Background

Concerns over safety of older drivers have been raised due to increased crash involvement and vulnerability to crash injury. One in five crash fatalities are older Australians, and for every fatality there are many more serious injuries. However, concerns over safety need to be tempered by the fact that driving is an important means to maintain independence and community participation for older Australians. There is agreement, that managing the safety of older drivers should focus on helping older drivers to drive as safely as possible for as long as possible.2

There has been considerable epidemiological research evaluating the risk factors for crash involvement for older drivers and longitudinal studies which have examined driving cessation. However, there is a shortage of stakeholder perspective data from older drivers themselves.2

Aim

Our aim was to gather perspectives on safety and aged-based licensing, fitness to drive and barriers and facilitating factors during the transition to not driving.

Methods

Volunteers were sought to participate in discussions on aging, driving and alternate transportation. Recruitment was facilitated by a public lecture at a seniors’ community group in north-west Sydney on issues surrounding aging and driving and through advertisement in the local newspaper.

The setting of this research is a highly motorized shire, where only 9.6% of private dwellings of persons 70+ years have no car, compared to 19.8% for Metropolitan Sydney.4

Methods

Results and Discussion

Licensing in NSW:

Participants were aware of licensing guidelines in NSW as relevant to them i.e. Medical certification of fitness to drive at 75 years and driving test from 85 years or restricted license.

Stress associated with practical driving test at age 85 years: ‘it is closest I have been to having a nervous breakdown, it was time to take the test.’

Confusion about extent of restricted license (range 10-100km). Participants were unanimous that standard restricted licenses would not be feasible to reach essential services in their area.

Safety issues

Valid concern for some older drivers

Anecdotes about drivers

Over-estimated by general community

Greater and more valid concerns for young drivers

Age does not determine competence

‘Age is not really the thing, it is your competency to drive’

Fitness to drive:

Failures in current system – discussions of difficulty for General Practitioners assessing fitness to drive. ‘He wouldn’t have really known how bad Dad’s driving was.’

Strong conviction that they would know when they should not drive anymore – more pronounced in male group.

Table 2: Themes emerging from discussions of transition to not driving grouped into barriers and facilitating factors

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Facilitating Factors</th>
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<tbody>
<tr>
<td>Medical for independent mobility</td>
<td>Community transport services that solves the problem of the car and it gets around the lack of public transport.</td>
</tr>
<tr>
<td>Poor judgement about own abilities</td>
<td>Advice from family – your family is saying to you, look you are not coping</td>
</tr>
<tr>
<td>Could not continue to live in area</td>
<td>Availability of alternate driver – she (daughter) would come and pick me up and take me anywhere</td>
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As others have reported, few had planned for the possibility of not driving.

Alternate transportation:

Taxis: expensive (it just goes against the grain. They think its extravagant), long delays in waiting for taxis in this area.

Public transport: currently low utilisation, would need investment in parking spaces at trains stations and bus stops, difficulty accessing information

Community transport: little knowledge about what is available, concerns about utilisation of community buses (economic viability), community transport was favoured over taxis and public transport

Conclusions

This consultation highlighted the importance of independent mobility and the need for objective data to inform policy in this area. Considerations of preferences, acceptability, accessibility and cost to older drivers are critical when adapting research evidence into strategies for safe mobility. The findings of this research can inform development of programs designed to promote safe mobility in older people.

References


A summary of the focus group discussions was reviewed with the participants after each session to confirm our interpretation. Each focus group was audio recorded, transcribed and thematic analysis conducted using NVivo 8 (QSR International Pty Ltd).

All participants were members of a community-based seniors club in north-west Sydney. Each signed a record of informed consent and the project was approved by the University of Sydney Human Research Ethics Committee.

Table 1: Semi Structured format for focus group sessions of 1-2 hours duration

<table>
<thead>
<tr>
<th>Topic</th>
<th>Guided content of discussion</th>
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<tbody>
<tr>
<td>Age based licensing in NSW</td>
<td>Awareness of regulations and perceptions of equity. Safety issues for older drivers</td>
</tr>
<tr>
<td>Giving up driving</td>
<td>The process for the transition to not driving and the circumstances around stopping driving</td>
</tr>
<tr>
<td>Barriers to stopping driving</td>
<td>Discussion of factors which discourage you from stopping driving (barriers) and those that facilitate the transition (facilitators)</td>
</tr>
<tr>
<td>Alternative transport</td>
<td>Awareness of transport, preferred schemes and acceptability of these options.</td>
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