










Experiences of poverty amongst low-income older adults living in a high-income country: A qualitative study

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Abstract

Aim: To understand the experience of low-income older adults living in poverty in a high-income country.

Design: A qualitative study based on Gadamer's hermeneutic phenomenology.

Methods: A convenience sample of twenty-seven low-income older adults were interviewed in-depth between September 2021 and January 2022. Fleming's method for conducting phenomenological qualitative studies was followed and ATLAS.ti software was used for data analysis.

Results: Three main themes were extracted from the analysis: (i) 'living in the shadow of poverty', (ii) 'unprotected by the 'social shield' of the welfare state' (iii) 'the struggle to attain good health'.

Conclusion: Living in poverty affects all spheres of life. Older adults living in poverty feel excluded from social support policies and laws. This has a negative impact on the older adults' mental health and can lead to social isolation.

Implications for the Profession and/or Patient Care: Nursing interventions to promote health amongst older adults living in poverty should include an assessment of the patient's social determinants and a focus on increasing social participation. Older people living in poverty experience difficulties accessing formal social support so nurses should implement patient navigation interventions that aim to help them overcome the complexities of the system. Nursing interventions to improve mental health amongst older adults living in poverty are much needed.

Impact: Living in poverty increases older adults' vulnerability. Older adults living in poverty suffer from mental health issues as they live under constant pressure to meet their basic needs and lack formal social support. These findings are important for nurses, who play a pivotal role in the design, implementation and evaluation of policies and interventions that promote health equity.

Reporting Method: The study has been conducted following the COREQ guidelines.

Patient or Public Contribution: There has been no public or patient involvement in the design or development of the study.

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KEYWORDS

experiences, health services accessibility, low-income, mental health, older adults, poverty, social isolation

1 | INTRODUCTION

Poverty and socioeconomic inequality shorten lives (Stringhini et al., 2017). In member countries of the Organization for Economic Cooperation and Development (OECD), 14.1% of older adults (people aged 65 and over) live in poverty (OECD, 2021). Evidence suggests that poverty could be a barrier to accessing healthcare services and it has been associated with food insecurity, substandard housing and problems accessing basic services amongst older adults (Adams et al., 2020; Leung & Wolfson, 2021). Nurses play a key role in promoting the health of older people living in poverty, and their interventions must be based on the real needs of the users (Lathrop, 2020).

2 | BACKGROUND

Poverty can be defined as having an income below half of the national average disposable income (OECD, 2021). However, living in poverty is more than having a lower-than-average household income, and it causes more deaths than hypertension, obesity and alcohol abuse (Stringhini et al., 2017). In older adults, poverty is linked to disability (Choi et al., 2022) and it can cause depression and anxiety (Ridley et al., 2020). Living in poverty negatively impacts cognitive and socioemotional processes commonly associated with healthy aging and it is considered a determining factor for social exclusion (Niedzwiedz et al., 2016) as it leads to inequalities and barriers to accessing public services (Price et al., 2018). Living in poverty has been associated with malnutrition (Dufe Turkson et al., 2022), greater functional limitation (Boggatz et al., 2010), higher mortality rates and an increased number and duration of hospital readmissions (Landon et al., 2023; Minhas et al., 2023). Living in poverty can also increase the prevalence of multiple chronic conditions (Choi et al., 2020; Minhas et al., 2023; Mira et al., 2023) and antibiotic prescribing rates (Tarkhashvili, 2023). In addition, it is known that living in poverty hinders older adults' ability to implement self-care behaviours and manage their conditions autonomously (Nwadiugwu, 2021). In turn, this could have further negative financial repercussions on both the healthcare system and the older adults themselves (Temple & Williams, 2018).

Efforts have been made worldwide to implement and evaluate the effects of interventions aimed at reducing poverty (Zeng et al., 2022) and health inequalities (Coll-Planas et al., 2018), improving quality of life (Geffen et al., 2019) and promoting social wellbeing (Kotwal et al., 2021) amongst older adults living in poverty. However, a recent literature review concludes that older adults living in poverty are more likely to encounter barriers in using technology effectively, implementing autonomous self-care behaviours, being diagnosed

with mental health issues and accessing the social support they need (Abdi et al., 2019). In fact, evidence suggests that older people tend to be invisible to their local community (Hachem et al., 2022). In this context, it is important to highlight that nurses play an important role in supporting older adults in navigating the healthcare system (Gonçalves et al., 2021), implementing health-promotion interventions (Wu et al., 2020; Yodsuban et al., 2023) and fostering self-care (Deschodt et al., 2020; Scholz Mellum et al., 2019). Consequently, nurses should become advocates for older adults living in poverty and protect their dignity (Clancy et al., 2021) by implementing interventions aimed at minimizing social exclusion and promoting biopsychosocial well-being (Gale, 2020). In order for these nursing interventions to be person-centred and meaningful, there is a need to explore the way older people experience poverty in their daily lives (Kwan & Tam, 2022). After performing a comprehensive literature review, we found that the experience of poverty amongst low-income older adults living in high-income countries continues to be an understudied phenomenon.

3 | THE STUDY

3.1 | Aim

The aim of this study was to understand the experience of low-income older adults living in poverty in a high-income country.

3.2 | Design

This qualitative study was designed following the method developed by Fleming et al. (2003), which was originally underpinned in Gadamer's hermeneutic phenomenology (Gadamer, 2013). Gadamer did not develop a research method, but his theory of knowledge laid the epistemological foundation for hermeneutic studies (Granero-Molina, 2019). According to Gadamer, a phenomenon cannot be understood without incorporating the interpreter's pre-understanding in a dialogue with the participants that leads to a fusion of horizons (Gadamer, 2013). While other available research methods emphasize the need to suspend the researcher's judgement when conducting qualitative research, Fleming et al. (2003) developed a method that is consistent with Gadamer's phenomenology as it postulates and incorporates the researcher's pre-understanding into the research process. In the first step of this study, the researchers reflected on the relevance of the research question and agreed that understanding the experience of older adults living in poverty is a phenomenon whose understanding provides enriching knowledge for the discipline. In the second step, the researchers reflected on their

pre-understanding, which is derived from their clinical, teaching and research experience with older adults living in poverty and/or social exclusion. The recommendations of the COREQ guidelines were followed (Tong et al., 2007) when producing the manuscript.

3.3 | Participants and context

The study was carried out in the five largest urban centres of a province in southern Spain. A convenience sample was used in this study. Inclusion criteria for participation in the study were: (i) being 65 years of age or older; (ii) having an income of <600 euros per month. Participants were excluded if they were cognitively impaired (2 or more mistakes on the Pfeiffer Test). Forty-six older adults were asked to participate and 13 of them declined for various reasons (e.g., hospitalization, caring for relatives, lack of time). Out of the 33 older adults who voluntarily accepted to participate, 6 were not interviewed as data collection was stopped once participants' discourses did not add new information and data saturation had been reached. In total, 27 in-depth interviews were conducted with older adults.

3.4 | Data collection

In the third stage of Fleming et al.'s (2003) method, we proceeded to the understanding of the phenomenon through a dialogue with the participants' accounts. Data were collected through in-depth interviews between September 2021 and January 2022. The participants were contacted by one of the researchers (who had not been in contact with them previously) via a phone call. Two researchers conducted the interviews in person at the participants' home. The interviewers had received training in interviewing as part of a 'qualitative research methods' module integrated in a master's degree in Nursing Science led by the two senior researchers in this study. Each participant was interviewed only once, and the interviews lasted

on average 43 min (range=38–55 min). A script of open-ended questions was designed to facilitate in-depth responses from the participants (Table 1). The interview guide was developed by the research team, taking into consideration their pre-understandings (see Table 2 for more information), the results from the literature review, and the feedback from the two independent experts who critically participated in peer debriefing. All the interviews were audio-recorded with the prior consent of the participants.

3.5 | Data analysis

Prior to data analysis, all field notes and individual interviews were transcribed into a text document. The data analysis process was carried out using ATLAS.ti software. The analysis was conducted using a modified form of the stages developed by Fleming et al. (2003):

1. During the collection and transcription of the data, the researchers reached a spontaneous understanding through the participants' accounts. The researchers in charge of the analysis carried out an initial open reading, during which they made notes based on intuitions and reflections characteristic of a pre-analysis.
2. The researchers' pre-comprehension of the phenomenon was put in dialogue with the participants' accounts through the text. In this phase, an open and comprehensive reading of the transcripts was carried out in order to create and add to an overall impression of the phenomenon. The understanding of the phenomenon could be achieved through the fusion of horizons between the participants' and the researchers' point of view. For this purpose, each interview was analysed and subjected to a coding process. During coding, the most relevant quotes were selected, and units of meaning, sub-themes and themes were identified. Coding was carried out individually by three researchers who then agreed on the generated codes, units of meaning, subthemes and themes.

TABLE 1 Interview guide.

Phase	Topic	Content/example questions
Introduction	Purpose	We believe that your experiences are a vital and necessary insight into what it is like living in poverty. This could help us to help other people in this situation.
	Aim of the study	We would like to understand how you live with a low income and how you experience poverty.
	Ethical issues	Inform about volunteering, recording, consent, possibility of withdrawing.
Opening	Introductory question	Please, tell me your experience of living with a low income. How do you feel about it?
Development	Conversation guide	Tell me about your current financial situation.
		What do you do to cover your basic needs on a daily basis (food, clothing)? Tell me about a typical day in your life.
		Tell me about your social life. How do you think it is affected by your financial situation?
Closing	Last question	Would you like to add anything else that you consider important?
	Appreciation	Thank them for taking part. Remind them of how their account will be used and tell them they can contact us should they have any queries.

TABLE 2 Summary of the steps followed to achieve the fusion of horizons.

Research stage	Steps followed to achieve the fusion of horizons
1. Generating the research question	First, the researchers formulated the research question and the aim of the study based on their professional, cultural and academic position.
2. Identifying researchers' pre-understandings	The principal investigator has ample clinical experience in older people nursing and currently holds a position as Associate Professor in Geriatric Nursing at the University of Almeria. The rest of the researchers also have clinical experience in older people nursing in different settings. The researchers wrote memos that helped to identifying their own pre-understanding of the phenomenon. The researchers' pre-understanding was incorporated in all of the initial phases of the study: formulating the research question, conducting the literature search, elaborating the interview guide, conducting the interviews. In this stage, all the researchers recorded their reflections on how they incorporated their pre-understandings in all of the initial phases of the study.
3. Gaining understanding through a dialogue with the participants	Spontaneous understanding occurred during the interviews. The researchers who participated in the data collection took notes that later aided the analysis and the understanding of the phenomenon. The researchers who did not participate in the data collection listened to the recordings and reflected on how their pre-understanding was modified by listening to the participants.
4. Gaining understanding through a dialogue with the text	The researchers discussed the findings and agreed on the names of themes and subthemes. The researchers reflected on how these themes and subthemes helped to create a new understanding of the phenomenon through merging the researchers' pre-understanding horizon and the participants' understanding horizon.
5. Establishing trustworthiness	The researchers agreed that the themes developed contribute to understanding the phenomenon and were consistent with the data.

3.6 | Ethical considerations

The study was conducted in accordance with the ethical standards set out in the Declaration of Helsinki. Approval was obtained from the Research Ethics Committee of the Department of Nursing, Physiotherapy and Medicine (EFM89/2020). Participants were personally informed in writing of the purpose of the study, the voluntary nature of their participation and the commitment to confidentiality and anonymity in accordance with current legislation. Participants signed the informed consent form prior to the start of data collection.

3.7 | Rigour

The final stage of Fleming et al.'s (2003) method is to ensure the rigour of the study following Guba and Lincoln's (1994) criteria. Credibility was achieved through prolonged engagement (the interviewees were volunteers in a non-governmental organization and had met the participants in their natural setting many times before conducting the interviews), collection of referential adequacy material (the interviewees uploaded their interviews, their memos and their field notes to the study's cloud) and peer debriefing (the research team met with two independent experts who reviewed and provided feedback about the study's methods and results). To ensure confirmability, the participants confirmed the transcripts and then validated the results. To ensure trustworthiness, data interpretation was supported by researcher triangulation, and the analysis process was reviewed by two independent reviewers. To maximize transferability, a detailed description of the participants, the context and the method was provided.

4 | FINDINGS

The main demographic characteristics of the 27 older adults who participated in the study are summarized in Table 3. The participants' median age was 77 years (interquartile range=14) and the majority were female ($n=17$; 63%). Most of the participants had either not completed any formal education ($n=16$; 59%) or completed primary education ($n=8$; 30%). While more than half of the female participants' past occupation had been taking care of their homes and families ($n=9$; 53% of women), most male participants' past occupation entailed manual labour of different kinds ($n=9$; 90% of men).

We extracted three main themes: (i) living in the shadow of poverty, (ii) unprotected by the 'social shield' of the welfare state and (iii) the struggle to attain good health. Together with their subthemes and units of meaning (see Table 4), these findings can help us to understand how low-income older adults experience poverty in a high-income country (see Figure 1).

4.1 | Living in the shadow of poverty

This theme details how low-income older adults experience poverty as part of their daily lives. Living in poverty is more than having very little money; for older adults with a low income, living in poverty makes meeting basic needs a continuous challenge. This experience negatively affects all spheres of life and leaves older adults feeling they cannot afford to have a healthy social life. Many low-income older adults resort to begging in a desperate attempt to satisfy their needs.

TABLE 3 The participants' main sociodemographic characteristics.

Participant	Age	Gender	Education level completed	Former occupation	Marital status	Children
IDI-1	74	Female	None	Homemaker	Married	3
IDI-2	82	Female	None	Homemaker	Married	4
IDI-3	66	Female	Primary	Butcher	Married	2
IDI-4	88	Female	None	Cleaner	Widowed	4
IDI-5	68	Male	Secondary	Business owner	Married	1
IDI-6	72	Male	Primary	Construction worker	Married	3
IDI-7	77	Female	None	Cleaner	Widowed	4
IDI-8	81	Female	None	Homemaker	Married	6
IDI-9	73	Male	None	Construction worker	Married	3
IDI-10	67	Female	Secondary	Homemaker	Married	4
IDI-11	69	Male	Primary	Factory worker	Married	2
IDI-12	78	Male	None	Fisherman	Single	0
IDI-13	82	Male	None	Farmer	Married	2
IDI-14	85	Female	None	Homemaker	Widowed	6
IDI-15	67	Female	Primary	Supermarket assistant	Married	2
IDI-16	70	Male	Secondary	Construction worker	Single	0
IDI-17	77	Female	Primary	Homemaker	Widowed	2
IDI-18	66	Male	None	Waiter	Married	2
IDI-19	82	Female	None	Cleaner	Married	2
IDI-20	91	Female	None	Cleaner	Widowed	5
IDI-21	83	Male	None	Fisherman	Married	4
IDI-22	67	Male	Primary	Construction worker	Married	3
IDI-13	79	Female	None	Homemaker	Married	3
IDI-24	68	Female	Primary	Kitchen assistant	Single	0
IDI-25	85	Female	None	Homemaker	Married	4
IDI-26	88	Female	None	Homemaker	Married	4
IDI-27	73	Female	Primary	Tailor's assistant	Married	2

Abbreviation: IDI, In-Depth Interview.

4.1.1 | The challenge of meeting basic needs with an empty pocket

Most of the study's older adults living in poverty described life as a struggle. When asked to give examples of the difficulties they encounter as a result of their low income, the participants narrated experiences that show how poverty impregnates all aspects of their daily lives and affects other social determinants of health. Poverty even poses a challenge to meeting basic human needs. Most of the participants experience food insecurity and tend to buy highly calorific, processed foods rich in saturated fats and refined carbohydrates. Although most of the participants are aware of what their basic dietary needs are, they cannot afford a healthy

diet consisting of fresh vegetables and fruit, whole grains and good quality protein.

I know I don't buy good food. I buy what I can and that doesn't help me to have the diet I need for my problems [...] I would like to buy better food but that's impossible with my pension. (P9)

The participants also described how poverty affects their access to basic amenities such as running water and electricity; most of them have problems paying their water and electricity bills. Furthermore, many of the participants stated being too hot in Summer and too cold in Winter because they cannot afford to use air conditioning or heating

TABLE 4 Themes, subthemes and units of meaning.

Theme	Subtheme	Units of meaning
Living in the shadow of poverty.	The challenge of meeting basic needs with an empty pocket.	Food insecurity, unaffordable dietary recommendations, energy poverty, unhealthy living conditions, unsuitable housing, accessibility issues.
	When a healthy social life becomes unaffordable.	Self-limited social life, socially ashamed, unable to treat themselves, unable to spoil grandchildren.
	Begging as a way of making ends meet.	Asking for money, relying on relatives' help, begging.
Unprotected by the 'social shield' of the welfare state.	A past that leads to a precarious present.	Poorly paid jobs, low-pension contribution, hard manual labour, occupational illness, early widowhood, long unemployment, conditions of a homemaker.
	Carrying the extra weight of helping your family.	Supporting family, unemployed children, living with family, cumulative poverty, unable to help, family conflicts, informal caregiver
	When the lack of support leaves you socially excluded.	Low retirement pension, pension unfairness, loss of purchasing power, inflation, heavy bureaucracy, slow system, less social support, deprived neighbourhood, social exclusion.
The struggle to attain good health.	When something priceless requires money that you do not have.	Unaffordable prescriptions, not funded healthcare services, expensive healthcare needs, scarce governmental funding.
	In pursuit of health inside a hamster wheel.	Battling for health, constant pressure, dilemmas, futile efforts, feeling no progress.
	The toll of poverty on mental health.	Constant worrying, fear, sadness, anxiety, depressive symptoms, social isolation.

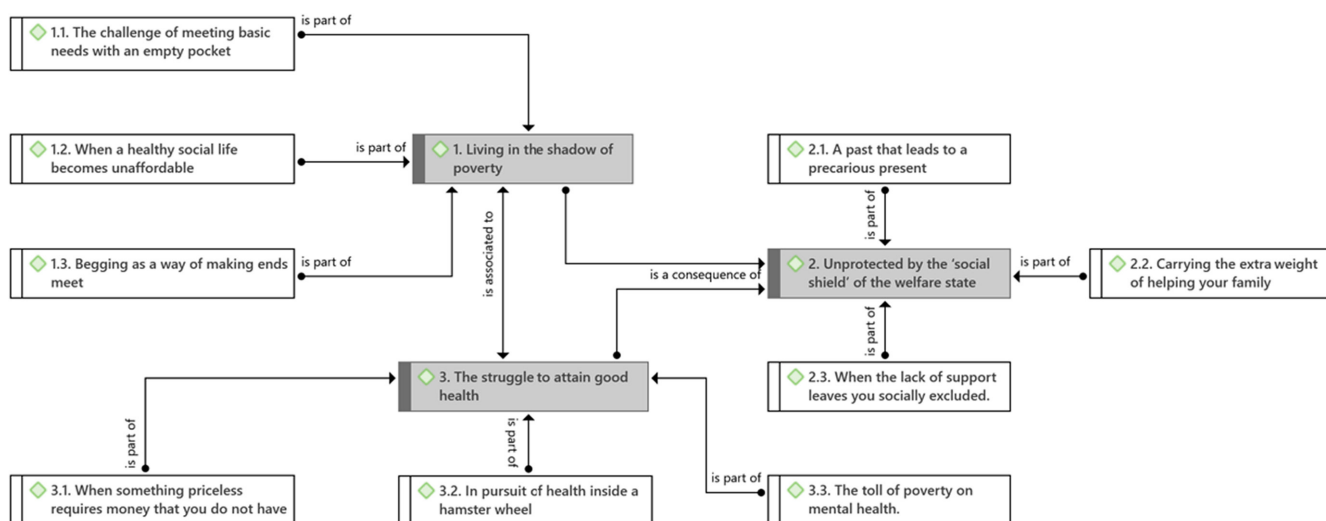


FIGURE 1 Conceptual map.

at home. Some participants do not even have running water and have to collect water from public sources in large containers that they struggle to carry back home.

Although my house is very very cold, I do not switch the heating on because I am afraid I am not going to be able to afford the electricity bill. (P6)

Housing conditions amongst low-income older adults are also affected by poverty. All participants shared experiences reflecting how their lack of income causes them to live in housing with sub-standard conditions. Whilst for some it is not being able to change a 20-year-old mattress with protruding springs, for others it is living in homes with damp, mouldy walls. The common denominator is that many participants live in unhealthy housing environments that they cannot afford to improve and adapt to their needs. In fact, many of the older adults who participated in this study reported having experienced accessibility issues in their own homes and having to rely on their relatives to meet basic needs such as having a shower or cooking.

I need more money to live a dignified life. I do not have money to pay bills and have a decent home. I do not have enough money to fix the kitchen, the toilet flush or remove the bath to be able to shower my husband. Our daughter sometimes takes us to hers to have a shower. (P4)

4.1.2 | When a healthy social life becomes unaffordable

The study's low-income older adults reported how poverty limits their ability to establish and/or maintain social relationships. The majority of the participants shared experiences of how a lack of money prevents them from socializing. Most of the participants stated that having a coffee out is a great effort and some described how they only order a glass of water when they go out with family and friends. Furthermore, many of the older adults stated that they are too embarrassed to reveal their financial situation, so they prefer to make excuses and avoid social interactions.

My financial situation limits me when it comes to going out for a drink with my friends. I often don't want to go out because I don't have the money to pay for a beer or a coffee and I'm too embarrassed to let them pay for me. (P15)

The participants' ability to feel personally fulfilled is undermined by the situation of poverty in which they are immersed. Many of the participants missed or have never been able to treat themselves. In addition, not being able to spoil their grandchildren is also a source of diminished personal fulfilment; many of the participants cannot afford to give their grandchildren a present on their birthday or on Three Kings Day.

I feel very bad and sad about it, the Three Kings are coming and I can't afford to buy anything for my grandchildren, not even a little something. (P19)

4.1.3 | Begging as a way of making ends meet

Most of the study's older adults living in poverty reported having to resort to begging as a form of work. The participants feel that poverty is forcing them to compromise their dignity. Many of them stated that meeting the basic need for food often depended on begging on the street.

My husband has a 63% degree of disability so my only way of making money is to go and beg outside the supermarket. That is what I depend on to eat that day. (P26)

The study's older adults living in poverty describe how their financial situation also forces them to ask for help from some organizations. Most of the participants have problems making ends meet. In fact, many of them said that they had to ask their children or neighbours for money.

What I have does not give me enough to eat. That's why I've had to ask for help from associations. (P27)

When I feel that I can't make ends meet, which is the case for many months, my children or my neighbour help me. (P10)

4.2 | Unprotected by the 'social shield' of the welfare state

According to the Ministry of Social Rights and 2030 Agenda, building a 'social shield' to protect the most vulnerable groups is a priority for the left-wing coalition Spanish government. Nonetheless, the study's low-income older adults feel they do not get enough formal social support. This theme details how the participants' personal and professional history has shaped their current financial and social situation. Not only do many of the older adults living in poverty not get help from their family, they also have to provide for their children and grandchildren. This, together with a perceived lack of formal social support, increases older adults' vulnerability and social exclusion.

4.2.1 | A past that leads to a precarious present

Most of the study's older adults living in poverty reported that they now feel helpless because of how their past has affected their present situation. The precarious, non-contributory jobs that seemed to bring them financial stability in the past are now the reason why participants receive such low pensions. The participants stated that early retirement, often due to poor health, has led to the precarious socio-economic conditions in which they find themselves.

I have been working since I was 13 years old, but because I have not been covered by national insurance, I now receive a pension that does not cover me sufficiently and does not provide me with enough to be able to eat. (P8)

The stringent bureaucratic requirements for obtaining a widow's pension prevented many of the older adults in poverty from getting one. The participants who unfortunately had to assume the status of widowhood without pay stated that they were affected financially and socially at present. Many of the older adults also spoke of how they had spent a lifetime providing for their home and family without making national insurance contributions. Being a homemaker without any kind of pension contribution has conditioned many of the participants' unfavourable current financial situation.

Our financial situation is very bad, I have no pay because I have never worked outside the home. (P14)

4.2.2 | Carrying the extra weight of helping your family

The participants' family context is a determining factor in their situation of living in poverty. Most of the participants reported that their pension is the only income to cover the basic needs of the whole family. Most of the participants' children are out of work so they feel obliged to help their family financially or, at least, to provide them with a plate of food and a mattress to sleep on. Most of the study's older adults referred to having to help their family in some way but some of them had to provide for as many as 20 family members (children, grandchildren and great-grandchildren).

We are a bit stretched financially. I am the only one in the family who earns money. The whole family depends on my pension (children, grandchildren, great-grandchildren...). They are all unemployed. We get 20 people together to eat the same meal every day. (P12)

Having to support other family members with less than 600 Euros a month is incredibly difficult for the study's older adults living in poverty. In fact, many spoke of the anguish they experience when they see that they do not have enough money to feed their families as the end of the month approaches. The participants reported having to resort to asking for help from neighbours in order to at least be able to feed their grandchildren.

I worry a lot about not being able to feed my grandchildren. I don't mind not being able to eat, but I want my grandchildren to always eat well. The good thing

is that all of us neighbours help each other to avoid these situations. (P13)

In addition to having to support their entire family, many of the older adults living in poverty are responsible for a dependent family member. Despite having help as primary caregivers, the participants who are responsible for a dependent family member reported difficulties in meeting their basic needs. Caring for a dependent person is expensive and is not always covered by the social welfare system. Given that carers are mostly women who had previously been housewives and therefore do not have a personal pension, they sometimes reach the point where they do not have enough to eat themselves.

We only have one pension, and my husband's products, the high-protein shakes, are very expensive. There are months when the bills come in and we struggle to make ends meet. I cut back on my food, but I try to make sure that he (husband) is not short of anything. (P19)

Some of the participants receive financial support from their children, which can sometimes trigger a conflict in their children's relationships, as they are also in financially disadvantaged situations. The participants stated that they were aware of this problem and felt they were a burden to their families. In addition, many participants feel guilty, worried and powerless because of this situation.

My daughter helps me as much as she can, but what she gives me is taken from what she needs for her children and husband, so they sometimes argue. (P27)

4.2.3 | When the lack of support leaves you socially excluded

The vulnerability and risk of social exclusion of the older adults participating in the study is exacerbated by the limited formal social support they receive. According to the participants' accounts, the government does not do enough to preserve their dignity. The older adults suffer the consequences of rapidly rising electricity, water and food prices while their incomes remain stagnant. In addition, they are concerned that the national and international economic situation may cause them to lose their pensions.

The government is awful, and the economic situation is very bad. Sometimes, being pensioners, with the rise in electricity, food, bills and everything in general, I worry that I won't be able to pay for everything. And I'm also worried that pensions like mine will not be able to be paid (P21)

Most of the older adults also expressed dissatisfaction with how difficult administrative procedures are and how slow the system is in providing benefits. The participants feel abandoned and misunderstood by the government, and claim that the lack of social policies to protect older adults in poverty forces them to live in neighbourhoods that can be described as ghettos.

We are very angry with the city council because they don't care about our neighbourhood. In fact, we have been without electricity for 4 days now, and a while back we didn't have electricity for a month. Yet we pay for electricity every month. (P22)

4.3 | The struggle to attain good health

Attaining good health is like an obstacle course for older adults living in poverty. This theme details how poverty affects older adults' attempts to stay healthy and comply with their therapeutic regime. The participants find it difficult to achieve good health as they do not have enough money to pay for what the national health system does not cover. The study's older adults living in poverty are constantly battling to attain good health and they frequently feel that their efforts are not rewarded. This puts a lot of pressure on the older adults, who feel overwhelmed and experience mental health issues triggered by their financial, health and social situation.

4.3.1 | When something priceless requires money that you do not have

The majority of the participants describe their life as a constant struggle. They feel that their financial situation negatively affects their health status. The participants shared experiences about how a lack of money has prevented them from accessing medicines and products that are not covered by social welfare yet are essential for treating their health problems.

Medicines, for example. If they are not from the social welfare system, I can't afford them. I know that without them I won't get better, but I can't pay for them... (P23)

The older adults living in poverty have difficulty accessing certain health services due to their financial situation. Many of the participants referred to oral health as an example of not being able to afford treatments they need to live a dignified life. The national health system's coverage of oral health is limited, and many participants do not have the teeth/dentures required to eat a lot of solid food. This leads the older adults to experience distress, which affects their appetite and dignity.

Look at my mouth. I have to have a dental prosthesis fixed on the lower part, but it costs €6000. They

gave me a grant of €600, but it's not enough [...] I'm ashamed to look at myself like this. I don't even feel like eating... (P1)

The older adults living in poverty feel that their finances are affecting their independence. Many participants described how they were scared of leaving their homes because they felt unstable and suffered from vision impairment or hearing loss. Although the national health system funds some assistive technology for older adults, the participants identified not being able to afford a walker, prescription glasses or a hearing aid as the main reasons for spending most of their time at home. This could reveal either the difficulties older adults living in poverty face when accessing health and social care services, or their inability to spend money on anything else apart from housing, food and basic services.

Where do I go? I can't see well, the other day I fell because my leg gave out... If I fall on the step, I'll kill myself [...] I'm afraid to go out, to be honest. (P21)

We have just enough to eat, I can't afford the simple act of buying a new pair of glasses with a new prescription. (P17)

4.3.2 | In pursuit of health inside a hamster wheel

The pursuit of health is an ongoing challenge for older adults living in poverty. The participants stated that they were continuously struggling to improve their health and acknowledged feeling exhausted from living under constant pressure. Some of the older adult participants mentioned that meeting one essential need means neglecting another, and are aware that they will never make ends meet. The participants often face moral dilemmas about how to spend their money and feel that they should not give up meeting their families' basic needs in order to try to improve their health.

I can't fix my mouth because we don't have any money and the little money we have, I prefer to give to others, as we have 10 people at home for lunch every day. (P19)

The older adults living in poverty feel that their efforts to improve their health are futile and express that they are tired of trying. According to the participants, trying to improve their health with their financial situation is like trying to reach the finish line whilst running in a hamster wheel. Most of the participants said they felt excluded from a system in which support was almost non-existent. They blamed this on politicians and the general population not being concerned.

I feel like a hamster running in a wheel. They don't help me at all, I go to ask for help and nothing, they have abandoned us. Nobody comes here to help us. (P16)

4.3.3 | The toll of poverty on mental health

The mental health of the study's older adults living in poverty is also severely affected by the precarious situation in which they live. The participants' inability to afford certain basic needs leads them to feel helpless and anxious.

My financial situation affects me physically and emotionally. Not having enough to eat makes me very anxious. It's as if a mountain were falling on top of me. I feel sad and overwhelmed all the time. (P19)

Worrying about how they will make ends meet is part of the participants' daily lives. Most of the study's older adults living in poverty were dispirited during the interviews and repeatedly expressed a loss of trust in the system. The participants acknowledged being tired and some stated that their only motivation for staying alive was not to leave their families, particularly their grandchildren and/or other dependents, without a livelihood. Many of the participants broke down in tears during their interviews, admitting that they cried almost every day and felt overwhelmed and had constant mood swings.

I am very sad and spend some evenings crying in my room. I have lost the will to live. If it weren't for my grandchildren... (P4)

Living in poverty can contribute to older adults being socially isolated. The majority of the study's older adults living in poverty expressed feelings compatible with depression. Most participants only leave their homes to go grocery shopping and admitted to not participating in social interactions for leisure purposes. Although the participants acknowledged having an informal social support network available in case they needed it, they are tired of feeling like a burden to others and prefer to spend their days at home.

I know that if I ask the neighbours for help, they will help me, like they so often do [...] But I am also tired. I don't want to go around telling people my problems all the time. That's also tiring. (P10)

5 | DISCUSSION

The aim of this study was to understand the experience of low-income older adults living in poverty in a high-income country. The results of the study suggest that poverty permeates all spheres of the low-income older adults' lives. The participants declared that their financial situation poses a challenge to meeting their basic human needs. For example, the study's older adults experience energy insecurity problems. The experience of energy shortages is not merely environmental but is also associated with adverse physical and mental health consequences (Adams et al., 2020). In fact, older adults with a low-socioeconomic status are more vulnerable in terms of

the link between extreme temperatures and mortality (Benmarhnia et al., 2015). The participants in our study also reported poor-dietary habits stemming from their socioeconomic status. This experience is in line with research claiming that lower income levels are associated with a higher prevalence of food insecurity (Leroux et al., 2018). According to our findings, older adults living in poverty experience difficulties to eat healthy foods, which could lead to poorer health (Arjuna et al., 2017). Furthermore, older adults in poverty are forced to live in substandard housing conditions (Kwan & Tam, 2022). Many older adults live in houses that are mouldy, damp and ill-suited to their mobility needs, which could lead to serious health problems (Zhang et al., 2019). In Spain, inflation and the overall economic situation has become a barrier to overcoming poverty for low-income older adults (Ayala et al., 2017); such is the case that many older adults living in poverty have to resort to begging in order to make ends meet. In general, low-income older adults feel that living in poverty hinders their ability to satisfy basic human needs and negatively affects their health (Vismoradi-Aineh et al., 2022). Nursing interventions aimed at promoting health and self-care amongst low-income older adults living in poverty should include an assessment of the patient's social determinants of health. This assessment could be integrated into the initial nursing assessment of older adults. The information collected about social determinants of health should be available for all healthcare professionals involved in the provision of care to older adults so that the recommendations given can be realistic and relevant to each person's needs.

Previous studies have concluded that low-income older adults also experience difficulties playing an active role in society (Niedziedz et al., 2016). The study's older adults living in poverty find it difficult to socialize due to their financial limitations. They expressed feelings of shame that lead them to make excuses and avoid social interactions so as not to be judged for their socio-economic status. Poverty-related shame exacerbates social exclusion and reduces older adults' self-esteem, confidence and self-perception (Walker et al., 2013). Many of the study's participants play an active role or are the main source of income in their immediate family, which could contribute to improving their self-perception and mitigate the negative effects of poverty-related shame (Baeriswyl et al., 2022). However, it is important to highlight that some of the older adults living in poverty have to ask for financial help from their families. In this regard, although evidence suggests that receiving help from their children could lessen depressive symptoms amongst older adults (Xia et al., 2022), the participants in our study perceived themselves as a burden for their families and they felt guilty for having to ask for financial support. In addition, many older adults feel that they are of little use in society (Kwan & Tam, 2022). Furthermore, low-income older adults living in poverty experience difficulties accessing formal social support and are therefore at greater risk of social isolation (Tapia-Muñoz et al., 2022). Nurses should consider developing interventions to promote health through increasing social participation and facilitating access to the formal social support resources available for older adults living in poverty. Nurses hold a strategic social and

professional position to act as advocates for older adults living in poverty and should lead the movement towards more age-friendly communities.

The lack of formal support from the system means that older adults in poverty are unable to afford healthcare costs; many experience difficulties in accessing certain medical services due to their high cost (Kwan & Tam, 2022). In Spain, some health services are not covered by the National Health System (Palm et al., 2021). In this regard, the participants in our study feel that no matter how hard they try, they are never able to attain good health. Previous studies have concluded that the burden of bearing certain medical costs has a great impact on the mental health of older adults (Cheruvu & Chiyaka, 2019). Indeed, many of the participants in our study reported symptoms consistent with depression. The financial, health and social situation in which the older adults are immersed could be the trigger for numerous problems related to their mental health (Azizabadi et al., 2022). To improve this situation, nurses could start by developing protocols to systematically identify and contribute to reducing the invisibility of community-dwelling older adults living under the shadow of poverty. Then, nurses could also work on designing and implementing care pathways that include periodic follow-ups and focus on supporting older adults in navigating the formal social support system. In addition, nurses, nursing leaders and policymakers should place particular emphasis on programmes focused on promoting the psychological well-being of community-dwelling older adults living in poverty (e.g., by actively working towards strengthening the support network for older people and adhering their communities to the WHO age-friendly cities framework).

6 | LIMITATIONS

This qualitative study has some limitations. Firstly, it is important to note that the majority of participants were women. This could have influenced the results due to gender differences in experiencing poverty (Byhoff et al., 2019). Future studies should include more gender-balanced samples. Secondly, all participants lived in urban areas in southern Spain. The experiences of low-income older adults from other geographical areas might differ. It would be interesting for future international studies to include participants from different geographical areas from several different countries. Finally, it is important to note that the participants in this study were interviewed only once. Carrying out several interviews or even conducting participant observation could have enriched the study's findings.

7 | CONCLUSION

Poverty permeates all spheres of low-income older adults' lives. Our results suggest that living in poverty impedes older adults' ability to meet their basic needs with many having to give up their social life or even beg on the street to survive. Low-income older adults share

a history of precarious employment that leave them unprotected by social support policies and laws. In addition to the lack of accessible formal social support, older adults living in poverty often become the main income source for their entire family. This reality has negative repercussions on their mental health and causes them to feel depressed and socially isolated.

AUTHOR CONTRIBUTIONS

All the authors have agreed on the final version and meet at least one of the following criteria (recommended by the ICMJE*): (i) substantial contributions to conception and design, acquisition of data or analysis and interpretation of data; (ii) drafting the article or revising it critically for important intellectual content. *<http://www.icmje.org/recommendations/>

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CONFLICT OF INTEREST STATEMENT

No conflict of interest has been declared by the author(s).

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.


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