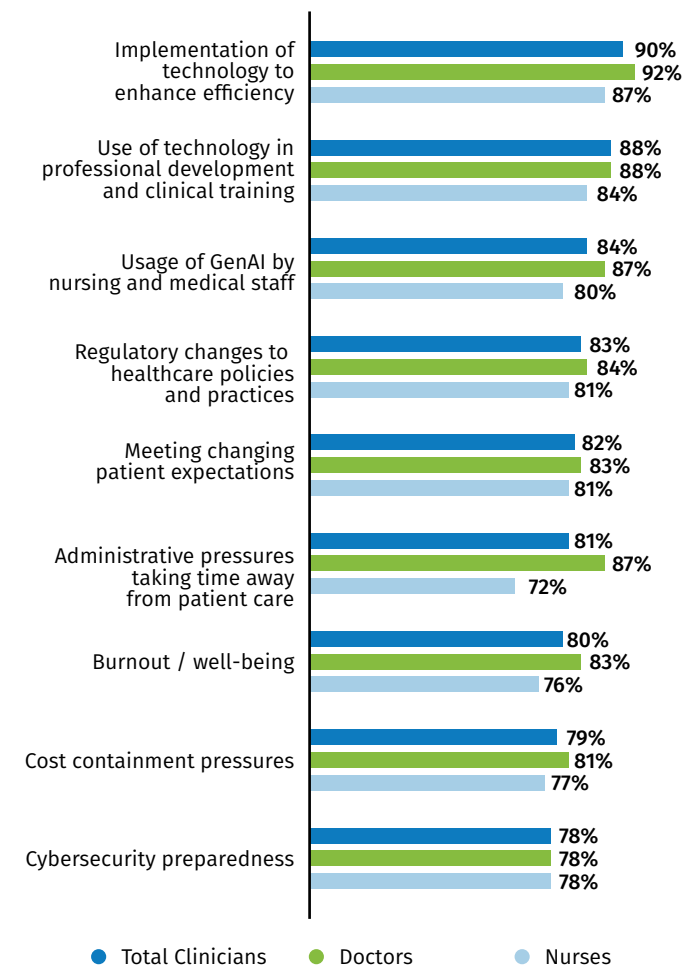
The benefits of AI may show up unevenly across the workforce. AI is being deployed to relieve burdens on clinicians, but expectations around the results differ by role. While 84% of clinical respondents identify workflow optimization as a top priority, and 79% cite reducing burnout as an important goal, doctors are more likely to believe AI can reduce burnout (74%), compared to nurses (64%). This reflects differences in how AI is being applied and experienced across clinical workflows.

Patient-directed care navigation will reshape access and expectations. Patients are increasingly using AI to answer questions and prepare for visits before entering the clinical setting, creating a parallel layer of care navigation. Nearly one in three patients (28%) say AI explains medical information more clearly than traditional websites, and 19% say it's faster than waiting for a clinician response as the primary benefits of using AI for healthcare. Patients also report acting on AI-generated information - either seeking care sooner (26%), delaying or avoiding care (10%), or bringing it into clinical encounters (34%) - indicating a shift in how decisions are initiated and informed.

ROI for high-impact use cases may take longer to manifest. Preparedness for AI is strongest in operational areas, with just under two-thirds of clinicians saying their organizations are ready to use AI to improve administrative productivity. Confidence drops for more patient-facing applications, with 64% of nurses and 56% of doctors reporting preparedness to improve patient experience, and remains lowest for clinical decision support, where 60% of nurses and 56% of doctors say their organizations are prepared to use AI to support diagnosis or treatment. The pattern suggests that readiness remains concentrated in lower-risk, operational use cases, potentially slowing the adoption of the most transformative applications of AI in care delivery.

Governance will continue to struggle to keep pace with real-world use. Governance frameworks are still lagging behind the realities of daily use, which will only become more problematic as consumer-focused AI tools meld with enterprise systems. Awareness of formal AI policies remains limited among clinicians, rising only modestly from 21% in 2025 to 27% in 2026. Both doctors and nurses report ongoing uncertainty around how AI should be used in practice, while patients continue to call for clearer accountability and transparency.

What's impacting your organization over the next three years? (Percent Significant/Some Impact)



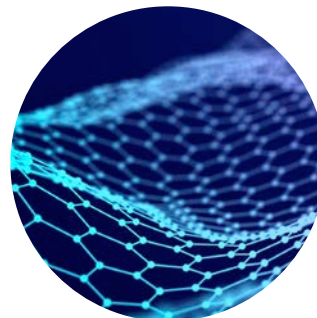
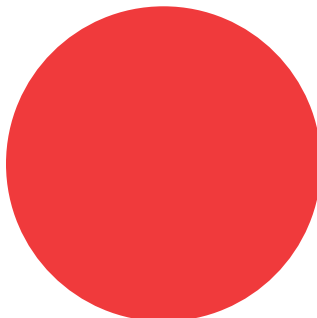
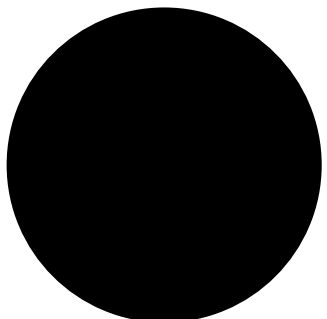
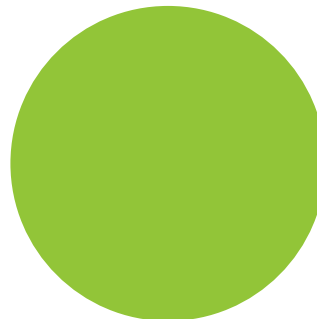
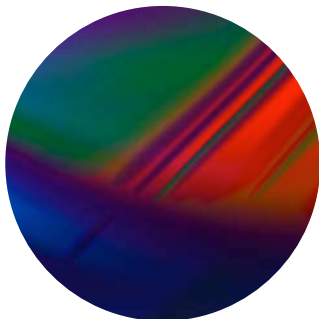
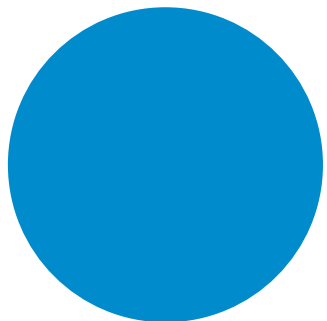
In conclusion

AI is now firmly embedded into the care experience, but its role is being actively shaped, not passively adopted, by clinicians and patients who are drawing clear boundaries around trust, autonomy, and the preservation of human expertise.

Patients and clinicians are using similar tools to pursue the same goals, but often through different pathways and with different expectations for how AI should function and where its influence should lie.

Health systems that succeed in this next phase will be those that establish clear boundaries, align workflows across patient and clinical contexts, and create environments where AI supports, not complicates, the mutual goal of better, more coordinated care.





Methodology

The 2026 *Future Ready Healthcare Survey Report* is based on a nationally representative survey conducted by Ipsos (an independent market research firm) from March 11-14, 2026. A total of 355 healthcare professionals (203 doctors; 152 nurses) and 254 patients throughout the US were recruited using online B2B and consumer panels.

Wolters Kluwer

Wolters Kluwer (EURONEXT: WKL) is a global leader in information solutions, software and services for professionals in healthcare; tax and accounting; financial and corporate compliance; legal and regulatory; corporate performance and ESG. We help our customers make critical decisions every day by providing expert solutions that combine deep domain knowledge with technology and services.

Wolters Kluwer reported 2025 annual revenues of €6.1 billion. The group serves customers in over 180 countries, maintains operations in over 40 countries, and employs approximately 21,100 people worldwide. The company is headquartered in Alphen aan den Rijn, the Netherlands.

Wolters Kluwer shares are listed on Euronext Amsterdam (WKL) and are included in the AEX, Euro Stoxx 50, and Euronext 100 indices. Wolters Kluwer has a sponsored Level 1 American Depositary Receipt (ADR) program. The ADRs are traded on the over-the-counter market in the U.S. (WTKWY).

For more information, visit www.wolterskluwer.com, follow us on LinkedIn, Facebook, YouTube and Instagram.

© 2026 Wolters Kluwer N.V. and/or its subsidiaries. All rights reserved.