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Patient Perceptions of the Physical Therapy Experience in a Pro Bono Setting

Laurie Stickler, PT, DHS[1]; Keely Fitch, DPT[1]; Kylee Marcussen, DPT[1]; Jessica Pekrul, DPT[1]

[1]Department of Physical Therapy and Athletic Training, Grand Valley State University, Grand Rapids, Michigan, USA

Corresponding Author: Laurie Stickler, PT, DHS; email: sticklel@gvsu.edu

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Abstract

Background: Pro bono physical therapy (PT) services are an essential component in minimizing gaps in healthcare access and providing well-rounded healthcare to populations with lower socioeconomic status. However, it is unknown how patients view their overall PT experience. Thus, the purpose of this study was to explore patients' perception of care received in an urban pro bono PT clinic and the barriers and facilitators to a positive PT experience.
Methods: This qualitative study was exploratory in nature. Participants included individuals 18 years old or older who were a patient in the GVSU pro bono PT clinic located at Cherry Health; completed a minimum of two PT visits; and were current patients or were seen in the last six months. In-person individual interviews were conducted using a semi-structured guide with open-ended questions. Questions focused on patient experiences in the pro bono clinic, their perception of the PT profession, and how their experience compared to other health care experiences. Data was analyzed using a general inductive approach.
Results: Of the 21 patients who met the inclusion criteria, 10 agreed to participate in the study. Data saturation was met and the following themes emerged from the data: Positive Experience, Aspects of Treatment, Challenges, and Provider Attributes. Subthemes also were identified.
Conclusions: Patients perceived that pro bono PT services resulted in an overall positive experience that was beneficial to their health. Barriers to care including language differences, issues with interpretation services, and appointment availability. Facilitators to care included the specific care and education they received and the way they were treated by their providers. Patients were thankful for the opportunity to receive PT services at no cost and discussed how they would recommend the clinic to family and friends.

Introduction

Access to affordable healthcare is an ongoing problem.[1] Pro bono services are characterized as care provided through voluntary means without payment to the provider, typically to service individuals or communities that would otherwise not have access due to financial barriers.[2] These services have the potential to provide equitable and affordable health care or may improve global health in populations that are underserved.[3,4] There are at least 160 college/university associated pro bono physical therapy (PT) clinics in the United States.[5] In Grand Rapids, Michigan, the Grand Valley State University (GVSU) Doctorate of PT program provides pro bono services to community members who are uninsured or underinsured. The program serves a diverse population, focusing on improving patients' experience, striving to provide optimal care, and support health equity.

Factors impacting health equity include social determinants of health (SDH), which are defined as "conditions in the environments where people are born, live, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[6] These factors have the ability to impact access to healthcare and influence experience of care received. Barriers to

accessing PT services include inadequate insurance coverage, a lack of accessible PT providers, lack of standardized mobility screening by primary care, and reliance on physicians who may have limited knowledge of the scope of PT practice or do not refer to PT.[7,8] Additionally, language differences requiring interpreters, as well as difficulties with scheduling and transportation, are other common barriers to both healthcare accessibility and treatment compliance in underserved populations.[9,10]

Patient experience is defined as the "sum of all interactions that patients have with the healthcare system, including their care from health plans, healthcare providers, and staff in inpatient and outpatient settings" and ultimately, the overall quality of healthcare impacts the patient's experience.[11] Major factors that impact patient experience include language barriers, transportation availability, and socioeconomic status. In the United States (US), 67.8 million residents speak a language other than English in the home, with 41.7 million of those speaking Spanish.[12] In Grand Rapids specifically, 15.9% of the population is Hispanic or Latino.[13] With an influx of language differences, the lack of effective communication with providers may interfere with therapy compliance and result in hindered rapport between providers and their patients.[9] Having an interpreter present, if needed, greatly improves quality and perception of care received.[14]

According to the American Hospital Association, each year 3.6 million US residents are unable to attend medical appointments due to lack of transportation access.[15] In Grand Rapids alone, almost ten thousand households lack access to a vehicle.[16] Without transportation availability, both appointment attendance and compliance with treatment plans are negatively affected.[10]

As of the most recent estimates, approximately 19.0% of the Grand Rapids population is living in poverty and 8.5% of the population under 65 is uninsured.[13] Studies on health care experiences reported that participants with very low income, compared with those with high income, had greater odds of experiencing difficulty accessing care, poor communication, and delays in healthcare delivery. Patients with lower incomes also reported poor provider satisfaction and patient-centeredness.[17,18] Based on a systematic review on healthcare treatment, researchers suggest that enhancing the patient experience will increase the likelihood of improvements in clinical safety and effectiveness.[19] The GVSU pro bono clinic screens for SDH; however, a review of this process has identified that not all SDH are identified through screening. The manner that SHD may impact patients varies, and there may be other factors impacting the patients' experiences. Current research of individuals without health insurance focuses on factors impacting healthcare *access* in the primary care setting. To best provide patient care in physical therapy, further research is needed to address the factors impacting patient *experience in the physical therapy setting*. Thus, the purpose of this study was to explore patients' perception of care received in an urban pro bono PT clinic and the barriers and facilitators to a positive PT experience. The following research questions were addressed:

1. How do we improve the physical therapy experience for the underserved population?
2. How do underserved patients view physical therapy compared to other health care experiences?

Methods

An exploratory qualitative design was chosen for this study because little is known about the pro bono experience in the physical therapy setting from the patient perspective. Qualitative research allows for detailed responses and exploration of an under-researched topic that cannot be accomplished through quantitative methods.[20] Individual interviews allowed the researchers to gain insight from participants regarding their perspectives of their PT experience. A demographic survey was included to capture a description of the participants.

Participants and Sample Size

Inclusion criteria were as follows: patients 18 years or older seen in the GVSU PT pro bono clinic located at Cherry Health; completed a minimum of two PT visits; current patients or were seen in the

last six months. Patients were excluded if they attended less than two visits, were under the age of 18, or had not been seen for PT at Cherry Health within the last six months. All patients were asked to provide verbal consent to participate in the interview. Institutional review board approval was obtained.

A systematic review analyzing appropriate sample sizes of qualitative methods suggests that data saturation is typically met between nine and 17 individual interviews.[21] This study began with a minimum of nine patient interviews and continued until data saturation was met. Data saturation was defined as the point when no new ideas or thoughts on the topic were heard by the interviewers.[22]

Recruitment and Data Collection

Criterion sampling was used for patient recruitment. All patients who met the inclusion criteria were contacted and invited to participate, starting with current patients and continuing with the most recently seen patients until data saturation was met and interviews were completed. Potential participants were informed that their physical therapy care would not be impacted in any way if they declined to participate. Qualified interpreters, via a national, medical interpretation service, were provided for those patients who were not fluent in English. A brief demographic survey asked for the patient's age, gender, preferred language, number of visits at the clinic, and their PT diagnosis. The demographic survey was professionally translated into Spanish.

A semi-structured guide with open-ended questions (Appendix) was used for interviews. Researchers did not interview any patients they had previously treated in the clinic. Participants were given a $25 gift card. During the interviews, a field journal was used to take notes on key ideas, comments, and non-verbal behaviors. All interviews were voice recorded and transcribed verbatim using Otter.ai (2024, Otter.ai, Inc, Mountain View, CA). Transcripts were reviewed by one of the researchers for accuracy.

Data Analysis

Data was analyzed using a general inductive approach which allowed findings to emerge from the prominent data.[23] Three student researchers, trained by an experienced qualitative researcher, independently read each transcript and identified segments relevant to the research questions. All pertinent data was included regardless of the researchers' prior thoughts or notions to maintain reflexivity. Key concepts were organized into themes and subthemes by each researcher and were then reviewed and negotiated by all three researchers. Themes and subthemes were then operationally defined. Trustworthiness and rigor of the research were improved by the use of a field journal, an external audit of the themes and subthemes, prolonged engagement with the participants, and three researchers independently analyzing the data.[24]

Results

Participant Demographics

Ten participants were interviewed to reach data saturation. The average age of participants was 49 years of age (eight females and two males). Five participants reported Spanish as their primary spoken language, requiring an interpreter during the interview. Neck pain was the most frequent diagnosis among participants (n=4). Other diagnoses included tendonitis, back pain, and stroke.

Pro Bono Physical Therapy Experience Themes

Four themes emerged from the data regarding patients' perceptions of their experience at the GVSU pro bono clinic: *Positive Experience, Aspects of Treatment, Challenges,* and *Provider Attributes.* Table 1 outlines the themes and subthemes, as well as representative direct quotes pertaining to each.

<u>Positive Experience</u>

Positive experience was defined as patient impressions of their involvement in PT and how it

Table 1. Themes and subthemes with patient quotes

Theme	Quote
Positive experience	
Affordable	"… [my doctor] told me there's a pro bono, you don't have to pay anything, and I was like, 'oh that's perfect for me now.'" Patient 2
	"Because where I got the surgery, they told me that this was a place where I could get free physical therapy." Patient 10
	"I worked part time, so I have no means of paying. And I think the program is very, very beneficial." Patient 4
Gratitude	"I feel very good. I feel really thankful because I'm able to retake all the normal activities such as working." Patient 7
	"I think you guys are amazing. And thank you for doing this, especially for the vulnerable population." Patient 8
	"Well, I would say that this place is really special. This is a really special place for me." Patient 10
Outcomes	"I've been able to go out and take a walk and small runs in about four weeks that I started it [physical therapy], and I don't have any more pain on my back and in my hands." Patient 5
	"Expectation would be to see improvement, which I have." Patient 4
	"[the SPTs/PTs] helped me a lot with massage and exercise and I got a lot better." Patient 6
Recommend to others	"I will tell [my friends/family] that [physical therapy] really helped me in case they need it. They helped me a lot in what I needed." Patient 5
	"I would recommend [physical therapy] highly. In fact, I wouldn't mind being able to send some patients that could benefit from it once I get back to work." Patient 4
	"…[physical therapy is] very recommended. It's very good. I am very happy with the results." Patient 2
Conservative treatment	"Because with the assistance of the physical therapist, I stopped the medication. I don't need the medication for pain anymore." Patient 5
	"So I wish more people would understand well you have a pain, you can address with PT as your first step. Conservative treatment rather than just taking pain pills …" Patient 8
	"Because the medications, they only help you for like 2 or 3 hours. But the massages and exercises, they have worked a lot for me." Patient 7
Aspects of treatment	
Hands-on intervention	"…[the SPTs/PTs have] been hands on with me, really trying to make sure I'm starting to get movement out of my neck." Patient 9
	"In the second appointment that I came here, that [the SPT/PT] started rubbing on my back and straightening my spine. And with that I noticed some changes." Patient 7
Patient education	"But [the SPTs/PTs] helped me with the treatment, and they told me to try to do it more often. So I could have more trust in myself." Patient 7
	" [SPTs/PTs] teach me how to do it here and also they teach me how to do it at home and it was very well the two times that I came." Patient 6
	"Well [the SPTs/PTs] have been telling me certain postures would strain my muscles." Patient 8
Exercises	"Well the stretches and the exercises, they have helped me on top of everything that [SPTs/PTs] have done here for me." Patient 7
	"… I tried to do [the SPTs'/PTs'] exercises and I felt better." Patient 2
	"Just the exercises that [the SPT/PT] referred me to do, they have really helped out. Because there was one point where my neck was just straight stiff, it wouldn't go for me either side. I am able to get some movement now." Patient 9
Resources	"I have all that I need. … they [SPTs/PTs] gave me two balls. They also gave me a rope or a string that I can stretch." Patient 6
	"[SPTs/PTs] gave me a book of exercises for me to take home and do at home." Patient 5
Motivation	"I put a lot of effort into doing all the exercises at home. The therapists have done their part of it, so I have to do mine." Patient 5
	"…it's just self motivation and support. Motivation from family and friends. Because they can make or break you." Patient 4
Challenges	
Time	"But a lot of times people are busy and you don't want to come back in or you don't see the immediate result." Patient 8
	"I would love to do [the exercises] like every day, but sometimes I just don't have the time." Patient 2

Theme (continued)	Quotes (continued)
Language	"But the interpreter was speaking maybe a little too fast, so I wasn't really understanding a lot of what he was saying." Patient 6
	"I told my doctor that [SPTs/PTs] did not speak Spanish and the doctor helped me make the appointment, and then once I got the appointment, [SPT/PT/Interpreter] helped me." Patient 5
Lack of information	"Because I needed this physical therapy from before but I didn't know where to go." Patient 5
	"... I don't know very well how physical therapy works because it is my first time." Patient 3
	"I did not know anything about physical therapy. I just thought 'oh it's just gonna be speaking to somebody.'" Patient 7
Provider attributes	
Professional	"[the SPTs/PTs] were professional, very influential and informative, so it made it pleasant." Patient 4
	"[the SPTs/PTs] are very warm, very professional." Patient 8
	"... you can see that [the SPTs/PTs] are professionals." Patient 6
Attentive	"[the PTs/PTs] treated me well and they explained things to me very well." Patient 3
	"[the SPTs/PTs] both listened to my feedback, you know, what works, what doesn't work." Patient 8
	"I am happy with the communication with appointments...with communication with students and physical therapists." Patient 2
Kind	"... [the SPTs/PTs are] very kind, and everybody's really friendly. I see everybody has an interest to help us. To help one with kindness." Patient 10
	"You guys are really kind." Patient 2
Respectful	"But the most important thing is that [the SPTs/PTs] treat me, they are treating me really well. That's what makes you feel good, feel better." Patient 6
	"I have liked the way [the SPTs/PTs] have treated me and how they have done it." Patient 10
	"... but the treatment that I had here, the way that I was treated here, it was great." Patient 7

PT: physical therapist; SPT: student physical therapist

has benefited them. Subthemes included *Affordable, Gratitude, Outcomes, Recommend to Others, and Conservative Treatment*.

AFFORDABLE: Patients spoke of the ability to access PT services without financial burden and regardless of socioeconomic status. The clinic helped to increase accessibility and availability of care, and patients who did not have health insurance voiced appreciation for having access to no-cost services.

GRATITUDE. Patients frequently voiced feelings of appreciation for the PT services received. Many patients discussed feeling thankful for the help and guidance of the physical therapist and student physical therapist throughout their plan of care.

OUTCOMES. *Outcomes* refers to patients' reported improvement and overall feeling of satisfaction with PT services. Many patients commented on improved strength, mobility, and level of function or reintegration of activities, while others discussed having their goals and expectations for PT met. Patients noted seeing a noticeable change within a short period of time.

RECOMMEND TO OTHERS. Patients reported finding PT helpful and would recommend it to their friends or family. One patient talked about recommending services to allow student physical therapists the ability to continue progressing their skills.

CONSERVATIVE TREATMENT. This subtheme highlighted the shift from medications to PT services for pain management and improved function. Several patients reported being able to stop the use of long-term medications due to decreased pain following PT services. Others stated the duration of pain relief was longer when using PT as opposed to medications.

Aspects of Treatment

Aspects of treatment was defined as components that influenced patients' progression in PT. This theme related to different intervention strategies that physical therapists employed throughout a patient's plan of care and personal circumstances impacting treatment. Five subthemes emerged including *Hands-On Intervention, Patient Education, Exercises, Resources,* and *Motivation*.

HANDS-ON INTERVENTION. Patients reported that receiving manual therapy was helpful for restoring movement. They felt that hands-on treatment resulted in longer lasting effects; others commented positively on the gentle nature of manual therapy compared to other healthcare services. One patient noted that student physical therapists seemed fearful while providing hands-on treatment and suggested continued practice to improve self-confidence.

PATIENT EDUCATION. The knowledge and explanations provided by the PT provider enhanced patients' understanding of their condition. Patients frequently stated that they received education on how and why to perform activities, as well as education on ways to prevent or decrease continued aggravation of their condition. A few patients discussed feeling initially fearful of specific movements and reported improved self-confidence after receiving education.

EXERCISES. Exercises and stretches were frequently highlighted as an effective component of treatment. Patients commented on how they could complete recommended exercises in and out of the clinic, and they believed completing the exercises led to improvement.

RESOURCES. Patients frequently discussed the benefit of receiving materials needed to implement the suggestions of the physical therapists when not at the clinic. They discussed being able to participate in home exercise programs (HEPs) due to receiving equipment such as resistance bands and printouts of exercises.

MOTIVATION. Internal and external motivation reportedly influenced patient participation and adherence to PT. Patients discussed the need for high self-motivation to continue with the PT recommendations provided and recognized the value of their HEPs. One patient mentioned that procrastination impacted the completion of their HEP. Noticeable improvement was a big motivator to continue participating in PT services.

Challenges

Challenges was defined as factors that contributed to difficulty participating in PT treatment at any point during a patient's plan of care. Three subthemes were highlighted under this theme including *Time, Language,* and *Lack of Information*.

TIME. Several patients commented that time constraints affected their PT experience. Patients discussed difficulty finding time to perform their HEPs or to attend additional appointments. One patient desired the ability to have more frequent appointments.

LANGUAGE. Interpreter services were appreciated by most patients. However, lack of an interpreter or issues with the interpretation service, such as internet connectivity and the speed at which the interpreter spoke, caused difficulties. Due to language barriers, several patients mentioned difficulty scheduling appointments.

LACK OF INFORMATION. Many patients recognized their limited understanding of PT as a profession and/or of the resources to obtain PT services prior to receiving care at the pro bono clinic. Patients discussed their lack of exposure to PT previously and were unsure what to expect. Others commented on their awareness of the PT profession but reported confusion about where or how to access these services.

Provider Attributes

Provider attributes was defined as qualities of the PT provider that influenced the patient-therapist interaction. Subthemes included *Professional, Attentive, Kind, and Respectful*.

PROFESSIONAL. The attitudes and behaviors expected of a healthcare provider were important provider attributes. Several patients commented that the student physical therapists treated them with the same level of professionalism as the licensed physical therapists. The care they received in the pro bono clinic was perceived to be comparable in professionalism to previous healthcare experiences.

ATTENTIVE. Providers were regarded as being present and receptive to patients' needs. Several patients praised the thorough communication from providers regarding upcoming appointments

and explanations of their condition. Patients also appreciated the therapists listening to their feedback. A few patients voiced appreciation for the amount of one-on-one attention received compared to other healthcare services.

KIND. Patients reported that they were treated with care and thoughtfulness. Patients frequently remarked on the interaction with the provider, reporting that the physical therapist and/or student physical therapist had an interest in helping them get better. This was a positive influence throughout their PT appointments.

RESPECTFUL. Patients commonly discussed how they were well-regarded and valued by the physical therapist and/or student physical therapist throughout their appointments. One patient praised the way that they were treated and that this was different from their previous healthcare experiences.

Discussion

Overall, patients who attended the GVSU pro bono clinic expressed appreciation for the services they received and reported satisfaction with how they were treated by providers, despite encountering challenges. Figure 1 depicts the components of the pro bono PT experience that facilitated a positive patient encounter.

Patients in this study discussed several facilitators and barriers to a positive experience throughout their pro bono PT care. Facilitators included affordability of pro bono services, interpretation services, effective interventions, and the patient-therapist interaction. Cost[7] and accessibility[8] have been noted in the literature as barriers to receiving PT services. Conversely, patients in this study expressed appreciation for how they were able to access pro bono PT services, despite not having health insurance.

Challenges to care included appointment availability, language barriers, time constraints to perform HEPs, and patients' limited understanding of PT. Previous research highlights that many underserved communities lack effective communication with providers during treatment due to language barriers.[14] Although patients in this study discussed their appreciation for interpretation services, several commented on the quality and nature of the services impacting their ability to understand their provider. A few patients in this study commented on issues surrounding scheduling appointments due to language barriers.

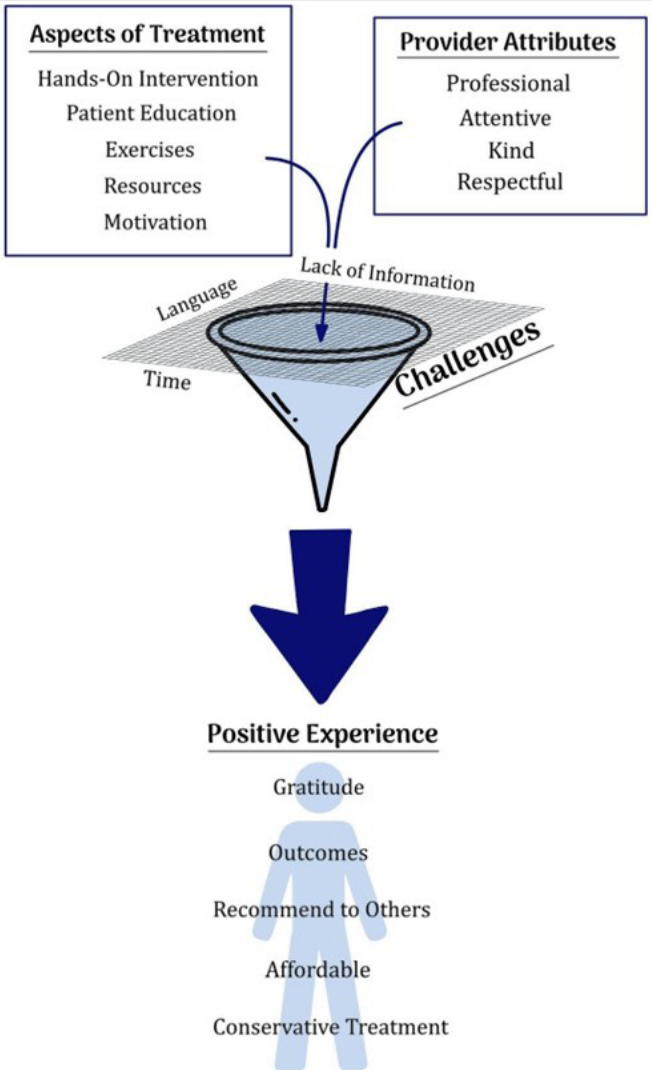
Regarding patients' experience at PT compared to other healthcare services, patients reported that their encounters were overall alike, with providers asking similar questions and displaying comparable levels of professionalism. Additionally, many patients voiced approval of their PT services and their previous experiences with other healthcare professionals. In contrast, several patients in this study discussed feeling as though physical therapists had a gentler approach during manual therapy compared to other healthcare services.

Overall, while a previous study indicated that lower income demographics report a poorer healthcare experience than higher income communities,[17] patients in this study expressed gratitude for the services they received and the way they were treated. No patients voiced dissatisfaction with their care.

Clinical Implications

This study highlighted the deficits that patients have regarding their knowledge about the PT profession and emphasizes the importance of educating patients about what PT treatment entails. For this reason, it may be beneficial for patients to receive a handout explaining PT services from their primary care physician and/or a link from the pro bono clinic explaining expectations for physical therapy prior to their appointment. Additionally, providers may consider dispersing program fliers that explain PT services to frequent referral sources for patient use prior to the start of their physical therapy plan of care. Furthermore, when instructing on a home exercise program, patients

Figure 1. Components of the pro bono physical therapy experience



appreciated thorough education and any equipment or resources provided to them to complete the program. Depending on the funding for the clinic, equipment can be purchased or gained through donations to decrease patient expenses.

Patients expressed appreciation for the ability to share their feedback on their pro bono experience, and the value of this should not be overlooked. Not all patients preferred the same method of treatment or education, highlighting the importance of thorough patient-provider communication, and individualized care. The value of patient-centered care is evident, as patients frequently voiced their appreciation for the kindness and attentiveness provided by the physical therapists during appointments. All clinics should have some method of obtaining patient feedback whether through interviews or written surveys. Allowing a full hour for appointments is also important, particularly if an interpreter is needed or patients are only seen once a week or every other week.

To improve service delivery, clinics may consider the continued assessment of interpretation services to address and screen for issues related to software malfunction or problems with the device itself. When choosing an interpretation service, clinicians should ensure that their facility has reliable

internet connectivity to allow for uninterrupted patient care and to avoid disconnection from interpreters.

Lastly, patients commented on how lack of time or availability of appointments impeded their ability to attend PT. It is common that pro bono clinics have limited hours due to scheduling and space limitations; thus, providers may consider emphasizing the importance of patient education surrounding compliance and attendance to scheduled physical therapy appointments. Clinics may need to continually evaluate clinic hours to determine if more services or different hours are needed to meet the needs of the patients.

Limitations and Future Research

Limitations include the possibility that only patients with positive experiences agreed to participate. Despite the use of an interpreter when needed, it was unclear if participants fully understood each question.

Future research is needed to survey the perceptions of patients of multiple PT pro bono clinics. The effectiveness and accuracy of interpreter services at relaying information from PT providers to patients should also be studied.

Conclusion

The feedback in this study indicates that despite the barriers to care, patients' overall experiences were positive. Patients were grateful for pro bono PT serves as an aspect of addressing gaps in healthcare access. Providing patient-center care and evaluating the needs and response of the patients creates a positive environment for patient satisfaction.

Disclosures

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