Exploring Greek Adults' Perceptions of Time-Restricted Eating: A Health Belief Model Approach

Christina Gorgolitsa

Faculty of Behavioural, Management and Social Sciences (BMS), University of Twente

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1st Supervisor: Dr. L.M.A. Braakman - Jansen (Annemarie)

2nd Supervisor: Prof. Dr. M.L. Noordzij (Matthijs)

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Abstract

Background

Time-Restricted Eating (TRE), a type of Intermittent Fasting (IF), has gained attention for its potential health benefits. However, limited research has explored how individuals from different cultural backgrounds perceive and anticipate adopting this approach. This study investigates perceived benefits and barriers, ability and adherence facilitators anticipated by Greek adults without prior experience with TRE, using the Health Belief Model (HBM) as a guiding framework.

Methods

A qualitative analysis was conducted, consisting of semi-structured interviews with a total of 11 Greek adults aged between 19 to 35 years old ($M = 21.73$, $SD = 4.31$), recruited through purposive sampling. Data were analysed using Braun and Clarke's (2006) six-phase thematic analysis to identify themes linked to the anticipated benefits, barriers, perceived ability and facilitators for TRE adherence.

Results

Subjects reported both the benefits and barriers of adopting TRE. Perceived benefits included health improvements, lifestyle structure and simplicity and autonomy, aligning with the construct of HBM. Yet, various perceived barriers were shared, namely, practical and physiological barriers, emotional and psychological barriers, social and interpersonal barriers, cultural and traditional conflicts, and lifestyle-specific challenges. Despite these anticipated obstacles, the majority of the participants shared high confidence in their ability to maintain TRE. Suggested strategies to support TRE adherence included professional help, social support, creating a schedule, meal prepping and digital tools.

Conclusion

This paper highlights the potential of TRE as a feasible dietary approach for Greek adults. While simple in structure, its adoption is more complex, influenced by sociocultural factors. The results revealed the value of the HBM in exploring health behaviours and emphasise the need for cultural-context approaches to dietary methods.

Introduction

In the last decade, Intermittent Fasting (IF) has gained popularity as a dietary approach. IF is characterised by consuming food within a specific time period or fasting for an entire day (Volpe, 2019). One common form of IF is Time-Restricted Eating (TRE), which limits eating to a specific daily window, often 8 to 10 hours, while fasting the remaining hours (Parr et al., 2022). Unlike traditional diets that focus on food type or quantity, TRE centres on the timing of food intake (Bjerre et al., 2021). During fasting, individuals are encouraged to drink plenty of water (Ezpeleta et al., 2024), yet avoid consuming caloric beverages (Termannsen et al., 2023).

TRE has been associated with a wide range of potential health benefits that are not solely dependent on weight loss, distinguishing it from conventional diets (Parr et al., 2022). Metabolically, it has been found to improve insulin sensitivity and regulate glucose levels, which are critical in managing conditions such as obesity and type 2 diabetes (O'Connor et al., 2022; Rathomi et al., 2025; Cienfuegos et al., 2022). These effects align with the body's natural circadian rhythms, potentially enhancing nutrient absorption (Queiroz et al., 2021). Cardiovascular benefits have also been observed, including a decrease in blood pressure, plasma lipid levels and inflammatory markers, reducing the risk of cardiovascular diseases (Gabel et al., 2021). Furthermore, according to Currenti et al. (2021), TRE is linked to the support of neurocognitive disorders. TRE increases mitochondrial and ketone production (e.g., β-hydroxybutyrate), which are energy resources for the brain. Other potential advantages are the reduction of the risk of cancer (Das & Webster, 2022), enhancement of sleep quality and prevention of sarcopenia, a condition associated with age-related muscle loss (Mishra et al., 2023). Beyond its physiological effects, TRE's principles are also considered logical, since it avoids calorie restriction and fits with different lifestyles, making it easier to sustain (Rathomi et al., 2025). Finally, its low cost makes it accessible to various groups, enhancing long-term adherence (Rathomi et al., 2025).

Behavioural Challenges and Health Belief Model (HBM)

However, adopting and sustaining TRE involves more than merely shifting the meal schedule. As a behavioural shift, it requires individuals to modify their current social norms, rituals, and habits. Factors such as lifestyle, chronotype, which measures individual variations in rest/activity or circadian timing (Taylor & Hasler, 2018), and personal health goals impact an individual's ability and willingness to adhere to TRE (Romanenko et al., 2024; Manoogian et al., 2022). Morning-oriented people, for example, may find it easier to adapt TRE, whereas

evening chronotypes may experience more difficulty and less success (Romanenko et al., 2024).

Behaviour change is complex and influenced by biological, psychological and personal factors. A psychological viewpoint is essential to understand the principles that shape an individual's perception and willingness to engage with TRE. Rosenstock's (1974) Health Belief Model (HBM) offers a valuable framework for explaining changes in health-related behaviours. HBM considers six constructs, including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action and self-efficacy. This model has been extensively employed to investigate individuals' attitudes towards adopting dietary practices, including TRE (Rathomi et al., 2025).

In addition to personal and psychological components, social and cultural norms significantly influence dietary behaviours. Dietary preferences and eating behaviours are shaped not only by health goals but also by traditions, routines and social interactions. Research by Pestoni et al. (2019) highlighted that cultural context is a critical component of nutritional quality and adherence across European nations. Meal timing, food choices, familial practices and social events vary across cultures, which can either support or conflict engagement with TRE (O'Neal et al., 2023). For instance, following a TRE schedule could be difficult in cultures where family gatherings revolve around meals or where late dinners are typical.

The Greek Eating Context

This interplay between cultural and dietary behaviours is particularly relevant to the Greek context. Greece offers a distinctive case study for exploring TRE, shaped by its ties with the Mediterranean diet and its cultural and religious fasting traditions. Ancel Keys (1960, as cited in Davis et al. 2015), initially described the Mediterranean Diet (MedDiet) as being high in vegetable oils and low in saturated fat, based on observations made in Greece and Southern Italy. Complementing these eating habits, Greek Christian Orthodox Fasting (COF) recommends 180-200 fasting days yearly, restricting meat, fish, dairy and olive oil, while permitting seafood (Sarri et al., 2003). These practices present natural fasting cycles that resemble aspects of TRE.

In addition, Greece is globally important for being home to one of the world's famous Blue Zones, the island of Ikaria. Blue Zones (BZs) are different areas globally characterised by high longevity, dependent on the eating patterns (Pes et al., 2022). Ikarians follow the MedDiet, engage in occasional COF, as well as foster strong social connections, which

contribute to their overall health and high life expectancy (Blue Zones, 2025). These lifestyle qualities are consistent with TRE principles, frequently involve regular meal timing and prolonged overnight fasting periods. This may provide insights into the health advantages of a TRE window within a cultural context.

However, Greek meal timing may come in conflict with TRE schedules. Specifically, in ancient Greece, breakfast and lunch were the two basic meals daily, with lunch being the most significant meal in civic life (Petersen et al., 2022). In contemporary Greece, as in other Mediterranean countries like Spain and Italy, meals are typically consumed at 09:00, 14:00, and 21:00. In contrast, in Norway and the Netherlands, meals are typically eaten earlier at 07:00, 12:00, and 16:00 (Huseinovic et al., 2019). Yet, differences can also be depicted between Mediterranean countries, with France following the meal timing of Central/Northern regions. These later mealtimes may present practical barriers for early chronotype TRE schedules, which have been shown to be more effective for weight loss and metabolic health (Kamarul Zaman et al. 2023). Understanding these cultural differences is critical for determining the feasibility of TRE as a dietary approach within this cultural setting.

Research Gap and Aim

While existing research highlighted the health benefits of TRE, limited studies have examined how cultural and psychological factors influence individuals' willingness to adopt and sustain this eating pattern. Particularly, there is limited evidence of how sociocultural elements shape the perceptions of TRE in various populations. To date, no empirical research has investigated how Greek adults perceive TRE, despite the country's strong connection to both traditional fasting and healthy eating habits. Additionally, few studies have applied the HBM to assess how negative and positive expectations, as well as self-efficacy, impact TRE adoption. This paper seeks to address this gap by using the HBM to explore how Greek adults without prior experience of TRE perceive this eating strategy in terms of its expected benefits, barriers and their ability and willingness to adopt and maintain it.

Research Questions:

Research Question 1 (RQ1): What are the benefits and barriers that Greek adults without prior experience with TRE anticipate in relation to its adoption?

Research Question 2 (RQ2): How do Greek adults without prior experience with TRE perceive their ability to follow this eating pattern, and what facilitators do they consider helpful for adherence?

Methods

Study Design

This study employed a qualitative design to explore participants' perceptions of TRE. Semi-structured interviews were conducted to facilitate rich and detailed data collection. This approach allowed for flexibility while ensuring consistency across participants. All interviews were conducted in person with adult subjects and lasted approximately 25 minutes. Additionally, interviews were audio-recorded and transcribed verbatim. Rosenstock's (1974) HBM guided both the interview structure and the analytic framework. Following the six-phase approach outlined by Braun and Clarke (2006), a thematic analysis was carried out.

Participants

To qualify for participation in this study, subjects had to be at least 18 years old, possess Greek nationality, have fluent proficiency in either English or Greek, and have no prior experience with TRE. The study comprised a sample of 11 participants, including 8 female (72.7%) and 3 male (27.3%) respondents. The age range of participants varied from 19 to 35 ($M = 21.73$, $SD = 4.31$), and all identified as Greek nationals. Participation was voluntary, with recruitment carried out through purposive sampling, intentionally selecting individuals who met the research purpose criteria. Finally, all subjects were provided with informed consent prior to their participation in the study.

Materials

All interviews were conducted in person to promote deeper engagement. Depending on each subject's language level and preference, interviews were carried out in either Greek or English. Audio recordings were captured using *Spiik* on IOS, a paid transcription and translation application chosen to ensure high-quality output. For English-language interviews, the application transcribed the audio directly. For the Greek-language interviews, the app first translated the audio into English before transcribing the content, ensuring accuracy across all data for analysis. Prior to participation, each participant was provided with an informed consent form outlining the study's purpose, procedures, data confidentiality and handling, as well as the researcher's conduct information (see Appendix A). Participants were required to review and sign this informed consent before proceeding.

The interview started with demographic questions, including age, gender, occupation and general lifestyle information. Following this, participants were presented with a brief and clear introduction to the concept of TRE to establish a foundational understanding of the

topic. The semi-structured format, guided by the open-ended questions of the interview schedule (see Appendix B), was designed to explore the key themes of the HBM. These included questions about the participants' susceptibility, perceived severity, benefits and barriers, and finally self-efficacy for TRE (see Appendix C). Additionally, cues to action, based on the HBM, were excluded as the study was interested in participants without prior experience with TRE. This strategy helped the reliability of the data gathered and offered the flexibility to probe further into the individuals' responses.

Procedure

This study received ethical approval from the Ethics Committee of the Faculty of Behavioural Sciences at the University of Twente (*application number: 250502*). Data collection started on March 24, 2025, and finished on April 19, 2025. A qualitative research design was implemented, using semi-structured interviews to explore Greek adults' perceptions of TRE. The data collection process consisted of several key stages, including participant selection, formulation of interview questions, informed consent, interview administration, data recording, translation and storage.

Interviews were conducted in Greek or English and lasted approximately 25 minutes. The interviewer provided the subjects with informed consent, which they reviewed and signed. Each interview started with basic demographic questions, including age, gender, occupation and general lifestyle. This was followed by three open-ended questions about the subject's current eating habits, any dietary restrictions and their overall perception of their eating behaviour. Participants were then introduced to the concept of TRE, including a brief definition, an example for better understanding and its potential benefits.

The remainder of the interview focused on exploring participants' perception of TRE following the HBM, covering its five constructs. Throughout the interviews, the researcher used follow-up prompts and clarifying questions to encourage participants to elaborate on their responses and to facilitate a richer, more comprehensive discussion. All interviews were audio-recorded, transcribed verbatim, and securely stored and saved to the *Files* application on an Apple device.

Data analysis

To answer the research question, a thematic analysis was conducted using ATLAS.ti (version 25.0.1), a qualitative data analysis software. Thematic analysis is a foundational method in qualitative design, especially within psychology, as it offers a flexible yet

systematic approach for identifying, analysing and reporting the themes of the data collected (Braun & Clarke, 2006). This study adopted a hybrid approach, combining both deductive and inductive methods of analysis. Specifically, deductive codes were initially performed based on the constructs of HBM, allowing insights to emerge directly from the data. While inductive coding allowed the emergence of new insights grounded in the individuals' narratives. The analysis followed Braun and Clarke's (2006) six-phase thematic analysis.

First, in the familiarisation with the data phase, the researcher transcribed all interviews and read each transcript at least twice to become familiar with the data, making preliminary notes. Second, initial codes were generated using ATLAS.ti by identifying meaningful segments of text, getting insights from both the HBM framework and data-driven narratives. In the third step, searching for themes, the researcher grouped similar codes together into potential themes. By methodically analysing connections between codes, themes were developed, representing participants' real-world experiences as well as HBM constructs. Fourth, the initial themes were reviewed based on the coded data, guaranteeing internal consistency and relevance. In the fifth step, themes were named appropriately to capture the codes' core idea. In the last phase, the sixth one, the results part of the report was written, supported by participants' quotes to provide context and deepen interpretation.

Results

Participants

A total of 11 individuals participated in the interview, consisting of eight females and three males. The interviewees ranged from 19 to 35 years old ($M = 21.73$, $SD = 4.31$). The majority of the participants (n = 8) were university students, while the remaining subjects were employed (n = 2) and unemployed (n = 1). In terms of meal patterns, three individuals reported skipping breakfast. Only one participant stated an irregular meal pattern, highlighting consumption of meals based on availability and schedule. The majority of the interviewees (n = 6) mentioned consumption of the three basic meals daily: breakfast, lunch, and dinner, with some including snacks in between. In addition, two participants reported dietary restrictions, including lactose intolerance, allergies and dairy products. Detailed demographic and dietary details for each participant are illustrated in Table 1.

Table 1

Participant Demographics and Meal Patterns

ID	Gender	Age	Occupational Status	Meal Pattern	Dietary Restrictions	Previous Dieting Experience
1	F	22	Employed Student	Irregular meal pattern	Lactose intolerance	Yes
2	F	21	Student	Skips Lunch	None	No
3	F	22	Student	Skips Breakfast	None	Yes
4	F	22	Student	Regular meals	None	Yes
5	F	29	Unemployed	Skips Breakfast	None	Yes
6	M	22	Employed Student	Regular meals & Snacks	Allergies, Dairy products	Yes
7	M	35	Employed	Regular meals & Snacks	None	No
8	F	25	Employed	Skips Breakfast	None	No
9	F	22	Student	Regular meals & Snacks	None	No
10	M	22	Employed Student	Regular meals	None	Yes
11	F	19	Student	Regular Meals	None	No

Note. "F" stands for female and "M" for male. "Irregular meal pattern" means that food consumption depends on the daily schedule and availability. "Regular meals" refers to the consumption of breakfast, lunch, and dinner.

Expectations Towards TRE

Participants reported both their positive and negative expectations towards TRE. Rosenstock's (1974) HBM proposes that the perceived benefits and perceived barriers of a health action affect behaviour change. These expectations provide meaningful insights into anticipated benefits and barriers reflecting personal, social and cultural aspects.

Positive Expectations

In response to RQ1, participants described their perceived benefits of adhering to TRE. Three main themes emerged from thematic analysis based on the positive expectations: health improvements, lifestyle structure, and simplicity and autonomy. An overview of the themes and associated codes is presented in Table 2.

Table 2

Overview of Themes and Codes Regarding the Anticipated Benefits of TRE

Theme	Codes	Frequency of codes (n)
Health improvements	Weight loss	6
	Metabolic regulation	3
	Digestive benefits	2
Lifestyle structure	Improved routine structure	5
	Mental well-being	3
	Enhanced self-control and discipline	2
Simplicity and autonomy	Simple rules	5
	Flexibility	2

One of the most significant themes that emerged was the belief that TRE would result in health improvements. This theme captures the expectations that TRE could enhance the physical well-being of the subjects. Participants reported that eating in a specific window could lead to beneficial outcomes such as weight loss, metabolic regulation, and digestive benefits. More specifically, the majority of the participants associated TRE with weight loss (n=6). For example, *"If you want to lose a lot of weight, I think this diet helps a lot"* (*ID5*; 29 years old, skips breakfast). In addition to this, participants shared their view that TRE could

enhance metabolic regulation (n=3). For instance, *"[…] it could help with metabolism"* (*ID11*; 19 years old, regular meals). Furthermore, some participants anticipated that TRE would aid the digestive system (n=2). For example, Participant 3 expressed: *"I would say it would help me with the digestive system"* (*ID3*; 22 years old, skips breakfast).

A second theme around perceived benefits towards TRE documents the expectations that this dietary approach would aid various everyday life factors and the structure of the participants. Participants highlighted benefits such as improved routine structure, mental well-being and enhanced self-control and discipline, creating the theme. Specifically, a total of five subjects expected that TRE would bring consistency to daily schedules: *"I would have to eat at certain times, which might help create a better routine"* (*ID8*; 25 years old, skips breakfast). Additionally, participants expected that TRE would support overall mental health (n=3). For instance, Participant 11 reported*: "Maybe TRE makes you happier […]"* (*ID11*; 19 years old, regular meals). Finally, two of the participants hoped that TRE would enhance willpower and self-discipline. For example: *"I imagine it helps you discipline yourself […]"* (*ID9*; 22 years old, regular meals and snacks).

The final theme described the participants' positive expectations towards TRE as simplicity and autonomy. Several interviewees reported that TRE appears easier than traditional diets, especially for those interviewees who have tried other strategies before (n=5). For instance, Participant 2 expressed: *"It is a simple rule […] easier than telling you what to eat"* (*ID2*; 21 years old, skips lunch). Additionally, the ability to adapt TRE to personal schedules also appealed to the participants (n=2). Participant 1 highlighted: *"It is more flexible than traditional diets"* (*ID1:* 22 years old, irregular meal pattern).

Negative Expectations

While participants reported several anticipated benefits of TRE, they were mostly focused on the negative expectations of adopting this approach, addressing the second component of RQ1. Five major themes were identified, namely, practical and psychological barriers, emotional and psychological barriers, social and interpersonal barriers, cultural and traditional conflicts, and lifestyle-specific challenges (see Table 3).

Table 3

Overview of Themes and Codes Regarding the Anticipated Barriers of TRE

Theme	Codes	Frequency of codes (n)
Practical and psychological barriers	Low energy	6
	Busy schedule	5
	Physical side-effects	4
	Hunger	3
Emotional and psychological barriers	Low motivation and self-discipline	5
	Emotional-driven eating	4
	Food cravings	3
Social and interpersonal barriers	Social life and eating out	6
	Family meal expectations	3
Cultural and traditional conflicts	Greek cultural eating habits	5
	Vacations and (religious) holidays	2
Lifestyle-specific challenges	Age-related influences	3
	Appetite stimulants (alcohol/smoking)	2
	Conflict with exercise	2

A frequently discussed theme was a range of practical challenges that participants associate with the adoption of TRE. The theme of practical and physiological barriers describes how TRE affects the routines, energy levels or daily responsibilities. Specifically, the majority of the participants expressed the anticipated barrier that limiting food in a specific eating window will result in low energy levels (n=6). For example, *"I think that TRE would definitely have an impact on my energy"* (*ID9*; 22 years old, regular meals and snacks). Furthermore, the subjects highlighted how TRE conflicts with busy schedules, especially for

students and working adults (n=5). For instance, Participant 10 expressed their concerns: *"I do not think it is a very realistic plan for someone with a packed daily schedule"* (*ID10*; 22 years old, regular meals). Physical side-effects and hunger were also common anticipated concerns: *"Happened twice in my life because I have not eaten anything, I fainted, so I think that would be an obstacle or a barrier for me to adopt it"* (*ID2*; 21 years old, skips lunch) and *"During fasting, I will just be distracted by my hunger"* (*ID10*; 22 years old, regular meals).

Despite the practical and physiological challenges, participants also identified emotional and psychological barriers that might hinder their engagement with TRE. Specifically, several participants conveyed low motivation and self-discipline in sustaining TRE (n=5). For example, Participant 1 expressed: *"I do not consider myself disciplined enough to follow this kind of diet"* (*ID1*; 22 years old, irregular meal pattern). Additionally, many of the participants shared that emotionally-driven eating would hinder their adherence to TRE (n=4), and some of the interviewees highlighted food cravings as a barrier (n=3). Specifically, Participant 3 expressed: *"My mood would definitely be sadder, because whenever I am going through something, I always like to snack"* (*ID3*, 22 years old, skips breakfast), and Participant 8 said: *"[...] Women, during their period, might have cravings"* (*ID8*; 25 years old, skips breakfast).

Another key theme is the social and interpersonal barriers to adhering to TRE. Participants' responses were focused on the impact of TRE on their social dynamics. Only three of the participants reported that social life is not influenced by TRE, while most of them highlighted engagement with the diet as a social barrier. Social life and eating out were expressed by the majority of the interviewees (n=6), and family meals expectations were reported by some of the participants (n=3). Specifically, it was shared that TRE hinders participation in dinners, events or outings: *"Prevents me from going out and social outings"* (*ID7*; 35 years old, regular meals and snacks). Additionally, it was expressed that TRE conflicts with family mealtimes: *"When I am back home and usually eat with my family, this is something I would not be able to do. I would have to eat alone"* (*ID3*; 22 years old, skips breakfast).

Closely related to the theme of social interpersonal barriers, a new theme emerged named cultural and traditional conflicts. Interviewees highlighted aspects of Greek culture as misaligned with the adoption of TRE. The majority of the participants highlighted that Greek cultural eating habits conflict with TRE (n=5), while two of the participants added vacations and (religious) holidays as an anticipated barrier. Specifically, Participant 5 believed that

Greek cultural traditions and Mediterranean Diet conflict with TRE, saying: *"Greeks have one of the best diets in the world, if not the best, the Mediterranean diet […] this means that it has breakfast and lunch and dinner and in between"* (*ID5*; 29 years old, skips breakfast). Religious holidays such as Christmas and Easter were also expressed as incompatible with TRE: *"[…] it would be difficult with the excessive food consumption during holidays like Christmas or Easter"* (*ID6*; 22 years old, regular meals and snacks).

Lastly, interviewees reported lifestyle-specific challenges that conflict the adherence to TRE. This theme consists of the subjects' beliefs that everyday lifestyle and hobbies of different ages hinder the ability to sustain TRE. Specifically, a few participants (n=3) noticed that age may play a role in the difficulty of integrating TRE: *"But if I were younger, it might be harder (because of the Greek lifestyle)"* (*ID7*; 35 years old, regular meals and snacks). Additionally, the behaviour of smoking and alcohol intake increases appetite: *"If I drink late, around midnight or 1 a.m., I will want a snack after that"* (*ID7*; 35 years old, regular meals and snacks). The hard combination of TRE with exercise was also expressed by the participants (n=2): *"For the gym to be effective, I have to eat very well before, not too close, but I definitely need enough energy in my body from food"* (*ID9*; 22 years old, regular meals and snacks).

Perceived Ability and Helpful Strategies Adhering to TRE

Self-efficacy is a core construct of Rosenstock's (1974) HBM, which identifies participants' perceived ability in following TRE. In response to RQ2, two key themes were discovered, including perceived ability adhering to TRE and strategies to enhance success, as illustrated in Table 4.

Table 4

Overview of Themes and Codes Regarding Participants' Perceived Ability and Helpful Facilitators Adhering to TRE.

Theme	Codes	Frequency of codes (n)
Perceived ability adhering to TRE	High confidence	7
	Low confidence	4

Facilitators of adherence	Professional help	7
	Social support	6
	Creating a schedule	4
	Meal prepping	2
	Digital tools	2

The first theme displays participants' ability to adhere to and maintain TRE. The majority of the participants expressed high confidence in adhering to TRE (n=7). For instance, a participant stated: *"I think it would fit in my schedule […] about 60 to 70% chances to succeed"* (*ID7*; 35 years old, regular meals and snacks). Another interviewee linked confidence to internal motivation: *"I think I could do it. If I decided to do it, 100%. It is a matter of commitment for me"* (*ID10*; 22 years old, regular meals). However, the rest of the participants expressed low confidence in their ability to maintain TRE (n=4). These doubts were often rooted in the anticipated barriers the participants expressed earlier in the interview. Specifically, Participant 3 shared: *"There is no way I could do it"* (*ID3*; 22 years old, skips breakfast). Similarly, Participant 9 stated: *"I would say 80% chance of failure, 20% chance of success"* (*ID9*; 22 years old, regular meals and snacks).

The second theme explores participants' suggestions on facilitators that could enhance their success in maintaining TRE. Seeking guidance from a psychologist for mental support and from a nutritionist for meal planning was expressed by the majority of the interviewees (n=7). Participant 4 shared: "*A specialist could help, a nutritionist, I think it is easier to go through a diet with a psychologist"* (*ID4*; 22 years old, regular meals). Similarly, seeking support and encouragement from the inner circle was highly shared (n=6). For example, Participant 6 expressed: *"I would rely on my family and friends for support"* (*ID6*; 22 years old, regular meals and snacks). Creating a schedule around the eating window was also a strategy frequently mentioned by the participants (n=4). For example, Participant 5 stated: *"Definitely the daily schedule or routine, the lifestyle you have, how many hours you sleep, your work"* (*ID5*; 29 years old, skips breakfast). Moreover, planning meals in advance to stay within the eating window and using an application, a reminder or a tracker to help stick to the eating window were some of the facilitators expressed. For instance, Participant 6 proposed: *"a good meal preparation that is high in protein and low in carbs and sugars would be essential for me to stay on track"* (*ID6*; 22 years old, regular meals and snacks). Additionally,

Participant 8 shared: *"a digital tool, an app that reminds you when to eat, like those water reminder apps"* (*ID8*; 25 years old, skips breakfast).

Discussion

This paper aimed to explore Greek adults' expectations and perceived ability on TRE, guided by two research questions; RQ1: *What benefits and barriers do Greek adults without prior experience with TRE anticipate in relation to its adoption?* and RQ2: *How do Greek adults without prior experience with TRE perceive their ability to follow this eating pattern, and what facilitators do they consider helpful for adherence?*

Answering RQ1, interviewees' perceptions ranged from optimistic to critical views on engaging with TRE. In line with Rosenstock's (1974) HBM, participants reported anticipated benefits of TRE including health improvements, lifestyle structure and simplicity and autonomy. Notably, TRE was often seen as a lifestyle enhancer rather than just a weight management approach. However, the anticipated barriers were more varied, including practical, physiological, and emotional barriers, social and cultural conflicts and lifestyle-specific challenges. These results highlight how TRE could come into conflict with both internal and external factors. Additionally, emphasise that effective adherence requires balancing not just personal willpower but also ingrained social and cultural norms.

Despite these concerns, the majority of the participants reported high confidence in their ability to follow TRE, answering RQ2. Those with high confidence cited strong motivation and consistent routine, while those with low confidence referred to sociocultural expectations and academic disruption. To support TRE adherence, a variety of facilitators were suggested, namely, expert and social support, creating a schedule, meal prepping and digital tools, answering the latter part of RQ2.

Interpretation of Findings

The findings of this study provide valuable insights into the sociocultural dynamics that shape Greek adults' engagement with TRE. A central reflection is the influence of social and cultural norms in nutrition, especially in a collectivistic society like Greece, where communal eating plays a key role in social and family life (Realo et al., 1997). In such contexts, food is not only perceived as nourishment but also as an expression of love, hospitality and belonging (Reddy & Anitha, 2015). Participants highlighted how crucial sociocultural factors are in shaping eating patterns and attitudes toward food, especially the role of food gatherings, celebrations and (religious) holidays. These maps onto the HBM

construct of perceived barriers, emphasising how rooted social practices can conflict with TRE behaviours.

Further reflecting on the cultural intricacy, COF is deeply embedded in the culture and practised by the Greek population (Sarri et al., 2003). This illustrates an established cultural framework for time-bound and scheduled eating habits, which may both hinder or support TRE adherence. Specifically, controlling mealtimes for extended periods may already be familiar to the participants. However, adding TRE on top of religious fasting could be interpreted as restrictive or conflicting. Additionally, participants highlighted the challenge of engaging with TRE, as they are accustomed to late-night socialising and eating. Unlike Central/Northern countries, in which dinner is typically consumed early at 16:00, the Greek norm of eating is at 21:00 or later (Huseinovic et al., 2019). This increases the probability for Greek individuals to break TRE principles and experience social disruption.

Another key observation that merits highlighting is that a reason that TRE is appealing is its simplicity and structure, aligning with the HBM constructs of perceived benefits and self-efficacy. Unlike traditional diets that require counting calories or restricting food, TRE was much simpler and easier, according to the participants. Research by Dijker (2019) examined the psychological advantages of simple eating patterns. It concludes that individuals feel more satisfied when eating simple, uncomplicated meals, which relate to pleasant emotional experiences. Easier dietary approaches tend to promote higher odds of adherence (Dijker, 2019). In Greek culture, the emphasis on religious fasting and systematic family meals reflects a structured yet simple approach that may embrace approaches such as TRE.

The shift in the individual's perspective that occurred during the interview also merits highlighting. This shift emphasises the role of cues to action based on the HBM framework, eliminating uncertainty and undermining perceived barriers. Several interviewees reported feeling more open and willing to try TRE after discussing it in depth. This aligns with Werner et al. (2008), who discovered that discussion is an efficient way of persuasion and perceptual change. Within Greek culture, where conversations and interpersonal connections are valued, such discussions may play a crucial role in shaping health attitudes (Evason, 2019).

Strengths and Limitations

This study offers several notable strengths alongside numerous limitations. A key strength lies in the use of 11 qualitative interviews, which aids in achieving data saturation. Saturation is the most widely used criterion for determining the adequacy of purposive

sampling in qualitative research (Morse, 1995, 2015; Sandelowski, 1995, as cited in Hennink & Kaiser 2022). Based on the findings of Hennink and Kaiser (2022), 9 to 17 interviews are typically sufficient to achieve saturation, which supports the suitability of the sample size used in this study.

Another strong point of this study is its focus on Greece's culture and its population's perception of TRE. Specifically, although existing research highlights TRE's physiological and psychological benefits (Rathomi et al., 2025), research on this dietary strategy has mostly ignored the impact of cultural context, especially in Mediterranean populations like Greece. Given that eating habits are rooted in sociocultural contexts (Jayasinghe et al., 2025), this gap is noteworthy. Therefore, by providing culturally situated insights into Greek adults' perceptions of TRE, the current study fills a significant gap in the literature.

Additionally, this paper followed Braun and Clarke's (2006) six-phase thematic analysis, an approach that allows flexibility yet a rigorous investigation of the data. This approach ensures understanding of intricacy and context-specific variations (Pistrang & Barker, 2012), which was valuable in the present research. The study was able to demonstrate how participants' perceptions of TRE are influenced by the intersection of personal beliefs, lifestyle habits, and sociocultural norms by utilising this analytical approach.

Despite its strong points, this study also has several limitations. One limitation is the social desirability bias, which describes the tendency of the participants to answer with what feels more socially acceptable rather than sharing their true thoughts and feelings (Grimm, 2010). The same research highlights that social desirability bias becomes a problem when the research includes personal topics, and especially in qualitative studies that use interviews to collect data (Grimm, 2010). In the present study, subjects were asked to share their perceptions on their eating behaviours and their motivations. Given personal-sharing information, the authenticity of their responses could have biased the results. This limitation is attributed to the researcher's personal acquaintance with all of the participants, which led them to change their responses to reflect a more positive image. Methods that lessen the influence of social desirability bias, such as employing neutral researchers conducting interviews or using anonymous surveys, should be taken into consideration.

Another limitation that influences the results is the lack of sample diversity. In the current study, the majority of the participants were female students and between the ages of 19 and 22. According to Gurven (2018), in the science of psychology, the lack of sample diversity severely restricts generalizability and hinders scientific advancement. This demographic focus may shape the perceptions and motivations of TRE, influenced by the

gender, age and occupational status of the individuals. Consequently, the findings do not reflect the opinions of elderly people, full-time working individuals, married individuals, or those from diverse educational backgrounds. This could restrict the findings' generalizability to larger Greek or Mediterranean populations. Taken together, these limitations imply that caution should be taken when interpreting the results.

Recommendations

Building on the findings and limitations of this study, several recommendations can be suggested for future studies on TRE. First, future research should consider including a more diverse sample, especially with gender balance and different age groups. Given that most participants in the current study are young females, expanding the sample could give more accurate and complete opinions of engagement with TRE. Older adults, individuals with different responsibilities and lifestyles from students, may share different negative and positive expectations and motivations for this dietary approach, providing more accurate and comprehensive findings.

Additionally, participants identified several support systems that could help them succeed, including social support, digital reminders, and expert advice. According to research by Abeltino et al. (2025), digital tools could help individuals take control over their health by monitoring their food intake. Thus, future research in TRE might assess the efficacy of behavioural support resources, including meal-planning apps and reminders, expert and social support. To improve self-efficacy, researchers could look at how these tools can function as "cues to action" within the framework of the HBM, which was excluded from the current research.

Another recommendation for future research is the exploration of TRE in specific populations. These research subjects could include individuals with chronic illnesses such as diabetes, pregnant or postpartum women, and people living with obesity. These groups often face biological and lifestyle challenges, such as high glucose levels (Gerstein & Werstuck, 2013) and hormonal fluctuations (Mihm et al., 2011), that might affect their ability and willingness to adopt a diet focusing on a specific eating window. For instance, Farajian et al. (2013), reported Greek obesity prevalence rates of 13.1% in boys and 9.0% for girls, emphasising a growing public health concern. TRE's health benefits might be more likely to encourage individuals to try such a diet. Examining how TRE interacts with their specific needs may reveal feasibility challenges.

Conclusion

In conclusion, this study explored Greek adults' perceptions of TRE using the HBM. The findings suggested that TRE is perceived as a simple and flexible dietary approach with a variety of physical and psychological benefits. Yet, it is also challenged by sociocultural norms and personal habits. In particular, communal eating, late-night eating, and religious fasting traditions uniquely shape how TRE is perceived within the Greek context. By mapping participants' views onto the key constructs of the HBM, this paper highlights the relevance of the framework in emerging nutritional interventions in cultural contexts. Interviewees' high confidence in their ability to maintain TRE and the identification of facilitators to enhance this diet underscores that behaviour change should be combined with tools and interventions.

Despite its limitations in social desirability bias and sample diversity, this study contributes to the enhancement of the cultural-context literature for TRE. Additionally, it emphasises the need for target and context-specific dietary methods. Although TRE may be simple in structure, its adoption is more complex. Understanding and addressing these sociocultural barriers is significant for TRE to become an applicable and sustainable long-term dietary approach.

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Appendices

Appendix A

Informed Consent

Cultural Influences on Time-Restricted Eating: Exploring Greek Adults' Perceptions, Barriers, and Willingness to Adopt TRE

Please tick the appropriate boxes

	YES	NO
I have read and understood the study information dated [DD/MM/YYYY], or it has been read to me. I have been able to ask questions about the study, and my questions have been answered to my satisfaction.		
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and I can withdraw from the study at any time, without having to give a reason.		
Information is captured through audio-recorded interviews conducted via Microsoft Teams for online sessions or using the "Spiik" application for in-person sessions. The recordings are later transcribed for analysis.		
I understand that the information I provide will be used for academic research purposes, including reports, publications, and presentations related to the study. All data will be anonymized to protect participant confidentiality.		
I understand that personal information collected about me that can identify me, such as [e.g. my name or where I live], will not be shared beyond the study team.		
I agree that my information can be quoted in research outputs		
I agree to be audio/video recorded		
I give permission for the anonymized transcripts of the interviews I provide to be archived in the interviewer's personal files so they can be used for future research and learning.		

Signatures

_____

Name of participant

_____

Signature

_____

Date

I have accurately read out the information sheet to the potential participant and, to the best of my ability, ensured that the participant understands to what they are freely consenting.

_____   _____

_____

Researcher's name   Signature   Date

Study contact details for further information:

Christina Gorgolitsa

Appendix B

Interview Script

Introduction

Thank you for participating in this interview. Before we begin, I want to assure you that your responses will remain confidential and will only be used for research purposes. Your participation is voluntary, and you can choose to withdraw at any time without any consequences. Do you have any questions before we proceed? Otherwise, you can read and sign this informed consent, and we can start the interview.

This interview will take approximately 25 minutes. We will discuss your thoughts and perceptions on eating habits, potential health impacts, and your perspective on Time-Restricted Eating (TRE). There are no right or wrong answers. I am simply interested in your opinions and experiences.

Background Information

Before we start with the questions I want to learn a bit about your background information. Can you briefly introduce yourself, your age, gender, your occupation and general lifestyle?

1. What are your current eating habits and meal patterns?
2. Do you follow any specific diet or have any dietary restrictions, e.g. vegetables, legumes?
3. Have you ever considered changing your eating habits? If yes, why?

Now, I will briefly explain to you what Time-Restricted Eating is and some of its benefits. Time-restricted eating is a dietary pattern and belongs in the category of Intermittent Fasting, in which eating allows unlimited energy consumption during a limited eating window aligning food intake with daily circadian rhythms. This eating window has different time gaps but today we will focus on 14 hours of fasting and 10 hours of eating. For example, you will have your first meal (your breakfast probably) at 11:00 in the morning and your last meal will be 10 hours later at 21:00. Finally, its potential health benefits include improved metabolic health and controlled weight.

Susceptibility:

We will start by discussing your thoughts on how your current eating habits might impact your long-term health.

4. How likely do you think it is that your current eating habits might affect your long-term health? …Why do you think that?

5. Have you ever been concerned about your meal timing or frequency? … Give me an example

6. Are there any health risks you would worry about if you decided to try Time-Restricted Eating?

Perceived severity:

Now, let's talk about how serious you think the effects of certain eating habits might be on your health.

7. How serious do you think the effects of poor meal timing or excessive eating throughout the day are?

8. Have you ever experienced negative effects due to your eating habits?

9. Have you ever been concerned about the effects of your eating patterns on your health? … What specific health risks do you associate with your current eating habits?

Perceived benefits:

Next, I would like to hear your thoughts on the potential benefits of Time-Restricted Eating.

10. What are your initial thoughts on the idea of restricting food intake to a set window each day?

11. What benefits do you think you might gain from Time-Restricted Eating?

12. Do you think Time-Restricted Eating could fit into your daily life? If yes, how? Why?

Perceived barriers:

Now, let's explore any challenges or concerns you might have about trying Time-Restricted Eating.

13. What challenges do you think you would face if you tried TRE? … Do you think it would affect your energy levels, work, or social life? How and why?

14. What concerns, if any, would stop you from trying Time-Restricted Eating? Are there any cultural norms, social or personal reasons?

Self-efficacy:

Now, we will discuss how confident you feel in your ability to follow Time-Restricted Eating and what could help you succeed.

15. If you decide to try TRE, how confident do you feel in your ability to maintain it?
16. What strategies or factors do you think would help you stay consistent with a restricted eating window?
17. What support or resources would you need to successfully practice Time-Restricted Eating?

Conclusion

18. Based on what we discussed do you think you would try TRE in the future? Why yes or not?

Thank you for sharing your insights. Before we conclude, do you have any final thoughts or questions about TRE or anything we've discussed today? Your feedback is greatly appreciated, and it will contribute to a better understanding of eating habits and potential dietary strategies.

Appendix C

Table

Health Belief Model Constructs and Interview Structure

HBM Construct	Number of Questions	Example Question
Susceptibility	3	Have you ever been concerned about your meal timing or frequency?
Perceived Severity	3	Have you ever experienced negative effects due to your eating habits?
Perceived Benefits	3	What benefits do you think you might gain from TRE?
Perceived Barriers	2	What challenges do you think you would face if you tried TRE?
Self-efficacy	3	If you decided to try TRE, how confident do you feel in your ability to maintain it and why?

Appendix D

AI Statement

During the preparation of this work, the author used AI tools in order to:

- Brainstorming and ideation
- Copy editing, including minor revisions for conciseness and clarity of writing and reforming references

After using these tools, the author reviewed and edited the content as needed and take full responsibility for the content of the work.