Driving Cessation: Older Women's Experiences

A Thesis

Submitted to the Faculty of Education

In Partial Fulfillment of the Requirements

for the Degree of

Master of Education

University of Prince Edward Island

We accept this thesis as conforming

To the required standards

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Charlottetown, PE

April, 2009

Your file Votre référence
ISBN: 978-0-494-49839-2
Our file Notre référence
ISBN: 978-0-494-49839-2

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Abstract

Having to relinquish driving privileges can be a traumatic event for older women. To understand the impact of driving cessation from the perspective of these women, I conducted individual interviews with eleven women age seventy years of age or older and had ceased driving within two years of being interviewed. The findings confirmed that driving cessation results in a loss of independence and spontaneity, and, for some, social isolation and loneliness. For most of the women in this study, the level of out-of-home activities after driving cessation was sharply diminished, including their ability to go shopping, participate in social activities, and visit with family and friends. For most of the women, public transit was not an option and providing transportation was mostly limited to family or friends. For some, paid home helpers and taxi were also options. The results indicated that preparing for driving cessation appeared to reduce the negative impact of becoming a non-driver. Although some of the women were interested in driving cessation programs, no such programs currently exist in Prince Edward Island. The study confirmed the findings of other researchers that driving cessation negatively impacted on the women's ability to continue participating in out-of-home activities. There was an evident difference between the women's ability to continue to participate in activities they "need to do" versus their ability to participate in activities they "want to do." Self-effacement, loss of spontaneity, and the need to maintain self-worth were explored. This study indicates that driving cessation, whether voluntary or non-voluntary, has a negative impact on quality of life of older women. However, this negative impact can be reduced through education programs for women and their families about planning for driving cessation and through the provision of alternative transportation options.

Acknowledgments

Having the opportunity to complete a master's degree as a mature student is rewarding, and I want to thank the members of the Faculty of Education who believe in education for education's sake and who supported my goal of becoming a better researcher. Because my research interest was very different from those of my classmates, class projects were often a challenge. We needed to be flexible and creative to meet all our learning needs, and I thank my fellow team members for their innovative thinking and support.

Completing a thesis was more of a challenge than I had ever anticipated, and I am deeply indebted to my two advisors Dr Lori Weeks and Dr Jessie Lees. Without their encouragement and support I would not have made it through. They began with the gentle nudges, then more aggressive pushes and as I began to progress they eventually they became motivators and supporters. Most important was their reassurance that it was not just me that writing a thesis is a process and everyone experiences ups and downs. As a mature student that advice was important and provided the confidence I needed to continue. The last few marathon days before and after my defense, would have been impossible without the encouragement and ongoing support of my two advisors. A simple thank you cannot possibly communicate my deep appreciation.

I want to thank especially the eleven wonderful women who agreed to be participants in my research. Their willingness to share their wisdom and feelings and their experiences of being non-drivers, has contributed to our knowledge of the impact of driving cessation on older women.

Dedications

I dedicate this thesis to the women in my family who have influenced my life, and to those I hope I can influence. These women are my vibrant mother Rosie; my beautiful, spirited daughters Debra, Vicki, and Kathy; my talented granddaughters Courtney, Alyssa, and Keara; my grandmother Ella; and my aunts Goldie, Stella, Helen, Lois, and Eva.

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Chapter 1: Introduction

The personal automobile continues to be the main source of transportation for seniors living in rural areas or in towns and cities not served, or underserved, by public transportation. Thus, many seniors who no longer drive, whether by choice or necessity, have limited access to services and limited ability to maintain social relationships. On Prince Edward Island (PEI) there is virtually no support or education to help older adults contemplate and adjust to becoming a non-driver. Other than family and friends, there are few transport options that are affordable, accessible, and acceptable. The lack of transportation options and the lack of education to aid older adults who are choosing to, or forced to cease driving, are critical gerontology issues. Given that our population is aging, it is essential that the problems of driving cessation be addressed immediately.

The province of PEI, Canada, ranks third in the provincial per capita proportion of individuals 65 and older (14.1%), behind Saskatchewan (14.8%) and Nova Scotia (14.2%), and is higher than the average for Canada (13.1%) (Turcotte & Schellenberg, 2007). Older people returning to the places where they grew up, in addition to out-migration of younger adults have also helped to increase the proportion of seniors on PEI (Alasia, Bollman, Parkins, & Reimer, 2008). Although the aging of our population in PEI has been gradual, the rise is expected to become more rapid in the future.

The Atlantic Seniors Housing Research Alliance (www.ashra.ca) developed a model to project the senior population in the future. In particular, it is possible to project the population by age and specific location in the Atlantic provinces. Seniors aged 70 and older are expected to increase to 10.9% of the total population by the year 2016, and to 16% by the year 2026. In Charlottetown, the population aged 70 and older is predicted to grow from 4,830 persons or 10.3% in 2006 to 5,589 persons or 11.7% in 2016, and to

8,176 persons or 17.2% in 2026.That represents a significant increase in the number of people 70 years of age and older living in the city in a 20-year time span. The proportion of women to men in the 70 plus population in PEI is currently 67.2% and is expected to increase to 73.9% by the year 2026.

Doug MacEwen, PEI Highway Safety Department (personal communications, December 18, 2006 and January 4, 2007) reported that 29 women 70 years of age and over ceased driving in 2005, and that this number has been consistent in PEI over the past four years. He cautioned that this does not include those who stopped driving and did not let the department know or those who continued to renew their license but did not drive. As the aging population increases, so will the number of older women who cease driving. The growing proportion of women 70 plus in the population; the significant increase of the 70 plus in the Charlottetown area; and the increasing proportion of women to men in the 70 plus population, indicate that issues around driving cessation for older women are a significant concern Usually, the automobile has been a primary means of transportation for these women, and options need to be explored to respond to their growing mobility needs. These older women are living with limited public transportation service in the Charlottetown area, sporadic transportation service in a few smaller communities and limited transportation for persons with disabilities. Mobility options for older adults require immediate attention if the needs of a growing aging population are to be adequately addressed. Emotional implications of driving cessation may also be significant, but neither the emotional nor the practical impacts of driving cessation on older drivers on PEI have been explored. Data on the impact and consequences of driving

cessation for women seventy and over will be helpful to service providers and policy makers as they formulate transportation policy.

Chapter 2: Literature Review

Automobile-based transportation systems and land use patterns have made people so dependent on the automobile that the ability to drive equates with mobility. The automobile is perceived as necessary for maintaining independence and self esteem (Yassuda, Wilson, & von Mering, 1997). To understand the impact of these events on older adults, I reviewed the literature on the reasons older adults stop driving, the influence of transportation alternatives, planning for driving cessation, the consequences of driving cessation, and ways older adults cope with driving cessation.

Why Older Adults Stop Driving

Several researchers (Dellinger, Sehgal, Sleet, & Barrett-Connor, 2001; Hakamines-Blomqvist & Wahlstrom,1998) found that deteriorating health was the most frequent reason given by both men and women for driving reduction or cessation. Other researchers found the decision to cease driving was complex and multifaceted. For example, Campbell, Bush, and Hale (1993) found that only 50% of the reasons for driving cessation have been attributed to medical conditions and Burkhardt, Berger, and McGavock (1996) suggested that perceived capability was more predictive of behaviour in a given domain than actual capability.

Ragland, Satariano, and MacLeod (2004) identified low income, limited functional status, and self-report of poor vision as major reasons for driving cessation. In contrast, Horowitz, Boerner, and Reinhardt (2002) maintained that three primary factors contribute to the decision to cease driving: 1) level of importance of family and friends in making this decision; 2) impact of the decision on quality of life; and 3) availability of a support network to assist with transportation after loss of license. Horowitz et al. (2002) found

that in both rural and urban areas, support from family and friends was significant in the decision to stop driving, with friends being reported as more influential than family. The study suggested that family members may play an increasingly influential role over time.

Chipman, Payne, and McDonough (1998) identified social factors that influenced decisions about driving cessation. They argued that gender and marital status were more influential than the presence of chronic disease. Other researchers found that former drivers tended to be older, female and reporting poor health (Burkhardt et al., 1996; Dellinger et al., 2001; Horowitz et al., 2002) found that those who stopped driving had fewer medical conditions than those who continued to drive. These researchers concluded that this paradox may illustrate the less than perfect match between medical diagnoses and general functioning and suggested that the older drivers were more likely to base their decision on their own assessment of capabilities rather than on medical diagnosis.

Other researchers found that the length and level of personal driving history – being a secondary driver or one that others did not depend on – were strongly associated with driving cessation. Since many women fit into that category the reasons women stopped driving were not generally considered important (Davey, 2007; Hakamies-Blomqvist & Siren, 2003). This supports an earlier conclusion of Hakamies-Blomqvist and Wahltrom (1998) that older women stop driving for more varied and less pressing reasons than older men. However, their study showed that those ex-drivers who had had an active driving career differed from the rest of the ex-drivers by having more pressing reasons for driving cessation, suggesting that decisions about driving cessation relate to personal driving history rather than gender.

In their study to better understand the factors that influence driving decisions, Adler and Rottunda (2006) identified three groups which they labeled 'proactives', 'reluctant accepters' and 'resisters' to reflect the attitudes of older drivers as they made their driving decisions. The proactives were those who made the decision to stop driving on their own and then informed their family of their intent; the reluctant accepters were those who had a realistic view of their driving skills and reluctantly made the decision to stop; the resisters were those who were unrealistic about their driving skills and continued to drive until forced to stop.

Transportation Alternatives

Although empirical evidence regarding the availability of alternative public or private transportation is scarce, Horowitz and colleagues (2002) suggested that it appears logical that the presence of transportation options would be crucial to the timing of driving transition and to maintaining a satisfactory quality of life, even though their preliminary findings did not support that conclusion. Shope (2003) asserted that even when public transportation was available, the older people in her study were often deterred from using it because of inconvenience, time constraints, poor maintenance of trains and buses, and fear for personal security. Kostyniuk and Shope (2003) suggested that alternative transportation for older persons would be more acceptable if it had some characteristics of the private automobile and identified volunteer driving programs as examples of such alternatives. Volunteer driving programs can be public or private, run by non-profit organizations and often are part of a service which has both paid and volunteer drivers. The volunteer drivers can use their own vehicle or one supplied by the

organization; the service is door to door. They also found that those who did use the volunteer driver program were satisfied because it was primarily a personalized service.

Yassuda and colleagues (1997) argued that many participants in their study indicated that the presence of feasible alternative transportation would allow them to entertain the idea of driving cessation. However, these researchers found that the participants wanted other people to make their driving cessation decisions; they identified family members, friends, or physicians as potential decision makers. Yassuda and colleagues (1997) suggested that the general attitude was one of constant adaptation until forced to face the actual moment of driving cessation. The women they studied did not want to plan for the moment, but believed they would deal with it when it occurred.

Planning for Driving Cessation

Many researchers have found that the majority of older adults did not plan for driving cessation (Bauer, Rottunda, & Adler, 2003; Kostyniuk & Shope, 1999; Kostyniuk & Shope, 2003; Liddle, McKenna & Bromme, 2004).This could result from the fact that driving cessation occurs in a variety of ways from unexpected involuntary cessation to a gradual process that results in voluntary cessation. Bauer and colleagues (2003) found that not all the women in their study recognized the need to stop driving. The theme of planning ahead for driving cessation emerged within the context of whether the reason for stopping was sudden or gradual; women who successfully adapted to their new lifestyle seemed to be those who made the decision without intervention from others. Dellinger and colleagues (2001) suggested that a better understanding of the natural history of driving cessation could determine whether there are critical stages in the process when

advice or counseling would be helpful, while Davey (2007) suggested that transportation needs be considered when other major lifestyle decisions are being made.

Liddle et al. (2004) recognized that driving transitions occurred at the same time as other major life transitions. They developed a matrix to reflect the complexity and individuality of the transitions. The matrix provided a way to incorporate descriptive and temporal factors associated with driving transitions to describe the complexity and individuality of the transitions of retired drivers. The matrix used both thematic categories and time phases. This enabled classification of data across different categories and provided an overview of the process, influences, roles, and feelings at a particular temporal stage. The matrix used time lines, process, influences, feelings, roles and programs to produce a visual representation of the data of the individual experiences. Shope (2003) suggested that an ongoing, informed driving cessation process helps older drivers remain in charge of the driving decision- making and allows them to be in control. Bauer and colleagues (2003) contend that anticipating driving cessation and choosing to stop driving on one's own can instill a sense of pride and self-esteem. Those authors reported that adaptation came easiest to those who planned ahead and made the decision voluntarily.

Consequences of Driving Cessation

There is a general consensus that dependency on and attachment to private automobiles is a major factor, and that the automobile is the main source of mobility for older adults (Adler & Rottunda, 2006; Davey, 2007; Marottoli et al., 2000). Others contend that this perceived dependency suggests that the loss of driving privileges, or the lack of access to an automobile, implies social disability, decreased quality of life, and

dependency on others to meet the demands of everyday living (Bauer et al., 2003; Gilhooley et al., 2002; McKnight, 2003; Shope, 2003; Yassuda et al., 1997). Others emphasize the social isolation and loneliness. As people age, many outlive relatives and friends, and social interaction may become limited as people stay closer to home because of mobility difficulties and increased chronic illness. Hall and Havens (1999) argue that problems of growing older are often related to living alone and being in poor health. They contend that social isolation leads to loneliness which they describe as negative feelings about being alone, and as such is an experience that occurs irrespective of choice. They found that women were more socially isolated than men, and expressed the highest level of loneliness. This evidences a concern about the quality of life of women who cease driving, and presents a challenge for policy makers and those who provide support for older family members. Hall and Havens (1999) assert that social isolation contributes to situations of risk. A Health Canada (2002) document also recognized the importance of social connectedness, and suggests that people who remain actively engaged in life and connected to those around them are generally happier, in better physical and mental health, and more able to cope effectively with change and life transitions. The Federal/Provincial/Territorial Ministers Responsible for Seniors (2007) identified social isolation as an issue that needed to be addressed, and developed a toolkit to promote seniors' social integration in community services and programs.

Harrison and Ragland (2003) advocate that adverse psychological consequences of driving cessation affect elderly adults in four different areas: independence, personal identity, depression, and emotional health and life satisfaction. Their study shows that driving cessation is apparently associated with a number of adverse consequences, but the

authors raised the issue as to whether these associations are causal or whether some unidentified third variable (e.g., health) resulted both in reduced driving and social health outcomes.

Loss of independence and spontaneity, decreased quality of life, increased isolation, depressive symptoms, and increased financial costs have all been named as consequences of stopping driving (Bauer et al., 2003; Burkhardt et al., 1996; Shope, 2003). For many individuals, personal freedom and independence impact on their ability to go from one place to another and view mobility as an essential component of quality of life for older adults (Bauer et al., 2003; Kostyniuk & Shope, 2003). Others regard driving as an activity of daily living (Whitehead, Howie & Lovell, 2006). Their study of the experience of driver license cancellation highlighted the intense and often overwhelming feelings evoked when driving licenses are cancelled. They suggested that having a driver's license is linked to older people's identity and feelings of independence, agency, self-worth and autonomy.

For many older drivers, the automobile has been an indispensable part of their lives, and they have always taken easy mobility for granted. Most drivers were used to going where they wanted, when they wanted, and not having to depend on others for mobility. Marottoli and colleagues (2000) suggested that driving cessation may adversely affect older individuals' activity level and they supported the idea that participating in out-of-home activity positively affects health status, well-being, and survival in old age. These authors suggested that decreased activity is, at least in part, a consequence of increased depressive symptoms following driving cessation. They raised the concern that temporal relationships between these adverse effects of driving cessation are unclear because

increased depressive symptoms following driving cessation may lead to decreased activity which may exacerbate feelings of depression. Other researchers (Harrison & Ragland, 2003; Mariottoli et al., 2000) found that driving cessation was associated with a number of adverse consequences including reduced out-of-home activity and decreased life satisfaction. Harrison and Ragland (2003) identified substitution or memory bias as an alternative explanation for the association between driving cessation and reduced activity and well-being. They argued that as adults grow older, they may begin to substitute in-home activities for out-of-home activities and this reduced mobility may be interpreted as an adverse consequence of driving cessation. To understand memory bias, the authors suggested that as the interval after driving cessation increased, fewer elderly adults reported negative feelings about driving cessation, and former drivers over time learned to accept driving cessation and to alter their perception of the event. The authors cautioned that memory bias does not devalue possible negative consequences of driving cessation; however it does make it very difficult to determine the extent of the adverse consequences.

Coping with Driving Cessation

Most former drivers obtained rides from relatives and friends; their use of public transportation was low (Kostyniuk & Shope, 2003). They identified the 'senior-friendly' community-based volunteer driver programs described by the Beverly Foundation (2001), as alternative transportation options. The Beverly Foundation's study emphasized the growing need for more desirable options that provide mobility for older people and allow them to retain independence.

Currently, there is little societal support to help individuals cope with this seemingly negative rite of passage in the later years of life. A specific educational intervention program would aid senior drivers to understand the physical, social, and psychological implications of driving cessation, and various authors (Whitehead et al., 2006; Yassuda et al., 1997) suggested that seniors should be encouraged to grow into new roles and introduced the idea of 'graduating from driving' as a more positive connotation than 'giving up' one's driver's license. They suggested a proactive approach to driving cessation that included planning ahead for retirement from driving and learning to drive safely longer. They pointed out that this kind of initiative within the field of educational gerontology has received very little serious attention.

Knowledge of the consequences of driving cessation, such as understanding the factors that affect driving patterns, would help older individuals contemplating driving cessation and would stimulate the development of interventions and alternative strategies to decrease the adverse effects of driving cessation (Harrison & Ragland, 2005; Kostyniuk & Shope, 2003; Marottoli et al., 2000; Ragland et al., 2004) suggested that lack of experience with public transportation and lifelong reliance on the automobile increases seniors determination to drive themselves, and suggest that efforts to enhance mobility of older people should consider this background as alternatives to the personal automobile are developed. They suggest that alternative transportation for older persons would be more acceptable if the range of options was more appealing that had as many characteristics of the private automobile as possible. They identified a number of ways alternative transportation could do this, such as older persons keeping their car and arranging for someone else to drive them; group ownership of a fleet of automobiles

which are driven by volunteers or by hired drivers; enterprising individuals who could provide personal services, including transportation, to a small group of older persons; and community-based volunteer driving programs. Dobbs and Strain (2008) identified the importance of helping older rural adults stay connected with their communities; family, friends, neighbours and communities have important roles to play in overcoming transportation deficiencies. However, they cautioned that the size, composition and proximity of social networks all are relevant to the likelihood that an older rural adult will have access to one or more people who can assist with transportation. Although social networks are potential transportation resources for many older people, many more do not have access to a social network.

Research Gaps

The studies reviewed failed to address how ex-drivers coped or developed alternative strategies that gave them the freedom to do what they wanted to do and function as independent adults or did they simply resign themselves to accept less. There is a paucity of information on the process of driving cessation and what motivates older adults to stop driving. The literature reviewed showed that the reasons for driving cessation are complex and the lifestyles of older adults are compromised when they choose or are forced to cease driving. Faced with an aging population, it is essential that we acquire a better understanding of the impact of driving cessation and determine ways to respond to the transportation needs of individuals as they grow older. Perhaps more can be learned from those who have ceased to drive, especially during the first two years of driving cessation.

Chapter 3: Methodology

Purpose and Research Questions

The purpose of this study is to add to current knowledge about driving cessation among women seventy years of age and older and to explore the impact of driving cessation during the first two years of being a non-driver. Three research questions guided this study. 1) What is the impact of driving cessation on older women during the first two years of non-driving? 2) What are viable options to help reduce or cope with the loss of mobility? 3) What strategies can be put in place to facilitate a positive transition to driving cessation for older women? A qualitative inquiry approach was used for this study. As suggested by Patton (2002), qualitative methods facilitate the study of issues in depth and detail without being constrained by predetermined categories of analysis. This method increases the depth of understanding of cases and situations studied, but it reduces generalizability (Patton 2002).

Participants and Procedure

The eleven participants in this study were all women living in Queens County, the most populated county in PEI. Each participant was 70 years of age or older, and each had ceased driving within two years of being interviewed. The women were cognitively and physically able to participate, and lived in rural, small town and city settings.

A purposeful sampling process was used because of the need to select information-rich informants to illuminate the questions under study. Snowball sampling was used to identify possible participants. Participant recruitment began with known women seventy and older who were ex-drivers. They were asked to identify other women seventy years of age and older who had given up driving in the past two years. The women were contacted

by telephone to explain the purpose of the research and to find out if they were interested in taking part. Twelve women who met the criteria were contacted, one declined; the other 11 women were invited to become participants. An appointment was made to conduct an interview at a time and place convenient for the participant. All interviews were conducted in the women's homes, some sitting around the kitchen table, others in the living room. All participants were welcoming and hospitable, offering a cup of tea or coffee before the interview began.

Prior to the interview, each woman was given an information letter explaining the purpose of the proposed research and what was expected of them (Appendix A). I made sure that each woman understood the content and gave each an opportunity to ask questions. I told them that the research had ethical approval, and that all written records, audiotapes, and questionnaires would be kept in a locked filing cabinet in the PEI Centre on Health & Aging office, 107 Dalton Hall UPEI. I also emphasized that their participation was strictly voluntary and that they could end the interview at any time and ask that the tape be destroyed without negative consequences. I told them that every effort would be made to ensure confidentiality and that their names would never be linked to the research. I also told them that due to the small number of participants and the specific nature of the research, anonymity could not be guaranteed.

I reviewed the consent form (Appendix B) and explained that there were two copies: one for the research file, and one for their own records. Each of the women gave me permission to use a tape recorder, with my assurance that they could have the tape stopped or destroyed at any time. I explained that I would transcribe the tapes verbatim and review them to ensure accuracy. I explained that I would give them a copy of the transcription for

review, to make sure that it accurately represented their perspective, to correct errors, or to enhance clarity. I told each participant that I intended to use this information to conduct my thesis research and assured them that their input was important for the final product. I also told them that they had one week after the interview was completed to change their minds and withdraw from the research.

I conducted in-person face-to-face interviews using a semi-structured interview guide (Appendix C) and a background questionnaire (Appendix D). The guide served as a basic checklist during the interview to make sure all relevant topics were covered, and that the same basic lines of inquiry were followed during each interview. This ensured the best use of limited interview time and provided a systematic and comprehensive approach. Using an interview guide helps make interviewing a number of people more systematic, keeps the interactions focused, and makes data collection efficient, while the interviews remained conversational (Patton, 2002). Observations were recorded in memo notes at the end of each interview. Each participant was interviewed once, with interviews lasting approximately 60 minutes. I began the interviews on May 3, 2007 and completed them on May 28, 2007.

Data Analysis

The grounded theory method was used to ensure that the results and findings were grounded in the empirical world. Grounded theory offers a framework to provide some standardization and rigor to the analytical process and to provide researchers with analytical tools (such as coding procedures) for handling masses of raw data (Patton, 2002). An inductive analysis was used to understand and interpret the data and the coding scheme was revised as thematic categories were created from the data. As described by

Patton (2002), the strategy of inductive analysis allows the important dimensions to emerge from patterns found in the cases under study without presupposing in advance what these important dimensions will be. Thematic analysis is a form of pattern recognition within data allowing for themes to emerge directly from the data using inductive coding (Fereday & Muir-Cochrane, 2006). This process involved generating initial codes, searching for themes, reviewing themes, and defining and naming themes that resulted in thematic codes that represented patterned responses within the data set (Braun & Clarke, 2006). Thematic analysis is particularly useful in understanding influences and motivations related to how people respond to events (Luborsky, 1994), and thus lends itself well to developing a greater understanding of the issues and challenges that older women face following driving cessation.

Interviews were transcribed verbatim including, pauses, laughs, and other remarks. I reviewed the transcriptions, and sorted observations and impressions into nodes. Multiple readings of the transcriptions helped to identify themes and to develop codes. The data were then entered into QSR N6 which was used to organize the data. Primary and secondary themes were identified from the transcripts and a coding system was developed and refined. The data were entered and each transcript was coded and assigned to themes. Tree nodes and free nodes were used to explore and code each interview (see Table 1).

Table 1: Tree Nodes and Free Nodes

Tree Nodes		
1. Reasons for Driving Cessation Main reasons they had to cease driving and whose decision	1.1 Own Choice	
	1.2 Not Own Choice	
2. Impacts or Implications of Not Driving What has been the impact or implications of no longer driving?	2.1 Positive Impact or Implications	
	2.2 Negative Impact or Implication	
3. Methods of Mobility How do they get to do the things they need and want to do?	3.1 Methods of Transportation Available	3.1.1 Family 3.1.2 Friends Neighbours 3.1.3 Paid Caregiver 3.1.4 Taxi 3.1.5 Bus 3.1.6 Driver for Own Car 3.1.7 Walk 3.1.8 Does No Go Out
	3.2 Methods of Transportation Used According to Activity	3.2.1 Medical Appointments 3.2.2 Errands 3.2.3 Social Activities 3.2.4 Visiting Family and Friends
4. Adapting to not Driving What changes have they had to make because they are no longer driving themselves?	4.1 Positive Adaptations	
	4.2 Negative Adaptations	
5. Strategies for Transition Did they develop strategies for the transition to being a non driver and do they have advice for others?	5.1 Planning for Driving Cessation	
	5.2 Courses for Driving Cessation	
	5.3 Advice to Others	
	5.4 Other Suggestions	
Free Nodes		
Degree of Loss	How did they rate their loss if driving cessation was a loss?	
Driving Experience	How long were they drivers?	
Needs versus Wants	How they addressed 'needs' and 'wants' and was there a difference?	
Compliance	If and how they accepted to their situation.	
Resistance	If and how they resisted their situation.	
Changes in Participation	Did the number of out of home activities change?	
Use of Public Transportation	Do they use public transportation?	

Chapter 4: Participants

All of the participants were white/Caucasian and ranged in age from 70 to 88. Nine were widows, one was divorced, and one was still married. Seven of the participants lived alone and four lived with others. Of these, one lived with her husband, one had a daughter and son-in-law living in their own apartment in the family home, one had a niece living in her own apartment in the family home, and one had a friend living in her home, although this woman was in the process of moving to a seniors apartment and the participant would then be by herself. Four of the participants lived in an urban area (Charlottetown), two lived in small towns, and five lived in country communities.

Three of the women had completed Grade 10 supplemented with one or more courses, two had college certificates, one had completed an undergraduate degree, and one had completed a Masters degree. Four had been teachers, one a nurse, one a Licensed Nursing Assistant, three were homemakers, and two had worked in a variety of jobs. None of the participants had problems meeting their expenses although one qualified her answer by saying "Well it's gotten more difficult, my income is fixed and the prices of things and the taxes and everything are going up. It's not as carefree as it was 20 year ago." All indicated that they had enough money to do the things they wanted to, but again there were some qualification of answers: "I'd do a lot more, the more I have the more I'd do, I guess." Well I want to do the things I can afford." Nine had health problems which included: heart and thyroid, heart and a slight stroke, heart and multiple sclerosis, heart and spine, degenerative bone disease and glaucoma, osteoporosis, stroke, eye problems and arthritis. One of the two who did not identify a health problem said she was having tests but did not elaborate on the reason. With respect to self-assessed health status, three

said they had poor health, three rated their health as average, and five said their health was above average or very good. Six had no difficulties with the activities of daily living; five had limitations. The limitations were vision, walking, and standing. Two had quite severe limitations and needed assistance with activities of daily living. One was still living alone one had someone living in an apartment in her home. The various reasons the women stopped driving are revealed in Table 2. As shown, the majority of the women (82%) had more than one reason for driving cessation. Pseudonyms are used for all participants. The demographics (age, marital status, etc.) of the participants are provided in Table 3.

Table 2: Reasons for Driving Cessation (n = 11)

Participant	Health Issues	Family Pressure	Doctor's Order	Own Decision
Abigail Yule				X
Beth Truan	*		X	
Carline Swithin	X	X		
Denise Paddock	*		X	
Evaline Gilly	X			X
Francine Foss	X			
Gloria Dixie	X			*
Helena Chittenden		X		
Iris Bliss	*			X
Julia Bath	*		X	
Kate Ackart	X	X	*	

Note. Primary Reasons for Cessation is indicated by X
Contributing Reasons for Cessation are indicated by *

Table 3: Demographic Characteristics

Variable	N	%
Age		
70-74	2	18
75-79	1	9
80-84	3	27
85+	5	46
Marital status		
Married	1	9
Widowed	9	82
Divorced	1	9
Education		
Attended College/University	4	36
Some Post Secondary	3	27
Completed High School	4	36
Location	5	45
City	1	9
Town	5	45
Rural		
Live alone	7	64
Has health problems	9	82
Health status (self-reported)		
Above average	1	9
Very good	4	36
Average	3	27
Poor	3	27
Health compared to others of similar age (self-reported)		
Better	5	45
Same	4	36
Worse	2	18
Difficulties with activities of daily living	5	45
Can meet financial obligations	11	100
Has adequate resources to participate in activities	11	100

Profiles of Participants

Listed below are snapshots of these remarkable women. All names are pseudonyms. *Abigail Yule* is a widow living by herself in a cozy apartment and has strong support from children and other family members who are living relatively nearby. Even though family, friends, and neighbours are very supportive, she does not like having to ask for rides. She continues to do the things she "really wants to do" but admits there might be an event that she would attend if she was still driving a car. She was a driver for approximately 40 years and loved driving. She made the decision to cease driving and she is happy and confident with her decision. Although Mrs. Yule does have some health problems which are limiting, she has a positive outlook on life. She said she stopped driving because "people seemed to be driving erratic. It was nerve wracking and I got fed up with it."

Beth Truan, an active widow, lives by herself in her comfortable family home. She was a driver for over 60 years and always enjoyed driving because it gave her "a feeling of independence." The decision to stop driving was not her own. "The specialist ordered me not to drive my car and I said, "come on, I can still see pretty good" and he said, "my dear I'm going to have to advise the highway department that you have a problem". This was shocking and hurtful. "I got the letter from the highway department asking me to turn in my license and that is when it really hurt." She described the impact of driving cessation as "You feel you got nothing left… it's a blow to you." Although she has a willing and supportive family, like many other seniors she feels they have their own responsibilities and she hates to ask them to take her places. "I feel like I am just a nuisance." She lives in the country, there is no bus system and she cannot afford to take taxis on a regular basis. Her neighbours are not around much; some work, others go to the

cottage in the summer and to the sunny south in the winter. Friends her age are in the same situation and so cannot drive her places. As a result, outings are curtailed and she is unable to participate in her previous activities which included volunteering, social events, and visiting extended family. Mrs. Truan is very active – does all her own housework, cooks, bakes, and gardens. She tries very hard to keep a 'stiff upper lip' and to accept her situation by recognizing that others are worse off.

Caroline Swithin is a dynamic woman who lives with her husband in a comfortable downtown apartment. Driving has been the love of her life, "Oh I loved driving, I just felt so free, I was myself, I could be in charge." She also described herself as a really good driver and when talking about how she was adjusting to not driving said, "I just know its breaking my heart." She had to stop driving because of poor health and family pressure. "The doctor didn't say I had to stop – just my kids." She experiences pressure from her family to not drive and has conceded that she will not drive again. She stated that her children take turns going with her to the doctor because they want to make sure she doesn't say things to the doctor "like tell them [the children] I can drive." Her supportive family, circle of friends and a home helper enable her to continue her usual activities. Even with all the mobility options Mrs. Swithin has, she still feels it's awfully hard sometimes to call on her family because "They are busy, they've got busy lives and they have to drop everything, and come… it's hard to do." She has difficulties walking but is assertive and very funny and continues to enjoy social activities and shopping.

Denise Paddock is a city dweller who lives alone in her own comfortable family home. She loved driving. "I don't know if I was a great driver or not but I would be nervous about winter driving." She drove for 40 years but did not drive long distances or

off the Island. When I asked why she decided to give up driving she laughed and said "My doctor decided for me." She had macular degeneration in one eye and did not think about it going to the other eye so was not prepared when the doctor asked her to promise not to drive her car until her next appointment. A family member was with her when the doctor asked her to make the promise not to drive again until advised that she could. Mrs. Paddock said "So I didn't drive again." Although the doctor did not say she would never drive again, she didn't push the issue because she forgot to ask about driving at her next appointments. Even though she has a supportive family, friends and neighbours, she feels she has lost her independence when she has to depend on someone to drive her places. She has difficulty seeing and does not enjoy going shopping but loves to cook, go to line dancing, and go out with friends. Her sister was her main driver for visiting family, but she now has health problems and is not driving very much. Mrs. Paddock misses that aspect of her life, "There are lots of wakes and funerals that I would like to go to but I can't and I don't expect to be calling people to take me there." She did say that if friends asked her if she wanted to go she would. She admitted that at times you get bored, you can only watch so much television and you get fed up playing solitaire. She has a very matter of fact attitude about not being able to drive. "I was disappointed but I just looked at it as my cross I guess. I am not going to be able to drive and that's it." Mrs. Paddock is very confident in herself and has a great sense of humor.

Evaline Gilly is a woman with a sense of humor who described her driving experience as 'just delightful'. "I could get up and go when I felt like it and I loved to drive… you could go where you liked and my car was never empty." Her comfortable apartment reflects her sense of humor and she has it organized to allow her to care for

herself in spite of quite severe limitations. When I arrived to interview her, she introduced me to her walker 'Charlie' and its little stuffed toy 'Tiny Tim'. When she was first unable to drive due to health problems, Mrs. Gilly kept her car and had a neighbour drive her to events. She eventually sold the car but said, "When it was sitting there it gave me great comfort to know it was there." She did not start driving until she was 50 and bought a car because she needed to get to her university classes. The decision to stop driving was hers. She thought about it for quite awhile and commented that she did not have any interference from her children because "They know me too well .... I'll make up my own mind whether it's right or wrong." The impact of giving up driving for her was "terrible", "Oh I did a lot of crying on my own and then I would sit down and I would count my blessings." In spite of having a very supportive family who takes care of her needs and good friends who take care of her social needs she says she has not adjusted to not driving. "It still irks me that I have to get someone if I want something." The worst thing about not driving is "having to ask people to do things for you and of course not being able to get places without having to ask someone to do it for you." Mrs. Gilly's activities are curtailed, but she says that is more because of her health than the fact that she is unable to drive. She said she could still drive if her health was better. Although she did not plan for her own driving cessation, her advice to others is "You have to have a plan and do it gradually... get yourself accustomed and have your car there until you know you are no longer going to drive anymore." This delightful woman has a great sense of humor and does not allow her health problems to get her down.

Francine Foss is a widow, a retired teacher, and does not have any children. She had to stop driving because of a heart attack. "It was really a shock, it took my best friend

from me and I wasn't very happy about it either." Mrs. Foss lives in the country and her niece has an apartment in the other end of her house. "That's the way my husband wanted it, that I would have company." She has kept her car and has two neighbours who use her car to take her where she wants to go. She calls her car Dr Seuss, "I look out the window when I'm washing my dishes and say 'Hello Dr Seuss. You're still there.' " She says keeping her car was the best thing she ever did, it made her feel secure. It took her a long time to adjust. When she felt depressed she would call one of her drivers and go somewhere for a little drive. "I wasn't going to let it get to me." She likes to visit and help others, attends wakes and funerals, and does not think her outside participation has changed. She still plays the piano in nursing homes every week. "My only boy was killed in 1953, both he and his wife in a car accident, on a New York freeway. He fell asleep at the wheel. He was 24 the day they put him in his casket and she was 23, we had a double funeral. So then we came home here from Boston." This tiny active woman is very confident in her own ability and with the help of her neighbours, friends, and her niece has her life in control in spite of having several health problems.

Gloria Dixie is an interesting woman, who is a retired teacher, and lives in her family home in the country. She had been a driver for 58 years when she made the decision to stop driving. Poor health was her reason for driving cessation, "It was my decision and my daughter's decision. . . . I still have my license until July 2008 it's for identification if I need it." Her daughter works full-time and lives in an apartment in the family home, and is not only a caregiver for her mother but also for her own husband who has severe arthritis. When asked about the impact of giving up driving Mrs. Dixie said, "It's not only the giving up driving; it's not being able to do the things you want to do. If I

could drive, well I still couldn't because I don't have my health." She said because of her poor health she misses out on all the weddings, wakes, funerals, church, Women's Institute, seniors meetings, and parties. She used to go dancing every week. She stressed that it is not her inability to drive but rather it's her poor health. She is unable to go out to any events but does have supportive family and friends who come to visit. Mrs. Dixie had been an active community member and feels she has lost out on so many things because of her poor health which means she can no longer drive. She fills the time by knitting, crocheting, and patching, anything she can do sitting down, "I phone an awful lot but the only thing I miss is the socialability ... I want for nothing because if I do all I have to do is call." This philosophic woman has accepted and adjusted to her situation "You just have to accept it and I know I'm lucky to be where I am."

Helena Chittenden is a widow who lives in her comfortable town home and has a little dog as a constant companion. Vision only in one eye, increased traffic, and family urging were the reasons Mrs. Chittenden stopped driving. "That is how it happened there was no crisis or anything." She feels she is past the impact of giving up driving but said, "At first it is hard, it is one of life's pleasures." She accepts her situation, and when asked if participation outside her home had changed she said "A bit, I don't seem to mind it, something else always takes over." When asked if there is a difference between 'need' and 'want', she said, "No I don't find much of a difference, television can take over, and you are just not around like you used to be. Television is a big help." "Well I'm adjusting to it, it took a few months but I'm adjusted, I can walk the dog more." Her son lives close by and she and her dog go to his house every night to sleep. Mrs. Chittenden's advice to

others is, "If incapacitated, they should give up driving. It opens up another door, more companionship."

Iris Bliss is a widow who lives in her cozy country residence during the summer and moves back into town in the winter. In the country, she has no public transportation but depends on her son, friends, and neighbours to run errands, get groceries, and to get to medical appointments. She enjoyed driving but, "I did it just sort of for convenience you know." The reason she decided to give up driving was because she felt that maybe her decision-making related to driving was somewhat flawed. She said she made the wrong call and had a small accident and was thankful she didn't hurt herself or anyone else, just the poor old car. She had several incidents prior to this final event which she said were sort of warnings. Although her son and the neighbours are always willing to take her anywhere she wants to go or offer her drives, she said, "You lose certain independence and a certain freedom when you can no longer drive." It had been almost a year since she had given up driving and she was still not adjusted, "I feel frustrated, its cuts your freedom and motion." She has a lot of visitors during the summer so has transportation options most of the time. In the winter she either walks or uses the bus. She misses being able to be impulsive and spontaneous. If she wants to do something she has to ask somebody. "Well I'm trying to cope with it ... I'm trying to break down and ask somebody for a lift ... but I am a lot more mobile than a lot of people who are younger and older." "I very much depend on my son for help, he is flexible and can help." She said the rest of her family is scattered all over the place. Her advice to others is "you have to accept it as a reality, don't let it dominate you, see what the options might be, and be grateful for them and stop complaining." Mrs. Bliss came to PEI as a summer resident 30

years ago and when her husband retired they became permanent residents; she has her landed immigrant status. She is currently living alone but said, "I am working on changing that but it hasn't happened." Although she feels she has made some inappropriate decisions related to driving, she is very confident in her ability to be able to do the things she needs to do. This energetic interesting lady shares her home with a large friendly dog.

Julia Bath is a widow who had stopped driving because of glaucoma just about two months before our interview. Even though she had expected that decision, she did not do any planning for the time when she would no longer be driving. Immediately after the decision she checked out the taxi services, found the best deal and prepaid into an account so she would not have to pay every time she used a taxi. "The doctor tried to soften the blow by saying 'Well, you save on gas, your insurance, and maintenance.' " She added that she also had a reduction in rent because she no longer uses a parking space in her building. Mrs. Bath lives in a spacious comfortable apartment, and is supported by family members, neighbours, and friends. She continues to do the things she did before driving cessation "You just have to be organized." When talking about getting rides to events she said "I have no problem asking because I expect the people I am asking will be honest with me so that I am not putting them out." Mrs. Bath, like other seniors I have talked to, sees "taxi as money going out, I didn't see that in my car." Besides glaucoma, she has degenerative bone disease which limits her mobility. She enjoyed driving but said most of her driving was just around the city. Her husband told her she didn't drive the car, she aimed it. Prior to driving cessation she was having problems parking at the pool where she went swimming, "I scraped the side of my car four times and it was getting pretty

expensive." She did buy a smaller car but said had she known she would soon not be driving she would not have bothered changing cars. Mrs. Bath is confident in her decisions and has adjusted very quickly. She does admit she is not as free to come and go as she was but thinks she might be saving a bit of money because when she used to go out. she shopped.

Katie Ackart is a woman who misses driving but because of health problems, she is unable to drive anymore. "I really enjoyed driving and it was nice to be able to get in the car and take yourself to wherever you wanted to go. Now I wait for somebody to pick me up and take me and then there are times I can't get to go at all because I don't have anybody to take me." She was told she could get her license back if the doctor gave her clearance but she said "I never even asked the doctor. My daughter does not want me to drive anymore in case I get into an accident or something and it might be my fault." She does not think she has adjusted to not driving and says there are a number of things she no longer does because she cannot drive. She doesn't do anything outside the home except what she really has to, and that has been a change. "I have to make sure my appointments are at a certain time and I have to book them ahead and let the family know ahead of time." She worries about some of her children, and it is her daughter-in-law she depends on to get to appointments and to do errands. Mrs. Ackart is divorced but presently shares a comfortable trailer with a companion. She plans to sell her trailer and move into senior housing; when she makes this move she will be living alone. She will have more access to public transportation and feels she will be more independent. She has serious family worries and does not have confidence in her own decisions and her ability to get to do the things she wants and needs to do.

Chapter 5: Results

In this chapter, I will concentrate on the findings related to the impact of driving cessation, options used to modify the impact, and strategies to facilitate the transition to driving cessation. Initially, I will focus on the women's driving experience and the factors that influenced their driving cessation. Then I will reflect on what I deem the most significant findings of this study which also add to our understanding of what driving cessation entails for older women. This includes the discord between the women's 'needs' and 'wants', preservation of self-worth, and having to fit in to other people's schedules. Finally, I will examine the options available to reduce the social and emotional impact of driving cessation including pre- and post-planning and transportation options. It is my belief that to better understand the impact of driving cessation on the women interviewed, we must be aware of their experiences as a driver and the factors that influenced their driving cessation.

Being a Driver

The participants generously shared their feelings about their driving experiences and what being a driver meant to them. Without exception, they talked about their love of driving, and the freedom, independence, and spontaneity they experienced as drivers. Ten of the 11 women began driving when they were in their teens or early twenties and continued driving until their recent chosen or forced driving cessation.

The majority limited their driving to their own province, two ventured into neighbouring provinces, and one had driven to the United States several times. Francine Foss, who drove to the United States, also lived for part of her young married life near

Boston. To highlight what she saw as her independence and competence as a driver, she told a story which also hints at the perceptions of that time of women and driving.

> *When we lived there, I drove into Boston one day just as bold as brass. I told my husband I was in to Boston, and he asked me how I got there. I told him I drove. He didn't think that was too good. But, I didn't hurt anybody and didn't hurt the car.*

Although she and her husband lived on PEI most of their married life, she drove her husband to the hospital in Boston several times and pointed out that she wasn't a bit afraid of driving.

Other women talked about feeling so free and in charge when driving, being able to just get up and go where they wanted and when they wanted, and being a good driver. Evaline Gilly said *"I was a good driver, a really good driver. I was careful, but I didn't sit around corners waiting for somebody else to go, you understand what I mean?"* Her comment referred to people who sit at a corner even after the light turns green and hold up traffic and also to slow drivers who are a safety risk and also hold up traffic.

All of the women in the study had been married at one time, and during their marriage their husbands were the primary drivers, with the women taking a secondary driving role. I use the term 'primary driver' to refer to someone who has at least one other person dependent on their driving. A 'secondary driver' does not have people depending on them. Later, some of the women had to become primary drivers when their husbands became ill. Beth Truan provided a good example of switching from secondary to primary driver. She cared for her husband for 10 years after he suffered a stroke. She explained that because of their one-floor home, she was able to care for him and take him with her when she went on errands or for drives. She said:

I purchased a vehicle with a hydraulic lift ... had a ramp built so I could wheel him out to the garage, but it wasn't easy because he was strapped in his wheel chair in the back, and I was up front driving. He would be pretty annoyed because he was always the driver and it bothered him having to be the passenger.

This comment indicates some of the stress women face as drivers and as caregivers.

For some of the participants, the attitude of a secondary driver remained even after they became the primary driver. For others, the freedom of being able to come and go at will as the primary driver increased their attachment to their vehicle. Julia Bath said "*I could get up and go when I felt like it, and I loved to drive. The thing is that you can go where you like and my car was never empty*, [meaning she always took others with her to events and activities.]

Reasons for Driving Cessation

Reasons for driving cessation provided by the participants are provided in Table 2 with the relevancy of each of the reasons for each of the participants noted. There were four primary and often related reasons that the women stopped driving: 1) health factors, 2) a doctor ordered them to stop driving, 3) family members pressured them into relinquishing their driver's license and 4) the women's own decision to cease driving. Many stopped driving because of a combination of these factors.

Health factors.

Although health factors were the primary reason quoted by six participants (55%) as their reason to stop driving, other factors contributed to their decision. For two women (18%) a combination of health factors and family pressure were primary factors and of equal importance; for two other women (18%) the doctor's order to cease driving was

primary and health was a contributing factor. Four had health problems but were also ordered by their doctor to stop driving; two had a primary combination of health problems and family pressure. Of the two who did not say they had health problems, one stopped driving because of family pressure and the other decided on her own to stop driving.

Francine Foss, had stopped driving because of a heart attack and did not indicate experiencing difficulties. Instead she did some planning which involved keeping her car and hiring someone else to drive. This arrangement not only enabled her to continue most of her pervious activities, but gave her a sense of being in control. She talked about being pleased with her decision to keep her car and the pleasure of being able to look out and see her car in the yard. The health problems included stroke, heart condition, and medication which the participant thought affected her thinking process. For some of the women who stopped driving because of both health problems and family pressure, driving cessation related more to the limitations resulting from their health rather than from their inability to drive. The women in this situation kept referring to their health as the reason for not driving, Gloria described it this way "*It's not only the giving up driving, it's not being able to do the things, you see. If I could drive, I still couldn't do it because I don't have my health.*"

Family pressure.

Three participants stopped driving primarily or partly because of pressure from family members. Caroline Swithin described family pressure in this way:

> *The doctor didn't say I had to stop, just the kids. They all would take turns going in with me [to the doctor appointments] to make sure I didn't say anything like 'tell them I can drive' ... because they just wanted to make sure that I got that* [the

message that she could not drive] *into my thick head – they just wanted to make sure I had that* [no driving message].

Katie Ackart illustrated the family influence in her decision to cease driving when she said:

> *I was told I could get my license back if the doctor gave me a clearance but I never even asked her to do so. My daughter does not want me to drive anymore in case I get into an accident or something and it might be my fault.*

In one situation, children took every opportunity to convince their mother that she should give up driving, including making her feel guilty by suggesting that she might get into an accident and hurt or kill someone. Other families used the 'do it for me' scenario, or practiced close family surveillance. To provide more assurance that his mother would not drive again, one son tried to convince her to return her license to the highway safety office, but she refused saying she wanted to keep her license for identification purposes. Helena Chittenden said *"There was no crisis or anything I just have vision in one eye and with the increase in traffic and my family urging me to give it up ... the more pressure I got, the quicker I gave it up."*

Doctor's order.

Three women ceased driving primarily because their doctor ordered them to stop; they experienced mixed feelings. Denise Paddock and Julia Bath were somewhat compliant and accepting of their circumstances. Mrs. Paddock said she was disappointed but "*looked at it [*driving cessation*] as my cross I guess. I am not going to be able to drive and that's it.*" Mrs. Bath did some post-driving cessation planning which appeared to lessen the negative impact of driving cessation for her. Moreover, she had only stopped

driving two months before the interview; and it is possible that she had not yet experienced the long-term effects of being a non-driver.

Beth Truan also stopped driving because of a doctor's order, but she was still experiencing difficulties accepting her situation. She spoke about not getting to visit friends, not being able to attend wakes and funerals and about the difficulty of asking family to do things. The impact of driving cessation was different for each of these women and their living circumstances varied. Mrs. Paddock lived in the city, was within walking distance of doctors, dentists and other services. She also had a number of family members and several friends who took her shopping and to social events. Mrs. Bath also had a number of family members and friends who could take her shopping or to social events and she used a taxi quite frequently. Mrs. Truan lived in the country, was not within walking distance of any service, and had very few family members or friends to provide transportation, plus there was no bus service and a taxi was too expensive.

Own decision.

Abigail Yule, Evaline Gilly, Gloria Dixie and Iris Bliss decided on their own to stop driving. Abigail Yule stopped driving because she became uncomfortable behind the wheel. She felt reverse pressure from her family who questioned the validity of her plans to stop driving and advised her not to give up her car. One out-of-province family member even suggested that having the use of her mother's car would be cheaper than having to rent one when she came home to visit. In spite of family questions about the feasibility of her driving cessation decision, Mrs. Yule had already made her plans and was prepared to stick to them. She said the driving cessation discussion with her family members was to inform them of her decision, not to get permission from them to make the decision. Mrs.

Gilly stopped because she used a walker and could not comfortably get her walker into the car and her health was getting worse. Mrs. Dixie said the decision to stop driving was hers and her daughters but her own health was the major factor in her decision making. Mrs. Bliss stopped driving because she said occasionally she was "a little bit disoriented" about where she was when driving, but the final decision came when she had a minor accident which resulted in putting her car out of action. Although these women decided on their own to stop driving, the decision was not without negative consequences.

Impact of Driving Cessation

Needs versus wants.

The results of this study indicate an important distinction between the ability of the women to continue to participate in activities that they need to do versus their ability to participate in activities that they want to do. The need activities included doctor's appointments, getting medications, grocery shopping, and paying bills and other errands. The want activities included visiting with family and friends, going to wakes and funerals or other milestone events, visiting the cemetery, visiting a former home community, or simply going for a drive. Social activities appeared to be a combination of needs and wants and were mostly responded to by friends. All of the participants identified a difference between needing to do something and wanting to do something. They felt confident of their needs being met, but did not feel as confident that their wants were being met. When asked, the women quickly identified a difference between wants and needs and in some cases gave examples such as wanting to visit their children's home or wanting to visit an elderly aunt whom they had not seen since they stopped driving. They

did not appear to feel entitled to having their wants met; instead they seemed to be of the opinion that doing the things they wanted to do was an extravagance.

The results from the interviews indicated that the participants and their families placed a high priority on continuing to attend activities outside the home related to their physical or life sustaining needs, such as getting to medical appointments, obtaining their medication, shopping for groceries, banking, and other personal errands. Most went to medical appointments with family members, most often with a daughter or a daughter-in-law. When family members were not available, the women used other transport options to get to medical appointments: walking, taking a taxi, a neighbour driving, paid care worker, or paid driver. The same applied to grocery shopping; often it was a daughter who did the shopping when it fit into her own schedule which was usually in the evening or on weekends. The women themselves did not automatically participate in grocery shopping.

It was clear that there was lesser priority, or even no priority, placed on participating in things that the women "wanted" to do. Abigail Yule said:

> *I'm more likely to be doing what I need to do, not what I want to do – which is a good thing because you're not out running around not spending money... I often think I should go into Sobey's and look around to see what they've got on sale and then I'll say, "Why, you don't need anything".*

The participants included social activities such as going to card parties, dinners, luncheons, cultural events, musical entertainment, theatre, events their grand or great grandchildren were involved with, line dancing, senior and other group meetings, and church. Some also included volunteer work such as the Let Older Volunteers Educate (LOVE) project in the schools, playing the piano or offering other types of entertainment

in nursing homes, volunteering at the hospital, and serving on committees or boards. The majority said they did not go to any or many social events. Gloria Dixon said "*When there's birthday parties and Women's Institute and seniors parties and all those Christmas parties and concerts, that's when I, oh, I wish I could go – but I can't go*" For those who did attend social activities, they primarily went with friends or family members who were also attending the event. Many of the women talked about not being able to continue participating in social activities as having a negative influence on them. As Mrs. Truan declared when talking about not getting out to social events:

> *I miss all those pleasant times, I knew so many people. Instead, I try to accept it and make the best of every day... I keep busy, you know, I'm outdoors and I have flowers and a garden.... I watch the news and then I go to bed at 8:30 because what's the point in staying up.*

The participants felt deprived of social involvement, which diminished their quality of life and left them without ways to participate in and support their community, or to retain their active and meaningful role in that community. Gloria Dixie summed it up by saying "*It will be two years in October. I can't even get to church ... those were the things, you see I was really active all my life."*

In addition to social activities, the participants had major changes in their ability to visit family members and friends after they stopped driving. Since driving cessation, the women feel stuck and confined to their home. There was sadness in their voices as they talked about not being able to visit with family and friends or to participate in milestone events. It was as though an important piece of their life was missing and they were powerless to change the situation. For many older women, in this province, going to

funerals and wakes are important cultural events. They described the wake as a time to pay respects to the departed and give comfort to the bereaved family. Funerals play an important role in the grief process, serve to honour the deceased, and help the survivors cope with the loss. As Mrs. Truan said:

> *There's lots of times there are wakes and funerals that I would like to go to but I can't, and I don't expect to be calling people to take me there. Of course I'm not in a position to take a taxi to everything I want to go to or that I would like to go to, so you just say, well I guess I can't go and I stay home.*

Others noted that they did not attend as many wakes and funerals as they would if they were still driving, but would manage to attend certain ones. For example, Denise Paddock said:

> *If I really needed to go I'd make sure someone took me, but just wanting to go, as I said I'd kind of like to go to this wake you know but I am not going to call somebody to take me. Therefore, if I need it I can always get it. I think that about wakes and funerals. I'd like to go, but I don't need to go. Now if it was a close friend or something, I'd make sure I got there. However, if it's just an acquaintance, I wouldn't call someone to take me. Nevertheless, I'd go if I had my car.*

Mrs. Dixon, when talking about her lack of ability to socialize, said *"I miss out on all the weddings, wakes, funerals and parties... my husband and I went dancing every week and I miss tho*se."

The same applies to family members and friends. Some indicated that they were not able to visit with their children, although their children came to visit them. Several women

talked about having to visit by telephone instead of visiting in person. Mrs. Truan described it as follows:

> *Now there's the problem, you know you don't get to visit much ... since I stopped driving, I haven't got to see my cousin or sister-in-law, you know things like that, but there's always the telephone.... It's ages since I went visiting, not since I lost my license.*

Evaline Gilly explained her situation this way:

> *My daughter comes on Saturday she brings my groceries, but I have a whole slew of them* [family members] *you know... Another daughter just had her second knee done for the second time and she is in bad shape. I can't get into any of their homes... because I can't get up the steps.*

Others identified not being able to attend other types of milestones, such as weddings as Beth Truan said:

> *I'm not going to bother my family and say listen I want to go to something. Probably a function that is going on or relatives getting married or something like that, and I'd like to be there and this other part of the family is not invited so you can't say take me. Therefore, I just have to send a card and a gift and say sorry I wish I were there. Oh well, that's all you can do and that's happened to me a lot of times.*

In addition, the women talked about wishing to visit cemeteries, to visit departed family Members' graves, or to plant flowers, but their ability to do this, is severely impaired, because they are unable to drive. The desire to connect to earlier parts of their lives was evident when they talked about wanting to go to their home community,

meaning either the community they were born in or where they and their spouse had raised their family. Mrs. Truan again articulated her feelings as she talked about her situation she said *"There are lots of times I'd like to go where my people used to live, their cemetery, those little things. They are important to me, but maybe not to anyone else, so I don't ask them to take me.*

One similarity between the things that women needed to do and wanted to do was that they did not like asking someone to take them. They explained that in most cases, their family members either worked and/or had younger children who needed their attention. Iris Bliss summed her situation up by saying *"Well I guess I always liked to be pretty independent and I have to give up some of that and realize if I want to do something I have to ask somebody."* They hated to ask and said they felt like they were a nuisance. This same feeling also extended to friends and neighbours. For some women, even if they needed someone to drive them to do a necessary task, it was not always easy to have to ask for help. Evaline Gilly said:

> *The needing to go means you have to ask someone* [whispers, I hate asking]. *People say all you have to do is ask. Well I know all you have to do is ask but I was never you see, I was always too independent. I took care of myself and everybody else and asking was not something I did, and I find it very difficult, I really do.*

The women suggested that instead of having to ask, if other people were going to social events, wakes or funerals, it would be nice if they would invite the older women, especially those who no longer drive, to join them.

Perseveration of Self Worth

For the participant being able to drive was a major resource to maintain self esteem, self worth, and community connections. When they lost their ability to drive, they lost their independence and social connections unless they had family and friends to depend on or could make an effort in other ways to stay in touch. Some of the women initially focused on the fact that they could not drive and could not see what they could be doing to contribute to, or to maintain self worth and a meaningful role in the community. However, when talking about counting your blessings, Mrs. Truan clearly described maintaining a role in her community and contributing to others.

> *I like to be independent but when you get to a certain age and you lose some of your faculties such as my vision... well there's nothing more you can do only just accept it. There's a lot of people worse of than I am ... they are sitting around the wall in some of these nursing homes. I go there to entertain, I sing with my son and play the piano ... when I come out I think to myself boy am I ever lucky, I don't drive a car but at least I can do a lot of things.*

Evaline Gilly, on the other hand described her self worth as a driver, "*I started to play cards* [after her husband died] *and then I found out there were a whole lot of people there who didn't have cars. So I was the taxi ... the designated driver.*" She was able to use her driving ability and felt useful and needed, and was enjoying the contributions she was able to make. Some of the women interviewed did not seek support and fell into a daily routine that caused them to spend a lot of time alone. Gloria Dixie was in this situation and when talking about her change in participation said there was *"a bit* [meaning change in participation], *but I don't seem to mind, something else takes over."*

She talked about her out-of-home activities such as taking her dog for a walk and going to her son's home each night to sleep. Mrs. Dixie lives in her own home during the day and each evening walks a short distance to sleep at her son's house.

Consequences of the loss of social connections resulted in the women not having the ability to share their talents and skills through volunteering, and not being able to maintain personal connections with confidantes who often served as a sounding board for discussing and exploring problems and concerns. The importance of personal connection was evident as Beth Truan described her situation:

> *The impact of giving up driving was painfully disturbing but then again you have to accept those things... if you don't accept it you are going to end up with a personality that you hate everybody and that doesn't go over very well because you have to have a friend that you can sit down and talk to. If you keep complaining to them they'll not come back.*

The lack of socializing opportunities can take its toll and the increasing isolation appears to affect quality of life as Mrs. Truan described it:

> *I used to go to card games, and I went to different things like dinners, festive events, and there was always some festive event going on. But I can't go to those now...I miss all those pleasant times.*

Maintaining self worth can also be attributed to opportunities to share talents and skills and use volunteer skills in the community all of which helped maintain these women's role and status. As Francine Foss said:

I'd go to nursing homes and play the piano for residents, I'd play in the church, and I used to be in the LOVE program at Stratford and now that I can't drive my car I've got to stay home... I miss the children, I loved every day of it.

Following driving cessation, some of the women developed different methods to maintain self-worth and this included substituting in-home activities for out-of-home activities. This helped older women to continue participating in meaningful activities to maintain their self-worth and dignity because they were still able to contribute to their family. Gloria Dixie did not use the words 'contributions to the family' but she was talking about the fact that she can still do her part by saying, *"I knit and crochet, and do the patching, anything I can do sitting down."* Others talked about baking and sharing it with family members who are busy. Other women seemed to focus on maintaining their self-worth or dignity by not being a nuisance and made sure they organized their needs so they would not have to ask their family member to take them shopping or elsewhere any more than necessary. As Helena Chittenden said when talking about errends said, *"I save them up, and then my daughter will take me one afternoon, or one morning and we'll get them done that way."*

Dancing to Someone Else's Drum

A barrier the women talked about was the necessity of doing things on someone else's time schedule; they had to dance to someone else's drum every time they wanted to do anything. They commented on having to do things on another person's schedule not their own. This included family members' work schedules and free time, missing appointments because family had unexpected work commitments, the grandchildren's activities needed to take priority, people not coming on time or forgetting they had

promised to come, and having long waits for taxis to arrive. As Abigail Yule said, *"I mean people are glad to take you, but it's on their own time. I may be ready with my coat on waiting, for a long time, for someone to come down to start the car."* Most of the women talked about the frustrations of not being able to do things they want, and the exasperation of shopping when dependent on others, not wanting to waste their time and feeling you are imposing on their time. As Denise Paddock said, *"When you have somebody with you, you don't waste their time and you're not enjoying it that much anyway."* Caroline Swithin raised this concern too.

> *I've made friends with most of the people in most of the stores and I just love going to see them. When I have to go to the drug store, I'll have to ask "can we just go into a couple of stores where I might say hello to the girls and they* [meaning her family] *usually don't mind, they have never said no Mother. Still you have the feeling that they'd like to be home doing something else.*

For Katie Ackart dancing to someone else's drum was the way she had to organize her appointments or schedules, She has *"to make sure my appointments are at a certain time and I have to book them ahead and let them* [family] *know ahead of time."*

The opportunity to act spontaneously is gone and they try to look on the bright side and Evaline Gilly's sentiments when she discussed having to give up driving, rings true for most of the women interviewed, *"It has been rough ... it has been terrible, anybody who has had to do it will tell you the same thing... if they don't, they're lying."*

Mobility Options

Regardless of the impact of driving cessation, when trying to cope with being a non-driver, all activities are a challenge. The most difficult areas are continued participation in

community activities and staying connected with family and friends. As Table 4 illustrates mobility is organized according to activity and how the participant was able to accomplish that activity. The activities included medical appointments, getting groceries or attending to errands, attending social events and visiting with family and friends. Medical appointments also included obtaining their medication, shopping included groceries, and other errands such as paying bills, hair appointments, shopping for clothing, etc.. Common social activities were church, meetings, dances, card-playing, going to dinners and luncheons, and attending grandchildren events. For some of the women, they included participating in volunteer activities, taking courses, or attending theatre or movies. Many women wished to visit the homes of family members and friends, go for drives, attend special events such as funerals, wakes, or weddings, visit a family cemetery or a home community.

In other words, how they accomplished doing the things they 'want to' versus the things they 'need to'. Table 4 shows how participants responded when they were asked how they got to medical appointments, how they did their shopping, how they got to social activities and how they got to visit with family and friends, or to do other things they wanted to do.

Table 4: Mobility Options by Activity (n = 11)

Mobility Options	Medical	Shopping	Social	Visiting
Family	6	8	3	1
Friends	1	2	5	
Taxi	1	1		
Bus				
Paid Drivers	3	3		2
Walking	2	1	1	
Does Not Go			4	9

Note. Several women used a variety of mobility options to participate in the activities they wanted or needed to so the numbers do not add up to 11

As illustrated in Table 4, family members provided most of the mobility for medical needs and shopping while friends provide mobility for social events. These women did not seem to have available, or else did not use, any of the listed mobility options for visiting their family members.

For most of the women, the level of participation in out-of-home activities diminished sharply after driving cessation. Even their ability to go keep medical appointments and accomplish their shopping was limited. The figures in Table 4 do not show that sometimes the women had to postpone a medical appointment because the family member that was going to take them was not able to get the time off, or something else came up. The same was true of the shopping and errands. Family members provided most of the mobility to make sure the women got what they needed, but it was on their own time and the women did not necessarily participate in the activity. Instead, the family member would do the shopping and just drop it off.

Friends were the most frequent mobility option when it came to attending social events such as card parties, seniors meetings, or attending a movie, but four of the women indicated that they did not get to social events. Nine of the eleven women stated they did not visit family and friends, or participate in activities related to their previously identified 'want' activities. But two did indicate that a family member or prearranged transportation could facilitate visits. Only one woman, Francine Foss, said that she visited when she wanted; she could do that because she had paid drivers who used her car to take her wherever she wanted to go.

Similar issues arose for the women who did not get to social events or to visit family and friends. These included having family only to rely on and having no amenities in their area. Caroline Swithin indicated that she doesn't visit family and friends because she never did visit even when she drove. Other women appeared compliant and did not specify any wants or needs for themselves. This compliancy was illustrated by Helena Chittenden. When she talked about driving cessation and its impact, she said, "*Well it happened. I'm all past that now .... I guess it stands to reason that you will have to give it up sometime."*

Most of the women clearly experienced driving cessation as a loss of independence. They missed the self-determination of coming and going when they wanted to. Most of the women depended on family and friends for mobility, and although they appreciated this support, they hesitated to ask for help unless it was for a basic need or something very important.

When discussing viable mobility options to maintain their lifestyle, reactions varied. Some discussed the pros and cons of the current bus system, some wished for a transit

system, and some felt there were no options they could use. Others were happy with what they had and one suggested the only option was her own car.

Although only two of the women ever tried the bus, more than half suggested that a bus system would help them maintain their lifestyle, but there were concerns about the lack of availability, accessibility, acceptability, adaptability and affordability, the 5 A's of Senior Friendly Transportation (The Beverly Foundation, 2001). Julia Bath summed up her needs by saying *"A regular bus service coming closer to the building, something easy to get on and off because I need a hand rail to get on and off".*

Abigail Yule was concerned about safety and explained her situation by suggesting she would like, *"having the bus stop closer, because walking is dangerous".* There was a concern about the bus not running frequently enough and a belief that because of the scheduling they would have to put aside too much of their day to attend events at the Seniors Centre or to go to medical appointments. Because most of the women had had no experience with public transportation, there were also concerns about not knowing how to use the transit system and wishing there were opportunities to learn how to use the bus and how to understand the schedule.

Location had an impact on mobility. Some women lived in the country and did not have any mobility options except family members or friends. One suggested that a transit system would help because she could budget both her time and resources. She pointed out that a taxi from her place in the country is too expensive. Some felt an accessible, affordable bus system would enable them to visit people in the hospital or in long-term care facilities. Two were quite happy with their current arrangements and did not see the need for any change. Helena Chittenden was very enthusiastic about her situation and said

"I'm happy, I'm very happy with it, well I'm pretty happy with what I have – I really am. I'm very happy." She would like to see a bus, but said, *"It's hard to get used to public transportation when you never had it."* Some had health problems that were restrictive and could only participate in out-of-home activities with help from family members.

As discussed earlier, one finding was that the type of transportation used to participate in activities depended on the type of activity. If the activity was going to medical appointments, the majority of women (n = 6) depended on their family, three hired someone, one took a taxi and two walked. For errands, the majority (n = 8) depended on family, two hired someone to take them on errands and one walked. But when it came to social activities, the dependence shifted to friends with five going with friends and three depending on family. However, four stated that they did not get out to social activities at all. The process of visiting family and friends presented a very different picture. Eight said they did not visit family or friends; two rarely had the opportunity to visit and one, visited family and friends on a regular basis. When asked about mobility options, the participant who said she visited family and friends on a regular basis said,

> *Oh yes I do, I don't know if they want to see me or not when I come, I hope so. I like to visit and help others. I always did. I also go to funerals and wakes... I feel happy I kept that car. My drivers take me everywhere I want to go. I just phone and say what I want to do and he says I'll be right there.*

The automobile, taxi, walking, fixed route public transit, and transportation for persons with disabilities, are the only forms of mobility most of these older women were familiar with. The fixed route bus system is available only in the city, is relatively recent and a new concept to most of the women. For some, using the bus was out of the question

because of their health problems; others do not live in an area serviced by the bus, or it did not go where and when they wanted to go; and only two women have tried using the bus, but found it was inconvenient, and did not fit their needs. They pointed out that there is a great need for improvement if the system is going to respond to the mobility needs of older adults. Although five suggested that the bus system could be the type of mobility option that would allow them to continue their current lifestyle, they were not using it. The main reasons given for not using the bus system were they had never used public transit, they did not know where to get the bus, or they did not know how to use the schedule. Some talked about the bus not meeting their needs and spoke about the need for more frequent service, stops in areas where seniors gather, difficulty with physical access, and inconveniences such as location of pick up and drop off areas, and lack of attention to the needs of the older population.

Because of the mostly positive experiences that the women had while they were drivers, it is not surprising that having to relinquish their driving was seen as a traumatic event for many and many experienced some difficulty accepting their situation. They admitted to shedding a lot of tears. Beth Truan described her feelings this way, *"Well I had Niagara Falls for about two weeks, and I finally decided tears are not going to bring back anything, so I'll have to do the best I can."* The feelings about being a non-driver varied; they talked about giving up driving as being painfully disturbing, having nothing left, not being able to do things on an impulse and not being able to go like they used to. Evaline Gilly described her situation as *"I did a lot of crying on my own and then I would sit down and I would count my blessings."* Others like Helena Chittenden described it this way *"I just depend on others. You can't imagine how you depend on others."* Iris Bliss

summed it up this way *"I always liked to be pretty independent and I have to give up some of that and realize if I want to do something I have to ask somebody."*

As the women tried to accept being non-drivers, they talked about it as "being their cross" or "having to accept those things." As Beth Truan said:

> *It's something I really have to be very sensible about because I'm not getting any younger, and I feel I have to make the best of the few days I have left, when you get to be 88, 89 in the not- too-distant future, what are you going to do? Sit home and sob? You gotta really face the music and say well this is what you have to do to keep mobile and try to be cheerful.*

On the other hand, Helena Chittenden, who was more compliant, said

> *Well it might take about six months or so, I'm not sure about that, it may have taken longer. I guess it stands to reason that you will have to give it up sometime...you will do anything for your family.*

Some of the women lacked a sense of entitlement and tried to justify their situation of not being able to participate in things they wanted or needed to, by talking about having to count their blessings or pointing out that others were worse off than themselves. Instead of insuring that their transportation needs and wants were being met, they worried about being a nuisance and a burden. They pointed out that their children had their own responsibilities that they were busy, and they would not ask them for drives unless it was an absolute necessity.

The women who experienced the least difficulty in participating in out-of-home activities had a larger range of mobility options available or had made arrangements that provided them with more control. They had more family members close by, a larger circle

of friends who regularly picked them up for various social events, or paid home helpers who were available to take them when and where they wanted. One woman had paid drivers to drive her car, and she was able to continue with most of her volunteer work as well as social activities and visiting family and friends. Caroline Swithin described her experience and the importance of choices.

> *My church is just across the road, and I can take my walker and go over, and my rug hooking group meets every Wednesday, and one of the girls just automatically comes for me ... and if there is anything special going on ... they'll simply include me and come for me. And I have a housekeeper or home helper, and whenever I want to go I call her ... she'll take me anywhere and will go anywhere with me, no problems, she's just like one of the family.*

Location was an important variable for mobility options. Some of the women lived near amenities and were able to meet some of their needs by walking. Others lived in the country and were isolated if they did not have family, friends, or neighbours to provide mobility.

Strategies to Facilitate a Positive Transition to Driving Cessation

The majority of women (n = 8) did not plan for driving cessation, because they did not think they would ever be non-drivers. As Iris Bliss said

> *I did not plan because I never though that day would ever come, I suppose I thought vaguely that it would happen sometime, but I always thought he would have to stop first because he is 87 and I'm only 83.*

The women talked about not thinking it would happen to them and as Beth Truan said, *"I thought I was good forever."* Some suggested that you don't plan because you don't

think about it and that you take so much for granted. Other women found themselves non drivers because of an illness that required hospitalization. As Francine Foss said, "*I never thought about it until I realized I that I couldn't do it, you come out of the hospital and the main thing is to get your feet under you and walk a bit and do those things.*" Helena Chittenden did not plan because she was not planning to stop driving any time soon, but was receiving a lot of pressure from her family. *"I did not plan, I thought about it, but didn't plan anything. The more pressure I got the quicker I gave it up."*

Three did some planning for their mobility needs, one before driving cessation and two after. Francine Foss did her planning after driving cessation and did so because she was an active driver until she had a heart attack. Her plan was to keep her car and hire neighbours to drive for her. She was pleased with her decision and indicated that having her car in the driveway provided her with a sense of comfort and independence. With this arrangement, she was able to continue the activities she enjoyed prior to driving cessation and was even able to continue some of her volunteer activities. After the doctor told her she had to stop driving, Julia Bath and her daughter investigated the cost of taxis and found one that offered a better rate for long-term service, so she made a deposit with that company for taxi service. Now when she uses the taxi, she does not have to pay each time, and that eliminates her feeling that she is being careless with her money. She indicated that she never paid attention or noticed the money she spent on her car but she noticed the cost of a taxi and the deposit made it easier to use a taxi because she did not have to pay each time. Although she had a circle of driving friends and family members who were willing to drive her when needed, she also wanted to be independent. Abigail Yule, the only person who planned prior to driving cessation, made transportation arrangements

with her brother and sold him her car at a reduced price, set a date for the transfer of the car keys, informed her family of her decision, and became a non-driver on the set date. She was very happy with her decision and, with a combination of mobility options, continued to participate in most of the activities she enjoyed prior to driving cessation. These three women portrayed a sense of pride in actively taking control of their lives without intervention from others and seemed to find it easier to adapt to their new lifestyle as a non-driver, perhaps because they actively were involved in their non-driving decisions.

Few of the women had any direct suggestions for strategies to facilitate a positive transition to driving cessation. None of them knew about any programs to help people who are considering giving up driving and only three did any planning for driving cessation. However, some provided insights into the situation of being a non-driver by recognizing the need for a program which would support planning for the transition. The need for some form of planning assistance was reflected by Francine Foss who said, *"Planning for driving cessation programs would be good because you would be thinking about it for awhile and then if you went and got information on the pros and cons of your alternatives, it would be good."* They did not know of any programs to help people who were contemplating driving cessation, and as a result, some did not think such a program would help them.

The participants provided a number of insights into the concept of a planning for driving cessation program. Some felt a program could help by stimulating thinking which might initiate some planning ideas. Some talked about lack of knowledge about the current transit system and suggested that a program on how to use it would be beneficial

for many. Evaline Gilly suggested "*You kinda have to plan and do it gradually, do it gradually and get yourself accustomed and have your car there until you know you are no longer going to drive anymore.*" As mentioned earlier Francine Foss kept her car and hired neighbours to drive her, *"It was the best thing I ever did, it made me feel secure."*Although her planning did not occur until after she stopped driving, it still provided her with a sense of control. As she reflected on the possibility of a program designed to facilitate a positive transition to becoming a non-driver she said *"I might have done some planning, if there were such a program, I would have attended, I took drivers education, I enjoyed that, it was good."* Mrs. Chittenden said she had no strategies. She knew driving cessation was coming but she did not initiate any plans or strategies. She appeared ambivalent in her responses and said, *"I knew my family would take care of me and they really surprised me – they are right there."* It would seem that all of the women depended on family and friends for their mobility and not many questioned the need for or had suggestions for senior friendly transportation options.

Chapter 6: Discussion

In general, the women in this study experienced a negative impact on their lives as a result of driving cessation. Issues of self-worth, entitlement, loss of independence and loss of spontaneity emerged from the data. Other researchers have found similar results following driving cessation (Adler & Rottunda, 2006; Bauer et al., 2003; Burkhardt et al., 1996; Gilhooley et al., 2002; Marottoli et al., 2000; Shope, 2003; Yassuda et al., 1997). However, the qualitative methodology utilized allowed for the expansion of our knowledge on the experiences of these women, how they cope, and how this knowledge can be used to educate, to inform policy, and to develop appropriate services.

Wants and Needs

An important finding from this study is the distinct difference in the approach of the women and their families in fulfilling the 'wants' versus the 'needs' of the older women. The 'needs' are activities necessary for life-maintenance such as medical care, medications, nutrition, clothing and financial management. The 'wants' are activities that provide quality of life and life satisfaction.

The women, and their families, placed a higher priority on attending to activities related to the life-maintenance activities such as medical appointments, grocery shopping, or banking. These activities related to continued attendance in activities outside the home relating to their physical needs and organized social activities. Quality of life events such as visiting family and friends, pleasure drives to see the fall colours or visits to a loved one's grave received a lesser priority. Attending to these social wants, had a lesser priority and was primarily viewed by the woman as an extravagance. This resulted in a negative

impact on the women and on their ability to play an active and meaningful role in their communities. Well being and quality of life for older women depends on both their 'needs' and 'wants' being met. These include opportunities for recreation, social interaction with family and friends, ability to participate in milestone events such as wakes, funerals, and weddings. Essentially, these wants are linked to the women being able to maintain a meaningful role in their families, social networks, and communities. The results clearly indicate that driving cessation can lead to social isolation and a diminished quality of life. Although others researchers have identified similar results following driving cessation (Harrison & Ragland, 2003; Marottoli et al., 2000), the importance of continued participation in social activities is not well recognized. Keefe, Fancey and Hall (2006) emphasized that social integration and the participation of older adults in society are often considered indicators of healthy aging and healthy communities.

This distinction between the older women's ability to continue participating in activities they 'need' to do versus their ability to participate in the activities that they 'want' to do, has received little research attention. Interestingly, other researchers have noted a similar distinction in activities following driving cessation. Sometimes, however, the terminology used to describe the 'wants', such as non-essential travel or discretionary travel reinforces the impression that social activities are not vital (Bauer & Rottunda, 2003; Davey, 2007; Harrison & Ragland, 2003).

For example, Carp's (1988) definition of higher order needs includes the need for relaxation, pleasure, and spiritual fulfillment. She recognizes a tendency to downplay these needs although they are necessary in order to have a high quality of life. Greater

attention needs to be paid in the future to language and the importance placed on various types of activities older adults participate in following driving cessation.

Facilitators and Barriers to Mobility Following Driving Cessation

The women identified several barriers to mobility following driving cessation. In particular, the women preferred to be invited and did not wish to ask for drives to participate in activities such as going for a drive in the country or visiting a friend or family member in their home, or having a browse in a store. They did not feel that they were entitled to impose on others to satisfy their wants. One option some of the women suggested to reduce the impact of driving cessation was that instead of having to ask for a drive, if family or friends were going to social events, wakes or funerals, it would be nice if they would ask older women, especially those who no longer drive, to join them. This articulates the importance the older women placed on participating in the activities they saw as important but verbalizes their discomfort in having to ask for drive.

In addition to not wishing to ask for a drive, some older adults may not have anyone they could ask for a drive. In essence, family members and friends may not always have the capacity to provide all the necessary transportation. For example, Stone and Rosenthal (1996) identified that aging for some can result in a small friendship-poor and socially isolated network type. Their work highlights the importance of enabling older adults to maintain existing connections with long-standing confidants, friends and family as well as with opportunities to build new connections. In addition, services are especially needed for those who do not have access to family and friends to provide transportation.

Dobbs and Strain (2008) identified the importance of mobility for older adults. They argue that developing adequate mobility options is necessary to ensure that older adults

have access to what they need to maintain or improve their quality of life following driving cessation. However, this cohort of women, raised in a tradition of independence and self-sufficiency, is not likely to demand that needs and wants are met from either family and friends or the public sector. Some described their situation as 'the price you pay for growing older'. Others referred to their mobility limitations as 'being their cross to bear' or 'having to accept those things'. Some tried to justify the loss of spontaneity and independence by counting their blessings and pointing out that others were worse off than themselves.

Expanded transportation options can help, but the results indicate that these options need to have certain characteristics, such as increased frequency, accessibility, and availability. In general, if public transportation is more senior friendly, this would help to remove some of the barriers for older adults to use the system. It is clear from the women's responses that no single mobility option will meet the needs of all older adults following driving cessation.

Planning For and Coping With Driving Cessation

The women identified some viable options to help them cope with the loss of mobility, and they described practical strategies that could facilitate a positive transition to driving cessation. The women who appeared to experience the least difficulty in participating in out-of-home activities had a larger variety of mobility options available or had made arrangements that provided them with more control. They had more family members close by, a larger circle of friends who regularly picked them up for various social events, or had paid home helpers or other paid drivers who were available to take them when and where they wanted. Even if they did not plan ahead, some women were

very creative in their mobility solutions by hiring others to drive their car and by making a deposit with the taxi company to mitigate the necessity of having to pay the driver for every trip.

Most of the women in this study did not plan or prepare for driving cessation, and this is consistent with the findings of other researchers (Bauer & Rottunda, 2003; Kostyniuk & Shope, 2003; Whitehead et al., 2006; Yassuda et al., 1997). Yet, the findings indicate that planning is very positive in adapting to driving cessation. In particular, the findings indicate that specialized educational support for older adults thinking about retiring from driving, or who involuntarily have to stop driving, would be beneficial in supporting older adults to prepare for new roles.

Whitehead and colleagues (2006) introduced the concept of 'graduating from driving,' which has a more positive connotation than 'giving up your driving license'. A proactive approach to driving cessation has received little serious attention, and to graduate from driving may help remove the stigma of being 'old and incompetent' which seems to be associated with giving up driving. Voluntary driving cessation could grant a degree of self-esteem and control and provide a sense of self-determination.

The women in the study did not know of any programs designed for those contemplating driving cessation, and in fact, there are no such programs located on PEI. Perhaps the lack of a planning program resulted in some of the women thinking that such a program would not help them. Others felt that a planning program could help by stimulating thinking, and might initiate some planning ideas. Such an educational program could include the impact of normal aging on driving and how to access existing services, such as accessing existing public transit services and other mobility options.

Implications for Policy, Services, and Research

The findings provided insight into the importance of developing transportation options to enhance the quality of life for older women and the need for resources to facilitate planning for and adjusting to driving cessation. Although the study cannot be generalized to the senior population at large, the findings do support the need for raising awareness of the impact of driving cessation on older adults and the importance of planning early for the day when they can no longer drive. Findings from this study provide a foundation for possible interventions designed to decrease the negative effects of being a non-driver. These could include improved services and resources to aid in planning, decision-making and support for the transition to non-driving and improved transportation services which take into account the needs and wants of older women.

The results of this study point to the need for further research. To effectively respond to the practical economic, social, and psychological consequences of driving cessation, research is required to initiate and support public policy decisions such as linkages to health care costs and the influence of mobility alternatives on driving cessation. To gain insight into the feasibility of alternative mobility usage, research is required to identify what type of mobility motivates older adults and their willingness to use alternative transportation options. To support the development and implementation of appropriate and effective mobility alternatives, research is essential to identify transportation gaps and best mobility practices.

This is the first study about women and the impact of driving cessation to be completed on PEI. Participants were drawn from urban and rural living situations and had diverse support systems. Their stories illuminate the experience of driving cessation in

PEI and help to raise awareness of the negative impact of driving cessation. Findings provide a basis for greater understanding of driving cessation, for advancing planning by women and their families, and for informing policy decisions.

Conclusion

The overall goal was to explore the impact of driving cessation on older women during their first two years of being a non-driver. Three research questions guided the study. 1) What is the impact of driving cessation on older women during the first two years of non-driving? 2) What are viable options to help reduce or cope with the loss of mobility? 3) What strategies can be put in place to facilitate a positive transition to driving cessation for older women? Face-to-face interviews with eleven women provided responses to the study questions. The strategy of inductive analysis allowed important themes to emerge without presupposing in advance what these might be. This was particularly useful to developing a greater understanding of the issues and challenges that older women faced following driving cessation.

The findings raise issues and concerns about the vulnerability of older women on PEI and the negative impact that driving cessation has on their quality of life. The results indicate that loss is an overarching theme, and it is evident in the women's inability to maintain contact with their extended family, friends, and their contemporaries with whom they shared common experiences and developed strong bonds over the years. The women's lack of ability to address their 'wants' or quality of life needs impacted on their capacity to maintain roles within their family and community, and contributed to their feeling of isolation. The women struggled to maintain a feeling of worthiness. They focused on the active contributions they could still make to their families and failed to

recognize the important role older women have as confidants, advisors or family heritage keepers.

The women experienced limited mobility opportunities and reluctance to ask their family members and friends for drives. They felt little sense of entitlement and deferred their needs and wants to the needs and wants of younger family members. Their stories indicate that driving cessation can adversely affect an older woman's health and well being, and they provide a starting point for further exploration. Using a feminist lens, further research could usefully explore the way in which society positions older adults, in particular older women, who have lost their ability to drive. There is a need to focus on underlying issues related to the silencing and sense of disempowerment of women who have learned to 'make do' or who view driving cessation as yet another 'price you pay for growing older'.

Further research could also broaden our collective understanding of transportation alternatives for older people. For example, if alternative transportation options were available, would the older women on PEI use them? What options are, or could be made, more senior-friendly? Participants spoke of the need for a bus service that was understandable, frequent, and accessible, but most of them had little experience of utilizing buses, and were unsure if they would use any bus service. Current transportation options are not meeting the needs of older women who have ceased driving, and not all women have family members who live close enough to assist with transportation. Beyond this, it is unrealistic to think that family members can meet every transportation need that arises. How can we as a society respond to these women's needs and what role should government play in filling this transportation gap?

This study indicates that driving cessation has a negative impact on older women and demonstrates that this negative impact is detrimental to their well being. The findings can be used to educate seniors, their family members, and their friends, so that they can better understand and prepare for driving cessation. In addition, the findings can inform the development of policy and services to better meet the current and future needs of older women, and to develop future research questions.

References

Adler, G., & Rottunda, S. (2006). Older adults' perspective on driving cessation. *Journal of Aging Studies, 20* (3), 227-234.

Alasia, A., Bollman, R., Parkins, J., & Reimer, B. (2008). An Index of Community Vulnerability: Conceptual Framework and Application to Population and Employment Changes, 1981 to 2001 (21-601-MIE-No.088). Ottawa, ON: Statistics Canada.

Atlantic Seniors Housing Research Alliance (n.d.). *On-line Community Profiles Model.* Retrieved October 30, 2008 from http://ashra.msvu.ca/community.htm

Bauer, M. J., Rottunda, S., & Adler, G. (2003). Older women and driving cessation. *Qualitative Social Work, 2*(3), 309-325.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77-101.

Burkhardt, J., Berger, A. M., & McGavock, A. T. (1996, October). The mobility consequences of the reduction or cessation of driving by older women. *Paper presented at the Women's Travel Issues Second National Conference, Baltimore, MD.*

Campbell, M. K., Bush, T. L., & Hale, W. E. (1993). Medical conditions associated with driving cessation in community-dwelling, ambulatory elders. *Journal of Gerontology: Social Sciences, 48*(4), S230–S234.

Carp, F. M. (1988). Significance of mobility for the well-being of the elderly. *Transition in an Aging Society*, (2), 1-20.

Chipman, M. L., Payne, J., & McDonough, P. (1998). To drive or not to drive: The influence of social factors on the decisions of older drivers. *Accident Analysis and Prevention,* 30, 299-304.

Davey, J. A. (2007). Older people and transport: Coping without a car. *Aging & Society, 27, 49-65.*

Dellinger, A. M., Sehgal, M., Sleet, D. A., & Barrett-Connor, E. (2001). Driving cessation: What older former drivers tell us. *Journal of the American Geriatrics Society,* 49(4), 431-435.

Dobbs, B., & Strain, L. (2008). Staying connected: Issues of mobility of older rural adults. In N. Keating (Ed.). *Rural Aging: A good place to grow old?* (pp. 87-95). Bristol, UK: Policy Press.

Federal/Provincial/Territorial Ministers Responsible for Seniors (2007). *Working Together for Seniors: A Toolkit to Promote Seniors Social Integration in Community Services, Programs and Policies.* Ottawa, ON: Author.

Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods, 5*(1), 1-11.

Gilhooly, M., Hamilton, K., O'Neill, M., Gow, J., Webster, N., Pike, F. (2002). *Transport and Ageing: Extending Quality of Life Via Public and Private Transport.* Economic and Social Research Council Society Today (L480254025). Swindon, UK.

Hakamies-Blomqvist, L. & Siren, A. (2003). Deconstructing a gender difference: Driving cessation and personal driving history of older women. *Journal of Safety Research, 34,* 83-388.

Hakamies-Blomqvist, L., & Wahlstroem, B. (1998). Deconstructing a gender difference: Driving cessation and personal driving history of older women. *Journal of Safety Research, 34, 383* - 388

Hall, M., & Havens, B. (1999). The effects of social isolation and loneliness on the health of older women. University of Manitoba, Department of Community Health Sciences.

Harrison, A., & Ragland, D. (2003). Consequences of driving reduction or cessation for older adults. *Transportation Research Record: Journal of the Transportation Research Board, 1843*, 96-104.

Horowitz, A., Boerner, K., & Reinhardt, J. P. (2002). Psychosocial aspects of driving transitions in elders with low vision, *Gerontechnology, 1*(4), 262-273.

Keefe, J., Andrew, M. Fancey, P., & Hall, M. (2006). *Final report: A profile of social isolation in Canada*. Mount Saint Vincent University.

Kostyniuk, L. P., & Shope, J. T. (1999). Choice of transportation mode among older drivers and former drivers. The University of Michigan Transportation Research Institute.

Kostyniuk, L. P., & Shope, J. T. (2003). Driving and alternatives: Older drivers in Michigan. *Journal of Safety Research*, 34(4), 407-414.

Liddle, J., McKenna, K., & Broome, K. (2004). Older Road Users: From Driving Cessation to Safe Transportation. *Australian Government Transport Safety Bureau.*

Lilley, S., & Campbell, J. M. (1999). *Shifting Sands: The Changing Shape of Atlantic Canada – Economic and demographic trends and their impacts on seniors*. Health Promotion and Programs Branch, Atlantic Regional Office, Health Canada.

Luborsky, M. R. (1994). The identification and analysis of themes and patterns. In J. F. Gubrium & A. Sankar (Eds.). *Qualitative methods in aging research* (pp. 189-210). Thousand Oaks, CA: Sage.

Marottoli, R. A., Mendes de Leon, C. F., Glass, T. A. Williams, C. S., Cooney, L. M. Jr., Berkman, L. F. (2000) Consequences of Driving Cessation Decreased Out-of-Home Activity Levels. *The Journals of Gerontology Series B:Psycological Sciences and Social Sciences 55: S334-S340.*

McKnight, J. A. (2003). The Freedom of the Open Road: Driving and Older Adults, *Generations*, XXVII(2), 25-31.

Patton, M. P. (2002). *Qualitative Research & Evaluation Methods*. Thousand Oaks, CA: Sage.

Ragland, D. R., & Satariano, W. A., & MacLeod, K. E. (2004). Reasons given by older people for limitation or avoidance of driving. *The Gerontologist, 44*, 237-244.

Shope, J. T. (2003). What does giving up driving mean to older drivers, and why is it so difficult? *The Mobile Elder Summer*, Vol XVII(2), 57-59.

Stone, L., & Rosenthal, C. (1996). Profiles of the social networks of Canada's elderly: An analysis of 1990 General Social Survey data. In H. Litwin (Ed.), *The social networks of older people: A cross-national analysis* (pp.77-97). Westport, CN: Praeger.

The Beverly Foundation (2001, June). *Supplemental Transportation Programs for Seniors*. Pasadena, CA: Author.

Turcotte, M. & Schellenberg, G. (2007). *A Portrait of Seniors in Canada, 2006* (Statistics Canada Catalogue No. 89-519-XIE). Ottawa, ON.

Whitehead, B. J, Howie, L., & Lovell, R. K. (2006). Older people's experience of driver licence cancellation: A phenomenological study. *Australian Occupational Therapy Journal*, *53*, 173-180.

Yassuda, M. S., Wilson, J. J. & von Mering, O. (1997). Driving cessation: The perspective of senior drivers, *Educational Gerontology, 23*(6), 526-538.

Appendix A:Letter of Information

My name is Olive Bryanton and I am conducting research on women over 70 who have given up driving in the past two years. The information collected from this study will be used in my thesis which is a component of my Masters of Education program at the University of Prince Edward Island.

If you agree to participate, the interview will take approximately 90 minutes and with your permission, I will audiotape the interview and also make notes during the interview. I will share the typed transcript with you to ensure I have recorded your information accurately and to correct any errors.

Please understand that participation in this research is completely voluntary and you are under no obligation to participate. If you do agree to participate, you have the right to stop your participation at any time, and you can refuse to answer any questions. There will be no negative consequence to you if you choose not to participate in this study.

Your participation in this research is confidential. The information that is collected will be protected under Canada's Privacy Act. All materials will be kept in a locked cabinet at 107 Dalton Hall at UPEI, and will be destroyed after 5 years. My research advisors, Dr. Lori Weeks and Dr. Jessie Lees, and I will be the only people having access to the information or the identity of the respondents.

If you have any concerns about this research, feel free to contact Dr. Lori Weeks at (902) 566-0528 or Dr. Jessie Lees (902) 894-9654 at any time. You can also contact me at (902) 566-0737.

Appendix B: Consent Form

I have read and understood the material in the information letter. I understand that my participation in this study is voluntary and that I have the freedom to withdraw at any time. I also have the freedom not to answer any question. I understand that the information will be confidential within the limits of the law. I understand that I can keep a copy of the signed and dated consent form. I understand that I can contact the UPEI Research Board at 902-566-0637 or by e-mail at lmacphee@upei.ca if I have any concerns about the ethical conduct of the study.

_____ _____

Signature Date

____ I do not wish to receive a copy of a summary of the study results.

____ I wish to receive a copy of a summary of the study results. My mailing address is:

_____

_____

Appendix C: Semi-Structured Interview Guide

1. Describe your past experiences of being a driver.
2. When did you stop driving?
3. When you gave up driving, how long had you been a driver?
4. Describe the reasons why you decided to give up driving.
5. What impact has giving up driving had on your life?
6. What activities do you no longer participate in as a result of not driving?
7. Describe the types of transportation you use to get to activities outside your home (i.e., medical appointments, social events, doing errands).
8. Has your participation in activities outside your home changed since you gave up driving? If so, describe.
9. What adjustments have you made in your life since giving up driving?
10. What is the worst thing about not driving your own car?
11. What is the best thing about not driving your own car?
12. If you had one wish today regarding transportation, what would that wish be?
13. What is your greatest fear for the future regarding transportation?
14. How great was your loss of mobility?
15. How do you deal with the struggle of no longer driving?
16. If you could make any changes in your life regarding transportation at the present time, what would you change?
17. What types of transportation would allow you to continue the lifestyle you had before giving up driving?

18. What type of transportation would you like to have available to you?

19. Do you use the current public transit system? If no, why not?

20. What type of planning did you do for the time when you might be unable to drive?

21. What strategies did you develop to meet your mobility needs if you were unable to drive?

22.. What advice do you have for others who are thinking about giving up driving?

23. Are you aware of any programs to help people who are considering giving up driving? If so, please describe them.

24. How would a 'planning for driving cessation program' have helped you make the transition from driver to non-driver?

25. Do you have any further advice or comments?

Appendix D: Background Questions

1. How long have you lived in this community?
2. Have you always lived here?
3. What is your marital status?
4. Do you live alone? If no, who do you live with?
5. Do you have any difficulties with activities of daily living (i.e. bathing, walking)? If yes, please describe.
6. Do you have any health problems? If yes, please describe.
7. How would you describe your health?
8. How would you describe your health compared to other people your age?
9. In what year were you born?
10. Do you have any difficulties paying for your living expenses? If yes, please describe.
11. Do you have the resources you need to participate in the things you want to? If no, please describe.
12. What educational level did you complete?