Relational Social Work

Maintaining Old, Developing New: Social Relationships of Lithuanian Older Adults After Relocation to a Residential Care Facility

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Abstract

After relocating to a residential care facility, older adults experience notable changes in their social networks, which can greatly affect their well-being. This study aimed to examine these changes across three domains: relationships with family members, other residents and staff. Research data were collected through 25 qualitative, semi-structured interviews with Lithuanian older adults conducted from June 2017 to January 2019. The constructivist grounded theory and the self-determination theory were utilised for data analysis and interpretation. Findings reveal that new residents' well-being and satisfaction of the three basic psychological needs — autonomy, competence, and relatedness — are challenged after relocation. Many experienced reduced frequency and emotional closeness in family relationships. Relationships with other residents varied based on shared interests, personal histories, and health, with some forming close friendships and others remaining isolated. Staff played a key role in fostering social connections and a sense of belonging. Overall, the quality and context of social interactions strongly influenced older adults' ability to meet psychological needs and maintain well-being in a new environment. These findings emphasise the importance of person-centred support strategies in enhancing well-being and reducing loneliness after relocation. Implications for relational social work and future research are discussed in more depth in the paper.

Keywords

Relocation to a residential care facility, Social relationships, Social work, Well-being, Self-determination.

Introduction

Ageing in place is a preferred long-term care option for many older people, their relatives, and social policymakers in numerous countries (Bjornsdottir et al., 2013; Spasova

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et al., 2018; Žalimienė et al., 2019). It is also often viewed as the most cost-effective way to provide care, as it preserves public resources (Spasova et al., 2018). Lithuania has a strong tradition of family care, with research consistently showing that older adults prefer care at home over formal social services or residential care facilities (Gedvilaitė-Kordušienė, 2013; Skučienė et al., 2015; Žalimienė et al., 2019). This expectation is reinforced in Article 38 of the Constitution of the Republic of Lithuania, which states, «Children's duty is to respect their parents, to care for them in old age and to preserve their legacy», and in Article 3.205 of the Civil Code: «adult children must maintain and take care of their disabled and support-requiring parents».

However, data from the State Data Agency (2024) show that both the number of older people relocating to residential care facilities and the number of these facilities are increasing. Factors such as growing healthcare needs, social isolation, lack of governmental support for family caregivers, caregiver burden, homes unsuitable for ageing, and limited access to assistance can hinder ageing in place (Žalimienė & Lazutka, 2009; Roy et al., 2018; Chaulagain et al., 2021; Mah et al., 2021). Lithuania's demographic trends, including a declining birth rate, an increasing proportion of older people, emigration of working-age citizens, and limited support for family caregivers, further reduce families' capacity to care for ageing relatives, driving up demand for long-term care services.

Relocation to a residential care facility is considered one of the most significant events in older age, as it involves not only a change in the physical environment but also changes in daily routines, social status, social networks, and social support (Lee et al., 2013; Riedl et al., 2013; Rijnaard et al., 2016). Common stressors include potential loss of autonomy, the sense that there is no longer a «home», and reduced opportunities for favourite activities, all of which negatively affect well-being (Aminzadeh et al., 2009; Theurer et al., 2015). The cumulative disruption of previous lifestyles and the challenges of adapting to a new environment require effort from older people themselves, as well as support from family members and residential care staff (Lee et al., 2013).

Engaging in personally meaningful social relationships remains one of the most important factors contributing to health, well-being, and life satisfaction among older adults. Such relationships reduce loneliness and depression and improve the ability to cope with physical and emotional changes associated with ageing (Perkins et al., 2013; Lee et al., 2014; Park & Kang, 2023). They positively impact mental health, cognitive abilities (Heo et al., 2013; Thomas et al., 2013; Chang et al., 2014), and are associated with a reduced risk of mortality in later life (Holmen & Furukawa, 2002; Lu, 2011). Social relationships, however, are vulnerable to family strains and life transitions, such as relocation to a residential care facility (Drew & Silverstein, 2007; Hurme et al., 2010; Theurer et al., 2015; Chapman et al., 2024).

After moving to a facility, older adults' relationships with friends, family, and the community often become less frequent and less stable (Roberts & Bowers, 2015; Gurung & Chaudhury, 2025). In addition to reduced contact with established relationships, forming new connections within the institutional setting can be challenging (Casey et al., 2016; Zhang

et al., 2023). Meaningful relationships with other residents, family, and staff are critical to residents' quality of life, psychological well-being, and sense of community (Roberts, 2018; Kang et al., 2020). Positive relationships also foster security and significance, while reducing loneliness and social isolation (Zhang et al., 2023; Gurung & Chaudhury, 2025).

Although residential care facilities offer opportunities for social interaction, establishing new relationships without support can be difficult for some older adults (Johnson & Bibbo, 2014; Theurer et al., 2015; Kang et al., 2020; Misiak et al., 2024; Chapman et al., 2024). Those without relationships with staff or fellow residents are unable to compensate for lost family contact and often experience increased loneliness and depression (Saunders & Heliker, 2008). The quality and availability of relationships with staff are particularly important in helping residents establish a sense of home and belonging (Shaw & Csikai, 2024; Gurung & Chaudhury, 2025).

Despite the positive impact of meaningful social relationships on the well-being, sense of belonging, and general life satisfaction of new residents after the move, little is known about how residents perceive the changes in their social networks (Roberts, 2018; Kang et al., 2020). Thus, this study aimed to examine the changes in older adults' social networks after relocation to a residential care facility, as well as the aspects of maintaining or building relationships after the move. This aim is further expanded by the following questions: how social relationship networks change after the move, and how they adapt to these changes? How do older adults build new relationships? What emotional or functional aspects do their relationships entail? Exploring these questions is essential for developing interventions that promote positive relationships among new residents in residential care facilities, which may ultimately lead to improved care outcomes and a better quality of life for older adults.

Theoretical Framework for the Study

Ryan and Deci's (2000, 2017) theory of self-determination posits that a person's well-being and successful functioning depend on the conditions of their social context, which can promote or prevent healthy psychological development processes. To ensure a person's subjective well-being, psychological growth, thriving, and successful functioning, their social context must provide opportunities to satisfy three basic and universal needs: competence, relatedness, and autonomy.

The need for relatedness encompasses a feeling of belonging and genuine connectedness with others — to experience giving support to and being supported by others. The need for competence relates to the ability to control the outcome and perception of performing tasks with confidence and effectiveness, and being capable of achieving desired outcomes, to experience mastery. And lastly, the need for autonomy relates to the sense of controlling one's life and being able to influence decisions — to be the causal agent of own life. In the context of self-determination theory, autonomy does not mean

independence from others; rather, it refers to the ability to act in harmony with one's integrated self, implying the free will to act in accordance with one's values and interests. Thus, autonomy is about fostering a sense of choice and a feeling of ownership over one's actions, in contrast to a sense that choices and decisions are dictated by external factors. This is a fundamental concept when addressing older people, as their level of independence may decline with age, but their need for autonomy does not diminish.

According to the theory developers, a person's sense of well-being is fostered in a social context that provides the prerequisites to satisfy all three of their basic psychological needs. Thus, if the need for relatedness and autonomy is satisfied, but the need for competence is not, the person's ability to thrive in that particular social context will be compromised. Limited possibilities to satisfy these three needs can ultimately lead not only to the lack of initiative and responsibility but also provoke stress that may cause both health and psychological issues.

After moving to a residential care facility, older adults have to adapt to a new daily routine and environmental requirements, their ability to have a role in everyday decision-making might be diminished, and relocation has a significant impact on the continuity of long-term social relationships. These factors challenge new residents' satisfaction of needs for autonomy, competence and relatedness, thus negatively affecting their well-being. Importantly, satisfaction of the three needs leads to intrinsic motivation to pursue life goals, and in the context of residential care, it can translate to a general positive attitude towards a new «home» and possible efforts to fully utilise new opportunities. Thus, self-determination theory may provide a better understanding of the effects that social relationship changes have on the well-being of new residents, as well as their perception of autonomy, competence, and relatedness in the context of residential care.

Methodology

Design and sample

Qualitative data were collected through in-depth, semi-structured interviews. This approach captures participants' authentic voices and experiences, enabling insight into their social worlds from their own perspectives (Aluwihare-Samaranayake, 2012). Interview questions were developed by the author based on a literature review. Each interview began with broad questions such as «Can you tell me about your relationships with your family members or within the residential care facility?», followed by more specific prompts to explore relationship dynamics. For example, participants were asked, «What do you and your family members talk about during visits or phone calls?» or «What do you do when you are with your friends?». To assess satisfaction, participants were asked whether they were content with their relationships or wished to improve them, and how.

The following sampling criteria were considered: 1) social status and lifestyle prior to relocation (varying by income, education, and rural-urban background); 2) health status (including residents with physical but not cognitive limitations); 3) social activity (from socially active residents to those identified by staff as «loners»); and 4) relocation circumstances (planned or unplanned). The sample was also diverse in gender, age, and length of stay in the facility. In total, 25 participants, 16 women and nine men, from four residential care institutions in Vilnius and its district took part, with six to eight participants from each facility (see Table 1, where the first digit of participant code indicates the interview number, the letter the participant's gender, and the final two digits their age).

	Circumstances of living in a residential care facility			
Participant Code	*Duration (years)*	*Reason for relocation*	*Relocation planned*	*Lives alone*
1-F-89	4	Health issues	No	No
2-M-82	7	Health issues	Yes	Yes
3-F-65	2	Loss of a caregiver	No	Yes
4-F-75	6	Other[1]	No	No
5-M-87	5	Other	Yes	Yes
6-F-94	1	Health issues	Yes	Yes
7-F-90	15	Other	Yes	No
8-M-81	5	Health issues	No	Yes
9-F-93	1	Health issues	No	Yes
10-F-75	6	Health issues	No	Yes
11-M-79	8	Own's initiative	Yes	No
12-F-66	2	Caregiver's health issues	No	Yes
13-M-82	5	Health issues	No	Yes
14-F-77	3	Own's initiative	No	Yes
15-F-67	1	Health issues	Yes	Yes
16-M-72	4	Health issues	Yes	Yes
17-M-90	9	Own's initiative	Yes	Yes

[1] Among «other» reasons for relocation were mentioned selling one's apartment and desire to protect one's independence by moving away from the children.

	Circumstances of living in a residential care facility			
Participant Code	*Duration (years)*	*Reason for relocation*	*Relocation planned*	*Lives alone*
18-F-83	11	Health issues	No	No
19-F-74	5	Health issues	No	Yes
20-M-91	12	Health issues	No	No
21-M-68	5,5	Health issues	No	No
22-F-72	7	Health issues	No	Yes
23-F-80	13	Health issues	No	Yes
24-F-75	3	Health issues	No	Yes
25-F-77	9	Health issues	No	Yes

Table 1. Research participants' characteristics

Data collection and analysis

The interviews were conducted between June 2017 and January 2019. In each of the four residential care facilities, a social worker approached an older person, briefly introduced the intended research project and asked if they would be interested in participating in the research. Recruited participants were then provided with research information and details of informed consent by the author. If they agreed to continue with the study, the interview was initiated.

All interviews took place in the participants' private rooms, with no third parties present. The researcher conducted the sessions in a relaxed and interactive manner resembling a friendly conversation. It is likely that in a safe and familiar environment, the study participants felt more relaxed and were more inclined to talk openly, as many were surprised by the longer-than-expected duration of the interview afterwards. Additionally, all participants regarded taking part in the research as a unique experience that added variety and excitement to their daily routine.

With the participants' consent, interviews were individually recorded using a voice recording app on their smartphones and later transcribed verbatim. The interviews generally lasted for 1-2 hours, and detailed field notes were recorded immediately after each interview to capture the meaning and context of the verbal data. The shortest interview lasted 53 minutes, and the longest 2 hours and 34 minutes. All interviews take approximately 34 hours.

The study utilised Charmaz's (2006) version of grounded theory for the analysis of the data. Grounded theory methodology of generating theories from systematically

obtained and analysed data, when field texts are constantly compared, analysed, and coded in conjunction with theoretical memoing and sorting until themes arise. Although detailed and thorough transcripts were used in the analysis of the interviews, repetitions and interruptions of thought were removed from the citations in this paper without altering the essence of the narration to make the text more readable. Transcriptions were coded using MaxQDA 10 software designed for qualitative research. The interpretation of the research results was based on the concepts of self-determination theory (Ryan & Deci, 2000, 2017).

Ethical Considerations

Interviewing older people in residential care facilities presents challenges not typically encountered with other participant groups. Older people are often reluctant to criticise services on which they depend, fearing negative consequences (Marshall & Mackenzie, 2008). Although residential care services were not the main focus of this study, privacy, confidentiality, and consent were crucial in gaining participants' trust.

In each facility, a social worker approached residents who met the sampling criteria and might be interested in participating, allowing potential interviewees to decline participation at that point. However, some may have initially agreed due to their relationship with the social worker, feeling obligated to cooperate or express gratitude. To address this, after residents expressed willingness to participate, the researcher met them directly, explained the study's purpose, data use, and consent process, and clarified that the research was unrelated to the facility's administration. Participants were assured that their information would remain confidential and that, if they withdrew, the social worker would not be informed.

The study adhered to key ethical principles of qualitative research: (1) interviews were recorded with consent, and information was used solely for research purposes; (2) participation was voluntary, and withdrawal was possible at any time without consequences; (3) a safe and private interview environment was ensured, with participants free to choose discussion topics; and 4) confidentiality was maintained by omitting real names of participants, individuals, cities, or institutions from quotations. Ethical approval was obtained from the Ethics Commission of the Lithuanian Centre for Social Sciences on December 4, 2024 (protocol number AMTEK-P-9).

Limitations

A relatively small, local sample represents a clear limitation of this study. A larger sample would have improved focus and generalizability. While the small sample yielded rich

insights into changes in older adults' social networks after relocation to residential care, it is not representative of Lithuania as a whole and cannot support broad generalisations. The sample may also not fully capture gender differences, as men were underrepresented.

The timing of data collection (2017-2019) may have also influenced the findings. Because the study was conducted before the COVID-19 pandemic, it does not reflect the impact of pandemic-related restrictions, such as visitation limits, infection control measures, increased reliance on technology, staff fatigue, and reduced communal activities, on residents' social networks or their lasting effects. Nonetheless, it provides valuable insight into pre-pandemic patterns of social interaction.

Future research should examine gender differences and the complex dynamics of relationships within residential care facilities. The role of staff in fostering family connections and using technology should be considered when designing interventions to enhance intergenerational ties and relationship-building within facilities. Further quantitative and qualitative studies with larger samples are needed to capture the diversity of relationship-building experiences, their determinants, and positive outcomes, as well as to assess whether improved relationships lead to greater social engagement and perceived support among new residents.

Results of research

The dynamics of older people's social networks after relocation encompassed both maintaining relationships established prior to relocation and developing new friendships within the residential care facility. Research participants identified three domains of relationships that showcase a significant shift in social network dynamics after relocation to a residential care facility. These domains include (1) relationships with family members, (2) relationships with other residents, and (3) relationships with the facility staff. Managing relationships in each domain requires a unique approach that shapes older adults' relationship content and satisfaction; thus, each domain will be discussed in more detail below.

Relationships with family members: continuity through adaptation

All research participants experienced a significant shift in the dynamics of their relationships with family members after relocation. While reflecting on this shift, older people often mentioned that increased geographic distance affected emotional closeness with family members and their satisfaction with the relationship. Such changes directly challenge the satisfaction of the need for relatedness — the feeling of being emotionally connected, supported, and valued by significant others. When physical distance increases, older adults may experience a diminished sense of belonging, which can negatively affect

their well-being and motivation to engage in the new environment. This interplay can be best illustrated by the example provided by an older woman who experienced residential care facility relocation twice. Previously, she lived in a residential care facility near her eldest son, with whom she shared a close emotional bond, as his frequent visits helped maintain their connection. However, she described feeling emotionally distant from her younger son, who lived in Vilnius and, due to distance, visited rarely. After relocating to a facility in Vilnius, closer to her younger son, she noticed a shift: she now feels both physically and emotionally closer to him, while her relationship with her older son has become more distant due to his reduced ability to visit. Thus, the satisfaction of the need for relatedness is context-dependent — proximity and regular contact serve as important factors of perceived emotional closeness. The woman reflected on how her relationships with both sons underwent significant changes due to these relocations:

> *First, my older son was within hand's reach; he would come over almost every weekend, and we would just chat [...] Now my youngster visits me all the time [...] and my older one, well, he can't come over every single weekend when it's more than 70 kilometres, so I feel like we just grew apart.* (1-F-89)

On the other hand, not all older people perceived increased geographical distance as something that negatively affected their relationships with family members. While contemplating relationships with his son, who had recently relocated to Ireland, another research participant joked: «*I would say my relationship with my son is even better now — you know, we don't see each other that often, so we don't get tired of each other that much!*» (5-M-87). Thus, fostering emotional connection does not necessarily require frequent physical contact. When autonomy in interpreting and framing one's relationships is preserved, even greater geographical distance can coexist with a sense of closeness and satisfaction, fulfilling the needs of both relatedness and autonomy.

Additionally, in some cases, the participants reported that they had never had a particularly close relationship with their family members or that the relationship had always been strained. One older man posited that his relationship with his son «*is more of a politeness thing [...] we call each other sometimes, and he always congratulates me on my birthday, or the big celebrations, and keeps me updated about his life, but that's it*» (2-M-82). The man was content with this relationship and happy that his son was doing well in life, but he emphasised that their relationship was never particularly close. Thus, in this case, the move didn't affect the participant much, as, despite low relational closeness, he appears to be content with the relationship. This may reflect autonomy in redefining what «closeness» means for him personally and what level of «closeness» is considered enough.

To maintain emotionally close bonds with family members after the move, investing in a relationship was important. Such investment includes efforts of both an older person and their family members to initiate contact. This mutual engagement supports both relatedness and competence. By taking initiative, older adults may experience a

sense of mastery and self-efficacy in maintaining valued relationships. However, a sense of being neglected and feeling helpless can undermine the need for competence and negatively affect a sense of belonging. In some cases, a perceived lack of effort on the part of family members caused frustration and dissatisfaction with the relationship. One older woman felt as if she was no longer needed to her family members after she moved to the residential care facility: «*I feel like after [relocation], my contact list on the phone has been reduced significantly. There is only one relative left who still visits me once a month or so, and that's it*» (3-F-65). The frustration stemming from the feeling of being abandoned reflects a compromised need for relatedness and, indirectly, a need for autonomy, as research participants' ability to influence the frequency and quality of interactions is limited by the decisions and choices of others.

On the other hand, some participants justified having less frequent relationships with family members due to their intense work life, familial issues, busy schedules and their general lack of free time. Although these factors influenced older people's relationship satisfaction and frequency, they did not attribute it to a lack of effort on the part of the relative. As one older woman noted: «*I know they [participant's family members] are busy people, I don't ask them to visit me, we usually connect over the phone [...] I really don't have any complaints because of that*» (1-F-89). Such acceptance and rationalisation suggest an autonomous coping mechanism — by adjusting expectations and maintaining a sense of acceptance, this woman preserves her inner sense of control. Despite initial rationalisation, however, some of these examples reflect participants' frustration with their inability to sustain relationships with family members after the move. Such emotional ambivalence suggests a tension between the need for autonomy (accepting the situation) and the need for relatedness (desiring closeness), both of which are essential for fostering psychological well-being.

Some participants tended to passively accept the growing emotional separation from their family, while others acknowledged the deteriorating relationship and actively sought to maintain it. Relocation to a residential care facility affected the frequency and intensity of the relationship, as well as the means of communication, most notably face-to-face contact. However, other forms of contact, such as telephone and other technological solutions, may contribute meaningfully to the relationship. The use of communication technologies can thus support the relatedness need by maintaining social connections and the competence need by enabling older adults to master the tools that help to facilitate their relationships. For most research participants, the main form of communication with their relatives was phone calls. As one older woman stated: «*Thank God, the phones exist... I can't imagine how people were living without them*» (23-F-80). Thus, technology can mediate relatedness need, preserving emotional connectedness and a sense of belonging in cases when the possibilities for physical presence are limited. Many research participants had family members living in other cities and countries; thus, this statement highlights the role that modern forms of communication may play in sustaining relationships between

geographically separated family members. Although phones were regarded as a good way to check in with family members, other means, such as social media, were considered redundant and unnecessary. None of the research participants were registered as Facebook or Skype users, and none of them had e-mail accounts. A statement from one older man showcases the thoughts of many research participants regarding the use of social media to maintain relationships with their family members:

> *You see, now you have all those internets, and Facebooks, and computers, but that wasn't the thing in my youth [...] You had a simple landline phone, and that's it, and not every house had those, too [...] For example, in my youth, I was studying in the light of lamps filled with kerosene [...] I have my phone and I can reach anyone I want, and that's enough for me.* (5-M-87)

This statement showcases that autonomy can also be expressed through the selective use of technology — older adults maintain a sense of control and self-efficacy by choosing communication forms that best align with their beliefs or competencies, reflecting satisfaction of the needs for autonomy and competence.

Relationships with other residents: fostering a sense of belonging and achievement

For some new residents, the very first contact in a new environment was often their roommate. Roommates also introduced new residents to the facility's rules (both formal and informal), recreational activities, and staff. This initial contact may play an important role in satisfying the need for relatedness by fostering a sense of belonging and safety in an unfamiliar and potentially intimidating environment. However, in some cases, the reality of sharing an intimate living space with a stranger proved to be challenging. For example, one woman mentioned differences in personality and upbringing as a reason why their relationship was more *polite* than *genuine*:

> *My roommate is not an interesting person. You can't discuss politics, culture, or just life in general with her; there is nothing to talk about with her, really [...] She is always unhappy about everything, she complains about me waking up earlier, about noise from my TV, about my visitors, my radio... I worked as an accountant for many years, so I was always able to find common ground with the heads of departments and with common workers alike, but she is just something else entirely [...] I spoke to [social worker], so as soon as there is an available single room, I am out of here.* (1-F-89)

This participant's dissatisfaction reflects frustration of both autonomy and relatedness needs as the lack of choice regarding her roommate and the inability to shape her immediate social environment undermine her feelings of control and connectedness. The request for a single room demonstrates a desire to restore autonomy and align her living conditions with her personal preferences.

The roommate often represented a relationship that a new resident simply «gets», regardless of compatibility, preferences or choice. This element of imposed companionship highlights the tension between institutional structure and personal autonomy: when social relationships are predetermined, new residents may experience diminished self-determination, especially if they don't find their roommate to be a compatible match. In contrast, forming friendships with other residents required a more deliberate and proactive effort. This proactive effort can support the needs of competence and autonomy, as residents who take the initiative to form friendships on their own terms are exercising their agency and mastery in navigating the new social environment.

For many, shared hobbies, likes, and dislikes were important aspects when looking for prospective new friends. One participant shared how she was simply approaching other residents during leisure activities organised at the facility and initiating a conversation:

> *I always loved to sing, my brother and I, and my mother, we were all song-lovers… The very first day when I moved here, I knew there was a choir, so I just went to the room where they were practising and introduced myself to the singers… I am now very close friends with all of them.* (4-F-75)

By joining the choir, the participant was able to satisfy all three basic psychological needs. Shared activities enhanced her social connections, thus allowing her to satisfy the need for relatedness. Exercising the skill of singing allowed her to support the need for competence, and her decision to seek out like-minded people on her own terms fostered the need for autonomy. Such experiences likely allow to promote better adaptation and enhance well-being in an unfamiliar residential care setting.

Interestingly, in addition to shared hobbies and similar personality traits, a shared historical background sometimes played a role in building a relationship. This was particularly evident in one facility where priority for accommodation was given to former exiles.[2] One of the participants, a former exile herself, said that she chose to move to this particular facility because it was very important for her to interact with other people who also experienced the exile: «*People here have the same experience as I do, they are closer to my soul […] People who never experienced [exile], will never understand what it's like*» (4-F-75). Both her late husband and best friend in the facility were former exiles. This example signifies not only the importance of one's personal preferences but also that of the historical and social context of one's life for developing friendships in the residential care facility. In this case, the satisfaction of the relatedness need appeared to be grounded in shared life experiences and mutual understanding. The resident's choice to move to this specific

[2] After Lithuania was occupied by the Soviet Union, series of mass deportations were carried out in year 1941 and 1945-1952. Deportees (based on various data at least 130,000 people) were forcibly transported to labour camps in remote parts of the Soviet Union. The purpose of such deportations was to repress resistance to the policy of sovietisation in Lithuania and to provide free labour force in uninhabited areas of the Soviet Union.

facility also reinforced her autonomy, as she actively sought an environment where her social identity and emotional needs would be validated.

Interestingly, in some cases, participants mentioned avoiding developing friendships with residents who were weaker physically, had cognitive impairments or required more care from staff. One woman admitted she initially feared she wouldn't be able to make any friends because of other residents' health conditions: «*I remember thinking, I have nothing in common with these sick and disabled people*» (3-F-65) and added that she mostly interacts with the staff. This statement might reflect an attempt to preserve a sense of personal dignity. Witnessing a physical or cognitive decline in others may evoke fears about one's own loss of independence, threatening the satisfaction of needs of competence and relatedness. Thus, such distancing from frail residents can be explained as a defensive strategy to maintain perceived self-efficacy and control.

On the other hand, some research participants reported that they love to take care of residents who need help, citing both personality traits and experience as motivation: «*I took care of both of my parents [before the move], and I like to care for people and help them, so it was very natural for me [...] It does not hurt to be kind, and you can brighten someone's day*» (12-F-66). For this participant, caring for other residents was a way to help those in need, support the busy staff, and strengthen her own sense of achievement and significance:

> *That poor thing, she only lies in her bed, and looks at the ceiling [...] nurses are taking her outside, but they are busy and can't do it every day, so I started taking her out instead. It is an indescribable feeling when you do something good for another person and see her smile; it's such a small thing, but the whole life consists of small things.*

In this case, the needs for competence and relatedness appear to be satisfied. The act of taking care of others provides a sense of usefulness, mastery, and contribution, while emotional reciprocity with the person being cared for reinforces a sense of belonging and purpose. This voluntary engagement also supports autonomy, as the research participant willingly chooses to invest her time and energy in an activity that she finds personally meaningful.

There were also some instances when research participants hadn't developed close relationships with any residents after the move. In these cases, differences of character were often quoted, which, according to older people, was a natural part of any social relationship: «*Sometimes the personalities simply don't match. There are situations when I simply don't like the person and he simply doesn't like me... It's perfectly fine; you can't be friends with everyone*» (4-F-75). Such acknowledgement demonstrates autonomy and psychological flexibility — this woman accepts relational differences without distress, maintaining a sense of control over her social interactions with others. Interestingly, some older people stated that they preferred having small talk in the institution's hallway to trying to establish a genuine friendship. One older woman said: «*I was on my own my whole life. There is [name], sometimes we chat when we meet in the park [...] Others [residents] see that I am*

alone, and they know that I like it that way» (19-F-74). Her statement reflects the satisfaction of the need of autonomy: she consciously chooses the depth and frequency of her interactions, aligning her social life with her own perception of a loner. The feeling of choice is essential to maintaining well-being, even when social contact is limited. However, in most cases, participants who hadn't established friendships with either residential care institution staff or other residents felt isolated and lonely. Another older woman reflected that in two years of living in a residential care facility, she didn't make any close friends: «*Everyone just lives on their own here*» (3-F-65). In this case, both needs for relatedness and autonomy appear to be thwarted. The participant's perceived lack of social engagement and limited agency in changing this situation resulted in emotional isolation and reduced motivation to engage in a social life within the residential care facility.

These two examples reveal the importance of a sense of control over the intensity and depth of one's relationship. In the first case, the woman consciously chose not to pursue deeper friendships and was satisfied with both the frequency and content of her relationships, which were mostly superficial. In the second case, the woman felt that she didn't have control over her social connections and felt cast aside and invisible. This contrast emphasises how perceived autonomy in social engagement determines whether solitude is experienced as being independent or feeling lonely or abandoned.

For some residents, facilitating meaningful social relationships without support from the staff was a difficult task. One older woman shared that she became best friends with another resident after the staff introduced them, as they both liked knitting:

> *I always liked knitting, so I was so happy when [social worker] introduced me to [best friend]; we knit together, and we share knitting schemes, and we gift our handicrafts to other residents and to each other's family members. She is such an amazing woman.* (25-F-77)

This example shows how staff support can act as a contextual facilitator for satisfying psychological needs and enhancing well-being. The new friendship allowed to satisfy the need for relatedness through a meaningful connection, the need for competence was satisfied through shared skills and creativity, and autonomy was sustained through freedom to choose and sustain the relationship after initial contact.

Another less successful example was the introduction of two women who had the same illness (multiple sclerosis). Unfortunately, in this case, women failed to develop a friendship, as due to illness, one of them experienced difficulties speaking, and another woman (participant of the study) was still in rather good health. She later expressed disappointment with the whole situation:

It was a complete failure… I want to talk to her, and she just sits there motionless with her eyes closed, and it feels like she ignores me. We have met like twice or so, and that's it… It was very disappointing (3-F-65). This example illustrates that while external facilitation may create opportunities for interaction, as proven by an earlier example, satisfaction of the need for relatedness requires reciprocity and mutual investment in a relationship. The

participant's disappointment might signal unmet needs for relatedness and competence — she could not establish meaningful communication successfully, which undermined her sense of well-being. Thus, in some cases, connecting meaningfully with other residents may be difficult, even with staff support. This highlights how the satisfaction of basic psychological needs depends not only on the availability of opportunities but also on the quality of interpersonal interactions and perceived autonomy in navigating them.

Relationships with the staff: sense of significance and mutual support

Due to prevalent negative stereotypes associated with residential care, a few research participants shared having some reservations regarding the staff's behaviour or attitude prior to relocation:

> *We've heard rumours about how [the staff] are these cold-hearted people, how they disrespect the residents and mistreat them, especially if they are slower or weaker, they just have no patience or compassion for you, and my daughter was saying that [the move] is just a temporary decision until she will sort things out with her home, and once she's done, I will immediately move back to her [...] I was so surprised when I moved [to the facility], how everyone was so nice and so welcoming, helping with everything without even being asked [...]I remember the very first night here calling my daughter and saying, «[Daughter's name], you will not believe this!».* (14-F-77)

The welcoming attitude of the staff likely helped mitigate initial fears of loss of autonomy and social isolation, fostering a sense of belonging within the new environment.

After relocation, residential care facility staff were often considered to have a crucial role in introducing older people to other residents, social and recreational activities, and the physical environment of the facility.

In other cases, they were crucial in assisting in establishing new friendships or providing emotional support after the move. These supportive behaviours directly contribute to the needs for relatedness and competence. By facilitating social connections and helping new residents adapt, staff empowered older adults to navigate the new environment more effectively, reinforcing their feelings of mastery and confidence.

All research participants seemed to appreciate the staff, often mentioning their hard work, low salaries and emotional availability. While contemplating the aspects of staff's work, both physical and emotional, one older woman noted:

> *Not everyone can work here; for a job like this, you must not only have a head, but also a very good heart. There are plenty of different people here; someone can be very rude sometimes and may insult you, and cause problems, but staff just have to do their jobs as if nothing happened.* (6-F-94)

Another participant added:

> *It's not easy to take care of an older person, with all the bladder incontinence, biological things and different personalities, especially when there are some people who just demonstrate their whims and bad manners... You know us, old people, we may be rude, and nag, and we like to complain a lot [laughs].* (19-F-74).

All research participants emphasised the importance of having a good relationship with staff. Social workers and nurses were not only seen as providers of care services, but they also socialised with residents, often taking the role of a friend or a confidant. In the context of changing relationship dynamics with family members and uncertain relationships with other residents of the facility, research participants often regarded the staff as their primary source of social interactions. A supportive relationship with the staff can act as a substitute, satisfying the need for relatedness. There were instances when friendship with a staff member lasted even after the employee retired and left the job:

> *[Social worker] is such a good person, a true angel indeed. She helped me to settle in here, and then she introduced me to people who are, to this day, my best friends... She is retired now, but she visits me every month, and we talk constantly over the phone, too. She is such a good friend.* (18-F-83)

Such long-lasting relationships showcase that a new connection can extend beyond the care facility boundaries.

Most participants were satisfied with their relationships with the staff and emphasised the importance of forming genuine, reciprocal connections with them. Some older people felt wary about not being able to «give back» to staff who were caring for them and wanted to help somehow: «*everything is for us, and about us, but we can't really give anything back [...] we can only smile and express gratitude*» (9-F-93). This perceived imbalance reflects a challenge to the needs of autonomy and competence, as dependency can create feelings of helplessness or loss of agency. The residents' want to reciprocate might represent an attempt to restore a sense of contribution, and to reinforce self-efficacy and personal worth within the caregiving relationship.

Thus, being able to support the staff in various informal ways, such as passing messages, sharing recipes or hobby tips, allowed residents to feel valued and reinforce self-worth while counteracting a feeling of dependency. Engaging in mutually supportive relationships with the staff not only reduced the perceived burden on staff but also allowed older people to reclaim a sense of agency and purpose. These acts of reciprocity align with the satisfaction of the needs for autonomy and competence, as through making meaningful contributions, research participants were able to strengthen their sense of being active and capable participants of their social environment.

However, there was one woman who, despite expressing satisfaction with the staff's competence and the support she was provided with, felt that «*these people are just doing their jobs*» (3-F-65). In the case of this participant, before relocation, she was living in an isolated private home and did not have many friends. After relocation, despite living

in a residential care facility for more than two years, at the moment the interview was conducted, she was not able to name any resident or staff member she would call her friend. Consequently, this participant experienced loneliness and isolation during various activities, would often choose to stay in her room, and expressed little to no motivation to put effort into establishing new friendships, although earlier in the interview, she stated that she wouldn't mind having a friend. From the self-determination theory perspective, this case illustrates an unmet need for relatedness. Although basic physical and emotional needs were being met, the absence of meaningful social relationships hindered psychological fulfilment and negatively affected motivation for social engagement, reinforcing social withdrawal and passivity.

Discussion

This study examined changes in the social networks of older adults following their relocation to residential care facilities. Most participants reported significant shifts in family relationships after the move. In some cases, less frequent and more distant contact was attributed to a lack of relational investment from family members. Others explained the change as an «objective» lack of time due to families' busy schedules, which they did not interpret as neglect. Some participants passively accepted these altered dynamics without attempting to improve them.

From the perspective of self-determination theory (Ryan & Deci, 2000, 2017), such changes illustrate varying degrees of satisfaction or frustration of the need for relatedness. When contact with family diminishes and feelings of emotional distance or abandonment emerge, the need for relatedness is thwarted, potentially undermining well-being and motivation to engage with the new environment.

After the move, most participants maintained family contact via phone calls. Unlike in the study by Bangerter and Waldron (2014), Lithuanian older adults did not use social media. Although email may be attractive for geographically separated dyads (Holladay & Seipke, 2007), it was also unpopular among Lithuanian older adults. Nevertheless, using the phone reflects the satisfaction of the need for competence as mastery of a familiar tool reinforces efficacy and a sense of control. Autonomy was expressed through the choice of communication methods that aligned with personal skills and values, rather than following the external pressure to adopt new and less familiar technologies.

After relocation, residents faced the challenge of maintaining pre-existing relationships and forming new ones. The facility provided opportunities for communication and friendship, often based on shared hobbies and compatible personalities, as noted by Roberts (2018). Such relationships, whether casual or close, were shaped by emotional safety, mutual respect, and staff support (Roberts, 2018; Kang et al., 2020). Building relationships through participation in shared activities, such as choir singing or knitting, supported all

three basic psychological needs: relatedness through connection, competence through skill use, and autonomy through the voluntary nature of engagement with the contact.

Participants' relationships with cognitively or physically impaired residents varied. Some older adults avoided close contact, seeking to preserve their dignity and identity as they worried about their own future dependency, aligning with findings by Andersson, Pettersson, and Sidenvall (2007) and Riedl, Mantovan, and Them (2013). Others cared for disabled residents, observing that they had fewer opportunities for social interaction. Similar to Kang et al. (2020), cognitive and physical impairments hindered communication, while providing care enhanced a sense of significance and fostered emotional bonds, satisfying both competence and relatedness needs.

Despite numerous opportunities for social contact, several participants struggled to develop meaningful relationships, as noted in other studies (Saunders & Heliker, 2008; Theurer et al., 2015). Older adults who were unable to sustain family ties or form new connections often experienced loneliness and isolation. An unsatisfied need for relatedness negatively affected well-being and a sense of belonging, leading to withdrawal and reduced motivation.

Staff members played an important role in fostering safety, stability, and a sense of belonging after the move. Positive relationships between staff and residents supported the psychosocial needs, dignity, and autonomy of residents (Kang et al., 2020). Friendly interactions, such as spending time together, remembering personal details about the resident, and respecting their preferences, promoted trust and emotional comfort as noted by Roberts (2018). When staff encouraged participation and recognised residents' choices, competence and autonomy were strengthened.

Finally, participants emphasised the importance of control over their choices, such as the ability to choose friends or determine the depth and frequency of interactions within the facility. Those who exercised such autonomy reported satisfaction and did not feel lonely, even without having many friendships. This reflects the satisfaction of the need for autonomy, one of the key tenets of self-determination theory. Conversely, lacking control over social life compromised the need for autonomy, transforming solitude into loneliness and a sense of abandonment after relocation.

Implications for Relational Social Work (RSW)

Findings revealed that for some residents, developing meaningful social connections after relocation remains difficult even with staff assistance. Social workers play a central role in fostering supportive environments that help new residents build and maintain relationships, identify those at risk of loneliness, and encourage social participation. To facilitate new connections, they can match compatible residents, organise inclusive, interest-based activities, and promote group engagement.

At the micro level, social workers can act as «relational guides» (Folgheraiter, 2017), fostering coping networks that unite residents, families, and staff to address relational challenges. Instead of acting as expert problem-solvers, RSW catalyse networks of motivated individuals who share concern for the resident's well-being, recognising that effective solutions arise from shared agency and reflexivity (Folgheraiter & Raineri, 2017). This approach aligns with findings that successful adaptation depends on maintaining pre-existing relationships and developing new ones within the facility.

At the meso level, social workers should create organisational conditions for dialogical network meetings where residents, families, and staff engage as equal partners in identifying relational needs and co-constructing interventions, consistent with RSW's principle that well-being and solutions to social life problems arise not from individuals, but from reflexivity and action of their coping networks (Folgheraiter & Raineri, 2017). Practitioners can facilitate introductions, organise inclusive activities, and support families in maintaining contact through diverse communication channels.

Social workers should also leverage staff members' unique role as sources of emotional support and social integration, while respecting residents' autonomy in determining the depth and frequency of their connections (Calcaterra, 2017). From a self-determination perspective, such practices enhance well-being by satisfying the need for autonomy through choice, competence through participation, and relatedness through connection. Thus, interventions in residential care should prioritise environments that foster self-determined engagement and psychological need fulfilment rather than merely increasing social contact.

Declaration of interest

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