

In Practice

Improving outcomes for older retired drivers: The UQDRIVE program

Jacki Liddle,¹ Kryss McKenna¹ and Helen Bartlett²

¹Division of Occupational Therapy, School of Health and Rehabilitation Sciences and ²Australasian Centre on Ageing, University of Queensland, Brisbane, Queensland, Australia

KEY WORDS *driving cessation, education program, older people, transport.*

Background

Continuation or loss of the driving role can impact on older people, their families and health professionals. Although there may be safety concerns associated with continued driving in the presence of specific medical conditions and the ageing process (e.g. Fildes, 2004), driving cessation can result in unfavourable outcomes that cannot be explained by health, age or sociodemographic factors. These may include increased depressive symptomatology (Fonda, Wallace & Herzog, 2001; Marottoli *et al.*, 1997), decreased community engagement (Marottoli *et al.*, 2000), isolation, and safety risks associated with alternative transport use (e.g. pedestrian fatalities) (Organisation for Economic Co-operation and Development, 2001). Retirement from driving is a transition that can be important in occupational therapy practice with older people. Occupational therapists may be involved in the assessment and rehabilitation of older drivers' performance, and in the management of role loss and change in older age (Liddle & McKenna, 2003). Older current and retired drivers, family members and health professionals report a lack of direction and support with how to manage driving cessation (Liddle & McKenna).

While there is research about the effect of driving cessation on the older population, there have been

Jacki Liddle PhD BOccThy (Hons); Research Officer.
Kryss McKenna PhD, BOccThy (Hons); Associate Professor.
Helen Bartlett PhD, MSc, BA; Professor, Director.

Correspondence: Jacki Liddle, Division of Occupational Therapy, School of Health and Rehabilitation Sciences, University of Queensland, Brisbane 4072, Australia. Email: jmliddle@optusnet.com.au

Accepted for publication 26 June 2006.

© 2006 The Authors
Journal compilation © 2006 Australian Association of Occupational Therapists

few attempts to improve outcomes for older people who retire from driving. To develop an effective, research-based, client-centred method to help older people manage driving cessation, the perspectives of key people were investigated. In an initial qualitative study, 18 people (9 retired drivers, 3 family members and 6 health professionals) were interviewed. This was followed by a primarily quantitative study using structured interviews to further investigate these findings with 234 community-dwelling older people. Detailed descriptions of the methods and findings of these studies are available (Liddle, 2005; Liddle, Carlson, & McKenna, 2004; Liddle, McKenna, & Broome, 2005). An overview of the findings is provided in this paper to describe how the UQDRIVE (University of Queensland Driver Retirement Initiative) program was developed.

Research findings: The process and outcomes of driving cessation

The research aimed to investigate the process and outcomes of driving cessation. The process of driving cessation could be described in four phases, with each having associated challenges and needs. *Driving in the past* comprises the early history of driving that shapes the meaning and identity that an individual attaches to driving. In the *pre-decision* phase, driving cessation is not considered and maintaining driving is the primary motivation, but driving performance is changing. In the *decision* phase, driving cessation occurs, with *post-cessation* being the period that follows when adjustment continues. While individual experiences of driving cessation and the length of the phases varied, the driving cessation process suggested that the needs of retiring drivers differed according to the phase they were in. In the driving in the past and pre-decision phases, a sensitive awareness-raising approach was indicated to enable older drivers to become aware of and plan for issues related to driving later in life. In the decision and post-cessation phases, intensive support focused on information sharing, facilitation of

emotional and lifestyle adjustment, and graded experience when alternative transport options was required.

Driving cessation is thought to comprise both a life transition (loss of occupational role and change of identity) and a practical loss (reduced transport opportunities). To differentiate the impact of these two aspects, three groups of older people were studied: older current drivers, older retired drivers and older people who had never driven. Lifestyle differences between current and retired drivers, not accounted for by age, gender, health or sociodemographic variables, indicated the combined influence of the life transition and reduced transport opportunities associated with driving cessation. Retired drivers spent less time on social leisure and away from home, had fewer roles and lower life satisfaction compared to current drivers. Transport use and beliefs differed significantly; current drivers relied almost solely on self-driving while retired drivers mostly walked, took taxis and obtained lifts from family and friends. In terms of barriers to the use of alternative transport, current drivers reported convenience as the primary reason why they did not use public transport, while retired drivers cited considering physical access and social influences (such as the desire to remain independent or a lack of opportunity to socialise) when choosing transport modes.

Some lifestyle differences (time use, transport use and beliefs) were found between retired drivers and older people who had never driven. This supported the theory that the life transition associated with driving cessation influenced outcomes because while both of these groups experienced reduced transport opportunities, only the retired drivers experienced the life transition. The most marked differences, however, were found between retired drivers and current drivers, suggesting that the transport loss associated with driving cessation had the most significant influence on lifestyle outcomes. These findings informed the scope and content of a program that may assist in improving outcomes for older retired drivers.

Participants' suggestions and requirements for a program

Participants provided suggestions relevant to the content and format of a proposed program to assist older people to retire from driving. Analysed qualitatively, five themes emerged: planning and preparation, respect and control, peers and experts, content suggestions and format suggestions.

A belief that the general population was unaware of the potential need to cease driving in older age and was unprepared for this transition was reported. Driving cessation seemed to be stigmatised and even when older people were aware that driving cessation

may be imminent, planning or preparation did not occur. Because of the sensitivity associated with driving cessation, participants felt that the content of a program to improve planning and preparation would need to be respectful, adaptable to individual needs, and enable them to maintain control over the situation.

The results indicated that specialised information provided by experts could enhance older people's awareness and preparation, but there was a strong preference for sharing experiences and problem-solving with peers. Information about transport options, strategies for coping and practical advice from people who had successfully retired from driving were desired.

Program principles

Based on the researchers' reflections on all the research findings, three principles were proposed for the development of a program aimed at older retiring drivers: empowerment of older people, phases of driving cessation and individuality of the experience. The empowerment of older people was perceived as vital because older people wanted to remain in control of their lives, including self-managing the process of driving cessation and defining successful outcomes. The perceived lack of acceptable and accessible transport options for older non-drivers appeared to be an important contributor to the lifestyle losses that occurred following driving cessation. In order to create change at both individual and community levels, it was perceived that older people may benefit from assistance to build on their existing expertise and articulate their preferences and needs. As discussed previously, the phase of driving cessation also affected the needs of current and retiring drivers.

The way in which older people experience the driving cessation process may be influenced by many factors including their previous life experiences; health; coping style; social supports; and beliefs about driving, driving cessation and alternative transport options. Rather than a single ideal approach to driving cessation, a program needs to be client-centred to enable retired drivers to set and achieve individually meaningful goals. Such a program may best be delivered by a health professional with assistance from a peer leader.

The UQDRIVE program

The UQDRIVE program was developed by occupational therapy researchers based on the above findings and principles. Briefly, it comprises an awareness-raising component (delivered in oral presentation or brochure format) for those in the driving in the past and pre-decision phases, and an intensive group support component for those in the decision and post-cessation phases. It can be delivered by health professionals who have successfully completed the UQDRIVE training program.

The awareness-raising component of the program, which has been developed and piloted in both written and oral presentation format (30–45 min), contains brief and sensitively delivered information about driving and driving cessation. Reflecting the motivations and needs of current drivers found in our previous research, the awareness-raising information booklet and oral presentation begin with information about driving later in life and the rights and responsibilities related to driving. Advice from retired drivers, delivered using direct quotes, and information about local transport services and options are included. The awareness-raising information can be adapted by health professionals according to the location and needs of the client group.

The intensive support program has been developed as a group format to be delivered to eight to 15 retiring or retired drivers for 3 to 4 h per week over 6 weeks. It contains information, group discussion, guest speakers, a participant workbook and practical exercises. The program is based around seven modules, with the order and time allocated to each module determined by the needs and preferences of the group. The modules are Growing Older, Driving Later in Life, Adjusting to Losses and Changes, Experiences of Retiring from Driving, Alternative Transport, Lifestyle Planning, and Advocacy and Support (Table 1). A health professional such as an occupational therapist and a peer

leader are recommended to facilitate a sharing and problem-solving approach to group sessions. Practical exercises include using transport information services, group outings using alternative transport, pedestrian safety audits of the local area and advocacy regarding transport needs.

The UQDRIVE resources will be available to health professionals who complete a 2-day training course in the UQDRIVE program delivered by personnel in the School of Health and Rehabilitation Sciences at the University of Queensland. Completion of the training will enable them to use and adapt the resources to their local environment and caseload.

Future directions

Further research is planned to determine the efficacy of the program in promoting planning and adjustment to driving cessation. Other groups such as retired drivers in rural and remote settings, retired drivers with dementia and younger people who retire from driving should be studied to enable the UQDRIVE program to be adapted to their needs.

Acknowledgments

The PhD research project from which UQDRIVE was developed was financially supported by a number of

TABLE 1: *Example of the content and activities of UQDRIVE resources*

Resource Type	Example of content, activities
Awareness raising (talk and brochure)	Content: Driving in later life, tips from retired drivers about planning for driving cessation, local transport information Activities: Discussion about local transport
Intensive group program	
Module 1: Growing older	Content: Changes with normal ageing, successful ageing strategies Activities: Discussion of ageing experiences
Module 2: Driving later in life	Content: Driving rights and responsibilities, safe driving Activities: Guest speakers, group discussion about own and others' driving
Module 3: Adjusting to losses and changes	Content: Coping strategies, grief, depression Activities: Cognitive behavioural techniques, problem-solving activities
Module 4: Experiences of retiring from driving	Content: Experiences of others Activities: Narrative techniques of own experience
Module 5: Alternative transport	Content: Local transport options, pedestrian safety issues Activities: Group outings, safety audit of local area.
Module 6: Lifestyle planning	Content: Ageing well, setting goals, energy conservation Activities: Setting individual transport and lifestyle goals
Module 7: Advocacy support	Content: Advocacy, worldwide advances in transport Activities: Providing feedback to local transport services, forming a local network

UQDRIVE, University of Queensland Driver Retirement Initiative.

sources: Australian Postgraduate Award (PhD scholarship), Australian Transport Safety Bureau Research Grant, The Premier's Department of the Queensland Government under the Growing the Smart State PhD Program, and The School of Health and Rehabilitation Sciences at the University of Queensland. Their support is gratefully acknowledged.

References

- Fildes, B. (2004). Overview of older user safety statistics and research. In: *Road safety issues for older road users. Monograph 1* (pp. 11–20). Brisbane: Centre for Accident Research and Road Safety — Queensland (CARRS-Q). http://www.carrsq.qut.edu.au/docs/monograph_1.pdf
- Fonda, S. J., Wallace, R. B. & Herzog, A. R. (2001). Changes in driving patterns and worsening depressive symptoms among older adults. *Journal of Gerontology: Social Sciences*, *56*, 343–351.
- Liddle, J. (2005). The impact of driving cessation on older people: Developing a framework to facilitate adjustment. PhD thesis, Brisbane: University of Queensland.
- Liddle, J., Carlson, G. & McKenna, K. (2004). Using a matrix in life transition research. *Qualitative Health Research*, *14*, 1396–1417.
- Liddle, J. & McKenna, K. (2003). Older drivers and driving cessation. *British Journal of Occupational Therapy*, *66*, 125–132.
- Liddle, J., McKenna, K. & Broome, K. (2005). *Older road users: From driving cessation to safe transportation*. Canberra: Australian Transport Safety Bureau.
- Marottoli, R. A., Mendes de Leon, C. F., Glass, T. A. W. I., Williams, C. S., Cooney, L. M., Berkman, L. F. *et al.* (1997). Driving cessation and increased depressive symptoms: Prospective evidence from the New Haven EPESE. *Journal of the American Geriatrics Society*, *45*, 202–206.
- Marottoli, R. A., Mendes de Leon, C. F., Glass, T. A., Williams, C. S., Cooney, L. M. & Berkman, L. F. (2000). Consequences of driving cessation: Decreased out of home activity levels. *Journal of Gerontology: Social Sciences*, *55*, 334–340.
- Organisation for Economic Co-operation and Development (OECD) (2001). *Ageing and transport: Mobility needs and safety issues*. Paris: OECD.