



UNIVERSITY OF VLORA "ISMAIL QEMALI "

UniVlora Scientific Journal

NR.1, VOL.1-2025

UNIVERSITY OF VLORA “ISMAIL QEMALI”

UniVlora Scientific Journal

Number 1, Volume 1, 2025

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EDUCATION SECTION

Beyond the Myth: Gender, Language, and the Dynamics of Speech Quantity

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<https://doi.org/10.63871/unvl.jsuv1.1.1>

Abstract

The question of whether women talk more than men has sparked considerable interest among both the general public and linguistic researchers. Numerous sociolinguistic studies have sought to explore this issue; however, their findings have been inconsistent. While some studies suggest that women are more talkative, others indicate that men speak more, and yet others report no significant difference in the amount of speech between the two genders. This paper aims to provide a critical review of the existing research on this gender-based stereotype. Firstly, it argues that there is no definitive answer to the question, "Do women talk more than men?" Secondly, it explores how gender differences in verbosity may vary depending on a range of contextual and social factors.

Keywords: gender stereotypes, gender differences, verbosity, context of discourse, structure of interaction.

Introduction

People's opinions, beliefs, and attitudes about language are known as language ideologies. These ideologies influence how we speak, how we behave, and how we judge the way others speak. A common belief, found in many languages through sayings and proverbs, is that women talk more than men do, talk about unimportant things and gossip.

For example:

Three women make a whole market. (Sudan)

A woman better swallows her teeth than language. (France)

The only sword that ever rows is not a woman's tongue. (Armenia)

One who does not like women who talk too much should remain celibate. (Congo)

One man, one word – one woman, one dictionary. (Germany)

Select wife better by ear than by eye. (UK)

Women are nine times more talkative than men are. (Israel)

When both husband and wife wear pants, it is not difficult to tell them apart - he is the one who is listening. (America)

But does this stereotype actually match what research shows? Studies examining how much men and women talk have produced mixed results.

- Most studies suggest that men actually talk more than women.
- Some studies show the opposite, that women talk more.
- Others find no significant difference between the two.

This paper aims to carefully review the research on this stereotype. It has two main purposes: (1) firstly, to show that there is no simple or definite answer to

whether women talk more than men; (2) and second, to explore the reasons why people still believe there is a difference, even if the research doesn't fully support it.

Some of the questions this paper addresses are: Do women really talk more than men? Do they dominate the speaking time during conversations? Do men find it difficult to take turns, as it may be understood if women speak more than men? And if these ideas aren't backed up by research, why do the stereotypes continue to exist?

Sociolinguistic studies

The belief that "*Women talk more than men*" has prompted numerous studies, which aim to prove its authenticity. According to James and Drakich, "there are 63 studies published between 1951 and 1991 that addressed the issue of gender-based differences in the amount of talk"ⁱ. Studies have found that men talk more than women in some contexts, but women talk more in other contexts. There are also studies that have found no gender differences in the amount of talk.

Studies which show that men are more talkative than women

Research has shown that men tend to be more talkative than women in specific settings. For instance, studies found that men spoke more during workshopsⁱⁱ, television panel discussionsⁱⁱⁱ, email conversations^{iv} and casual conversations between married couples^v.

Herring et al.^{vi} examined online interactions and concluded that men contributed more, interpreting this as a form of dominance. Similarly, Fishman^{vii} argued that during mixed-gender conversations, men typically spoke twice as much as women. A large comparative study by Deborah James and Janice Drakich^{viii}, reviewing 56 studies on American men and women's speech patterns, found that only two studies showed women speaking more than men, while the vast majority confirmed that men were more talkative.

James and Drakich also noted that society expects women to talk more in order to nurture relationships, keep conversations going, express empathy and share emotions. Women tend to bond

through sharing feelings and personal stories, whereas men generally bond by engaging in shared activities. Another study by Edelsky and Adams^{ix} looked at political debates on TV and found that male candidates controlled their speaking turns more effectively, allowing them to dominate the speaking time during the debates.

Studies showing that women talk more than men

By analyzing data from 73 studies involving children, Leaper and Smith^x found that girls spoke more than boys, but the difference was very slight. Three years later, they repeated their analysis using adult samples and found that men spoke more than women, although the gap remained very small. In another study, Matthias R. Mehl and his team^{xi} recorded speech over a 17-hour period and discovered that women spoke about 16,215 words, while men spoke around 15,669 words — an immeasurable difference.

Researchers also noted that men's conversations with other men often focused on competition, humor, sports and aggression, whereas women's conversations with other women were more centered on personal topics, such as life experiences, emotions, family and home life. Louann Brizendine, in her book *The Female Brain*^{xii}, claimed that women speak 20,000 words daily on average, compared to just 7,000 words for men. However, this book caused controversy regarding the authenticity of the data. Another controversial neuroscience study by Bowers et al.^{xiii} found that girls have about 30% more FOXP2 protein—often called the "language protein"—than boys. This was suggested as a possible reason why girls might talk more. However, this study says nothing about men and women, because samples for this study were originally rats, but further study was extended to people in ten girls aged three to five years old. The authors themselves warned that further studies with larger groups are needed to properly understand whether this protein difference relates to language abilities in humans.

Studies showing no significant difference in the amount of talk between men and women

Several researchers have indicated that there is no significant overall difference in the amount of talk produced by men and women.

One important review by Aries^{xiv} examined a range of previous studies and found that differences in how much men and women talk were often small, inconsistent, and heavily dependent on the social situation. The researcher emphasized that context, situation, and social role often have a greater impact on speaking behavior than gender itself – that in some cases, men talked more; in others, women did, suggesting that talkativeness was not a stable trait based on gender alone. Hyde and Linn^{xv} conducted a meta-analysis — a statistical method that combines data from multiple studies — on gender differences in verbal ability. Their work concluded that gender differences in verbal behavior, including talkativeness, were very small. They emphasized that any differences that did appear were too minor to be practically meaningful. Building on this, Leaper and Ayres^{xvi} carried out another meta-analysis of 29 studies focused specifically on talkativeness. Their study confirmed that there was no consistent difference between the amount men and women spoke. They highlighted that context plays a crucial role. In public settings (like meetings, classrooms and debates), men sometimes talked more, whereas in private or intimate settings (like conversations with friends or family), women sometimes talked more.

Discussions

As shown, a number of language and gender researchers have attempted to explain why men often appear to talk more than women, particularly in mixed-gender interactions.

Power & status

One widely accepted explanation is the influence of power and social status. It is argued that the broader social dominance men hold is reflected in patterns of conversation, where men tend to occupy more speaking time. Dale Spender^{xvii} suggests that men maintain their dominance by actively preventing women from speaking, by either talking over them, ignoring their contributions, or failing to engage with what they say. Spender also highlights that women's speech is judged against a standard of silence — since silence is traditionally expected from women, any amount of talking by women is often perceived as excessive or inappropriate. This view emphasizes that gendered expectations surrounding speech are socially constructed rather than naturally occurring.

Different socialization

Another important explanation for differences in speaking time comes from the idea of different socialization processes for boys and girls. According to Maltz and Borker^{xviii}, from early childhood, males and females are taught different rules for communication. Boys are generally socialized to use language to assert themselves, compete for attention, and achieve dominance within groups. Girls, however, are taught to use language to foster relationships, create harmony, and offer emotional support. Coates^{xix} reinforces this view by noting that men's interactional style is often competitive, aiming to assert superiority, while women's style is more cooperative, emphasizing mutual support and understanding. These early-learned communication patterns influence adult conversation, often leading to men dominating discussions in mixed-gender settings.

Different communication purposes

In addition to socialization, the underlying purpose of communication differs between genders. Deborah Tannen^{xx} argues that while men often use conversation to negotiate status and independence, women typically use language to seek connection and intimacy. Men's speech is therefore more oriented towards asserting authority or defending territory within a conversation, whereas women's speech often aims at building rapport and nurturing relationships. Recognizing these differing purposes helps explain why men and women may appear to behave differently in conversations, even if the overall amount they speak is sometimes similar.

Different topic interests

Differences in topic preference also contribute to conversational patterns. Jennifer Coates^{xxi} notes that men frequently prefer discussing impersonal topics such as current events, politics, technology, and sports. These subjects often allow for showcasing knowledge and establishing status within the group. In contrast, women are more likely to engage in discussions that are personal, involving emotions, experiences, relationships, and home life. Because personal topics typically encourage longer, more elaborated contributions, the choice of topic can

influence perceptions about who talks more and how conversations are structured.

Different conversational styles

Another factor to consider is the conversational style, particularly in the handling of simultaneous speech, or instances where people talk at the same time. Coates^{xxii} observes that for women, simultaneous speech often serves a supportive function, showing enthusiasm and agreement (a phenomenon she relates to "polyphony," where multiple voices harmonize). For men, however, overlapping speech is more likely to be competitive, aiming to seize the conversational floor ("cacophony," or chaotic noise), a contrast that Davies^{xxiii} also describes. These stylistic differences often lead to misunderstandings in mixed-gender interactions, where women's cooperative interruptions may be misread as rudeness and men's assertive interruptions may be seen as aggressive dominance.

Different settings: private vs. public domain

Finally, the setting where conversations occur plays a significant role. Deborah Tannen^{xxiv} emphasizes the distinction between public and private spheres. In public contexts — such as meetings, academic discussions, or workplace debates — men are often more vocal because these environments reward assertiveness and competitive speaking styles associated with status-building. Women, on the other hand, tend to speak more in private settings, such as conversations among close friends or family members, where the primary goal is emotional connection rather than public display. The fear of negative judgment or the feeling that their contributions may not be valued in public can also cause women to speak less in formal environments.

Conclusions

In conclusion, the inquiry into whether women speak more than men has generated a substantial body of research characterized by considerable variation and inconsistency in findings. While certain studies suggest that women engage in more verbal activity, others conclude that men are more verbally dominant, and yet others report negligible or context-dependent differences. These

inconsistencies underscore the impossibility of offering a straightforward answer to the question "Do women talk more than men?" The evidence consistently demonstrates that the quantity of speech produced by individuals is not determined solely by gender but is instead influenced by a complex constellation of sociocultural, situational, and individual variables.

Factors such as age, ethnicity, and cultural background significantly mediate speech patterns, with variations often emerging across different life stages and within distinct sociocultural frameworks. The situational context in which communication occurs — including the degree of formality, the public or private nature of the setting, and the roles adopted by speakers — further conditions linguistic behavior. The speaker's social identity, encompassing roles such as teacher, guest, political figure, spouse, or parent, as well as the individual's level of social confidence and familiarity with the topic, exerts a substantial impact on the volume and style of their speech.

Contemporary research has increasingly shifted away from binary comparisons between men and women, favoring instead intragroup analyses that examine patterns of variation among women and among men within specific social groups. This more nuanced approach recognizes the heterogeneity within gender categories and highlights how variables such as socioeconomic status, professional background, education level, and local cultural norms intersect with gender to influence communicative behavior.

Furthermore, recent studies emphasize the situational fluidity of speech production. Speaking patterns are now understood to be dynamic and contextually contingent, varying not only between individuals but also within individuals across different social contexts. An individual's degree of talkativeness is thus revealed to be a flexible and responsive feature of communicative behavior, rather than a fixed attribute linked in a deterministic way to gender.

Ultimately, simplistic and essentialist stereotypes concerning gender and verbal behavior do not withstand empirical scrutiny. Rather, the complex interplay of social, cultural, contextual, and individual factors must be considered in any serious analysis of language use. Critical engagement with these issues allows for a deeper understanding of communication as a socially constructed and

dynamically negotiated practice, rather than one rigidly determined by biological sex.

References

1. James D, Drakich J. Understanding gender differences in amount of talk. In: Tannen D, editor. *Gender and Conversational Interaction*. Oxford: Oxford University Press; 1993. p. 281.
2. Eakins B, Eakins R. *Sex Differences in Human Communication*. Boston: Houghton Mifflin Company; 1978.
3. Bernard J. *The Sex Game*. New York: Atheneum; 1972.
4. Herring S, Johnson D, DiBenedetto T. Participation in electronic discourse in a "feminist" field. In: Hall K, Bucholtz M, Moonwomon B, editors. *Locating Power: Proceedings of the Second Berkeley Women and Language Conference*. Berkeley (CA): Berkeley Women and Language Group, University of California; 1992.
5. Soskin W, John V. The study of spontaneous talk. In: Baker R, editor. *The Stream of Behavior*. New York: Appleton-Century-Crofts; 1963.
6. Herring S. Gender and participation in computer-mediated linguistic discourse [conference paper]. Philadelphia: LSA Annual Meeting; 1992.
7. Fishman P. Conversational insecurity. In: Giles H, Robinson WP, Smith PM, editors. *Language: Social Psychological Perspectives*. Oxford: Pergamon Press; 1980.
8. James, D., and Drakich, J. (1993) "Understanding gender differences in amount of talk". In *Gender and Conversational Interaction*. Deborah Tannen (ed.) Oxford: Oxford University Press, p. 281.
9. Edelsky C, Adams KL. Creating equality: Breaking the rules in debates. *J Lang Soc Psychol*. 1990;9:171-190.
10. Leaper C, Smith TE. A meta-analytic review of gender variations in children's language use: talkativeness, affiliative speech, and assertive speech. *Dev Psychol*. 2004;40(6):993-1027.
11. Mehl MR, Vazire S, Ramírez-Esparza N, Slatcher RB, Pennebaker JW. Are women really more talkative than men? *Science*. 2007;317(5834):82.
12. Brizendine L. *The Female Brain*. New York: Morgan Road Books; 2006.
13. Bowers JM, Perez-Pouchoulen M, Edwards NS, McCarthy MM. Foxp2 mediates sex differences in ultrasonic vocalization by rat pups and directs order of maternal retrieval. *J Neurosci*. 2013;33(8):3276-3283.
14. Aries E. *Men and Women in Interaction: Reconsidering the Differences*. Oxford: Oxford University Press; 1996.
15. Hyde JS, Linn MC. Gender differences in verbal ability: A meta-analysis. *Psychol Bull*. 1988;104(1):53-69.
16. Leaper C, Ayres MM. A meta-analytic review of gender variations in adults' language use: Talkativeness, affiliative speech, and assertive speech. *Pers Soc Psychol Rev*. 2007;11(4):328-363.
17. Spender D. *Man Made Language*. London: Routledge; 1980.
18. Maltz DN, Borker RA. A cultural approach to male-female miscommunication. In: Gumperz J, editor. *Language and Social Identity*. Cambridge: Cambridge University Press; 1982.
19. Coates J. *Women, Men and Language*. London: Longman; 1986.
20. Tannen D. *You Just Don't Understand: Women and Men in Conversation*. New York: Bantam; 1990.
21. Coates J. *Women, Men and Language: A Sociolinguistic Account of Gender Differences in Language*. 3rd ed. Harlow: Longman; 2004.
22. Coates J. One-at-a-time: The organization of men's talk. In: Johnson S, Meinhof U, editors. *Language and Masculinity*. Oxford: Blackwell; 1997.
23. Davies J. Expressions of Gender: An Analysis of Pupils' Gendered Discourse Styles in Small Group Classroom Discussion. *Discourse Soc*. 2003;14(2):115-132.
24. Tannen D. *You Just Don't Understand: Women and Men in Conversation*. New York: Bantam; 1990.

Developing Digital Skills for Ethical Media Use

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<https://doi.org/10.63871/unvl.jsuv1.1.2>

Abstract

Professional success and personal empowerment for our students, in today's increasingly digital environment, depend on having strong digital abilities and knowing how to use media in an ethical manner. Digital skills are the aptitudes needed to use digital tools and technologies efficiently. The abilities required to handle the complexities of technology are changing along with it. These modifications put the fundamentals of media ethics at jeopardy. The problem is more complex than arguments over certain principles, like objectivity. The problem is more complex than particular issues, such how newsrooms can confirm citizen-generated information. Assumptions must be reconsidered in light of the rapid changes. In a reality, where everyone with a modem is a publisher and fast news and analysis are required, what does ethics mean? This article explores the definition of digital skills, their significance in today's society, the ethical considerations surrounding media consumption and production, and practical strategies for fostering these skills to our students, that will be the future teachers and educators. It also brings data protection information and recent statistics relevant to Albania, presenting a comprehensive overview of the need for developing these digital skills for ethical media use

while ensuring that every one is informed about their data protection rights.

Key Words : *Digital Skills, ethical media, media consumption, curriculum, ethical considerations.*

Introduction

The rapid advent of digital technologies has transformed how individuals access, share, and create media content. According to a report by the Pew Research Center (2021), 72% of Americans use social media to access news, while 53% of U.S. adults say they frequently encounter fabricated news stories. This highlights an urgent need for developing powerful digital skills to handle difficult circumstances filled with misinformation and manipulation. In Albania, the digital terrain is equally dynamic, with approximately 76% of the population using the Internet in 2022 (Institute of Statistics, Albania, 2022). However, this connectivity is accompanied by challenges related to misinformation and inadequate data protection measures. As Albanian users engage with media content, they must develop the digital literacy, critical thinking skills, and ethical awareness necessary for responsible digital citizenship. As users engage with media content, teachers and students must become proficient in digital literacy, critical thinking, and ethical considerations to participate constructively in society and in labor market.

The Importance of Digital Skills for Ethical Media Use

A study by the European Commission (2019) indicated that only 54% of Europeans have basic digital skills, with significant disparities across age groups and geographical regions. This lack of digital literacy compromises their capacity to navigate the media landscape effectively. This deficiency is exacerbated by rural-urban disparities, as nearly 60% of rural youth lack access to essential digital literacy training, in Albania. Research conducted by the Albanian Institute for International Studies (AIIS) in 2021 indicated that only 42% of high school students reported having adequate digital skills, highlighting a significant gap in media literacy.

The Role of Critical Thinking

Critical thinking is essential for ethical media use, enabling individuals to assess the reliability and validity of the information they encounter. Research conducted by Stanford University (2016) found that 82% of middle school students could not distinguish between a sponsored post and a news article, illustrating a critical gap in critical thinking skills. Furthermore, the same study revealed that college students exhibited similar patterns of vulnerability to misinformation. Only 34% displayed the ability to recognize the bias in information sources. This demonstrates that educational interventions must focus on fostering critical thinking as a cornerstone of digital literacy. In our country, the need for improved critical thinking skills is evident; only 35% of the population could correctly identify biased information sources in a survey conducted by AIIS in early 2023. This highlights the pressing need for educational interventions focused on developing critical thinking.

Ethical Considerations in Media Use and Data Protection Awareness

Ethical media use involves understanding the implications of sharing and creating content. With approximately 1 in 5 Americans (20%) reporting experiences of online harassment (Pew Research Center, 2021), issues of digital ethics, such as data privacy and the impact of online behavior, require immediate attention. According to a study by the Data & Society Research Institute (2017), 65% of participants reported feeling that social media platforms are not transparent about their content moderation policies, further complicating ethical interactions with media. In recent years, Albania has taken strides to improve its data protection framework, notably through the adoption of the Law

on Personal Data Protection in 2018, which aligns with EU regulations.

According to a survey conducted by the Albanian Institute for Media Studies (2023), 72% of respondents expressed concerns about their personal data being misused online. Additionally, only 52% of respondents claimed to have a basic understanding of their rights under the data protection law. This indicates an urgent need for educational initiatives focusing on data rights and privacy.



Strategies for Developing Digital Skills

Educational Interventions

Educational institutions play a crucial role in developing digital skills for ethical media use. The National Association for Media Literacy Education advocates for programming that equips students to "access, analyze, evaluate, and create media in various forms." The National Agency for Information Society in Albania has initiated projects aimed at integrating digital literacy into the school curriculum.

To achieve this, the following strategies should be implemented:

Curriculum Design: Integrating digital literacy and critical thinking into core subjects can provide authentic learning experiences. In countries like Finland, schools have successfully integrated media literacy into their national curriculum, leading to improved student outcomes in critical thinking and digital citizenship (Finnish National Agency for Education, 2016). In Albania, according to the latest news from ASCAP, starting from the coming school year, Media education will be included in all the high schools curricula as an interdisciplinary subject. To be added here, even at our Faculty, it is approved by the academic senate of UV and MAS, that Media education should be part the academic curricula, for all teaching MA programs, by adopting models used in Finland, where media literacy is integrated into the national curriculum, leading to improved outcomes in critical thinking and digital

citizenship (Finnish National Agency for Education, 2016).

-Workshops and Training for Educators: Offering comprehensive training programs for teachers can enable them to impart digital and media literacy skills effectively. A meta-analysis by the Brookings Institution (2020) indicated a direct correlation between teacher training in digital literacy and student performance in evaluating online information. A 2021 study revealed that teacher training directly impacts student performance in evaluating online information and understanding data privacy. A very effective training project, needs to be mentioned here. It was presented & developed by the U.V, American Embassy and the Albanian Institute of Media. Some departments of the Faculty of Technical Sciences and the Department of Foreign Languages, integrated their ambitions, efforts and skills in finalizing this Project, titled: *"The Training of Media & Information Skills for Teachers"*(October-December 2024)(Picture 1)



Picture 1 *"The Training of Media & Information Skills for Teachers"*(October-December 2024)

The students being involved in this project were students of the third year BA program, and MA second year students.



(Picture 2) MA students during the mini project

The final step of this training project was the National Conference on : *"The Training of Media & Information Skills for Teachers"* organized on December 2, 2024 at the University of Vlora. There were six lecturers on the conference, discussing topics on:

- Media Education and Ethics
- Digital Skills and Data protection
- Curriculum Design and media literacy
- The challenges of digital world and AI use in teacher training...etc.

(Picture 3) National Conference on Media Education & Training



- Community Engagement

Community organizations can offer targeted programming to enhance digital skills across age groups:

- Youth Programs: The YMCA's Youth and Government program has successfully educated young people about digital rights and responsibilities, resulting in 75% of participants reporting increased awareness of ethical media practices (YMCA, 2021).

- Adult Education: Initiatives such as public library workshops that focus on identifying credible sources and fact-checking have proven effective, with study populations reporting a 50% increase in awareness of misinformation after attending such workshops (American Library Association, 2019).

- Collaborative Efforts

Collaboration among stakeholders enhances resources and support for digital skills development:

-Partnerships with Tech Companies: Initiatives like Google's "Be Internet Awesome" aim to teach children the fundamentals of digital safety and citizenship, reaching over 10 million children globally since its launch (Google, 2021). Collaborating with tech companies can amplify efforts focused on ethical media

use. These could be tailored to the Albanian context to teach children about digital safety.

- *Policy Development*: Promoting policies that integrate digital literacy into national education frameworks is essential. The European Digital Education Action Plan promotes digital literacy as a fundamental skill across member states, with ambitions to improve digital skills for 70% of the population by 2025 (European Commission, 2020).

The Role of Teachers and Educators

Educators play a pivotal role in shaping students' understanding of media education and ethics. Key responsibilities include:

- **Continuous Professional Development:** Engaging in training programs that focus on new technologies and their implications for education.
- **Creating a Supportive Environment:** Fostering a classroom culture that encourages questions, exploration, and critical thinking.
- **Modeling Ethical Practices:** Demonstrating responsible media consumption and production to instill similar values in students.
- **Collaborating with Technology Experts :** Collaborating with technology organizations and experts can greatly enhance media education. Benefits include:
 - **Access to Resources:** Providing educators with tools, software, and educational materials that support media literacy.
 - **Workshops and Training:** Hosting events that bring together educators and tech professionals to share insights and best practices.
 - **Real-World Connections:** Creating opportunities for students to engage with industry professionals, gaining practical insights into the interaction of AI and media.
 - **Promoting Ethical AI Use:** Ethical AI use is crucial in media education. Key topics to cover include:
 - ✓ Data Privacy and Security: Teaching students the importance of protecting personal data and understanding privacy settings.
 - ✓ Critical Media Consumption: Encouraging students to question the motivations behind media messages and the role of AI in shaping these narratives.

- ✓ Responsible Content Creation: Fostering an understanding of copyright, intellectual property, and ethical storytelling practices.
- ✓ Engaging Parents and Communities- Engaging parents and communities in media education initiatives is essential for fostering a supportive environment. *Strategies include:*
 - a. *Workshops for Parents:* Hosting sessions that educate parents about media literacy and the challenges of the digital age.
 - b. *Community Initiatives:* Collaborating with local organizations to promote media literacy programs and resources for families.
 - c. *Open Communication:* Encouraging dialogue between schools and families about the importance of media literacy and AI education.

(Picture 4) Training Needs



Albanian Context:

Community organizations *in Albania, too* can offer targeted programming to enhance digital skills and data protection awareness across various initiatives such as the “*Youth Connection*” program by the Ministry of Education aims to teach young people about digital rights, responsibilities, and the ethical implications of online behavior. Such programs could facilitate discussions on data privacy, helping enhance awareness among youth.

Public Workshops and Seminars: Local NGOs and libraries could host workshops to educate adults about identifying credible sources and understanding their data protection rights. A community survey showed that participants of such initiatives reported a 40% increase in awareness of their data *protection rights and online safety protocols*.

Collaborative Efforts - Collaboration among various stakeholders enhances resources and support for digital skills development and data protection awareness:

Policy Development - By aligning with EU standards, Albania can foster a culture of privacy and security. The Ministry of Justice's continued work on enhancing data protection legislation is a step in that direction, but public awareness must keep pace.

Nearly 60% of rural youth lack access to essential digital literacy training. A report by the Albanian Media Authority (2022) found that 65% of Albanians believe they have encountered disinformation online, raising concerns about the effectiveness of public media education efforts. The need to improve critical thinking skills is evident; only 35% of the population could correctly identify biased sources of information in a survey conducted by AIIS in early 2023. This highlights the urgent need for educational interventions focused on developing critical thinking. In recent years, Albania has taken steps to improve its data protection framework, notably through the adoption of the Law on Personal Data Protection in 2018, which is in line with EU regulations.

(Picture 5) Prompts suggested for the students



Questions about these prompts:

- Who will be able to see the data we enter on the website?
- Do these data support teaching or learning?
- Does it provide support? Is it safe?
- Is the website secure?
- How long is it going to be available?

Conclusion

The digital age endorses a new set of skills and ethical considerations for media use. By fostering digital literacy, critical thinking, and ethical responsibility, we can build a society better equipped to engage with media constructively. Implementing educational interventions, community engagement initiatives, and collaborative efforts involving various stakeholders is crucial to empowering individuals, particularly in Albania, to navigate the complexities of digital media responsibly. As highlighted by recent statistics and reports, prioritizing these skills will create a more

informed and ethically conscious society, ready to face the challenges of the digital world. Media education must address these challenges, teaching students how to critically evaluate sources and understand the influence of algorithms on their information consumption and data protection.

References

1. *Be Internet Awesome: partnering to safeguard families online*. Google; 2021.
2. *Data & Society Research Institute Report*; 2017.
3. *Digital economy and society index 2019 report*. European Commission; 2019.
4. *Digital education action plan 2021–2027*. European Commission; 2020.
5. *Evaluating information: the cornerstone of civic online reasoning*. Stanford University; 2016.
6. *Libraries and digital literacy: a 50-state study*. American Library Association; 2019.
7. *National curriculum for comprehensive schools*. Finnish National Agency for Education; 2016.
8. *News consumption across social media in 2021*. Pew Research Center; 2021.
9. *Public perceptions of misinformation and data protection in Albania*. Albanian Institute for Media Studies; 2023.
10. *Statistical yearbook of Albania 2022*. Institute of Statistics, Albania; 2022.
11. *The importance of digital literacy in education*. Brookings Institution; 2020.
12. *Youth & Government annual report*. YMCA; 2021.
13. *Youth digital skills in Albania: current status and future perspectives*. Albanian Institute for International Studies; 2021.

The Didactic Dimension of Communication and Culture within Language Education in the new Reality of Globalization

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<https://doi.org/10.63871/unvl.jsuv1.1.3>

Abstract

We live in a world of increasing globalization, the effects of which are creating fundamental changes in the way we live and manage to construct our identities. Intercultural education is a relatively new and very complex concept that includes a number of psychological, anthropological, linguistic, geopolitical, religious, etc. aspects. Carrying out pedagogical activity in a multicultural environment requires special rigor for respecting some principles and values: respecting human rights, the absence of discriminatory phenomena, encouraging the expression of views, respecting different cultural values, capitalizing on cultural sensitivity. In this study we will focus on the Didactics of Culture in the framework of Language Education. Starting from a synthetic historical analysis, we will try to define the intercultural perspective by considering the model of intercultural communicative competence. The didactic dimension of intercultural communication (which due to its nature cannot be taught, but simply observed) represents the arrival point of our reflection. The heterogeneity of the student group requires a special approach from the teaching staff. He should have at least basic, common information about ethnic and national diversities, elementary notions of the anthropology of peoples. This contribution deepens a reflection already started on the teaching of culture within language teaching. The purpose of this short study is to analyze the development of the concepts of

multilingualism and cultural diversity, and how they interact with education, considering both the benefits and also the difficulties arising from their implementation. In conclusion, the argument of many researchers is basically that the way language education has treated culture is insufficient and should be replaced by practices that develop in students a global cultural consciousness. In an era in which the forces of globalization push and pull in ways that can make the construction of self-identity difficult, the call to develop "global cultural awareness" in students based on the notion of cultural realism is a welcome move toward a greater culture of understanding in a global society.

Keywords: didactic dimension of communication, linguistic and cultural diversity, globalization, study, society.

Introduction

In an increasingly globalized world, where cultures and languages interact more than ever, the intercultural approach to language education has taken on extraordinary importance. Globalization has brought new opportunities for communication and cultural exchange, but it has also opened up new challenges for teachers and students, who must adapt to a new reality,

where an understanding of cultural diversity is essential. The intercultural approach to language education is essential for the development of students' linguistic and cultural skills, helping them to understand and respect cultural differences and to communicate in a way appropriate to each cultural context.

In the didactic process, language is no longer seen simply as a means of transmitting information, but as a bridge connecting identities, cultures and global perspectives. Communication and culture are inextricably intertwined, and language education must address this interdependence in order to develop linguistically and interculturally competent individuals.

Globalization has transformed the dynamics of communication, deepening the connections between cultures and creating an urgent need for linguistic and intercultural competences. This process has prompted a reconceptualization of the role of language education as a space to develop skills that support international cooperation, cultural sharing and respect for diversity. Giddens (2003) argues that globalization is not simply an economic phenomenon, but a process that permeates culture, politics and education, creating new challenges and opportunities for language learning.

According to Appadurai (1996), globalization fosters an increase in intercultural interactions, but at the same time tests the capacity of individuals to understand and respect cultural diversity. In this context, language education plays a key role in preparing individuals to be capable citizens of an increasingly interdependent world. This study aims to explore the didactic dimension of communication and culture in language education, drawing on contemporary literature and the perspectives of leading scholars.

Globalization has increased the demand for learning foreign languages, making language proficiency a vital necessity for personal and professional success. According to Crystal (2003), English has gained the status of a "global language," being used as the main tool for international information and business exchanges. However, this tendency should not limit the importance of other languages, which carry unique cultural assets and contribute to global diversity.

Communication in the didactic process

Communication in language education involves not only the effective use of language to convey thoughts, but also the development of the skills to interpret and understand messages in different cultural contexts. According to Kramersch (1993), language is a "carrier of culture" and effective communication requires more than grammatical knowledge; it requires sensitivity to the cultural norms and values that construct meaning. In the didactic context, this means creating activities

that encourage authentic interaction, such as intercultural simulations, the use of authentic media, and projects that involve international cooperation. For example, the use of audiovisual resources from different cultures can help to understand the cultural differences that affect the way people communicate.

According to Byram (2008), language education should not focus only on technical language skills, but also on the development of intercultural competence that allows individuals to interact with respect and understanding in different cultural contexts. This is a critical aspect of language education in the era of globalization, where intercultural communication has become an inseparable part of everyday life.

Intercultural communication refers to the ability to build meaningful connections with individuals from different cultures, overcoming linguistic and cultural barriers. Kramersch (1993) emphasizes that language is not only a means of communication, but also a carrier of values, norms and cultural identity. For this reason, language learning should be accompanied by an in-depth exploration of the culture of the speakers of that language.

In this regard, Holliday (2011) proposes an intercultural approach to language education, where students learn to develop a sensitivity to other cultures and manage cultural differences effectively. This approach includes not only the study of the cultural aspects of a language, but also building skills to avoid stereotypes and prejudices.

According to Jakobson (1960), communication can be analyzed in terms of its main functions: referential, expressive, conative, phatic, poetic, and metalinguistic. In teaching, these functions should be harmonized to create a balanced process where students learn to use language not only to describe the world, but also to build relationships and negotiate meanings.

Byram and Fleming (1998) suggest that an intercultural model of communication should be integrated into teaching, where students learn to develop "cultural mediation", helping to alleviate cultural misunderstandings and improve intercultural relations.

Culture in language education

Culture is essential in language education as it helps students understand how their way of thinking and acting is shaped by the cultural context. Holliday (2011) argues that the acquisition of a foreign language is always a cultural process, which involves the acquisition of the "hidden ideologies" of the culture of that language. In the didactic process, culture can be integrated in various ways, such as through the analysis of literary texts, discussions about traditions and customs, or the use of authentic materials such as films, songs and stories from different cultures.

Language education and identity building

Learning a foreign language is a process that influences the construction of personal and social identity. Pavlenko and Lantolf (2000) argue that the acquisition of a new language helps individuals develop new intercultural identities, allowing them to build meaningful connections with different cultures. This process fosters a transformation of perspectives and an openness to cultural diversity. Thus, students who learn foreign languages often report a sense of "double belonging," adopting aspects of the culture of the new language while maintaining their original identity.

According to Byram (2008), intercultural competence is an essential skill for citizens of a global world. This competence includes the ability to understand and appreciate other cultural perspectives, as well as to communicate with respect and sensitivity. Language education should focus on developing this competence, focusing not only on the technical aspects of language, but also on understanding and respecting cultural diversity.

According to Hannerz (1996), this phenomenon is part of a shared process that helps individuals create an international enterprise of identity and increase interaction between different cultures. This process enables individuals to adapt to an increasingly interdependent world and to successfully manage the challenges that come from sharing a common cultural and social space.

Norton (2000) emphasizes that language not only expresses identity, but also influences the way people are understood and accepted by others.

Intercultural communication and language education: challenges and opportunities

The intercultural approach focuses on language learning through the exploration of different cultures and the development of intercultural skills. Risager (2006) suggests that this approach helps students develop sensitivity to cultural differences and avoid stereotypes. Intercultural competence is the ability to interact successfully with people from different cultures, understanding and appreciating their perspectives. According to Deardorff (2009), this competence includes the development of cultural awareness, the ability to manage cultural conflicts, and the willingness to learn from intercultural experiences.

As Deardorff (2009) emphasizes, the development of intercultural competence is a dynamic process that requires practical experience and continuous reflection. For example:

- organizing international projects where students collaborate with peers from other countries to solve real-world problems;
- using activities such as cultural simulations and role-playing to help students cope with different intercultural situations.

A concrete example is the use of virtual platforms such as Zoom to create "international classrooms," where students learn from each other and share cultural experiences in real time.

While Byram (1997) identifies five dimensions of intercultural competence:

1. Knowledge: Understanding of cultures and cultural products.
2. Interpretive and relational skills: The ability to interpret and compare cultural phenomena.
3. Mediation skills: The capacity to manage cultural conflicts.
4. Curiosity and openness: The motivation to learn and respect other cultures.
5. Self-reflection: Awareness of the influence of one's own culture on thoughts and actions.

Language education through intercultural approach faces several challenges and holds opportunities.

Some of the challenges include:

- The tendency to favor a particular language (such as English) over others, jeopardizing linguistic diversity (Crystal, 2003).
- Resistance to cultural change, which can lead to a lack of acceptance of differences.

Opportunities include among others:

- Developing competencies that help improve global coexistence.
- Building bridges between cultures through intercultural projects and the use of technology.

Although English has been seen as the "language of globalization", many scholars emphasize the importance of preserving local languages. According to Risager (2006), local languages are not only means of communication, but also carriers of unique cultures and identities. For example, the use of the Albanian language in the diaspora not only strengthens family and cultural ties, but also promotes a sense of belonging and pride in heritage.

In this regard, initiatives to integrate local languages into educational curricula help to raise awareness of linguistic diversity. A concrete example is the programmes that support bilingualism and multilingualism in Europe and other regions.

An important aspect of language education is its role in promoting social equality. Cummins (2000) emphasizes that the use of mother tongues in schooling not only helps children's academic development, but also strengthens their cultural identity. Schools that promote bilingualism offer minority students the opportunity to preserve their language and culture, thereby improving academic and social outcomes.

In this context, the use of language as a tool for empowerment is critical. Norton (2000) suggests that language education should support students to use language skills to raise their voices and influence their social environment.

Technology as a Determinant Factor in the Development of Language Skills

Technology has played a key role in the inclusion of culture and communication in language education. It has transformed the way languages are taught and learned, offering a wide range of tools and resources to improve language and intercultural skills. According to Warschauer (2000), digital platforms and language learning applications enable a more personalized and convenient approach to language learning, giving students the opportunity to learn autonomously and interactively.

Godwin-Jones (2018) argues that digital platforms and social media enable authentic intercultural interactions, helping students build bridges of communication between cultures. He emphasizes that technology not only helps in the acquisition of language skills, but also creates opportunities for direct interaction with native speakers, helping to develop intercultural competences. For example, platforms such as Duolingo and Rosetta Stone offer powerful tools for language learning, while social networks such as Facebook and WhatsApp can be used to build bridges of communication between cultures.

The use of authentic programs is another beneficial tool for language learning, one example of which is "eTwinning", a European platform that connects students and teachers from different countries through intercultural projects. These projects help students discover similarities and differences between cultures and practice language skills in real-life contexts.

Although technology has many advantages, it also brings new challenges to language education. According to Thorne (2003), the use of technology can lead to a dependence on digital tools, reducing direct interaction and intercultural sensitivity. Furthermore, the use of technology requires a careful and balanced approach to avoid problems of accessibility and to ensure an inclusive education.

Conclusions

The didactic dimension of communication and culture is fundamental to language education. In a globalized world, where intercultural interaction is inevitable, language learning must go beyond grammatical and lexical skills to include the development of intercultural and interpersonal competences. Such education not only helps to build a more open and respectful society towards diversity, but also to form global citizens.

In an increasingly globalized world, language education must aim at more than technical skills. It should help individuals understand and accept cultural diversity, build bridges of cooperation and contribute to the creation of a more just and equal society.

Through a comprehensive approach, where technology, intercultural competences and support for local languages are intertwined, language education can create a lasting impact on a personal, professional and societal level.

Globalization has fundamentally changed the way we approach language education, making it a more complex process and more interconnected with the development of intercultural competences. This study emphasizes the importance of including intercultural communication and the use of technology in the language education process, proposing a comprehensive and interdisciplinary approach to preparing individuals to participate in a global society.

References

1. Appadurai, A. (1996). *Modernity at Large: Cultural Dimensions of Globalization*. University of Minnesota Press.
2. Byram, M. (2008). *From Foreign Language Education to Education for Intercultural Citizenship: Essays and Reflections*. Multilingual Matters.
3. Crystal, D. (2003). *English as a Global Language*. Cambridge University Press.
4. Canagarajah, S. (2005). *Reclaiming the Local in Language Policy and Practice*. Routledge.
5. Cummins, J. (2000). *Language, Power and Pedagogy: Bilingual Children in the Crossfire*. Multilingual Matters.
6. Deardorff, D. K. (2009). *The SAGE Handbook of Intercultural Competence*. SAGE Publications.
7. Fairclough, N. (2001). *Language and Power*. Longman.
8. Giddens, A. (2003). *Runaway World: How Globalisation is Reshaping Our Lives*. Routledge.
9. Godwin-Jones, R. (2018). "Emerging Technologies: Second Language Acquisition by Design: A Constructionist Approach." *Language Learning & Technology*, 22(2), 4–15.
10. Holliday, A. (2011). *Intercultural Communication and Ideology*. SAGE Publications.
11. House, J. (2009). *Translation*. Oxford University Press.
12. Kramsch, C. (1993). *Context and Culture in Language Teaching*. Oxford University Press.
13. Kramsch, C. (2014). *The Multilingual Subject: What Foreign Language Learners Say About Their Experience and Why It Matters*. Oxford University Press.
14. Norton, B. (2000). *Identity and Language Learning: Gender, Ethnicity and Educational Change*. Longman.
15. Pavlenko, A., & Lantolf, J. P. (2000). "Second Language Learning as Participation and the (Re)Construction of Selves." In J. P. Lantolf (Ed.), *Sociocultural Theory and Second Language Learning*. Oxford University Press, pp. 155–177.

16. Risager, K. (2006). *Language and Culture: Global Flows and Local Complexity. Multilingual Matters.*
17. Scollon, R., & Scollon, S. W. (2001). *Intercultural Communication: A Discourse Approach. Blackwell Publishing.*
18. Thorne, S. L. (2003). "Artifacts and Cultures-of-Use in Intercultural Communication" *Langua-ge Learning & Technology*, 7(2), 38-67.
19. Tomlinson, B. (2013). *Applied Linguistics and Materials Development. Bloomsbury.*
20. Warschauer, M. (2000). "The Changing Global Economy and the Future of English Teaching." *TESOL Quarterly*, 34(3), 511-535.

HEALTH SECTION

Advancing the Assessment and Management of Chronic Non-Oncological Pain: Qualitative Research with Albanian Primary Healthcare Providers

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Abstract

This qualitative descriptive study explored the experiences, perceptions, and practices of primary healthcare providers—nurses and family doctors—in assessing and managing chronic non-oncological pain in Albania. Using purposive sampling, eight professionals (four nurses and four family doctors) from primary care centers in Vlora and Tirana participated in semi-structured interviews between January and February 2025. Data were analyzed thematically using Braun and Clarke's six-step approach. Nine key themes emerged: assessment strategies, pain history and analysis, communication, management approaches, non-pharmacological methods, collaboration, education, barriers, and solutions. Nurses relied largely on patient-reported symptoms and observational cues, while family doctors employed diagnostic tools and considered psychosocial factors. Both groups emphasized interdisciplinary collaboration, patient education, and individualized care planning. Challenges included limited resources, patient non-compliance, and systemic barriers. Despite their differing roles, both nurses and doctors underscored the need for validated assessment tools and a holistic, team-based model to enhance patient outcomes. These findings support the DJO KRON project's objectives, which aim to improve chronic non-oncological pain care through education, innovation, and primary healthcare system reform. The study highlights the importance of integrated care models, ongoing professional development, and the adoption of multidisciplinary strategies to better

address the complex needs of patients living with chronic pain.

Key-words: chronic non-oncological pain, primary healthcare, pain assessment and management, DJO KRON project, Albania.

Introduction

Chronic non-oncological pain (CNOP) is a prevalent and often debilitating condition that significantly impairs quality of life and places a substantial burden on healthcare systems worldwide. Defined as pain persisting for more than three months and not associated with malignancy, CNOP affects approximately 20% of the global population [1, 2]. Additionally, chronic non-oncological pain and high-impact chronic pain are more prevalent in women, increase with age, vary by race and ethnicity, and are more common in less urbanized areas [3]. Common conditions such as osteoarthritis, fibromyalgia, chronic low back pain, and neuropathic pain syndromes are among the primary contributors to CNOP [4]. Despite its high prevalence, CNOP is frequently underdiagnosed and undertreated in primary healthcare settings, where time constraints, inadequate training, and limited access to multidisciplinary resources hinder effective management [5, 6]. Primary healthcare practitioners (PHCPs) serve as the first point of contact for many individuals experiencing chronic pain, placing them in a critical position to assess and manage CNOP effectively. However, the complexity of chronic pain—

encompassing biological, psychological, and social dimensions—requires a comprehensive biopsychosocial approach to both assessment and intervention [7]. Pharmacological approaches, especially opioids, are commonly used in primary care settings to manage chronic non-oncological pain [8]. However, their long-term effectiveness is limited, and they are associated with risks such as dependency and adverse side effects [9]. A recent study highlighted the complex nature of chronic pain management, showing that psychological, social, and economic factors significantly contribute to chronic non-oncological pain. This reinforces the need for standardized guidelines and protocols, particularly in primary care settings [10]. Furthermore, advances in pain pathophysiology are transforming pharmacological pain management by enabling the identification of pain sources and mechanisms. In this regard, multimodal therapy targets specific mechanisms through the appropriate use of drugs, including non-steroidal anti-inflammatory drugs (NSAIDs), corticosteroids, sodium channel inhibitors, opioids, antidepressants, and other agents [11]. In Albania, there is a lack of scientific evidence regarding the assessment and management of non-oncological chronic pain in clinical settings, both in hospitals and primary care. A study conducted in Albanian hospitals in 2018 showed that pain is the most common symptom that brings people to the hospital, but the use of validated questionnaires to assess pain in clinical settings is lacking [12]. Additionally, a recent study of Albania's healthcare system suggests that there is a lack of standardized protocols for assessing and managing pain. The study also highlights the need for continuous scientific research and development to address the challenges identified while offering solutions based on the proven practices of developed countries in pain management [13]. The limited scientific evidence available on pain management in Albania, as suggested by the literature review, primarily focuses on the pain management of cancer patients rather than on non-oncological chronic pain [14]. Global evidence highlights that the high prevalence and associated characteristics of chronic pain emphasize the need for comprehensive, multicomponent care pathways, grounded in a biopsychosocial model and interdisciplinary approaches for effective management [15]. This underscores the necessity for better assessment tools, clinical guidelines, and multidisciplinary strategies to improve the management of chronic non-oncological pain (CNOP) in primary care. Therefore, the aim of this study is to explore and understand healthcare providers' experiences, perceptions, and practices in assessing and managing CNOP in primary healthcare settings in Albania.

Materials and Methods

Study Design

This study employed a qualitative descriptive design using semi-structured interviews to explore the experiences, perceptions, and practices of healthcare providers—both nurses and family doctors—in the assessment and management of non-oncological chronic pain in primary healthcare settings. A thematic analysis approach was used to analyze the data and identify patterns relevant to clinical practice and healthcare system challenges.

Participants and Sampling

Participants were healthcare professionals—both nurses and family doctors—involved in the management of chronic non-oncological pain. A purposive sampling strategy was used to select participants based on the following criteria: a) Direct involvement in managing patients with non-oncological chronic pain, b) A minimum of one year of clinical experience in primary healthcare settings, and c) Willingness to participate in an in-depth interview. A total of eight participants—four nurses and four family doctors—were interviewed until data saturation was reached, indicating that no new themes emerged. The healthcare providers were from primary healthcare settings in the cities of Vlora and Tirana. These settings were purposively chosen, as the study is part of the research project DJO KRON – Improving the Assessment and Management of Chronic Non-Oncological Pain in Primary Health Care Services, which was selected as a winner in the call for projects under the National Research and Development Program for the period 2024–2025 by NASRI, Albania. The implementation of the DJO KRON project included primary healthcare centers located in the cities of Vlora and Tirana.

Data Collection

Data were collected through semi-structured, in-person interviews conducted between January and February 2025, each lasting between 30 and 60 minutes. An interview guide was developed based on a review of the literature and expert input and included tailored questions for nurses and family doctors. The guiding questions for nurses focused on the following topics: 1) Methods and tools for assessing chronic non-oncological pain; 2) Challenges in the management of chronic non-oncological pain; and 3) Barriers to effective pain management in clinical practice.

The guiding questions for family doctors addressed the following topics: 1) Methods and tools for assessing chronic non-oncological pain; 2) Management and treatment strategies for chronic non-oncological pain (both pharmacological and non-pharmacological); 3) Interdisciplinary collaboration; 4) Systemic barriers and challenges; and 5) Views on emerging technologies and innovations.

All interviews were audio-recorded (with participants' consent), transcribed verbatim, and anonymized to protect participant identities.

Data Analysis

The transcribed interviews were analyzed using thematic analysis, following Braun and Clarke's six-step process [16]:

1. Familiarization with the data
2. Generating initial codes
3. Searching for themes
4. Reviewing themes
5. Defining and naming themes
6. Producing the report

Coding was conducted manually, and themes were refined through iterative comparison across transcripts. To ensure credibility and consistency, two independent researchers reviewed the themes. To ensure credibility, dependability, transferability, and confirmability, triangulation was applied by involving multiple researchers in the data analysis process. Member checking was conducted by providing participants with summaries of the findings for validation and feedback. Additionally, a detailed audit trail documenting coding decisions and theme development was maintained to enhance transparency and accountability.

Ethical Considerations

The study received approval from the Ethics Council at the University of Medicine, Tirana, Albania. All participants gave their informed consent before engaging in the research. To ensure privacy and confidentiality, participants were assigned unique codes, and the data was secure stored codes, and the data was secure stored.

Results

A total of 4 primary care nurses and 4 family doctors were approached and agreed to participate in the study, with 2 nurses and 2 doctors from each of the cities of Vlora and Tirana.

The average age of the nurse participants was 46 years (SD = 5.5), and all were female (N = 4; 100%). They had an average of 19.5 years of clinical experience (range: 14–25 years). The average age of the family doctor participants was 39.5 years (SD = 3.2), and, like the nurses, all were female (N = 4; 100%). Their average length of clinical practice was 12 years (range: 10–14 years). The healthcare providers indicated that they primarily serve older adults and individuals from low socio-economic backgrounds, typically treating 1 to 3 patients daily with chronic non-oncological pain.

The interviews lasted between 30 and 60 minutes and were conducted at healthcare centers in Vlora and

Tirana. The healthcare providers were given the opportunity to review the list of guided questions before the interviews, which were sent via email.

The analysis revealed nine key themes related to chronic non-oncological pain for both nurses and family doctors, which included: identification & assessment, pain history & analysis, communication & engagement, pain management strategies, non-pharmacological methods, collaboration, education, barriers, and solutions & recommendations. A summary of the thematic findings is presented in Table 1.

Table 1. Thematic Findings of Primary Healthcare Providers Interviewed, n=8 (4 Nurses and 4 Family Doctors)

Theme	Family Doctor's Perspective on Chronic Non-Oncological Pain	Primary Healthcare Nursing Perspective on Chronic Non-Oncological Pain
Identification & Assessment	Use of chronic pain criteria, diagnostic tools, psychosocial factors (e.g., depression), and impact on daily life. Reluctance to report pain is a key challenge.	Based on patient self-report, posture, discomfort, vital signs, and limited assessment tools. Challenges include dishonesty and poor cooperation.
Pain History & Analysis	Detailed anamnesis including lifestyle, job, education, and socioeconomic status.	Focus on history (onset, location, and family background), intensity, frequency, physical/emotional/social dimensions.
Communication & Engagement	Relies on patient communication and regular follow-ups.	Use of simple, clear questions; probing daily habits to encourage honest reporting; education and empathy to manage non-adherence.
Pain Management Strategies	Combines pharmacological (NSAIDs, antidepressants) and non-pharmacological (physiotherapy, psychotherapy) treatments. Opioids used rarely.	Goal-setting, monitoring effectiveness, pharmacological treatments prescribed by doctors; nurses track outcomes and side effects.
Non-Pharmacological Methods	Preferred methods: physical therapy and psychotherapy. Less reliance on alternative medicine.	Lifestyle education, physical therapy, psychiatric referral, symptom tracking via patient feedback.
Collaboration	Shifting from limited to more multidisciplinary collaboration; referrals to specialists based on triage and history.	Work with doctors, specialists, psychologists, and physiotherapists for coordinated care.
Education	Tailored to patient's literacy and background. Includes diet, lifestyle, and treatment understanding. Monitored through follow-ups.	Patient and family education, home visits, use of printed materials, and emotional support.
Barriers	Major challenges include non-compliance, system-level limitations (reimbursement, access), financial hardship, and unrealistic patient expectations.	Systemic (lack of cooperation, tools), structural (undervalued nurse roles), and socioeconomic (poverty, labor, nutrition).
Solutions & Recommendations	Call for better-qualified staff, increased tech integration, use of non-invasive treatments, and addressing post-COVID-related chronic pain.	More training and resources, stronger nurse-patient relationships, improved documentation of roles, and better system-level support.

Discussion

Chronic non-oncological pain management in primary healthcare settings is a complex issue that requires a comprehensive, multidisciplinary approach. The thematic analysis of pain assessment and management practices by both nurses and family doctors in primary healthcare settings in Albania

highlights key similarities and differences in their roles, strategies, challenges, and recommendations for enhancing patient care. More detailed insights into the themes identified in Table 1 and their alignment with existing literature are outlined below:

Identification and Assessment

As evidenced in our study, both nurses and family doctors emphasize the importance of patient self-reporting and clinical observations in identifying chronic non-oncological pain. Nurses rely heavily on cues such as patient posture, visible discomfort, and vital signs to assess pain, while also acknowledging the challenges posed by limited patient cooperation. These findings contrast with a systematic review on pain management by nurses, which found that the majority of nurses employed standardized pain assessment tools with patients, regardless of their ability to self-report. Current guidelines recommend that pain assessment and management by nurses be conducted as routinely as the monitoring of vital signs [17]. In our study, family doctors underscore the use of chronic pain criteria, diagnostic tools, and the consideration of psychosocial factors—such as depression—in pain assessment. They also highlight the challenge of patient reluctance to report pain, which can complicate diagnosis. These results are consistent with findings from other studies, which indicate that family doctors frequently take into account psychosocial factors like depression and anxiety, both of which can exacerbate the perception of pain [18]. However, physicians typically utilize a broader range of diagnostic tools, including questionnaires, physical examinations, and psychological evaluations, to complement the patient's medical history. Despite these efforts, both groups of primary healthcare providers in our study face significant barriers due to the inherently subjective nature of pain, as patients often underreport symptoms or provide inconsistent responses—a challenge also well-documented in the literature [19].

Pain History and Analysis

In taking pain history, nurses primarily focus on patient-reported information such as the onset, location, and duration of pain, while also observing physical indicators like skin color and vital signs. This approach aligns with their role in maintaining continuous patient engagement through routine assessments [20]. In contrast, family doctors tend to gather a more comprehensive history, taking into account the patient's socioeconomic status, lifestyle factors, and comorbid conditions. The inclusion of psychosocial dimensions—such as social isolation and stress—is integral to both nursing and medical assessments, as these factors are frequently associated with increased pain intensity [21].

Communication and Engagement

Both nurses and family doctors interviewed in our study recognize the importance of effective

communication with patients to accurately assess pain levels and support treatment adherence. The significance of communication is also well-supported in the literature. One study suggests that nurses are particularly focused on using simple, clear language to encourage honest reporting, emphasizing empathy and persistence in addressing patient reluctance or non-adherence [22]. In contrast, doctors tend to rely more on clinical interviews, drawing on patient history and, in some cases, incorporating psychological counseling to explore the underlying causes of non-adherence [23]. Both healthcare providers agree on the value of patient education as a strategy to reduce non-compliance. However, their approaches differ: nurses often prioritize emotional support and the involvement of family members, while doctors tend to focus on promoting lifestyle changes and enhancing patient understanding of treatment plans. In this context, our findings align with previous research highlighting the role and effectiveness of cognitive behavioral therapy as a widely used therapeutic approach in managing various health issues, including chronic pain [24].

Pain Management Strategies (Non-Pharmacological Methods, Collaboration and Education)

When it comes to pain management, nurses and family doctors often work collaboratively, as evidenced by our study. Family doctors are primarily responsible for prescribing pharmacological treatments—such as NSAIDs, anti-inflammatory drugs, and analgesics. Nurses, in turn, play a key role in monitoring treatment effectiveness and managing side effects through regular follow-up visits. While doctors may prescribe stronger medications, including opioids in rare cases, they generally favor a multidisciplinary approach that incorporates non-pharmacological interventions such as psychotherapy and physiotherapy. Nurse participants in the study also emphasized the importance of patient education and lifestyle modifications as complementary strategies to pharmacological treatment. Non-pharmacological interventions for individuals with chronic non-oncological pain have been shown to be effective in reducing pain, as supported by the literature [25]. Furthermore, other studies highlight the value of a complementary approach, reinforcing the interdisciplinary nature of pain management, in which both healthcare providers contribute uniquely to the overall care plan [26].

Barriers

As the findings of our study suggest, both nurses and family doctors face a variety of barriers in managing chronic non-oncological pain. System-level challenges—such as the lack of validated assessment and diagnostic tools, limited interdisciplinary cooperation, and

insufficient resources—are commonly reported by both groups of primary healthcare providers. Socioeconomic factors, including financial hardship and housing instability, also hinder patients' ability to adhere to pain management plans, as noted in previous research [27]. In our study, nurses emphasized structural barriers, such as the undervaluation of their role in pain management. In contrast, family doctors highlighted systemic limitations, including restricted access to care and issues with medication reimbursement.

Other studies have also highlighted similar obstacles, such as patient-related issues, a lack of professional knowledge, and organizational limitations, which hinder the delivery of both pharmacological and non-pharmacological treatments [28]. Furthermore, unrealistic patient expectations and poor adherence to treatment remain ongoing challenges for both professions, which must often be addressed through patient education and continuous follow-up, as recommended by the literature [29].

Solutions and Recommendations

Both nurses and family doctors in the study suggest strengthening interdisciplinary collaboration as a critical solution to improving pain management. Nurses recommend more training and resources to enhance their role in chronic non-oncological pain care, including better documentation and formal recognition of their contributions. Family doctors advocate for better-qualified staff, especially coordinators and general practitioners, to improve multidisciplinary collaboration. Since medical treatments often cannot fully alleviate pain, it is important to adopt comprehensive management strategies for chronic pain, which include psychological interventions. Psychotherapy for chronic pain primarily aims to enhance physical, emotional, social, and occupational functioning, rather than solely focusing on eliminating pain [30]. Additionally, both groups support the integration of technological advancements, such as electrode therapy and telemedicine, to enhance the effectiveness of chronic pain management. In this regard, the future perspective on pain management is under development, incorporating new technologies and advancements as stated [31]. Furthermore, both nurses and family doctors emphasize the role of patient education as a key factor in improving treatment adherence and self-management. Nurses specifically highlight the need for emotional support and family involvement in education, while family doctors focus more on lifestyle modifications and disease awareness. Both healthcare provider groups recognize the importance of psychological support in addressing mental health issues like anxiety and depression, which are often associated with chronic

pain. These findings are consistent and contribute to the growing evidence supporting the use of interdisciplinary approaches, acceptance and commitment therapy, and patient education for chronic pain, particularly regarding the clinical effectiveness of shorter treatment durations [32].

Conclusion

The key findings from the perspectives of family doctors and primary healthcare nurses on chronic non-oncological pain in Albania highlight several important themes. Family doctors use specific criteria and diagnostic tools, taking psychosocial factors into account, although patient reluctance to report pain remains a challenge. Nurses, in contrast, rely on patient self-reports, vital signs, and posture but face issues such as dishonesty and poor cooperation. Family doctors collect detailed lifestyle and socioeconomic data and emphasize follow-ups, while nurses focus on pain history, its impact, and prioritize empathy. In terms of pain management, doctors employ a mix of treatments, using opioids sparingly, whereas nurses concentrate on goal-setting and tracking treatment effectiveness. Both emphasize the need to collaborate with specialists, work in teams, tailor patient education, and navigate challenges such as non-compliance and healthcare system limitations. Both healthcare providers agree on the importance of education, multidisciplinary collaboration, and patient-centered care, although their methods and perspectives reflect their distinct roles within the healthcare system. They stress the value of a holistic, coordinated approach to chronic non-oncological pain management, along with the use of validated assessment tools in clinical practice. In conclusion, it is emphasized that the future of chronic non-oncological pain management may benefit from a stronger interdisciplinary approach, continuous education, and technological innovations aimed at improving patient care and outcomes.

Funding

This research is part of the DJO KRON Project – 'Improvement of the Assessment and Management of Non-Oncological Chronic Pain in Primary Health Care Services,' funded by NASRI (AKKSHI) and the University of Medicine Tirana (UMT), and approved by Decision No. 6, dated 10.06.2024, by the Management Board of AKKSHI, 'For the Approval of Funding for Winning Projects of the National Research and Development Program (PKKZH) for the period 2024-2025.'

References

1. Goldberg DS, McGee SJ. Pain as a global public health priority. *BMC Public Health*. 2011;11:770.
2. Treede RD, Rief W, Barke A, Aziz Q, Bennett MI, Benoliel R, et al. Chronic pain as a symptom or a

- disease: *The IASP Classification of Chronic Pain for the International Classification of Diseases (ICD-11)*. *Pain*. 2019;160(1):19–27.
3. Lucas JW, Sohi I. *Chronic pain and high-impact chronic pain in U.S. adults, 2023*. *NCHS Data Brief*. 2024;518.
 4. Fitzcharles MA, Cohen SP, Clauw DJ. *Chronic primary musculoskeletal pain: Emerging concepts and innovations in therapy*. *Best Pract Res Clin Rheumatol*. 2016;30(1):99–110.
 5. Slater H, Davies SJ, Parsons R, Quintner JL, Schug SA. *A policy-into-practice intervention to increase the uptake of evidence-based management of low back pain in primary care: A prospective cohort study*. *PLoS ONE*. 2012;7(5):e38037.
 6. Breivik H, Collett B, Ventafridda V, Cohen R, Gallacher D. *Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment*. *Eur J Pain*. 2006;10(4):287–333.
 7. Gatchel RJ, Peng YB, Peters ML, Fuchs PN, Turk DC. *The biopsychosocial approach to chronic pain: Scientific advances and future directions*. *Psychol Bull*. 2007;133(4):581–624.
 8. Teng ASW, Boo AYY, Lim ZW. *Management of chronic non-cancer pain in primary care*. *Singapore Med J*. 2023;64(2):115–120.
 9. Dowell D, Haegerich TM, Chou R. *CDC guideline for prescribing opioids for chronic pain*. *MMWR Recomm Rep*. 2016;65(1):1–49.
 10. Rufener L, Akre C, Rodondi PY, Dubois J. *Management of chronic non-cancer pain by primary care physicians: A qualitative study*. *PLoS ONE*. 2024;19(7):e0307701.
 11. Bonezzi C, Fornasari D, Cricelli C, Magni A, Ventriglia G. *Pharmacological management of adults with chronic non-cancer pain in general practice*. *Pain Ther*. 2020;9(Suppl 1):17–28.
 12. Kamberi F, Sinaj E. *Pain the most common symptom in the Emergency Department: Implications for future nurses*. *Universi Int J Educ Sci Technol Innov Health Environ*. 2018;4(1):1–10.
 13. Çuni Z, Saliqaj A. *Pain management in Albania's health care system*. *Asian J Heal Res*. 2024;3(3):273–277.
 14. Xhixha A, Rama R, Radbruch L. *Reducing the barriers to pain management in Albania: Results from an educational seminar with family doctors*. *J Palliat Med*. 2013;16(7):758–761.
 15. Rometsch C, Martin A, Junne F, Cosci F. *Chronic pain in European adult populations: A systematic review of prevalence and associated clinical features*. *Pain*. 2025;166(4):719–731
 16. Clarke V, Braun V. *Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning*. *The Psychologist*. 2013;26(2):120–123.
 17. Hughes D, O'Donnell M, Ailsa A. *Nurses' role in pain management: A systematic review*. *J Nurs Care Qual*. 2020;35(1):3–10.
 18. Gatchel RJ, Peng YB, Peters ML, Fuchs PN, Turk DC. *The biopsychosocial approach to chronic pain: Scientific advances and future directions*. *Psychol Bull*. 2007;133(4):581–624.
 19. Pletcher MJ, Kertesz SG, Kohn R. *Chronic pain and addiction: Addressing the dual crisis*. *Pain Med*. 2020;21(7):1470–5.
 20. Brennan F, Carr DB, Cousins M. *Pain management: A fundamental human right*. *Am J Public Health*. 2019;109(4):536–40.
 21. Merskey H, Bogduk N. *Classification of chronic pain: Descriptions of chronic pain syndromes and definitions of pain terms*. 2nd ed. IASP Press; 2013.
 22. Kwekkeboom KL, Haukenes K. *Effects of pain management strategies: Enhancing the care of patients with chronic pain*. *J Pain Manag Nurs*. 2011;12(4):270–7.
 23. Tait RC, Chibnall JT. *Chronic pain and opioid misuse: The physician's role in patient management*. *J Pain Res*. 2014;7:57–65.
 24. Hofmann SG, Asnaani A, Vonk IJ, Sawyer AT, Fang A. *The efficacy of cognitive behavioral therapy: A review of meta-analyses*. *Cogn Ther Res*. 2010;34(5):427–40.
 25. Kramer TL, McLeod A, Jones J. *Exploring non-pharmacological interventions for chronic pain management*. *J Pain Palliat Care Pharmacother*. 2017;31(3):156–67.
 26. Murray S, Wolff M, Ley D. *Chronic pain management: An integrated, multimodal approach*. *J Clin Pain*. 2015;31(8):632–9.
 27. Zhang W, Chen Y, Zhou M. *Socioeconomic factors and chronic pain: A systematic review*. *J Pain Manag*. 2019;16(4):251–9.
 28. Drake EJ, Mather DA. *Barriers to pain management: The role of the healthcare provider*. *J Pain Res*. 2015;8:385–9.
 29. Mehta P, Weisman MH, Kohn S. *Barriers and challenges in chronic pain management*. *J Clin Rheumatol*. 2019;25(6):324–8.
 30. Morley S, Beath P, McCausland R. *Addressing psychological factors in the management of chronic pain: Strategies for the multidisciplinary team*. *Pain Med*. 2015;16(6):1094–101.
 31. Sullivan MD, Ballantyne JC, Kerns RD. *Chronic pain management in the 21st century*. *Pain Med*. 2020;21(1):1–3.
 32. Vowles KE, McCracken LM, Eccleston C. *Acceptance and commitment therapy for chronic pain: A critical review*. *Eur J Pain*. 2014;18(6):669–78.

Transition from Conventional Hemodialysis to Incremental Hemodialysis in a Patient with Stage V Chronic Kidney Disease – A Case Report

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<https://doi.org/10.63871/unvl.jsuv1.1.5>

Abstract

D.S., a 77-year-old woman with end-stage diabetic nephropathy, initiated conventional hemodialysis (HD) on October 29, 2024, initially using a non-tunneled central venous catheter (CVC) as vascular access for the first two months, followed by the use of a native arteriovenous fistula (AVF). She managed to preserve a significant residual urine volume (>0.3–0.5 L/day), which prompted consideration of transitioning to incremental hemodialysis. From November 2024 until April 10, 2025, she underwent conventional hemodialysis three times per week (weekly treatment time [WTT] ~660–720 minutes), achieving high dialysis adequacy (spKt/V 1.40–1.78, URR ~75–83% per session). Hemoglobin remained stable (~10.0–11.2 g/dL) with transferrin saturation (TSAT) levels of 24–26% and ferritin levels of 450–520 µg/L, using modest doses of Epoetin (~4500–6000 IU/week). Interdialytic weight gains were minimal (-0.3–1.6% of dry weight), and mean arterial pressure (MAP) fluctuated around ~85–90 mmHg under antihypertensive therapy. Starting from April 10, 2025, the patient transitioned to incremental hemodialysis twice per week (total WTT ≈480 minutes) to take advantage of the persistence of

residual renal function. After the change, dialysis parameters remained within target ranges: calculated spKt/V and URR values stayed above adequacy thresholds, volume status and blood pressure remained controlled, and hematological parameters for anemia evaluation remained stable without the need for further increases in erythropoietin (EPO) dosing. This clinical case illustrates that selected elderly patients with residual kidney function (RKF) can safely initiate dialysis using an incremental regimen without compromising adequacy or metabolic balance. In this case report, we discuss the rationale and safety of incremental hemodialysis in elderly diabetic patients, while also considering the latest protocols and studies supporting individualized and stepwise regimens to preserve residual function and quality of life (QOL).

Key-words: conventional hemodialysis, incremental hemodialysis, chronic kidney disease, case report, transition, quality of life.

Introduction

Traditionally, hemodialysis is performed three times per week for patients with end-stage kidney disease (ESKD), regardless of their residual renal clearance. However, many patients at the time of initiation still retain a certain level of residual renal function (RKF). Preserving RKF significantly contributes to the elimination of solutes and fluids and is associated with better outcomes. [1] Incremental hemodialysis (iHD) represents a personalized strategy that allows patients to start dialysis with less intensive regimens (e.g., twice a week or shorter sessions) and gradually escalate dialysis doses as RKF progressively declines. [1] Unlike rigid "one-size-fits-all" protocols, iHD tailors dialysis based on residual clearance and comorbidities. [1] By reducing treatment burden (fewer hours per week) and potentially minimizing dialysis-induced hypotension, iHD may preserve RKF and improve patient well-being. A helpful conceptual illustration (shown below) of this approach shows that the dialysis "dose" (frequency or duration) is gradually escalated over time as native GFR values decline, rather than transitioning immediately to a full-dose regimen. [1][2]

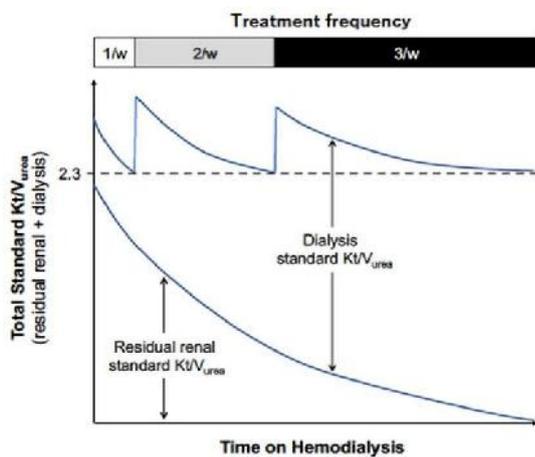


Image 1: The concept of incremental hemodialysis. "The dose" of treatment gradually rises with time (arrow) while RKF values fall.

Recent nephrology guidelines recognize the potential of iHD for selected patients. For example, the 2020 KDOQI guidelines allow for reduced dialysis doses when there is significant RKF and define that the target adequacy ($spKt/V \geq 1.2$ per session, three times a week) can be achieved through a combination of dialysis and RKF clearance. [3] KDIGO and leading European clinics similarly recommend monitoring RKF and individualizing HD accordingly. [4][5] Furthermore, observational studies have shown that

iHD can preserve RKF and prolong the patency of vascular access without evident disadvantages in survival among selected patients. [5][6] These benefits are more evident in elderly patients or those with low metabolic rates, who generate fewer uremic toxins and often have minimal interdialytic weight gains. [2][5] Nevertheless, concerns remain about the risk of underdialysis (especially regarding fluid and electrolyte control) during longer interdialytic intervals. Therefore, advocates of this approach emphasize careful patient selection and close monitoring. We present a case that illustrates a safe transition to incremental hemodialysis in an elderly diabetic female patient with residual diuresis, while also highlighting dialysis adequacy and clinical parameter stability following a reduction of HD frequency to twice weekly.

Discussion

This clinical case illustrates how the careful selection of elderly patients with significant residual renal function may benefit from a reduced HD frequency while preserving adequacy and clinical stability. We highlight four key domains:

Dialysis Adequacy

Before the regimen change, the patient's per-session $spKt/V$ (1.40–1.83) and URR (~75–84%) were both above minimum target values ($spKt/V \geq 1.2$, $URR \geq 65\%$). [3] After switching to the incremental regimen, adequacy remained satisfactory: each session continued to provide $spKt/V \approx 1.80$ ($URR \sim 82\%$), and combined with the patient's RKF, her total weekly clearance ($stdKt/V$) remained above 2.3. This aligns with protocols supporting lower dialysis frequency when RKF is present. [3] In our practice, we closely monitored urea kinetics and ensured target values were achieved; there were no signs of chronic underdialysis (e.g., rising urea levels or symptoms). Recent literature supports that twice-weekly regimens with $Kt/V \geq 1.2$ per session and modest RKF can achieve optimal solute clearance equivalence. [3][6] The 2020 KDOQI guidelines explicitly state that dialysis dose "may be reduced" if RKF is significant. [3] Similarly, European protocols encourage individualized dosing, accounting for both dialysis clearance and RKF. [4]

Table 1: Dialysis Adequacy Parameters (January–April 2025)

Month	Kt/V	URR (%)
January	1.58	76
February	2.01	83
March	1.95	82
April	2.06	83

Volume Control and Hemodynamics

The patient's small interdialytic weight gains ($\leq 2\%$ of dry weight) and well-controlled blood pressure are indicators of a euvolemic status. Residual diuresis (~ 0.4 L/day) contributes to continued fluid elimination and consequently reduces the need for ultrafiltration. Observationally, patients on incremental hemodialysis (HD) often have better volume control and fewer hypotensive episodes. [1] In theory, fewer sessions increase the interdialytic interval, thereby raising the risk of fluid overload. However, in our case, the patient's weight gains remained modest ($< 5\%$) and could be easily eliminated in two sessions per week. This reflects the advantage of preserving residual kidney function (RKF): even a low glomerular filtration rate (GFR) can support intermittent fluid loads and stabilize volume. [1] Moreover, incremental regimens can employ slightly longer sessions or more personalized dry weight targets to compensate for the interdialytic interval.

In our patient, ultrafiltration rates remained ≤ 8 mL/kg/hour, and she did not experience intradialytic hypotension. The literature highlights that less intensive UF rates in incremental HD may help reduce cardiac stress and prolong RKF longevity. [1][4] In elderly patients, who often have a less pronounced sense of thirst and lower muscle mass, fluid accumulation tends to be limited, making incremental regimens more feasible. [5]

Table 2: Clinical parameters and Dialysis Metrics

Month	MAP (mmHg)	Weight gain (%)	WTT (min/week)	Qb (mL/min)
November	95	0.7	720	292
December	97	-0.3	660	318
January	93	-0.5	716	297
February	92	-0.1	713	303
March	92	1.0	720	334
April	90	1.6	720	363

Anemia management

Adequate clearance of middle-sized molecules and preservation of residual renal erythropoietic factors may improve anemia control in patients with CKD. [5] In our patient, hemoglobin levels were maintained at 10–11 g/dL with moderate doses of EPO. TSAT and ferritin levels were kept within acceptable ranges (TSAT ~ 25 – 30% , ferritin ~ 450 – 520 ng/mL) through intravenous iron supplementation, according to KDIGO guidelines. [7] At the same time, the reduction in HD frequency did not worsen anemia or increase the need for higher EPO doses. On the contrary, Hb

remained stable and EPO doses were unchanged. This is consistent with other reports suggesting that preservation of residual kidney function (RKF) and less frequent HD may reduce ESA requirements, likely related to endogenous clearance of uremic inhibitors of erythropoiesis. [1][5]

Table 3: Hemoglobin, Iron Studies and EPO use

Month	Hemoglobin (g/dL)	TSAT (%)	Ferritin ($\mu\text{g/L}$)	EPO (IU/week)
November	7.9			
December	9.0	22	292	4500
January	10.3	22*	292*	6000
February	10.7	22*	292*	6000
March	11.2	25	470	1000
April	10.6	25*	470*	-

The values marked with * represent measurements not taken in the corresponding month, but rather according to the quarterly laboratory analysis protocols.

Metabolic Balance

Regular monitoring showed a stable hydro-electrolytic and acid-base status. Key metabolic parameters (potassium, phosphate, bicarbonate) did not increase after the transition; meanwhile, some patients on incremental HD can compensate with modest dietary restrictions. There were no instances of hyperkalemia or acidosis. This supports evidence that even residual patient clearance may buffer intermittent therapy. [1] We reinforced patient education regarding dietary restrictions (e.g., limiting salt and potassium), and all markers (phosphate, calcium) remained within normal limits.

Table 4: Phosphate-Calcium Balance

Month	PTH (pg/mL)	Phosphate (mg/dL)	Calcium (mg/dL)
November	-	3.63	9.33
December	-	3.18	8.7
January	-	2.93	8.17
February	268	3.62	8.77
March	268*	3.93	8.78
April	268*	3.99	9.16

Safety and Rationale in Elderly Patients

At 71 years old, our patient D.S. falls into the elderly dialysis population, where personalized goals may differ from younger cohorts. [5] Older adults typically have lower metabolic demands and often shorter life expectancy, shifting the risk-benefit balance. In the systematic review "Dialysis for Older Adults," authors highlight that standard Kt/V target values may sometimes be too aggressive for elderly patients, and

incremental HD "should be considered the primary choice for most patients starting dialysis with residual kidney function." [5] Observational studies in elderly diabetic cohorts have not found survival disadvantages with incremental regimens when patients are carefully selected. [6][8] For example, Kalantar-Zadeh et al. showed in a large U.S. cohort that patients on incremental HD with adequate baseline RKF preserved renal clearance better and had no higher mortality than those on conventional regimens. [6]

Similarly, Piccoli et al. reported that introducing incremental HD in a dialysis center population did not increase the risk of death, and diabetes status did not alter this outcome. [8] These findings align with our experience: despite being diagnosed with diabetic nephropathy and other comorbidities, D.S. tolerated iHD well.

Current protocols suggest several criteria for safe incremental HD: substantial RKF (urine output >500 mL/day or GFR >2–3 mL/min), good vascular access, manageable interdialytic gains, and patient compliance. [1][5] Our patient met these criteria: she had a daily urine output of 350–500 mL, a suitable fistula, and no contraindications (e.g., severe heart failure or malnutrition). Her AVF matured in January 2025, providing high Qb levels (~360 mL/min), which helped achieve higher per-session Kt/V values than before. This enabled a safe de-escalation for the patient.

When comparing literature, elderly patients on iHD often experience better outcomes when their RKF is utilized. According to Piccoli et al. 2022, among patients starting iHD, being diabetic and/or elderly did not predict differences in mortality. [8] Other authors have noted that frail elderly patients may benefit from fewer treatments – they experience less post-dialysis fatigue and maintain RKF longer. [5] Conversely, some studies emphasize that iHD can be risky if RKF is overestimated or lost quickly. Notably, Kalantar-Zadeh observed higher mortality in incremental regimens among patients with minimal baseline K/ru (≤ 3 mL/min). [6] This underscores the importance of regular RKF assessment. In D.S., we continue to measure her urinary volumes monthly; her clearance remains at ~3–4 mL/min. If/when her RKF is significantly reduced (e.g., <2 mL/min), returning to a conventional regimen will be indicated, following KDOQI protocols. [3]

In summary, the patient's post-transition data does not show loss of adequacy or safety: Kt/V remained above 1.2 and URR >65%, volume control and blood pressure remained stable, target anemia levels were achieved without additional therapy, and the patient reported a good sense of well-being. This real-life result aligns with the notion that incremental HD, when applied appropriately, can maintain clinical stability.

Conclusion

In this 71-year-old patient with diabetic nephropathy, incremental hemodialysis (reduction from three to two sessions per week) was successfully implemented without compromising adequacy or clinical stability. Residual kidney function allowed safe reduction in dialysis dose: adequacy targets were maintained, volume and blood pressure were controlled, and both anemia and metabolic parameters remained stable. Our patient's case supports recent studies suggesting that some elderly patients with preserved urine output may be transitioned to less intensive dialysis regimens. [1][5] The decision for incremental dialysis – preserving residual renal function and patient quality of life – was successfully achieved in practice. Rigorous monitoring remains essential, and dialysis frequency must be escalated if residual function declines or lab parameters worsen. This case provides evidence that the traditional "one size fits all" approach of three sessions per week can be safely modified for elderly patients with some residual clearance, as long as protocols are followed and monitoring is continuous and rigorous.

Patient Consent

Patient D.S. provided written consent for her demographic, clinical, and laboratory data to be used for research purposes. She was informed that at every stage of the study, her anonymity would be ensured and any identifying details would be removed. The patient was made aware that the collected data was exclusively for research use and that there was no professional or monetary interest involved.

References

1. Mathew AT, Obi Y, Rhee CM, Chou JA, Kalantar-Zadeh K. Incremental dialysis for preserving residual kidney function—Does one size fit all when initiating dialysis? *Semin Dial.* 2018;31(4):343–52.
2. Agar J. Incremental dialysis: Toward a nuanced approach. *Home Dialysis Central [Internet].* 2019 May 9 [cited 2025 May 22]. Available from: <https://homedialysis.org/news-and-research/blog/308-incremental-dialysis-toward-a-nuanced-approach>
3. Kidney Disease Outcomes Quality Initiative (KDOQI). *Clinical Practice Guideline for Hemodialysis Adequacy: 2020 update.* *Am J Kidney Dis.* 2020;76(3 Suppl 1):S1–S107.
4. Casino FG, Basile C. Incremental hemodialysis: A critical review on early start and transition strategies. *Nephrol Dial Transplant.* 2020;35(10):1803–18.
5. Khatri P, Davenport A. Dialysis for older adults: why should the targets be different? *J Nephrol.* 2024;37(4):841–50.

6. *Obi Y, Streja E, Rhee CM, Ravel V, Amin AN, Cupisti A, et al. Incremental hemodialysis, residual kidney function, and mortality risk in incident dialysis patients: a cohort study. Am J Kidney Dis. 2016;68(2):256–65.*
7. *Berns JS. Interpretation of the Kidney Disease: Improving Global Outcomes guidelines for iron therapy: commentary and emerging evidence. Clin Kidney J. 2017;10(Suppl 1):i3–8.*
8. *Torreggiani M, Fois A, Chatrenet A, Nielsen L, Gendrot L, Longhitano E, et al. Incremental and personalized hemodialysis start: a new standard of care. Kidney Int Rep. 2022;7(5):1049–61.*

ECONOMIC SECTION

Tourism Trend during the Pandemic: A Case Study of an Albanian Accommodation Facility through the Online Booking System

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<https://doi.org/10.63871/unvl.jsuv1.1.6>

Abstract

The task of this paper is to investigate the extent to which the tourism industry is affected by the pandemic during the year 2020. The aim is to shed light on the influx of tourists during 2020 - 2021 in comparison with the previous year, that of 2019. Emphasis will also be placed on the nationalities of tourists visiting Vlora. The accommodation facility under analysis is an apartment unit located by the seaside in the city of Vlora which provides hospitality to foreigners.

The findings confirm the fact that the numbers of tourists during 2020 had shrunk compared to previous years and the countries mostly entering Albania were those bordering our territory such as the Republic of Kosovo, Northern Macedonia, and Serbia. Online booking reservation system of the apartment unit reveals interesting data on the number, percentage and nationality of accommodated tourists.

Key words: tourists, accommodation, pandemic, online booking system

Introduction

In recent years, the Albanian government has paid particular attention to the tourist industry, perceiving the sector as key in the economic development of the country. The aim is to establish Albania as a favoured destination within the Mediterranean tourism market by creating a new impression of Albania as a destination which can offer services in line with international standards. As a result, the Albanian tourism industry has seen ongoing growth, with an

average annual increase of 12% in the number of visitors, between 2013 and 2017 (INSTAT, 2018). With its beautiful natural scenery and a remarkable heritage of historical sites, Albania has become an increasingly attractive destination for foreign visitors. Figures released by the Albanian Institute of Statistics in cooperation with the Bank of Albania show that 21 million people had entered Albania for touristic purposes between 2013 and 2017. The figures for 2018 revealed a 15.8% increase in the number of tourists compared to 2017, with numbers reaching a peak in the first 8 months of 2019 with 4,870,588 tourists recorded in this period (see Figure .2).

Figure 1.2. Foreign visitors to Albania 2014-2019(INSTAT, 2020a)



As a result over the last ten years, Albania has experienced a wide range of new encounters and collaborations with people from many different countries, which have created a wealth of new

opportunities in the tourist industry. The majority of trips to the country are made by tourists who show a keen interest in the history, traditions, customs, cultural values and language of the country they are visiting. In contrast to the past, Albania is becoming an increasingly popular choice for foreign visitors who are enthusiastic about what they find there.¹

The Albanian tourist industry is undergoing a rapid expansion in terms of the services that it offers to foreign visitors, with 46 tourist operators and 154 travel agencies currently active in different cities, and 252 professional certified guides offering their services across the entire country. According to data provided by the General Directory of Taxation, there are 2,437 accommodation structures operating in the country, an increase of 186%, since 2013. Hotels make up about 65% of the total, while the remaining accommodation consists in private houses and guest rooms. A particularly substantial increase in the capacity of accommodation was recorded in the municipalities of Vlora and Saranda, with a growth in capacity of around 32% compared to 2018 (Ministry of Tourism and Environment, 2018).

The Effects of Pandemic on Tourism during 2020

The appearance of the lethal disease COVID-19 has resulted in massive financial losses and caused global health and economic crises worldwide (Anderson et al., 2020; McKenna and Bargh, 1998; Brewer, 2016). The major effects of the pandemics result in a steep decrease in the travel and tourism industry, a dominant contributor to the service industry (Abbas, 2021; Jones et al., 2015; Avery, 2010). During 2020 the number of foreign travellers entering Albania for tourism dropped significantly compared to the previous year that of 2019 with about 4 million people less. The decrease had substantial reduction on the country's economy as tourism is considered a profitable industry of income generation.

Table 1.1 Number of Foreign Tourists in 2019

Year 2019
Foreign citizens 6,406,038

¹ Statistics collated by the Ministry of Culture from the information offices of all Albanian cultural sites administered by the Ministry report that almost 1 million foreign and domestic tourists visited cultural attractions in 2018, an increase of 49.2% on the number of visitors recorded in 2017. The most popular cultural destinations among foreign visitors are the World Heritage Sites, such as the Butrint Archaeological Park, Berat and Gjirokastra,

Table 1.2 Number of Foreign Tourists in 2020

Year 2020
Foreign citizens 2,323,938

Source: <http://www.instat.gov.al/al/temat/industria-tregtia-dhe-sh%C3%ABrbimet/turizmi/#tab2>

Although 2020 the year of pandemics, marked the greatest drop in tourists, 2021 the subsequent year saw revival of this industry in Albania as demonstrated by the figures (Table 1.3). 4,718,114 tourists visited Albania during 2021, more than a half compared to 2020.

Table 1.3 Number of Foreign Tourists in 2021

Year 2021
Foreign citizens 4,718,114

Source: <http://www.instat.gov.al/al/temat/industria-tregtia-dhe-sh%C3%ABrbimet/turizmi/#tab2>

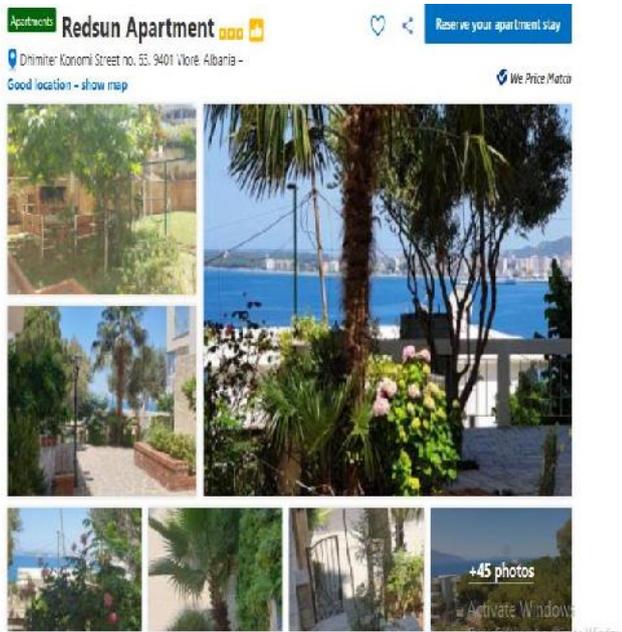
Case Study and Analysis

The accommodation facility under analysis is listed on booking.com as Redsun Apartment shown in Figure 1.1. Booking.com a travel agency for lodging reservations & other travel products² is considered one of the most popular online travel sites with international availability. As well as a safe and reliable platform to book trips. Redsun apartments are located in the city of Vlora, in the area known as "Uje Ftohte" along the seaside.

the National History Museum in Tirana, the Apollonia National Archaeological Park and the cultural attractions of Korça and Shkodra. Domestic visitors accounted for approximately 26.4% of the total number of visitors, with the remaining number consisting of foreign tourists who had visited the country throughout the year.

² <https://en.wikipedia.org/wiki/Booking.com>

Figure 1.1 Screenshot of the accommodation facility listed on Booking



Taking permission from booking admin, I had the possibility to check the data on reservations, nationality and travel purposes during 2020 and 2021 from foreign tourists.

The data reveal that the tourists dominating tourism in 2020 during the pandemics were Albanians themselves standing on the top of the list with a percentage of 64.71%, Montenegro following the second with 17.65 %, North Macedonia 11.76% implying that the neighbouring countries were the ones which opted for Albania during 2020.

Figure 1.2 Reservations per Country during 2021 in Comparison with year 2020

Ukraine	25.29%
Last year	0%
North Macedonia	18.39%
Last year	11.76%
Serbia	17.24%
Last year	0%
Kosovo	12.64%
Last year	0%
United Kingdom	12.64%
Last year	5.88%
Italy	10.34%
Last year	0%
Albania	2.3%
Last year	64.71%
France	1.15%
Last year	0%
Montenegro	0%
Last year	17.65%

Albanians standing on top implies that tourism within the country itself was encouraged and boosted. It is quite obvious that European tourists such as Italians, French or British were absent during the pandemics, meaning no reservations in the platform from those nationalities. Even tourists from Serbia who really prefer Albania to spend their holiday lacked during the pandemics. Another trend of tourist influx in Vlora is that from Ukraine. Redsun Apartments accommodate many Ukrainians every year since they are keen on the comfort, proximity and convenience offered by the accommodation facility and the city itself. However, during 2020 there were no reservations from them due to the Covid-19 outbreak. But, 2021 saw an increase in their numbers reaching 25.29 %. The data bring visible results on the increase of tourists during 2021 during which tourism was reviving. Albania was being promoted as a Covid-19 free country allowing tourists to enter without any restrictions or tests. Thus, tourists from Ukraine and Serbia boosted from 0% to 25.29% and 17.24 respectively. Tourists from Italy had booked the apartments as well with a percentage of 10.34 % quite a significant increase compared to the previous year of the pandemics. Rather surprisingly the number of Albanian tourists dropped considerably reaching a percentage of 2.3 % compared to 64.71. Moreover, there is an increase of tourists from the UK with a percentage of 12.64% in comparison to 5.88% which was the previous year.

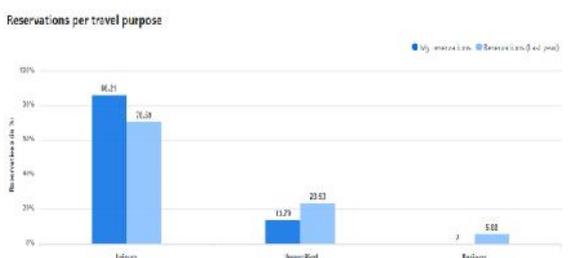
Figure 1.3 Screenshot of the accommodation facility's report on tourists



Reservations based on Travel Purpose

Much interest poses even the reason of travelling to Albania and staying at the apartments. The main reason is for leisure with 86.21% during 2021 and 70.595 during 2020. Quite a similar figure with a slight difference. While, the others do not specify it in the platform, comprising 13.79% and 23.53% during 2020.

Figure 1.1 Screenshot of the Reservations per Travel Purpose



The results are expected since the main purpose tourists visit this accommodation facility is for leisure. Taking into consideration its location and proximity to the beach one can easily assume that this place is quite comfortable for summer holidays.

Conclusions

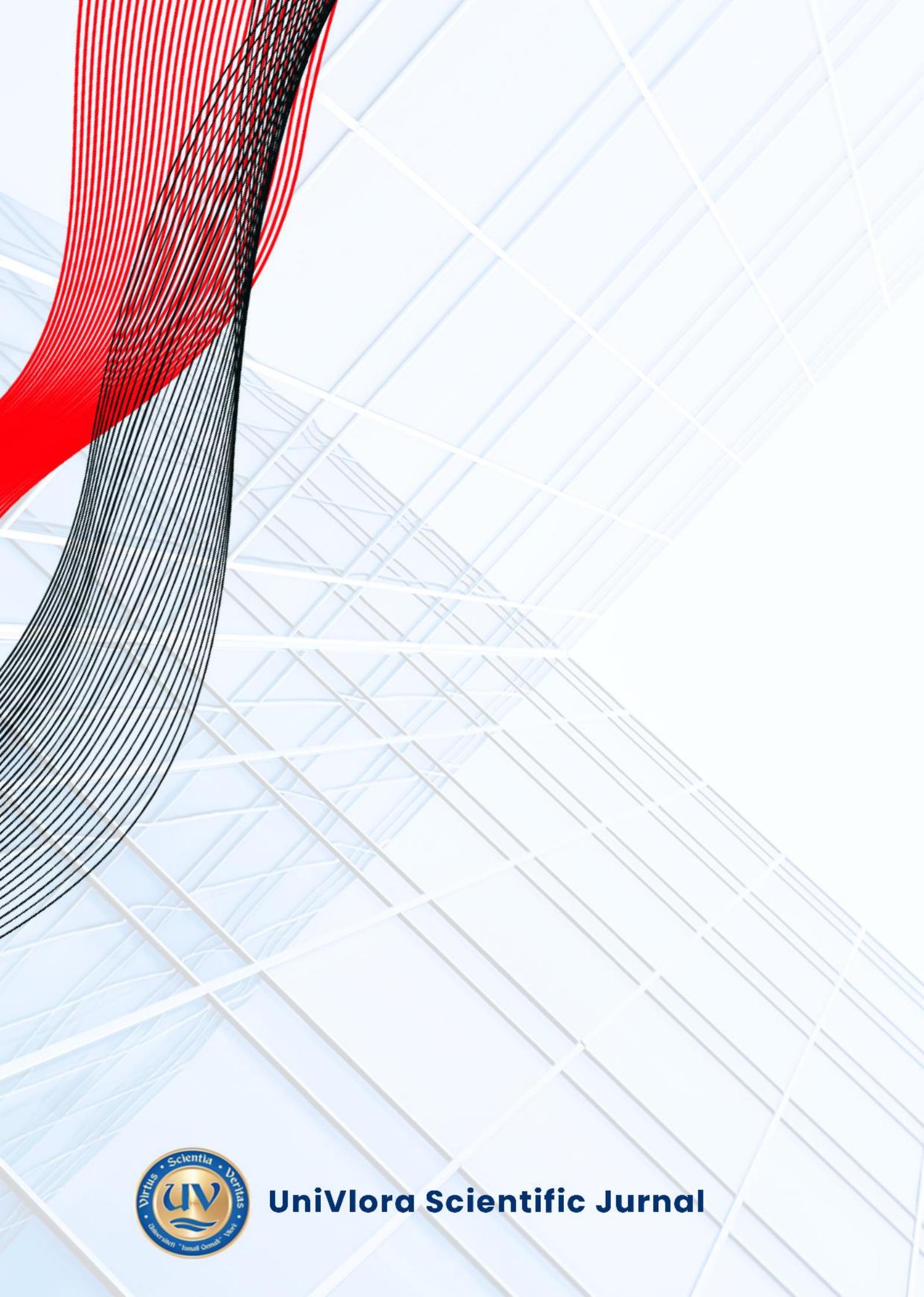
The results showed that there were differences in tourists` numbers among European and non-European visitors during 2020 which marked the isolation year and 2021. Tourists who mostly booked at Redsun Apartments were from Albania and the neighbouring countries which could travel based on a rapid test certificate. Europe had strict regulations or some were totally closed for travellers to enter. So, the destination with no travel restrictions was Albania. Fortunately tourism improved during 2021 during which European tourists such as French and British would come as well. Gradually, the tourism industry

improved and more travellers were visiting Albania for leisure purposes as demonstrated by the data and reservations at the apartments under analysis.

References

1. Albanian Center for Economic Research. (2019). *Përmbledhja e gjetjeve kryesore të vrojtimet të turistëve, grupeve të fokusuar dhe numërimet të turistëve 2019 [Summary of main findings of tourists, focus groups and tourist numbers 2019]*. https://acer.org.al/wp-content/uploads/2020/12/ACER_ADF_ALB_Raport-final_2019.pdf
2. Bank of Albania. (2008). *Sector Strategy on Tourism 2007-2013*. https://shtetiweb.org/wp-content/uploads/2014/05/strategy_of_tourism_2007_2013.pdf
3. Demographics of Albania. (2021, October 8). In Wikipedia. https://en.wikipedia.org/w/index.php?title=Demographics_of_Albania&oldid=1048905177
4. DestiMap.com. (2020). *Parku Kombëtar i Qafe Shtames, Kruje [Qafe Shtama National Park, Kruje]*. DestiMap. Retrieved October 24, 2021, from <https://www.destimap.com/index.php?act=attraction&a=Parku-Kombetar-i-Qafe-Shtames%2C-Kruje%2C-Albania>
5. Dewey, Martin. 2011. *Accommodative ELF talk and teacher knowledge*. In Alasdair Archibald, Alessia Cogo & Jennifer Jenkins (eds.), *Latest trends in ELF research, 205–227*. Newcastle upon Tyne: Cambridge Scholars Publishing
6. Durham, M. E. (1909). *High Albania*. London: Edward Arnold.
7. European Council. (2002, March 16). *Presidency Conclusions*. Barcelona European Council, 15 and 16 March 2002. https://www.consilium.europa.eu/ueDocs/cms_Data/docs/pressData/en/ec/71025.pdf
8. European Education and Culture Executive Agency. (2017). *Capacity Building in the Field of Higher Education 2017*. https://www.eacea.ec.europa.eu/grants/2014-2020/erasmus/capacity-building-field-higher-education-2017_en
9. Elezi, S. (2010). *Ndikimi i anglishtes në shqipen nëpërmjet muzikës rep [The influence of English on Albanian through rap music]*. In *Seminari Ndërkombëtar për Gjuhën, Letërsinë dhe Kulturën Shqiptare*, 29/1, 437-442.
10. Elsie, R. (2015). *Albania in a Nutshell: A Brief History and Chronology of Events*. Centre for Albanian Studies.
11. European Bank for Reconstruction and Development. (2004). *Strategy for Albania*. <https://www.ebrd.com/downloads/about/INSTAT>. (2018). *Turizmi në Shifra: Shqipëri 2018 [Tourism in Figures: Albania 2018]*. <http://www.instat.gov.al/media/4169/turizmi-ne-shifra-2018.pdf>

12. INSTAT. (2019). *Turizmi në Shifra: Shqipëri 2019* [Tourism in Figures: Albania 2019]. http://www.instat.gov.al/media/5529/turizmi-ne-shifra_.pdf
13. INSTAT. (2020a). *Hyrjet e shtetasve të huaj sipas rajoneve, 2014-2020* [Arrivals of foreign citizens according to regions, 2014-2018] (PDF document). <http://www.instat.gov.al/media/7949/tab-1.xlsx>
14. INSTAT. (2020b). *Shqipëria në Shifra 2019* [Albania in Figures 2019]. <http://instat.gov.al/media/7173/shqiperia-ne-shifra-2020.pdf>
15. Ministry of Tourism and Environment, Republic of Albania. (2018). *Turizmi në Shifra për 2018* [Tourism in Figures for 2018]. <https://turizmi.gov.al/wp-content/uploads/2019/04/STATISTIKA-TURIZMI-2018-1.pdf>
16. Ministry of Tourism and Environment, Republic of Albania. (2019a). *Projekti Smile Albania* [Project Smile Albania]. <https://smilealbania.gov.al/projekti-smile-albania/>
17. Ministry of Tourism and Environment, Republic of Albania. (2019b). *100 Fshatrat/Agroturizmi* [100 Villages/Agroturism]. <https://smilealbania.gov.al/100-fshatrat-agroturizmi/>



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