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The Impact of Driving Cessation on Quality of Life in Older Adults

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Abstract: As individuals age, they face a variety of new experiences and transitions. Having to stop driving, due to a medical condition or for some another reason, is one of the many transitions older adults may undergo. The purpose of this study was to evaluate the impact driving cessation, or giving up driving, has on quality of life in older adults. The developed research questions aimed to observe changes in social relationships and engagement, motivation, and emotional well-being after giving up driving. The study followed a qualitative design and used semi-structured interviews to gain insight into the participants’ experiences. Six participants who were 65 years old or older and gave up driving at least a year ago were recruited to participate. The participants were assigned numbers to keep their identities confidential throughout the entirety of the study; they each completed a one-on-one interview either in person or on Zoom. The interviews consisted of a set of demographic questions followed by questions that were specific to the three research questions developed. Through the use of the NVivo software, the student researcher was able to analyze the transcripts and search for themes within the data. The four major themes identified after analysis were planning ahead, support network, utilization of time, and acceptance and coping. Additionally, utilization of resources was identified as a sub theme within the theme of support network. Findings from this study indicated a mix of both positive and negative experiences following driving cessation. Within all three of the areas examined, there were variations between the participants’ experiences. The results from this study suggest that driving cessation is a major life transition for many older adults and is unique to each individual.

Keywords: Driving cessation; older adults; social participation; emotional well-being; motivation.

Introduction

Driving is an occupation that holds significant value to many older adults because it provides them with independence as they age. An occupation is identified as any activity an individual does in their daily life that is meaningful to them (American Occupational Therapy Association [AOTA] 2020). For many individuals, driving is considered a meaningful activity that they need to do or want to do regularly. Challenges that arise due to age, declines in health, or other factors can indicate a need to make the transition to no longer driving. The intent is to decrease safety risks for the driver and others on the road, but the transition can have more effects than what may be originally anticipated. Individuals may experience a variety of
both negative and positive changes, depending on their unique situation. The purpose of this study was to examine the impact driving cessation has on quality of life in older adults.

Significance to Occupational Therapy
The Occupational Therapy Practice Framework (OTPF-4) categorizes all activities individuals complete in their daily life into various areas of occupations (AOTA 2020). Driving and community mobility is identified as an instrumental activity of daily living (IADL) in the framework and refers to any way in which individuals access their community (AOTA 2020). A change in driving status not only affects the IADL of driving but also can impact all other occupations listed in the OTPF-4 including work, social participation, and health management (AOTA 2020). Additionally, the OTPF-4 considers roles and routines, which are both significantly affected in individuals who give up driving. Since driving is a meaningful occupation for many individuals, OT intervention can address driving or work on adapting to the transition and finding new meaningful activities to engage in. The close link between the profession and the occupation makes this study significant to the field.

Review of the Literature
Relevance of Driving Cessation in Older Adults
The population of older adults in the United States is consistently increasing with 54.1 million people being over the age of 65 years old in 2019 (Centers for Disease Control and Prevention [CDC] n.d.). Within this, it is predicted that around one million individuals go through the process of driving cessation each year (Choi et al. 2012). Driving cessation occurs when an individual completely stops driving for any reason (Chihuri et al. 2016; Choi et al. 2012). Many older adults connect their ability to drive to their identity and feel it provides them with independence (Chihuri et al. 2016; Edwards et al. 2009; O’Connor et al. 2013). As a result of the high volume of older adults driving and the significant value it holds to many individuals, this topic is one that is necessary to address.

The process of driving cessation is different for every individual as there are various reasons an individual may stop driving. Some individuals make the choice independently while others require a push from an external source (Antin et al. 2017; Choi et al. 2012). Family members expressing concern, discussions with health care professionals, changes to medical status, and involvement in vehicle crashes are some of the most common reasons older adults give up driving (Chihuri et al. 2016; Choi et al. 2012).

How Driving Cessation Impacts Community Mobility and Participation
Driving cessation can significantly impact community mobility. For the purpose of this study, community mobility is focused on driving a car, but the term encompasses all ways in which individuals access their community (Di Stefano et al. 2012; Spinney et al. 2020).

The ability to drive is valued by older adults due to the convenience and independence it provides to them in their daily routine (Di Stefano et al. 2012; Vrkljan and Polgar 2007). Making the transition to non-driver forces individuals to face changes in their daily activities and adapt to new ways of community
mobility, which often means relying on others for transportation (Spinney et al. 2020; Vrkljan and Polgar 2007). Individuals no longer have the flexibility to go out whenever they want to and they have to plan their routine based on the schedule of their driver (Spinney et al. 2020; Vrkljan and Polgar 2007). The reduction in ease of community mobility also affects participation with individuals who no longer drive being less likely to participate in activities outside of their homes (Spinney et al. 2020; Vrkljan and Polgar 2007).

Changes in participation can lead to changes in how the individual views who they are and what they are capable of (Vrkljan and Polgar 2007). For many individuals, the roles they engage in change when they stop driving and they experience a decrease in satisfaction with their involvement (Spinney et al. 2020; Vrkljan and Polgar 2007).

Effects of Driving Cessation on Emotional Well-Being

Giving up driving after years of completing the occupation is a significant transition that requires time to adjust to (Holden and Pusey 2021; Patterson et al. 2019; Sanford et al. 2019). Every individual’s path looks slightly different and their emotional responses to hearing and accepting the news will vary (Holden and Pusey 2021; Mullen et al. 2017; Sanford et al. 2019). Older adults view driving as part of their identity and may go through a grieving process when giving it up (Chihuri et al. 2016; Holden and Pusey 2021; Mullen et al. 2017). Previous research suggests this loss is a “traumatic event” for some individuals and compares it to someone losing their job by identifying the possibility of self-doubt, crying, sleep loss, and more (Mullen et al. 2017).

Previous research has noted that individuals who give up driving involuntarily are more likely to have stronger negative emotions during the process such as refusing to stop driving and expressing anger or resentment (Holden and Pusey 2021; Mullen et al. 2017, Sanford et al. 2019). Additionally, mental health challenges such as helplessness, loneliness, low self-esteem, and depression are seen to be higher in individuals who are no longer driving (Chihuri et al. 2016; Mullen et al. 2017; Pachana et al. 2016; Patterson et al. 2019; Sanford et al. 2019).

Although negative emotions are commonly expected after driving cessation, research does support some positive emotions as well. If older adults have support from family and friends during the transition and begin planning early, they are more likely to accept the change and adapt accordingly to their environment (Holden and Pusey 2021; Sanford et al. 2019). Additionally, some individuals are able to see the positive aspects such as learning to use public transportation, spending more time with family members who provide rides, or feeling less anxious (Holden and Pusey 2021; Mullen et al. 2017; Patterson et al. 2019).

Effects of Driving Cessation on Social Engagement

Health status has been found to be associated with levels of productive and social engagement, with lower levels of social interaction leading to lower levels of mental health (Curl et al. 2014; Pachana et al. 2016). The presence of social support throughout the transition to non-driver can help counteract many of the emotional consequences of driving cessation (Pachana et al. 2016; Stinchcombe et al. 2021). Remaining socially
connected and receiving transportation from social connections has been shown to decrease depressive symptoms and feelings of social isolation (Curl et al. 2014; Pachana et al. 2016; Stinchcombe et al. 2021). Additionally, individuals may strengthen social connections through realizing who is there to support them during this time (Mullen et al. 2017; Pachana et al. 2016; Pellichero et al. 2021).

Although social supports play a significant role in helping older adults through the transition, research depicts decreases in the size of social networks after giving up driving (Curl et al. 2014; Pachana et al. 2016; Spinney et al. 2020; Stinchcombe et al. 2021). Many individuals lose connections with people that live farther away, spend more time with neighbors or family located nearby, or have fewer opportunities to connect because they have to move somewhere that is more supportive of their functional needs (Curl et al. 2014; Stinchcombe et al. 2021). The dynamic of relationships can also change, resulting in individuals feeling like they are a burden on their loved ones (Mullen et al., 2017; Pellichero et al., 2021).

Effects of Driving Cessation on Motivation
Driving has clearly been identified as a valuable occupation for older adults and one that is essential in assisting individuals with their daily routines (Bertrand et al. 2021; Curl et al. 2014; Liddle et al. 2014). When individuals go through the process of giving up driving, they will notice changes in their routines, roles, and engagement due to the disruption of a previous occupation (Bertrand et al. 2021; Curl et al. 2014; Holden and Pusey 2021; Liddle et al. 2014).

Research has shown that non-drivers spend less time participating in activities outside of their home, leading to engagement in more domestic activities (Liddle et al. 2014; Nakamura et al. 2021). Liddle et al. (2014) concluded that drivers spent 29.4 hours each week in solitary activities and 20.4 hours in social activities whereas non-drivers participated in 40.8 hours of solitary activities and only 14 hours of social activities. Additionally, research has concluded that non-drivers hold fewer roles than individuals still driving (Curl et al. 2014; Liddle et al. 2014). Losing roles that have been engraved in an individual’s routine for many years can take a toll on their health, especially their mental health. Individuals commonly experience feelings of grief, isolation, and more that can lead to decreases in satisfaction with performance and overall health (Liddle et al. 2014).

If individuals do not want to see decreases in participation and satisfaction with participation, they must be motivated to find new ways to accomplish desired tasks and structure their routines (Bertrand et al. 2021; Liddle et al. 2014). This may involve them discovering new occupations that are more feasible or putting in more energy to remain connected to the community by asking for rides (Bertrand et al. 2021; Haltiwanger and Underwood 2011).

Evidence in the literature clearly depicts the need to address driving cessation due to the aging population and the potential safety risks (Antin et al. 2017; Chihuri et al. 2016; Choi et al. 2012). Research has addressed the impact of driving cessation on various areas of health including physical, cognitive, social, and emotional. The purpose of this study was to examine the impact driving cessation has on social interactions, emotional well-being, and motivation.
Research Questions
The research questions that were explored in the study were:

1) How does social engagement and/or social relationships change after driving cessation? Do individuals experience social isolation?
2) Does motivation to engage in occupations decrease after driving cessation?
3) What changes to emotional well-being can be noted in individuals after driving cessation?

Method
Research Design
The described research study followed a qualitative design, allowing the student researcher to gain insight into each participant’s unique experience. Data collection occurred through semi-structured interviews either over Zoom or in person. The interviews varied in length and consisted of eight demographic questions and 18 questions that addressed the three specific research questions. All of the interview questions were created by the student researcher.

Participants
The student researcher recruited six individuals to participate in the study. In order to be included in the study, individuals had to be 65 years old or older, gave up driving at least a year ago, and spoke and understood English fluently. The participants were recruited in three different ways. First, the student researcher created a post on her personal Facebook account. Additionally, the student researcher created a flyer and posted it at a local urban senior center and a suburban church. The student researcher received permission from the Operations Director at the senior center and the Office Coordinator at the church to post the flyers. The first six individuals that expressed interest in the study and meet the criteria were selected.

Procedures
Before the student researcher began the study, she received permission from an Institutional Review Board (IRB). The student researcher submitted an exempt application and received approval to move forward with the study on July 8, 2022.

The first step in the study was to recruit participants, through the methods mentioned above, to complete the interviews. Once the participants were recruited, the student researcher provided them with a consent form that they needed to sign. As the student researcher received each consent form back, she assigned the participants a number to ensure privacy throughout the study. Any time the individual was referenced, their number was used instead of their name.

Next, the student researcher scheduled an interview with each participant. Five of the interviews were conducted in person and one was conducted on Zoom. The interviews were conducted one-on-one and lasted between 15 and 75 minutes in length. The student researcher recorded all of the interviews through the Voice Memo app or Zoom program in order to transcribe them for data analysis. All of the participants were asked the same questions, in the same order and were encouraged to share as much as they were comfortable sharing. After the participants completed their interviews, their role in the study was done.
Data Analysis
Following the completion of the interviews, the student researcher transcribed the interviews and uploaded them into the NVivo software. Using the software, the student researcher created codes based on the participant’s responses. Four main codes titled “Background on Participant’s Experience,” “Emotional Well-being,” “Motivation,” and “Social Engagement and Relationships,” were created to organize the collected data. Within each of these, sub codes were created to more specifically categorize the information. This allowed the student researcher to organize the information and analyze it more efficiently. After the coding was completed, the codes were used to develop themes that answered the research questions.

Results
The characteristics of the sample for this study are depicted in Table 1 and Table 2. Table 1 states the current age and age at which each participant gave up driving. The mean current age of the sample was 88.83 years and the mean age participants stopped driving was 84.17 years.

Table 1
Current Age and Age Stopped Driving for Participants

<table>
<thead>
<tr>
<th>Participant</th>
<th>Current age</th>
<th>Age stopped driving</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td>2</td>
<td>90</td>
<td>90</td>
</tr>
<tr>
<td>3</td>
<td>88</td>
<td>86</td>
</tr>
<tr>
<td>4</td>
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<td>89</td>
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<tr>
<td>5</td>
<td>77</td>
<td>65</td>
</tr>
<tr>
<td>6</td>
<td>91</td>
<td>87</td>
</tr>
</tbody>
</table>

Note. N= 6

Table 2 depicts all the other demographic characteristics of the sample. As shown in Table 2, all six participants reported being retired. Female was the most common gender identified, suburban was the most common location, and widowed was the most common marital status. Living arrangements had the most variation out of all demographic questions with two participants living with a family member, two living with a spouse, and two living alone.

Table 2
Demographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>4</td>
<td>66.67</td>
</tr>
<tr>
<td>Male</td>
<td>2</td>
<td>33.34</td>
</tr>
<tr>
<td>Employment status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>6</td>
<td>100.00</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>2</td>
<td>33.34</td>
</tr>
<tr>
<td>Widowed</td>
<td>4</td>
<td>66.67</td>
</tr>
<tr>
<td>Living arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family member(s)</td>
<td>2</td>
<td>33.34</td>
</tr>
<tr>
<td>Spouse</td>
<td>2</td>
<td>33.34</td>
</tr>
<tr>
<td>Alone</td>
<td>2</td>
<td>33.34</td>
</tr>
<tr>
<td>Location</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suburban</td>
<td>4</td>
<td>66.67</td>
</tr>
<tr>
<td>Urban</td>
<td>2</td>
<td>33.34</td>
</tr>
</tbody>
</table>

Note. N= 6.

The student researcher identified four main themes: planning ahead, support network, utilization of time, and acceptance and coping.

Planning Ahead
The first theme found in this study was planning ahead, which connects well to all three research questions examined. All six participants indicated that since they gave up driving they have had to plan ahead in order to

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continue participating in their environment. Participant 4 expressed this by saying, “When you have to change your mode of living, you have to plan.”

The theme relates to research question #1 due to the fact that most participants had to plan outings based on the availability of their social connections. The participants expressed having to schedule their appointments or errands based on when they can get a ride. Oftentimes, the rides come from friends, family, or neighbors. Engaging with the driver can be social on its own, but the ride also provides access to social events. Without the support of family and friends, individuals may be more likely to experience a decrease in social participation.

Although an individual’s social network can increase their ability to participate in the community, there are some challenges. For example, Participant 5 stated that what they did and where they went was dependent on his spouse’s schedule. This could lead to individuals feeling like they have less choice. Additionally, Participant 2 stated, “It was a little scary because I’m not used to asking anybody for anything.” Individuals may feel bad for asking for help and feel as though it could compromise their social relationships. Participant 6 explained how their spouse brought their own calendar to each of the doctor’s appointments and was responsible for scheduling follow-ups to organize transportation. An individual’s social connections can be a support for planning ahead and helping to navigate a new world with no car. However, it is important to note that some participant’s felt bad asking for rides or commitment from others.

Planning ahead can also relate to motivation levels, which was addressed through research question #2. A majority of participants stated that their interest in activities has not decreased and all stated that their routine is similar to what it was before they stopped driving. However, participants indicated a need to plan ahead in order to accomplish their daily tasks. Participant 3 stated, “I have somebody that takes me out. So I make a list of the errands and things, you know.” Therefore, they are required to plan her routine around another individual and complete everything they need a car for in one afternoon. The participants seem to be accustomed to planning ahead now and do not let this inhibit their participation or motivation levels.

Research question #3 aimed to determine if changes to emotional well-being occurred after driving cessation. A few of the participant’s responses suggested that planning ahead could be associated with some negative emotions, including both a decrease in freedom and impulsivity. Participant 3 explained, “I’m depressed that I can’t pick, just pick up and go” and Participant 6 said, “I was sorry to give up the measure of freedom that driving gives and but I was determined to make it work.” Without the ability to drive, individuals are not able to go where they want whenever they want. They have to make a transition from being fully independent to constantly checking in with others. Feeling restricted due to having to plan ahead can have a negative impact on emotional well-being. However, planning ahead can also open up opportunities for increased participation and emotional well-being, depending on the situation.

\[1\] Gender-neutral pronouns have been used to protect the identity of the participants.
Support Network
The theme of support network directly relates to research question #1. Every participant mentioned one or more individuals who have supported them since they gave up driving. Each individual’s support network looked different, but they all led to opportunities for social engagement. A majority of the participants named family members as their support network. Participant 1 stated, “I have a lot of family support. A lot.” Similarly, Participant 6 stated, “and our, when our children are here, they, we, sometimes have, save some errands to do with them, so they, they support us also.” Participant 3 discussed their living facility and stated, “Everybody is pretty supportive of each other.” Participant 4 focused on their community support by stating, “and if you are lucky, you have a good church.” All of the participants made it clear that they had individuals they could rely on during their transition. Participant 5 mentioned their family stood by them and stated, “Yeah I think they’ve accepted the challenge as have I and we are moving along at that speed.” Support networks contribute to continued participation and can help prevent social isolation that can result from decreased community mobility.

Utilization of Resources
Within the theme of support network, utilization of resources was identified as a sub-theme. Knowing what resources are available and using them can help individuals engage in their environment and prevent social isolation. Transportation resources can make up an individual’s support network and often overlap with social relationships. Participant 6 recognized his spouse’s support and stated, “I thank my [spouse] every day for being my driver.” Friends and neighbors were also identified as resources that individuals use to attend social activities in their community. Participant 2 mentioned they leave their living facility for games with friends and stated, “My best friend lives in the building... and [they] drives.” A majority of participants also stated that they have used a local bus or taxi to get around as needed. Participant 6 stated, “the local taxi service will get us anywhere and get me anywhere I want to go and I know that in the back of my mind and so, so that’s, that’s a relief and it’s a good, good service.” Participant 2 mentioned the services in their urban area as one way to get around and stated, “Well, they have the, they have the [company name omitted] service.” Participant 3 also mentioned the city resources and described the bus by saying “it’s pretty reliable.”

The findings from this study suggest that the majority of participants are still able to engage socially due to the support from their social connections and the resources they have for navigating around their environment. No significant changes in social relationships were noted and participants did not express increases in social isolation following driving cessation.

Utilization of Time
The theme of utilization of time aims to answer research question #2. Participants were asked about their activity involvement, routine, and energy and concentration levels to determine if their motivation has declined since giving up driving. A majority of participants stated that since they stopped driving the amount of time they engage in community activities
has decreased. Participant 2 stated, “oh I got out more when I was driving” and Participant 3 stated, “I’m in the apartment more.” Since giving up driving, participants’ ability to go out whenever they want has decreased, which for some resulted in more time spent at home. Along with this, half of the participants expressed having more free time than they did when they were driving, and half also reported decreased energy. Participant 3 stated, “Yeah my energy level is less because I can be around, I spend a lot more time lying in bed and watching TV.” Participant 5 said, “Yeah, and they, the energy levels have decreased” as well as “unmotivated would be a good characterization.” In terms of filling free time, participants reported mixed feelings. One participant expressed they used the extra time to try a new hobby and said, “I do knitting, I do a lot of stuff. I do puzzles, I do, um, I hate to be idle.” In contrast, a few other participants reported feeling lazier with the increase in free time.

Although a majority of participants stated that their community engagement has decreased, a consensus was not reached on how motivation changed after driving cessation. Each individual varied in the way they spend their increased free time and how they felt about it. A few participants expressed they continue to keep motivated even with the loss of driving. Others reported feeling less content with how they fill their time. Therefore, it is hard to conclude whether there is a significant relationship between driving cessation and motivation levels.

Acceptance and Coping
The theme of acceptance and coping corresponds to research question #3, which aimed to determine if changes to emotional well-being were present after giving up driving. A majority of the participants stated they have not felt hopeless since giving up their license. Participant 1 responded by saying, “I’m fairly optimistic about, about things.” Similarly, Participant 2 stated, “there’s always hope.” Participant 3 and Participant 5 were the only two who reported feelings of hopelessness. Participant 3 said “Yeah, I get depressed” and Participant 5 stated “Yeah it’s disappointing. Definitely disappointing.” A majority of the participants reported no increases in stress since giving up driving and none of them reported anxiety related to the transition. Participant 5 is the only one who reported an increase in stress. When asked about stress and anxiety Participant 1 responded, “I face it one day at a time” and Participant 3 responded, “I’m pretty content with it.” Participant 6 reflected on his stress levels and stated, “I’m never concerned about that. I realize that some, sometimes there may be something that gets in the way but, what, what I notice is that things work out.”

To help further analyze this theme, the participant’s reason for driving cessation was also examined. Half of the participants reported they stopped driving due to a health condition such as carpal tunnel syndrome, Parkinson’s disease, or vision loss. Although a decline in health was their reason, the individuals still reported it as a choice they came to terms with on their own. The other three participants reported they made the decision after car trouble or general declines in driving ability. In each case, it was clear that the participant made the choice. The element of choice here could provide evidence to support the observed acceptance and coping.
This theme examines all three aspects of emotional well-being that were observed through this study and suggest that a majority of participants have not experienced significant declines in emotional well-being since they stopped driving. Overall, many individuals expressed being able to accept the change and find ways to cope with the transition to remain optimistic.

The findings of this study provide insight into the transition from driver to non-driver. Planning ahead, support network, utilizing resources, and acceptance and coping were common themes that helped to explain the participant’s experiences and consider if and how their quality of life has been impacted. The results indicated some variations among the participants, but no consistent declines in the examined areas were found in the sample.

Discussion
Findings indicate that driving cessation is a significant transition for older adults, which can explain both the positive and negative impacts on quality of life that were observed. General decreases in social engagement were discovered, but maintaining a support network was found to be essential for participants for both socialization and transportation support. The findings from the current study are consistent with previous research that suggested that having a support network can help to counteract some of the common negative emotions that may follow driving cessation (Curl et al. 2014; Pachana et al. 2016; Stinchcombe et al. 2021).

Participants also expressed the negative social effects they experienced such as feelings of guilt that were attached to constantly asking loved ones for rides. This barrier aligns well with previous research which identified that many individuals feel embarrassed or powerless when asking for rides from their loved ones (Holden and Pusey 2021; Mullen et al. 2017). Previous research also identified social isolation as a common result of driving cessation in older adults (Mullen et al. 2017; Spinney et al. 2020). Although the current study found some decreases in social engagement, it cannot be implied that social isolation follows driving cessation. There were numerous positive social experiences depicted that support continued engagement and increased quality of life for older adults. A majority of previous research focused on the negative effects of driving cessation on social engagement, making the findings of this study surprising.

Additionally, findings do not provide concrete evidence that motivation decreases after driving cessation. Decreased engagement time and energy were noted, but individuals stated they were still interested in participating in occupations. It was clear that participants saw an increase in time spent at home, but there were variations in how they adapted. This increased time spent at home is consistent with previous research that found individuals spent more time in solitary activities after giving up driving (Bertrand et al. 2021; Liddle et al. 2014). Also, it is important to note that the increased time at home could be due to decreased flexibility in rides rather than motivation. Oftentimes, individuals expressed they still wanted to go out, but that they had to wait for a ride. Previous research also indicated a need for discovering new occupations to remain connected in the community (Bertrand et al. 2021; Haltiwanger and Underwood 2011). This was observed through new
hobbies surfacing and time being utilized differently.

A mix of positive and negative emotions among the participants was also noted in the study. Consistent with previous studies that linked the ability to drive to an increased sense of freedom and independence, individuals in the current study identified that it was disappointing to give up the impulsivity they used to have (Chihuri et al. 2016; Edwards et al. 2009; O’Connor et al. 2013). Previous research also identified other negative emotional changes in self-esteem, helplessness, loneliness, and depression (Chihuri et al. 2016; Holden and Pusey 2021; Mullen et al. 2017; Pachana et al. 2016; Patterson et al. 2019; Sanford et al. 2019; Stinchcombe et al. 2021). The current study noted some disappointment but did not indicate significant increases in hopelessness, stress, or anxiety among the population. Previous research also identified that acceptance of the transition and more positive emotional responses usually resulted from planning ahead and having support (Holden and Pusey 2021; Sanford et al. 2019). The current study aligns with this through the identified themes of planning ahead and support network.

One possible explanation for why the emotions displayed in this study were more positive than expected could be that all the participants chose to give up their licenses on their own, giving them more control over the decision. This added level of choice could have provided more opportunity to cope with the transition. Another alternative explanation could be that individuals were more content with the decision because they have had at least a year to adjust. Bertrand et al. (2021) supports these explanations by stating that some individuals in their sample were more able to accept the decision and gain control, which could possibly be a result of the increased time since giving up driving. Within their study, Bertrand et al. (2021) categorized those who had more control over the decision as “progressive narratives,” with reasons for driving cessation resembling the current study.

Due to the small number of participants in this study, the results should be considered with caution. Future research should target a larger and more diverse sample to gain more insight. Future research could also look more specifically at various demographics such as looking at how geographic location influences individuals’ responses. Another limitation of the current study was that the results were reliant on the accuracy of the participant’s responses. If participants viewed themselves as more independent than they actually are, the results may have been skewed. A future study may incorporate another point of view such as the caregivers to account for this. Lastly, the participants made the decision to contact the student researcher and join the study. As a result, the participants seemed to be more accepting of the transition, leading to more positive responses. An increased sample size may have led to a larger mix of experiences that represent the population more accurately.

Findings from the study indicated both positive and negative changes in the areas targeted, depicting that giving up driving is a major life transition that requires making adaptations. It can be concluded that the transition to no longer driving is unique to each individual, resulting in a variety of different outcomes.

Note on Author: Megan is pursuing her Master of Occupational Therapy (MOT) at Worcester State
University. Her thesis was completed in spring 2023 under the mentorship of Dr. Joanne Gallagher Worthley. After receiving her degree, she plans to begin her OT career working with the geriatric population.

References


