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EDUCATION SECTION

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

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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 workshops[ii], television panel discussions[iii], 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.

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

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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 con-
clusion, 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 Kramsch (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. Kramsch (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.

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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 Vlore 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 Vlore 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 Vlore 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 Counci 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 Vlore 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 Vlore 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.

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

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Abstract

D.S., a 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 minuts) 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]

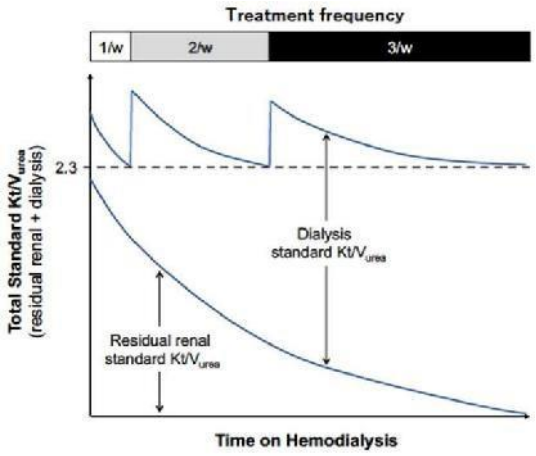


Image 1: The concept of incremental hemodialysis. "The dose" of treatment gradually rises with time (arrow) while RFK values fall.

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 ≥ 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 under-dialysis (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 ≥1.2, URR ≥65%). [3] After switching to the incremental regimen, adequacy remained satisfactory: each session continued to provide spKt/V ≈1.80 (URR ~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 ≥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 (≤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 (µg/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.

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Does Knowledge Level Affect Students' Eating Habits?

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Abstract

Food is one of the main factors for having a healthy mind and body. Many people believe that the knowledge a person has about food influ ences healthy food choices. Thus, education on food and nutrition is seen as a strategy for pro moting healthy habits. To assess the level of knowledge and eating habits among students of the University of Vlora. This is a descriptive analytical study, which was conducted with N =200 students from differ ent faculties of the University of Vlora during the period January - June 2023. The sample size was determined based on the descriptive-analytical nature of the study and the recommendations of the literature for similar studies in order to en sure an acceptable level of statistical power and representativeness of the study population. The selection of participants was carried out through a convenient sample of students from different faculties of the University of Vlora. The study included students regularly registered in the relevant academic year, who voluntarily agreed to participate, while students who did not complete the questionnaire regularly or did not provide informed consent were ex cluded. The selection procedure was implemented in ac ademic settings, respecting the inclusion and ex clusion criteria, in order to minimize bias and in crease the validity of the results. A self-administered questionnaire was used to assess nutritional knowledge and habits among students. The questionnaire used in this study is a validated instrument, previously used in similar studies on nutritional knowledge and habits among university students. The instrument has been adapted to the local context, while main taining the basic structure and content, which guarantees validity and reliability. 200 students, whose average age was 19.6 years, participated in the study from three faculties of UV. No statistically significant difference was ob served in eating habits related to the level of knowledge about nutrition (p=0.432). The ma jority of students, 45%, receive information on nutrition from their family. The majority of them, 83%, do not follow a special diet. It is seen that 65% of students have good eating habits and only 18% of them have good knowledge on nutrition, while 82% have moderate knowledge. Regarding knowledge on nutrition and sociodemographic factors, it was observed that younger students and those residing in Vlora have better knowledge compared to others. No statistically significant differences were observed by faculty, gender or year of study. Regarding eating habits, the findings show significant differences by gen der, with male students reporting better eating habits compared to females. This result may be related to food preferences, energy needs or soci ocultural factors that affect cultural behaviours differently according to gender. Based on the results of this study,

it is recom mended to develop and implement structured in stitutional interventions to promote healthy eat ing among university students, which should be based on a multidisciplinary approach that in cludes collaboration between educational insti tutions, health professionals and the academic community. Educational programs on healthy eating should be integrated into university curricula, especially for first-year students, including mandatory modules or open informative lectures led by nu tritionists, public health doctors and psycholo gists. These programs should focus not only on increasing theoretical knowledge, but also on de veloping practical skills for food selection and building sustainable eating habits. It is also recommended to strengthen the role of university health services through individual and group counselling on nutrition, body weight man agement and healthy lifestyle. Active involvement of the family and community through awareness-raising campaigns is recom mended, since the family is the main source of in formation for students. Finally, periodic monitoring and evaluation of in stitutional interventions through further re search studies using validated instruments and longitudinal designs is suggested, with the aim of measuring the effectiveness of programs and adapting them to the real needs of students.

Keywords: *habits, knowledge, nutrition, students, Vlorë.*

Introduction

Over the past few decades, nutrition has been treated as one of the most important aspects of lifestyle, and even healthy diets have become trends in society. The main goals of nutrition plans are to achieve the necessary and appropri ate nutrition to be healthy and physically fit. The latter, for many reasons, such as lack of infor mation or financial or time constraints, have shown very bad habits in daily nutrition. Based on these data, many universities aim to improve students' attitudes, knowledge and practices in nutrition. Educating and training students to wards healthy nutrition can create a conscious and healthy society. Also, many contemporary studies have proven that nutrition affects stress management, psychological issues, concentra tion and academic performance of students [1]. Malnutrition is highly prevalent in many de veloping countries. Nutrition education contrib utes to the acquisition of knowledge, attitudes and practices on nutrition, which can lead to im proved nutritional status [2]. Despite this nutri tion education, which has a potential to address malnutrition, has not been given much im portance starting from school curricula in devel oping countries. The deficit in the curriculum covering nutrition education means that knowledge on nutrition and good hygienic and dietary practices may be lacking or need im provement in developing countries [3, 4]. The role of the school environment, family and com munity has not been fully exploited in addressing the gap in nutrition knowledge and practices.

Furthermore, there are so many factors that in fluence food choices and eating habits, but most people believe that healthy food choices are influ enced by the level of knowledge about food that a person possesses [5,6]. In this regard, food and nutrition education is seen as a key strategy for promoting healthy eating habits. In addition, peo ple believe that school is an appropriate place to promote healthy food choices and eating habits [6]. Unfortunately, this has not been the case be cause so many studies show that despite having sufficient knowledge about nutrition; most stu dents are making unhealthy choices. In view of this, the reasons why better nutrition knowledge means healthy choices about food products and eating habits will be determined. Good knowledge of health and nutrition are key factors on the global agenda. A healthy body and mind come from good nutrition re ceived since childhood. Thus, good dietary choices are very essential for the growth and de velopment of every human being from concep tion. Students in educational institutions need proper knowledge of nutrition and nutrition to have a healthy mind. However, none of these three factors will be enough alone to achieve so cial and economic development; only a combina tion will enable progress towards a world free from poverty and hunger [7]. Nutrition education is an important factor in improving knowledge, attitudes and practices on nutrition (KAP) in schools, families and the community at large [8]. Furthermore, nutrition education is not the only source of nutrition knowledge as there are other points such as the school environment, school meals, health and nutrition clubs and school gar dens among others. Furthermore, the family and community play an important role in the acquisi tion of nutrition knowledge and nutrition-related practices [9]. Thus, educational institutions are the main social context in which lifestyles are devel oped. However, it is still difficult to link students' knowledge of nutrition and their dietary intake, because even university students,

who we as sume to have sufficient knowledge about nutri tion, do not know how their daily food choices are related to their nutrition knowledge [10]. For ex ample, it has been found that young university students in different countries take responsibil ity for choosing and preparing their own meals, but unfortunately their diet is unhealthy, with few fruits and vegetables, irregular daily meal consumption patterns, and a high frequency of fast-food choices [10].This is a particular concern for everyone, especially parents, policymakers, social workers, and nutritionists, as dietary hab its established at this stage of life can have a sig nificant effect on individuals' health in the long term According to Neslişah and Emine, (2011), taste preferences, self-discipline, social net works, friends, and peers are among the main fac tors that determine students' food choices. An other factor that influences students' food intake includes the physical environment such as avail ability and accessibility, attractiveness and prices of food products, media and advertising, and uni versity characteristics such as residence, student societies, university lifestyle and examinations (Neslişah et al, 2011). Neslişah and Emine, (2011) found that once they start school, stu dents' diets change in a less healthy direction. In view of this, the researcher wanted to establish the relationship between nutrition knowledge and students' dietary choices. The study aimed to uncover the truth about this contradiction. The information from this study will help nutrition stakeholders to plan and design targeted health programs or interventions that can effectively in fluence students to make healthy dietary choices [11]. Based on the importance of nutrition at a young age, it was decided to conduct this study among students of the "Ismail Qemali" University in Vlora.

Purpose of the study

The purpose of this paper is to assess the knowledge and nutritional habits among stu dents from different faculties of the University of Vlora, as a key indicator for designing health in terventions to improve nutritional status.

Objectives

1. Assessment of knowledge about nutrition among students of the University of Vlora.
2. The association between knowledge on nutri tion and sociodemographic factors.
3.Assessment of eating habits among students of the University of Vlora.
4.The association between eating habits and so ciodemographic factors.

Research Methodology

Study design

This is a descriptive analytical study, which was conducted among students from different facul ties of the University of Vlora during the period January - June 2023. A self-administered ques tionnaire was used to assess the knowledge and eating habits of students.

Study sample

A total of 200 students were contacted, all of whom completed the questionnaire in full. The sample size is considered sufficient to obtain valid data. The sample size was determined based on the descriptive-analytical nature of the study and the recommendations of the literature for similar studies in order to ensure an accepta ble level of statistical power and representative ness of the study population. The selection of par ticipants was carried out through a convenient sample of students from different faculties of the University of Vlora. The study included students regularly registered in the relevant academic year, who voluntarily agreed to participate, while students who did not complete the questionnaire regularly or did not provide informed consent were excluded. The selection procedure was im plemented in academic settings, respecting the inclusion and exclusion criteria, in order to mini mize bias and increase the validity of the results.

Instrument Used

The primary data collection for this study was carried out through self-administered questionnaires. A self-administered questionnaire was used to assess nutritional knowledge and habits among students. The questionnaire used in this study is a validated instrument, previously used in similar studies on nutritional knowledge and habits among university students. The instrument has been adapted to the local context, while maintaining the basic structure and content, which guarantees validity and reliability.

For the purpose of compiling the questionnaires, the questionnaire is divided into 3 main sections.

Section 1. This section of the questionnaire col lects information on the demographic data of the respondents, including age, place of residence, faculty and year of study. *Section 2.* This section collects

information on the level of knowledge that students have about nutrition.

Section 3. This section collects information on the students' eating habits.

Data Collection

Questionnaires designed for this study were ad ministered in the classrooms where the students were learning, through which the primary data for the study were collected, which were then statistically processed to obtain measurable values from this work.

Processing of Data

After completing all the questionnaires, the data were coded and entered into the SPSS 21 program. Continuous data were described through the mean and standard deviation. Quantitative data were described with absolute frequencies and percentages. Bar graphs and pie charts were used to better reflect each phenomenon. The coding of the variable "Nutrition Knowledge" and the variable "Nutrition Habits" was used, classifying Knowledge Above 5 points = "Good" and Below 5points = "Moderate", as well as Nutrition Practices Above 65 points = "Good" and Below 65 points = "Moderate". The differences between the different groups were analysed through cross tabulations and the Chi-square probability indicator was calculated, the value of which, less than 5% ($p<0.05$) indicates statistically significant differences between the groups we study.

Results

The results of this study show that, although most students present relatively good eating habits, the level of knowledge on nutrition remains mainly moderate. This discrepancy suggests that eating behaviours do not necessarily depend on scientific knowledge, but can be influenced by other social and cultural factors such as the family, which is the main source of information on nutrition. The lack of a statistically significant relationship between the level of knowledge and eating habits indicates that theoretical knowledge does not always translate into healthy eating practices, a finding that is consistent with previous international studies. The statistically significant differences observed by age and residence regarding nutrition knowledge suggest that exposure to information and social context may play an important role in the formation of nutritional knowledge. Students residing in the city of Vlora present better levels of knowledge, which may be related to greater access to information, media, or awareness programs.

Analysis of the Data

After statistical analysis of the data, the information is presented below according to the study objectives.

Sociodemographic data of the sample

The study included a sample of 200 students who studied at different faculties of the University of Vlore "Ismail Qemali". The students were surveyed regarding their knowledge and habits that they follow regarding nutrition. From Table 1 we note that, the majority of the surveyed students are female, 75%, and 25% are male. The interviewees are classified into 2 groups, according to their age: "Up to 20 years old", and "≥ 20 years old". The majority of students are "≥ 20 years old", around 55% and "Up to 20 years old" around 45%. The average age is 19.6 years, Minimum age = 18 years, Maximum =26 years and Standard Deviation = 1.0462 years. 48% of the interviewed students belong to the Faculty of Health, 34% to the Faculty of Technical and Natural Sciences and 18% to the Faculty of Economics. 55% of students are in Year II of studies and 45% in Year I. 60% of students are from Vlora, 31% from Fier and 9% from other cities.

Table 1. Distribution of students according to sociodemographic indicators.

Socio-demo-grafic in-dicators	Distribution	n= 200	% (n=200)
Gender	Female	151	75.5
	Male	49	24.5
Age	Up to 20 years old	91	45.5
	≥ 20 years	109	54.5
Faculty	F.Economics	36	18
	F.Health	97	48.5
	F.Technical and Natural Sci-ences	67	33.5
Year	Year I	90	45
	Year II	110	55
Resi-dence	Vlorë	120	60
	Fier	62	31
	Other	18	9

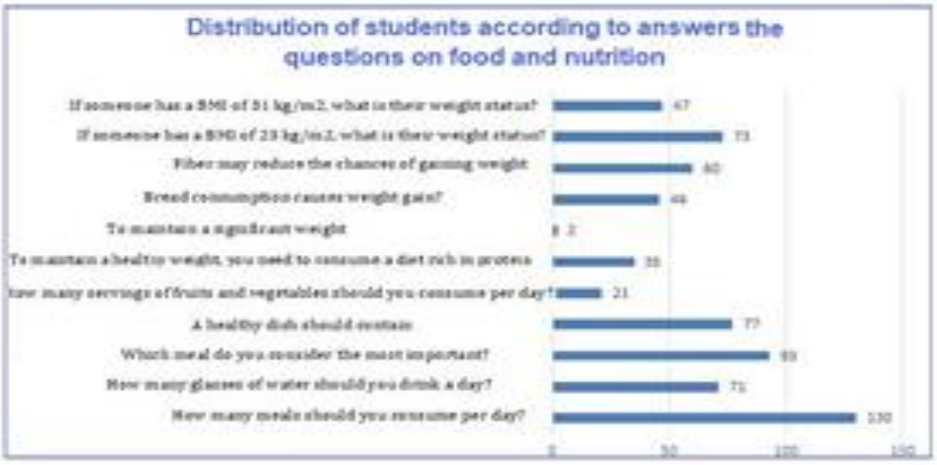
Assessment of knowledge about nutrition among students of the University of Vlora

This section concerns questions on students' knowledge about food and nutrition. In this section, 11 questions were asked to determine knowledge and 1 question related to the source of information.

From Graph 1 it is observed that:

- 65% of students answered correctly about the number of meals that should be consumed per day.
- 35.5% of students answered correctly about the amount of water that should be consumed per day.
- 46.5% answered correctly about the most im portant meal of the day.
- 38.5% of students know the composition of a healthy dish.
- 30% of students answered correctly about the question whether fiber reduces the possibility of weight gain.
- 36.5% and 23.5% answered correctly about the two questions about what BMI values in dicate for body weight.
- 23% of students answered correctly about the question whether bread consumption causes weight gain.
- 17.5% answered correctly about the question whether for a healthy weight we should com pletely eliminate fat.
- 10.5% of students answered correctly the question of how many servings of fruits and vegetables should be consumed per day.
- 1% answered correctly the question of whether for a healthy weight we should use a diet rich in proteins.

Graph 1



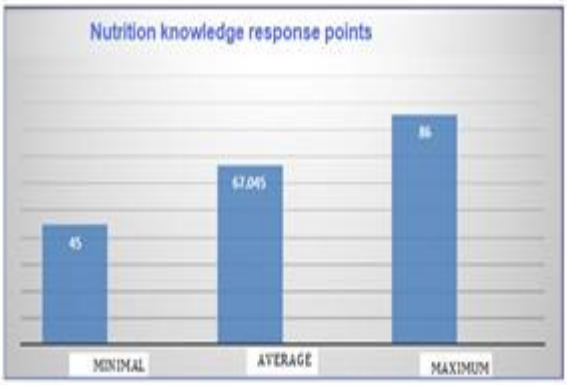
Most students do not have good knowledge about nutrition because the majority of correct answers are below 50%. By assigning 1 point to each correct answer, each student's total points regarding nutrition knowledge were calculated.

Table 2. Average Nutrition Knowledge Scores

	N	Min	Max	Average	St.Deviation
Knowledge grade point average data.	200	0	7	3.275	1.4069

From Table 2 we note that the average score is Mean =3.3 points, Min=0 points and Max=7 points and a SD= 1.4.

Graph 2.



From Graph 2 it is observed that: - The average score is Mean =3.3 points, Min =0 points and Max =7 points and the SD=1.4.

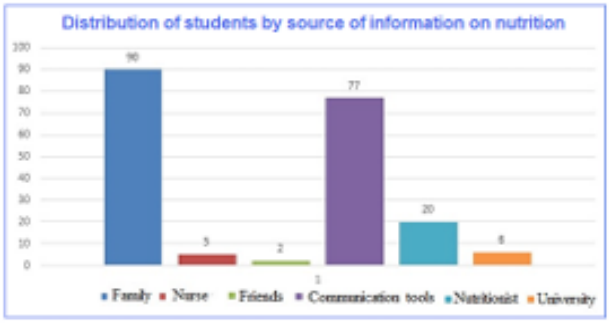
So, the students' knowledge scores on nutrition are mostly below the average of the total scores of correct answers. By classifying scores "≥ 5 points as "Good knowledge" and ""<5 points "as "Moderate knowledge"

Table.3. Distribution of students according to knowledge on nutrition

Knowledge	Number (n=200)	%(n=200)
Moderate	164	82.0
Good	36	18.0
Total	200	100.0

From Table 3 it is observed that:
- 18% of students have good knowledge about food and eating habits.
- 82% of students have moderate knowledge about food and eating habits .

Graph 3.



From Graph 3 it can be seen that:
- 45% of students received information on nutrition from their family.
- 39% of students received information from the media (TV, radio, internet, magazines, etc.).
- 10% of students received information from nutri tionists.
- 3% of students received information from their university studies.
- 2.5% of students received information from their nurse.
1% of students received information from friends.
- Most students received information on nutrition from their family.

The association between knowledge on nutrition and sociodemographic factors

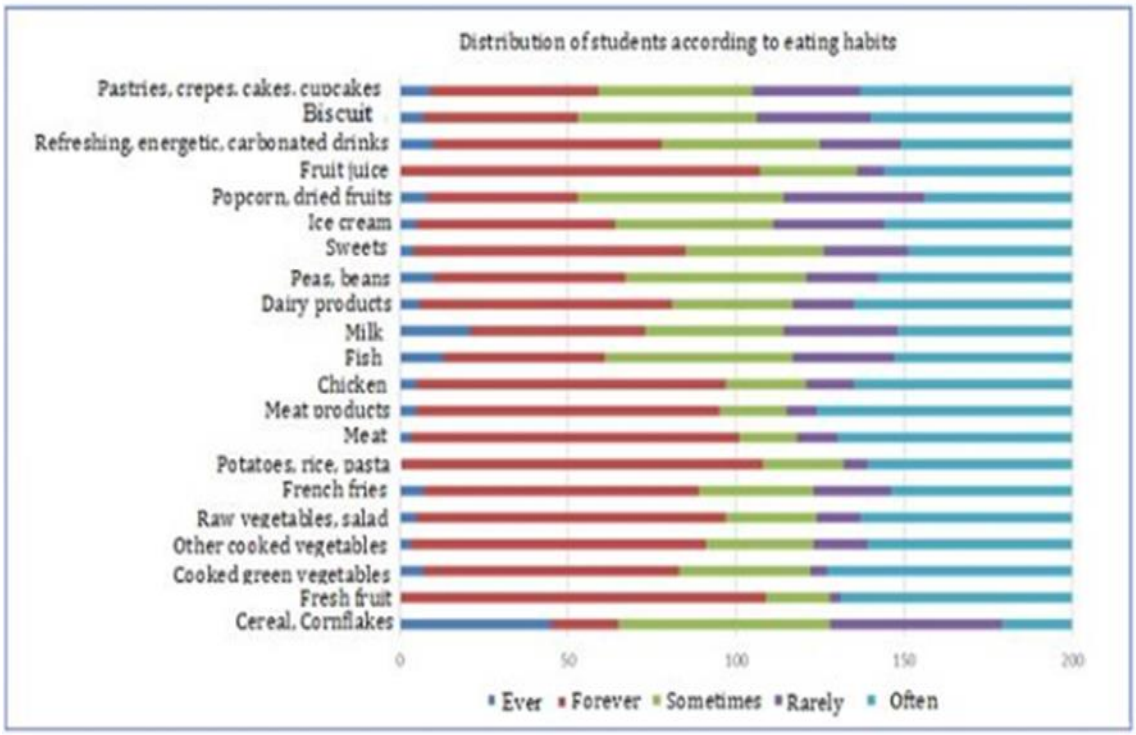
The relationship between Knowledge about food and nutrition and sociodemographic factors of students was analysed.

The following table presents these relationships along with the Chi=square probability indicator, whose p value
<0.05 indicates significant differences between the classes being compared.
From Table 4 we note that:
-There are statistically significant differences in the level of knowledge on nutrition among students according to age.
- Thus, 24% of students "Up to 20 years old" have "Good" knowledge on nutrition compared to students "Over 20 years old" of whom only 12% have good knowledge.
- The Chi-square probability indicator is 0.043 (p<0.05) which indicates that the differences are statistically significant.
-There are statistically significant differences in the level of knowledge on nutrition among students by residence. Thus, 24% of students from Vlora have "Good" knowledge on nutrition compared to 22% of students from Fier and 7% of students from other districts.
- The Chi-square probability indicator is 0.017 , (p<0.05) indicating that the differences are statistically significant.

Table 4. Distribution of students according to knowledge on nutrition and sociodemographic factors.

Sociodemographic factors		Knowledge			P (Chi- Square)
		Moderated	Good	Total	
Gender	Female	121	30	151	0.287
	Male	43	6	49	
Age	Over 20	95	14	109	0.043
	Up to 20	69	22	91	
Residence	Fier	58	4	62	0.017
	Other	14	4	18	
	Vlorë	92	28	120	
Faculty	F.Ekonomics	32	4	36	0.12
	F.Health	74	23	97	
	F.Technical and Natural Sciences	58	9	67	
Year	1	68	22	90	0.095
	2	95	15	110	

Assessment of eating habits among students of the University of Vlora.



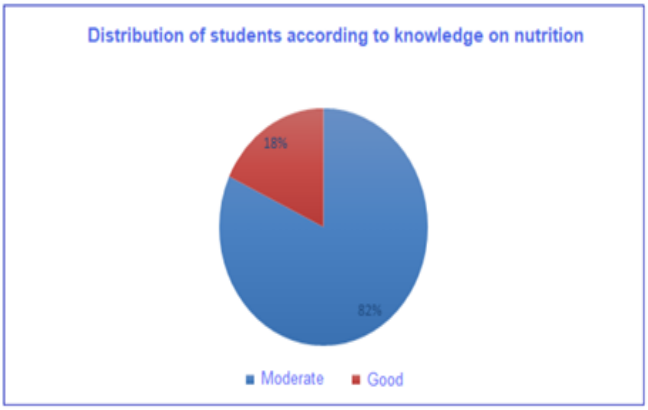
Graph 4

From Graph 4 we note that:
- 55% of students use fresh fruits "Always" and 35% "Often".
- 46% use raw vegetables or salad "Always" and 32% "Often"
- 38% use cooked green vegetables and 44% other cooked vegetables "Always".
- 54% consume potatoes, rice and pasta "Always" and 31% "Often".
- 49% consume meat "Always" and 35% "Often".
- 46% consume chicken "Always" and 33% "Often".
- 24% consume fish "Always" and 27% "Often".
- 26% consume milk "Always" or "Often"
- 38% consume dairy products "Always" and 32% "Often".
- 29% consume peas or beans "Always" and 29% "Often".
- 23% consume popcorn or dried fruit "Always" and 22% "Often".
- 10% use cereal/cornflakes "Always" and 11% "Often".
- 54% consume fruit juices "Always" and 28% "Often".
- 41% of students use French fries "Always" and 27% "Often".
- 45% use meat products "Always" and 38% "Often"
- 41% use sweets "Always" and 25% "Often".
- 30% consume ice cream "Always" and 28% "Often".
- 34% consume energy drinks, carbonated drinks and 26% "Often".
- 23% consume cookies "Always" and 35% "Often".
-25% consume pastries, pancakes, cakes etc. and 32% "Often"

Table 5. Distribution of students according to eating habits by type of food.

Eating habits	Number (n=200)	%(n=200)
Moderate	65	32.5
Good	135	67.5
Total	200	100.0

From Table 5 we note that:
- 65% of students have good eating habits
- 35% of students have moderate eating habits.



Graph 5

From Graph 5 it is observed that:

- 18% of students have good knowledge about nutrition
- 82% of students have moderate knowledge about nutrition

Therefore, it is observed that the majority of students have moderate knowledge about nutrition.

The association between eating habits and sociodemographic factors

The association between eating habits and so ciodemographic factors of students was analysed. The following table presents these relationships along with the Chi-square probability indicator, whose value <0.05 indicates significant differences between the classes being compared.

Table 6. Distribution of students according to knowledge on nutrition and socio -demographic factors.

Socio demographic factor	Category	Knowledge			p (Chi-Square)
		Moderated	Good	Total	
Gender	Female	121	30	151	0.287
	Male	43	6	49	
Age	Over 20	95	14	109	0.043
	Up to 20	69	22	91	
Residence	Fier	58	4	62	0.017
	Other	14	4	18	
	Vlorë	92	28	120	
Faculty	F. Economics	32	4	36	0.12
	F. Health	74	23	97	
	F.Technical and Natural Sciences	58	9	67	
Year	1	68	22	90	0.095
	2	95	15	110	

There are statistically significant differences in eating habits related to the types of foods they consume, among students by gender. Thus, 80% of male students have "Good" eating habits related to the types of foods they consume, compared to females of whom 63% have "Good"
knowledge.
The Chi-square probability indicator is 0.026 ($p<0.05$) which shows that the differences are statistically significant.
There are statistically significant differences in eating habits among students by age. Thus, out of 49 male students, 39 or (80%) of them have "Good" eating habits. While out of 151 female students about 96 of them or (60%) have "Good" eating habits. Male students have more good eating habits than females.

Discussion

The assessment of the level of knowledge of students on nutrition is determined by 11 questions, where each correct answer is evaluated with 1 point, with an average score of between = 3.3 points, where the max points are 7 points and the min are 0. Therefore, it can be said that the level of knowledge of students on nutrition is below the average level, a level that has no significant differences according to faculty, gender or year of study.
The level of knowledge was significantly related by age where young people had better knowledge on nutrition and by residence where students from the city of Vlora had better knowledge compared to students from other districts. In line with our study, other studies have also shown that a moderate level of knowledge on nutrition was found among university students in Ankara, with 63.1% of students having moderate knowledge on healthy eating. O zdog an (2018) (103). Regarding the source of information, 45% of students received information on nutrition from their family, 39% from the media, 10% from nutritionists, 3% from their studies at universities, 2.5% from their nurses and 1% from their friends. They had important knowledge about the number of meals they should eat per day, with 65% of students answering correctly, as well as the level of knowledge about the amount of water they should drink in 24 hours, with only 35% of students answering correctly.
Regarding the students' eating habits, 21 questions were asked, where each answer was rated with a score from 1=Never and 5=Always, with an average score of Mes=67 points, min=45 points and max=86 points. So, the students have relatively good eating habits. There was no statistically significant relationship of the students with regard to the faculty, place of residence or year of study, but there were statistically significant differences in eating habits regarding the type of food they consume between genders, where 80% of the male gender has better habits compared to females where only 63% of them have good knowledge regarding the types of food. On the eating practices, 6 questions were

asked regard ing the students' diet, where the majority, 83%, do not follow a special diet. Regarding beverages, students consume more water and coffee, with men consuming more water and coffee compared to women, while women consume twice as much tea as men.

From this study, no significant relationship was observed regarding the knowledge on nutrition and the eating habits of students, students have little knowledge on nutrition but on the other hand they exhibit good eating habits and this may be due to the impact that the family has on daily
practices of eating habits, being one of the main sources of information on nutrition and not be cause students have scientific knowledge about healthy foods. These results have also been found in similar studies where it has been noted how the family, especially in recent years (2016
2020), affects healthy eating. This may be a result of awareness on healthy eating by WHO. (N. Liu,2021).

Limitations and Future Research

This study has several limitations that should be considered when interpreting the findings. The study does not allow casual inference between nutrition knowledge and eating behaviours, capturing associations only at a single time point. In addition, the use of convenience sampling and recruitment from a single university may limit the generalizability of the results, while the overrepresentation of female participants could have influenced gender-related comparisons.

Furthermore, the instrument primarily assessed declarative nutrition knowledge and reported dietary practices, without accounting the key psychosocial and environmental determinants known to influence eating behaviours.

Future research should employ longitudinal and intervention-based designs across multiple university settings to better elucidate causal path ways and enhance external validity. The integration of qualitative methods and objective measures, such as anthropometric indicators or assessments of the university food environment, would further strengthen the evidence base and support the development of effective, context sensitive nutrition interventions for university students.

Conclusions

The findings of this study indicate that the relationship between knowledge and eating habits among university students is multifactorial and not necessarily linear. The absence of a statistically significant association between nutrition knowledge and dietary practices suggests that
theoretical knowledge alone is insufficient to drive healthy eating behaviours. This finding aligns with contemporary public health frame works, which emphasize that health – related behaviours are shaped by a complex interaction of
individual, social, cultural, and environmental determinants rather than by knowledge acquisition alone.

Despite predominantly moderate levels of nutrition knowledge, most students reported relatively good eating habits. This discrepancy highlights the influential role of familial and cultural norms in shaping dietary behaviours, particularly in young adults. The family emerged as the
primary source of nutrition related information, suggesting that early socialization and household dietary patterns may exert a stronger influence on eating behaviours than formal education and scientific knowledge during university years.

Observed differences in nutrition knowledge by age and place of residence further underscore the importance of contextual factors. Better knowledge among younger students and those residing in urban areas may reflect greater exposure to health promotion initiatives, media content, and educational interventions targeting
younger population. These findings support the notion that accessibility to information and supportive environments contributes significantly to the development of health-related knowledge.

Gender based differences in eating habits suggests the influence of social-cultural and psychosocial factors on dietary behaviours. Male students reported healthier eating practices compare to female students, a finding that may be related to differing dietary motivations, body image perceptions and dietary behaviours. Female stu
dents may be more vulnerable to restrictive or inconsistent eating patterns driven by weight-control concerns, whereas males may follow more regular and energy-oriented dietary routines. Effective strategies should prioritize behaviour change approaches, skill-building, and supportive food environments while considering the broader social and cultural context of students lives.

Integrating multidisciplinary, context-sensitive interventions may enhance the translation of nutrition knowledge into sustainable healthy eating behaviours and contribute to long-term health promotion among

university populations.

Statements and Declarations

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Author Contributions: Conceptualization, design, and analysis were performed by the first author. Data collection was performed by the second author. The first and second authors prepared the manuscript. All authors contributed to revisions, approved the final version, and agree to be responsible for all aspects of the work.
Ethics Approval and Consent to Participate:
Ethical approval was obtained from the relevant faculties of the University. Informed consent was obtained from all individual participants included in the study.
Data Availability: The datasets generated and analysed during the current study are not publicly available due to privacy and ethical restrictions but are available from the corresponding author on reasonable request.
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Use of AI: Artificial intelligence tools were used for language editing. All content was reviewed and verified by the authors, who take full responsibility for the manuscript.

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ECONOMIC SECTION

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

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Abstract

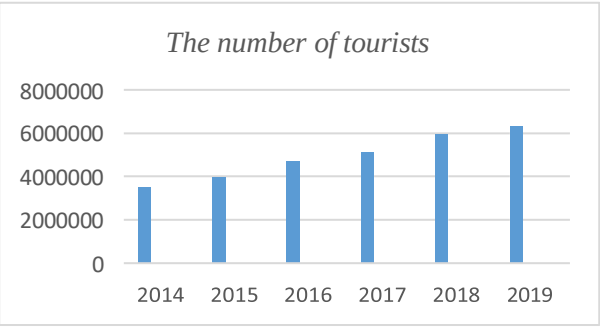
The task of this paper is to investigate the extent to which the tourism industry is affected by the pandemic during the year 2020. The aim is to shed light on the influx of tourists during 2020 - 2021 in comparison with the previous year, that of 2019. Emphasis will also be placed on the nationalities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

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

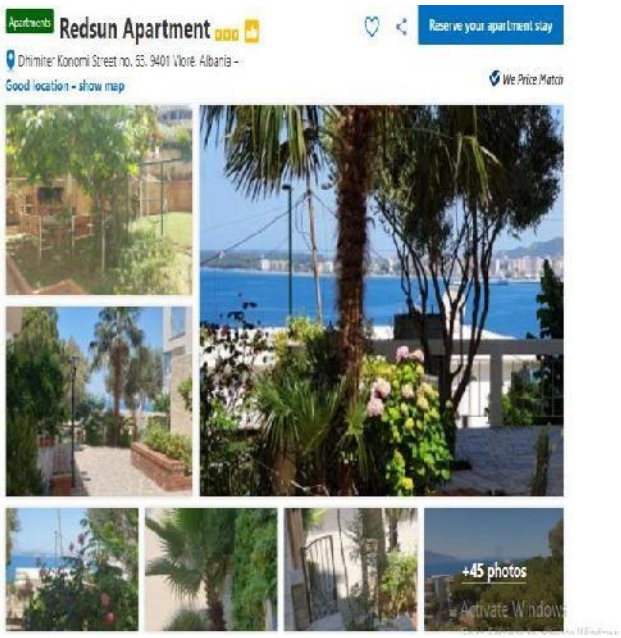
Case Study and Analysis

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 products[2] is considered one of the post 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 Vlore, in the area known as "Uje Ftohte" along the seaside.

[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, 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 Vlore 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

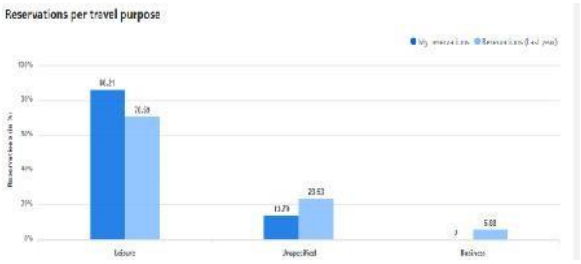


Reservations based on Travel Purpose

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 1.4 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.

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