

# Aging and Driving Cessation: Emotional Reactions and Proposed Solutions

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## Introduction

The ability to drive a car is a very positive thing in a persons life. However, as one ages, important functions needed to be a safe driver diminish and eventually driving is no longer an option. The purpose of this study is to understand who and what are the most influential in the decision to stop driving, how older adults react to driving cessation emotionally, and how can we help older adults adjust to a life without driving.

A review of previous studies suggests that nurse practitioners are the most influential in the decision to stop driving and should become more involved in the process. It was also found that driving cessation almost always creates negative emotional reactions, causing depression and isolation. Research suggests the creation of accessible transportation, the creation of seminars and programs addressing driving cessation by organizations and encouraging occupational therapists to use the S.O.C model to help older adults adjust to live without driving.

## The Decision to Stop Driving

- Older adults rarely chose to stop driving.
- Nurse Practitioners have the most influence on the decision.

### Nurse Practitioners

- Nurse practitioners have the skills, education, and expertize to assess driving capabilities.
- Because they are usually primary care providers for older adults and have a detailed understanding of the individual patient, they are often trusted most by the older adult compared to family and friends.
- However, nurse practitioners are hesitant to become involved because of their lack of communication skills for discussing a sensitive topic.

TABLE 1 (Johnson, 2000)  
Importance of Nurse Practitioners' Recommendations to Older Clients<sup>a</sup>

	<i>N</i>	%
Very important	4	33.3
Important	3	25.0
Slightly important	1	8.3
Unimportant	1	8.3
Very unimportant	3	25.0

<sup>a</sup>*N* = 12.

## Emotional Reactions

- After driving cessation, older adults almost always have a negative reaction. They report completely losing independence, spontaneity, and feeling like a burden to others.
- Driving cessation causes depression, lowered self esteem, and isolation.
- Negative feelings are mainly a result of the lack of accessible public transportation and access to community and social events for older adults.

### Personal Statements Involving Driving Cessation by Older Adults

- "I lost a lot of confidence in myself. Don't feel like I did when I could do it all alone. Means more for a guy, I think, the masculinity issue. Don't feel like the whole man I was"
- "It's just like the shutters coming down over your life, your freedom's gone...the horizons that you loved...they're gone forever"
- "When you stop driving, you become a prisoner. Have to adhere to other people's schedule to get what I want. Don't have the freedom"
- "Without a car, you're nothin', might as well be dead and gone"

## Proposed Solutions

Research suggests that nurse practitioners should become more involved in the decision process, new forms of accessible transportation must be created, organizations and businesses should incorporate seminars into the institutions, and occupational therapists should utilize the S.O.C model to help older adults adapt and cope with driving cessation.

### 1. Nurse Practitioners Should Become More Involved

- Nurse practitioners should become a major influential factor in the decision to stop driving. Research shows that 58% of older patients view nurse practitioner's recommendations as important and will most likely trust the practitioner's involvement in the decision (Johnson, 2000). This will help older adults progress through the decision process to stop driving.
- Nurse practitioners should take communication classes as part of their curriculum to ease the discomfort reported when talking to patients about driving cessation.
- Advertisements and Programs should be established to help society view nurse practitioners and important persons involved in driving cessation decisions and practitioners should take on that role.

### 2. Develop Public Transportation

- Senior residencies should offer a transportation service and employees to help residents carry groceries, assist to and from home, or in any way needed.
- Bussing services designed specifically and only for seniors should be created.
- A volunteer driver program should be established within communities

### 3. Seminars, Discussion Groups, and Retirement Programs

- Discussion group and seminars should be created to address the negative emotions reactions of driving cessation. Older adults can discuss, compare, and undergo the process with group support
- Companies and organizations should include a topic on driving cessation as part of a typical corporate retirement planning process. Making this mandatory would help individuals ease into driving cessation and design a plan for coping in advance.
- Seminars, discussion groups, and retirement programs will help individuals self-evaluate driving abilities, lessen the stigma attached to driving cessation, and portray it as a "normal" part of aging.

### 4. Use S.O.C Model to Adapt to Changes

- Occupational therapists should utilize the SELECTION, OPTIMIZATION, and COMPENSATION model (S.O.C) to help older adults cope with the changes of driving cessation.
- This model will help older adults to choose meaningful activities that are most important to them (selection), practice and put extra effort into the selected activities (optimization), and use techniques and others devices to aid in performance of that activity (compensation).
- Using the S.O.C model is important for maintaining a positive quality of life after driving cessation (Freund & Baltes, 1998).

#### Correlations of Selection, Optimization, and Compensation With Subjective Indicators of Aging Well

Variable	SOC (composite index)
Zero-order correlations with indicators of aging well	
Satisfaction with age	.24**
Lack of agitation	.16*
Life-Satisfaction	.07
Absence of emotional loneliness	.25**
Absence of social loneliness	.25**
Positive emotions	.29**