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Ill health retirement of teachers and NHS staff in Scotland – the process and outcomes

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1 Foreword

There are currently around 150,000 NHS staff and 57,000 teachers working in Scotland, representing around 8.5% of the overall Scottish workforce. Most teachers and NHS staff are members of their respective occupational pension schemes and the majority enjoy long and rewarding careers prior to their retirement.

It is unfortunately inevitable that some people will suffer from ill-health during the course of the careers. Under the terms of the NHS and teachers pension schemes, those most afflicted are provided with an opportunity to apply for early retirement on ill-health grounds. These applications are then considered by independent medical advisers who make their judgements against the criteria for ill-health retirement set out in scheme regulations.

Until recently there has been very little systematic and independent analysis of some of the key questions surrounding ill-health retirement. For example, how prevalent is ill-health retirement within the teaching profession and the NHS in Scotland? What are the principal causes? To what extent do they differ between the two professions? What happens to individuals after they have been granted ill-health retirement? Are there any lessons to be learned about the management of staff or the nature of their jobs as a result of this analysis?

In order to answer these questions the Scottish Public Pensions Agency commissioned researchers at the Public Health & Health Policy Section in the University of Glasgow to conduct independent research into the rates, causes, process and outcome of ill health retirement for NHS and teaching staff in Scotland. The results make for interesting reading and the findings will inform many groups including employers, trade unions, pension scheme administrators and of course the individual members of the NHS and teaching professions.

This thorough and comprehensive piece of work advances significantly our collective knowledge of the causes and implications of ill-health retirement. I would like to thank the research team for their efforts and commend this report to anyone with an interest in understanding more about the scale and causes of ill-health retirement.

Neville Mackay
Chief Executive
Scottish Public Pensions Agency

2 Acknowledgements

We thank the Scottish Public Pensions Agency and Mr Neville Mackay for financial support, for mailing the questionnaires to potential participants and providing additional information. Further thanks also go to Mr Ralph Garden (former Chief Executive of SPPA) and Dr Karen Ritchie (now NHS Quality Improvement Scotland) for their help with the design of the study. We also acknowledge the IT assistance received from Mr Keith Murray and the statistical advice from Mr Harper Gilmour, both University of Glasgow.

We must also thank the 706 former teachers and NHS staff, now retired because of ill health, who replied to our postal survey. Many of the participants were pleased that the research into their circumstances was being undertaken and many offered additional information.

3 Executive Summary

Introduction

1. Relatively few studies of ill health retirement (IHR) have been conducted despite IHR being a significant health and socio-economic endpoint. The level of IHR is now substantially higher than it was in the 1970s. Without further information it is not possible to ascertain if individuals who genuinely need early pension receive it or if significant payments are being made to those who are able to continue in gainful employment. This study involved a questionnaire survey of teachers and NHS staff in Scotland who retired due to ill health between April 1998 and March 2000.

2. The objectives of this study were to:

- Assess the process, causes and outcomes of ill health retirement in teachers and NHS in Scotland.
- Subject the responses to quantitative and qualitative analysis to reveal teachers and NHS staff perceptions and experiences particularly related to occupational health services (OHS), access to rehabilitation and redeployment, current health and re-employment.
- To identify predictors of re-employment after IHR.
- Make recommendations in consideration of these findings.

Methods

3. 537 teachers and 863 NHS staff who retired due to ill health between April 1998 and March 2000 were mailed our ill health retirement questionnaire by the Scottish Public Pensions Agency.

Findings

Teachers

4. 53% of teachers returned the IHR questionnaire.

5. The most common cause of IHR was mental disorders (37%), followed by diseases of the musculoskeletal system (18%) and diseases of the circulatory system (15%).

6. 78% of teachers reported their ill health was partly or completely work related and 22% not work related.
7. 16% teachers stated that an occupational health adviser was available to them in their job and only 11% attended an occupational health service prior to IHR.
8. 31% of teachers had no contact with their line manager during their illness leading up to retirement.
9. 9% of teachers were offered the opportunity of working part-time and 5% were offered alternative work prior to retiral.
10. 63% of retired teachers stated their health had improved and 48% said they would like to work again. Interestingly 36% of the surveyed teachers have subsequently found re-employment since their retirement.
11. Predictors of re-employment after IHR were: mental disorder as the cause of IHR, being male, having dependants, improvement of health and wanting to work again.

NHS staff

12. 49% of the 863 postal questionnaires were returned.
13. The most common reasons for retiring were diseases of the musculoskeletal system (38%), mental disorders (21%) and circulatory system (14%).
14. 71% of NHS staff reported their ill health was partly or completely work related and 29% not work related.
15. 92% had attended an occupational health department.
16. 23% of NHS staff had no contact with their line manager during their illness prior to retiral.
17. 18% of individuals were offered the opportunity of working part-time and 15% offered alternative work.
18. 46% of NHS staff stated their health had improved since their retirement. 51% said they would like to work again. 17% of participants have obtained other work.
19. Predictors of re-employment after IHR were: cause of IHR, managerial responsibility, improvement of health, wanting to work again, occupation and age at retirement.

Conclusions

20. Over 70% of teachers and NHS staff reported that their ill health was partly or completely work related.
21. 63% of retired teachers and 46% of retired NHS staff reported that their health had improved following ill health retirement and many had found other employment.
22. Levels of IHR within the NHS and teaching profession may be reduced by improved rehabilitation and support.
23. Mental health problems were the most frequent cause of IHR in teachers and musculoskeletal problems were the most common in NHS staff.
24. The reasons for IHR are likely to reflect occupational risk factors.
25. There is a lack of provision of OHS and support for teachers.
26. Attempts at re-deployment were more frequently reported by NHS staff compared to teachers.
27. We have identified characteristics that are predictive of returning to work.

Recommendations

28. OHS for teachers need substantial improvement.
29. For both teachers and NHS staff improved rehabilitation and job retention initiatives are likely to reduce the numbers retiring on the grounds of ill health.
30. The obligation of line managers to remain in contact and provide support to their sick employees must be re-emphasised by organisations.
31. The process of medical assessment of applicants for IHR should be reviewed in the light of large numbers of ill health retirees reporting improvement of their health after retirement.
32. The predictors of re-employment after IHR should be considered during the medical assessment and rehabilitation process.
33. Research is needed to further explore the predictors of re-employment.

4 Introduction and report objectives

Provisions for ill health retirement (IHR) exist in all major public and private sector pension schemes to ensure that employees are adequately provided for in the event of becoming too ill to continue in work before their normal retirement age. Relatively few studies of IHR have been conducted despite IHR being a significant health and socio-economic endpoint. The level of IHR is now substantially higher than it was in the 1970s, particularly in the public sector.¹ The annual cost of each year's new ill health retirements is estimated to be around one billion pounds.¹ IHR not only has a heavy cost financially for the taxpayer, but also for employers who may be losing skilled staff contributing to staff shortages, and for employees who may not want to retire early and whose lifetime earnings are curtailed by early retirement.

The criteria for awarding IHR and the process and size of the benefit vary. Without further information it is not possible to ascertain if individuals who genuinely need early pension receive it or if significant payments are being made to those who are able to continue in gainful employment. It is unclear the extent to which IHR is being used inappropriately to resolve staffing or performance issues. IHR should only be granted in appropriate cases and where no other means can be found of accommodating the employee in work. Employees who are genuinely suffering from poor health should be granted IHR. This is an important right and necessary protection for employees who fall ill, whether as a result of work or otherwise.

When teachers become too ill to teach again their absence before retirement may affect the organisation of the school, while their early retirement due to ill health can have unfavourable consequences both for the individual and the education system as a whole. These retirements represent a considerable loss from the profession, at a time when there is a shortage of teachers to fill vacant positions. In the NHS IHR is a major issue because of crisis in recruitment and retention.

The gateway to IHR is determined by the criteria which each pension scheme sets for awarding ill health benefits. If teachers are under age 60 they may apply for IHR provided there is evidence of permanent incapacity to continue working as a teacher. At present there is no requirement to offer re-deployment. There is no bar on a return

to teaching and under the provisions of the Scottish Teachers' Superannuation Scheme the employment can be pensionable. Abatement will apply if the new salary plus pension exceeds the level of the previous salary.

To qualify for IHR and the early payment of benefits NHS superannuation scheme members must show they are permanently incapable of efficiently discharging the duties of their employment. There is no bar to a person obtaining further employment in the NHS after receiving IHR, but they can only rejoin the scheme if they are under 50 years old. If the new salary plus pension exceeds the level of the previous salary abatement will apply.

In Scotland the award of IHR is decided by the Scottish Public Pensions Agency (SPPA). Occupational health services (OHS) may be involved in the process by advising the member about their potential eligibility and whether they should apply and subsequently in the provision of a medical report to the SPPA. In practice the SPPA treat general practitioner (GP) and occupational health (OH) reports as alternatives in helping with the IHR decision process and they will also consider other medical reports. The IHR application process is robust and is subjected to quality control procedures by the SPPA.

Previous IHR studies have included a study on the rates and causes of retirement due to ill health in NHS staff in England and a cross sectional survey of six organisations in the United Kingdom which included four public and two private large employers.^{2;3} A recent follow up study in England measured changes in health related quality of life and employment status of NHS staff one year after early retirement because of ill health.⁴ Recently Bowers & McIver undertook a study which surveyed 369 teachers who retired due to ill health between October 1998 and September 1999 in England.^{5;6} The study examined the incidence of IHR, both nationally and regionally and was set in the context of revised criteria for IHR. The study also revealed a profile of retirees. Another teacher study investigated IHR among school principals in Germany.⁷

There were approximately 80,000 registered teachers in Scotland in 2003 with around 66,000 working in Nursery, Primary, Secondary and Special Education, right through

to Further and Higher Education.⁸ 96% were members of the Scottish Teachers' Superannuation Scheme, which is administered by the SPPA.^{9;10} 767 teachers retired on ill health grounds and received benefits from the Scottish Teachers' Superannuation Scheme between April 1998 and March 2000. The rate of IHR in 1998/1999 was 3.7 per 1000 teachers (active and deferred members) and the rate in 1999/2000 was 3.4 per 1000 (active and deferred members).^{9;10}

In 2003 the NHS in Scotland had around 136,000 staff, including 63,000 nurses, midwives and health visitors and 8,500 doctors.¹¹ Approximately 80% were members of the NHS Superannuation Scheme (Scotland) which is also administered by the SPPA. The IHR rate for 1998/1999 was 5.5 per 1000 members (active and deferred members) and 4.6 per 1000 (active and deferred members) for 1999/2000.^{9;10} These rates are comparable with previous studies on IHR.^{2;3}

The objective of this study was to assess the process, causes and outcomes of retirement because of ill health in teachers and NHS staff in Scotland. In particular ex-teachers' and NHS staff perceptions and experience of occupational health services, access to rehabilitation and redeployment, current health, whether they were working again were investigated and predictors of re-employment were identified.

5 Participants and Methodology

2473 individuals (767 teachers and 1706 NHS staff) retired on ill health grounds and received benefits from the Teachers' and NHS Superannuation Scheme in Scotland between April 1998 and March 2000. Subsequent deaths were identified (38 teachers and 57 NHS staff) and removed from the sample. 537 teachers and 863 NHS staff from this two year period were randomly selected by the SPPA to receive a postal, self-completion questionnaire in January 2002. The restriction was to achieve a group size of 1400 individuals to receive the IHR questionnaire. The questionnaire was piloted before being finalised. The IHR questionnaire was accompanied by a pre-paid addressed envelope, a letter from the SPPA assuring confidentiality and a letter of invitation to respond from Glasgow University, detailing the purposes and potential uses of the information. All potential participants were sent one reminder letter ten days after the initial correspondence. Questionnaires were not named or coded and were therefore returned completely anonymously to Glasgow University. All participants were offered as an alternative to the questionnaire a telephone interview in the initial correspondence and a contact number of the researchers. 22 teachers and 31 NHS staff took up this opportunity and in doing so had to volunteer their contact details (this was taken as consent for us to contact them directly).

Analysis of the completed questionnaires was undertaken on SPSS version 10.0. Responses were analysed using Pearson's chi-squared tests and Student's t-test of significance.

6 Teachers' Retirement due to ill health

6.1 Background information of teachers

282 teachers completed and returned the IHR questionnaire (response rate 53%). 107 (38%) participants were male and 175 (62%) were female. 100 (36%) participants had dependants living with them. The median length of time participants had been employed as teachers was 26 years (range 2 – 39 years). 263 teachers (93%) had full time contracts prior to IHR. 185 (66%) participants stated they had supervisory or managerial responsibility. Table 1 shows the roles occupied by ill health retirees before their retirement between 1998-2000. The classification used in the questionnaire was teachers' job titles prior to the new structure introduced in April 2002 as a result of the agreement reached following recommendations made in the McCrone Report.¹² Table 2 summarises the type of school in which the former teachers had last taught. 42% taught in secondary education, 37% in primary, 7% special needs, 3% nursery and 2% taught in independent schools. Twenty four participants worked in 'new' universities or Further Education colleges and were eligible to contribute to the Teachers' Superannuation Scheme.

Table 1. Role occupied by ill health retirees before retirement

Role occupied prior to IHR	Number	%
Head Teacher	29	10
Deputy Head Teacher	12	4
Assistant Head Teacher	4	1
Principal Teacher	60	21
Assistant Principal Teacher	17	6
Senior Teacher	28	10
Teacher	108	39
Senior Lecturer	10	4
Lecturer	14	5
Total	282	100

Roles occupied by teachers are classified prior to the new structure introduced after recommendations in the McCrone Report.

Table 2. Type of school in which ill health retirees last taught

Type of teaching prior to IHR	Number	%
Secondary	118	42
Primary	105	37
Further Education	24	9
Special Needs	20	7
Nursery	9	3
Independent	6	2
Total	282	100

The median age at retirement was 53 years with a range 34 – 60 years. The median length of illness prior to retiral was 2.0 years with a range 0.25 - 20 years. 51 (18%) teachers remained at work until the date of their retirement. The median length of time off work prior to retirement was 1.0 year with a range 0.17 – 2 years. 106 (47%) participants were off sick for exactly one year prior to retiral.

6.2 Cause of IHR

Table 3 shows the cause of IHR of all retirees. The most common cause of IHR was mental disorders (37.2%), followed by diseases of the musculoskeletal system (18.4%) and diseases of the circulatory system (14.5%). 5.7% of ill health retirees were suffering from chronic fatigue syndrome. Figure 1 shows the distribution of cause of IHR in male and female teachers. Using Chi square analysis there is a significant association between gender and cause of IHR. Among those who retired early because of ill health a higher proportion of males than females present with mental disorders (47% males and 31% females) and circulatory problems (22% males and 10% females) and more females present with diseases of the musculoskeletal system (22% females and 12% males) and neoplasms (9% males and 2% males). Table 4 shows the cause of IHR by school and Table 5 by teachers' role.

76 teachers listed a secondary cause of IHR. Of these, 15 teachers listed harassment, 2 listed assault and 1 listed an accident at work.

22% of participants felt their ill health was not work related, 43% thought it was partly work related while 35% thought their ill health was completely work related.

Table 3. Cause of ill retirement in teachers

	<i>Mental Disorders</i>	<i>Musculo skeletal</i>	<i>Circulatory system</i>	<i>Nervous System/sense organs</i>	<i>Neoplasms</i>	<i>Chronic Fatigue Syndrome</i>	<i>Other</i>
Total	105	52	41	23	18	16	27
% of retirees	37.2	18.4	14.5	8.2	6.4	5.7	9.6

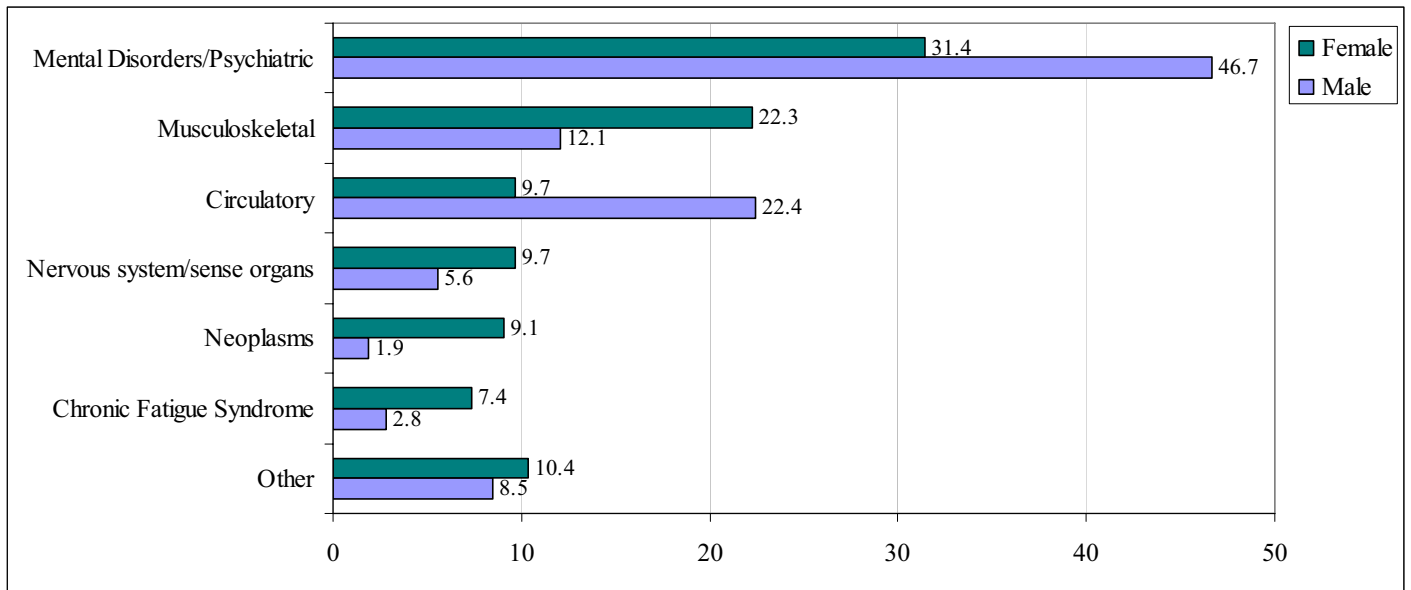


Figure 1. Percentage of female and male teacher ill health retirees by category of illness

Table 4. Cause of ill health retirement in teachers by type of school

Occupational group	Mental Disorders	Musculo skeletal	Circulatory system	Nervous System/sense organs	Neoplasms	Chronic Fatigue Syndrome	Other	Total
Secondary teaching	48 (41)	24 (20)	18 (15)	8 (7)	3 (2)	7 (6)	10 (9)	118 (42)
Primary teaching	31 (30)	22 (21)	11 (10)	13 (12)	11 (10)	6 (6)	11 (10)	105 (37)
Further Education	12 (50)	1 (4)	6 (25)	1 (4)	0 (0)	2 (8)	2 (8)	24 (9)
Special Needs	9 (45)	5 (25)	3 (15)	0 (0)	1 (5)	0 (0)	2 (10)	20 (7)
Nursery teaching	4 (44)	0 (0)	1 (11)	0 (0)	3 (33)	1 (11)	0 (0)	9 (3)
Independent schools	1 (17)	0 (0)	2 (33)	1 (17)	0 (0)	0 (0)	2 (33)	6 (2)
Total	105 (37)	52 (18)	41 (15)	23 (8)	18 (7)	16 (5)	27 (10)	282 (100)

Values are numbers (percentages).

Table 5. Cause of ill health retirement by teachers' role

Occupational Group	Mental Disorders	Musculo skeletal	Circulatory system	Nervous System/sense organs	Neoplasms	Chronic Fatigue Syndrome	Other	Total
Head Teacher	10 (35)	3 (10)	7 (25)	4 (14)	1 (3)	1 (3)	3 (10)	29 (10)
Deputy Head Teacher	3 (25)	2 (17)	4 (33)	1 (8)	2 (17)	0 (0)	0 (0)	12 (4)
Assistant Head Teacher	1 (25)	0 (0)	1 (25)	0 (0)	1 (25)	0 (0)	1 (25)	4 (1)
Principal Teacher	23 (38)	13 (22)	10 (16)	4 (7)	1 (2)	4 (7)	5 (8)	60 (21)
Assistant Principal Teacher	7 (41)	3 (18)	2 (12)	1 (6)	0 (0)	0 (0)	4 (23)	17 (6)
Senior Teacher	9 (32)	9 (32)	1 (4)	3 (11)	2 (7)	2 (7)	2 (7)	28 (10)
Teacher	40 (37)	21 (20)	10 (9)	9 (8)	11 (10)	7 (7)	10 (9)	108 (39)
Senior Lecturer	3 (30)	1 (10)	3 (30)	1 (10)	0 (0)	0 (0)	2 (20)	10 (4)
Lecturer	9 (64)	0 (0)	3 (22)	0 (0)	0 (0)	2 (14)	0 (0)	14 (5)
Total	105 (37)	52 (18)	41 (15)	23 (8)	18 (7)	16 (5)	27 (10)	282 (100)

Values are numbers (percentages).

6.3 Contact with Occupational Health Services

46 teachers (16%) stated an OH adviser was available to them in their job. Only 32 teachers (11%) actually attended an OHS prior to IHR. The median number of times individuals were seen at an OH department was 2 (range 1 – 13). 12 teachers were seen only once. Interestingly one teacher only saw an OH adviser after intervention by their local councillor and another teacher had to wait for one year for an OH appointment. Of those who attended OHS we asked how many found it helpful (84%) and to give details of the help they received (Table 6). Five teachers found OHS

unhelpful and would have liked more information, support, help and advice on trying to keep them in work.

Table 6. Help obtained from Occupational Health services

Help obtained from OHS	Number	%
Recommended early retirement	10	22
Help and support with illness	5	11
Advice and support on IHR application	5	11
Referred to a psychologist	3	7
Other help e.g. physiotherapy, lifestyle advice	3	7
General information/advice/support (unspecified)	2	4
Helped me come to terms with illness	2	4
Gave me help and support about my future at work	2	4
Gave me plenty of time – did not rush me into a decision	2	4
Other	12	26
Total	46	100

Participants were asked to list the help they received from OHS. Up to four responses from each individual were recorded. 13 participants gave one response, 10 gave two responses, 3 gave three responses and 1 gave four responses.

6.4 Involvement of Line Manager and other contact at work

195 (69%) teachers had contact with their line manager during their illness leading up to their retirement. Table 7 details the reason for contact with line manager. Of those who did have contact with their line manager 105 (54%) found this contact supportive, 58 (30%) unsupportive and 32 (16%) had no opinion.

Table 7. Details of contact with Line Manager

Reason for Contact and Discussion with Line Manager	Number	%
To discuss general health	77	41
To discuss work duties	35	19
Process of IHR	15	8
Sick Lines	11	6
If returning to work/future intentions	8	4
Still working – everyday school issues	8	4
Absence from work	4	2
To conduct a meeting	3	2
Recommendation of IHR	3	2
Other	22	12
Total	186	100

Nine participants did not give information.

In addition to OH and line manager we asked participants about other contact at work prior to IHR. 221 teachers (78%) stated they did have other contact with work. 86% of teachers had contact with colleagues, 7% with Human Resources (HR), 5% with a Union representative, 1.5% with their local authority and 0.5% with a welfare department. 28 teachers (10%) had neither contact with their line manager or others at work leading up to their retirement.

6.5 Offer of part-time work and re-deployment prior to IHR

During the period of time leading up to their ill health retirement 23 teachers (9%) of 263 working full-time were offered the option of working part-time. However of these 23 teachers only 5 teachers were actually working part-time at retirement. Although not directly asked a further 9 participants (who were all still working full-time prior to their retirement) chose to make a number of comments in response to the question “had part-time work had been offered by their employer prior to their retirement?” Responses included: was told part-time work was not possible (n=3), wish this option had been available (n=2), part-time work was advised by OHS but did not happen (n=1), was only allowed phased part-time work after initial illness (n=1), suggested just as a possibility (n=1) and part-time work was only offered for a few weeks (n=1). As all participants were not directly asked their opinion on part-time work there may be under reporting of the wish for part-time work.

15 teachers (5%) stated they were offered alternative work prior to their retirement and the details are given in Table 8. However out of the 15 individuals who were offered alternative work 7 (47%) indicated that the work offered was not appropriate to their needs.

Table 8. Details on alternative work offered

Alternative work	Number
Other work involving change of position	3
Other work in different department	3
Offered administrative work	2
Other work but not appropriate	4
Offered, then withdrawn	2
Tentative offer withdrawn because of union involvement	1

6.6 Rehabilitation

105 teachers (37%) were offered rehabilitation. Rehabilitation was arranged by treating consultant (45%), GP (25%), privately (6%), OHS (2%), welfare officer (1%), teachers themselves (1%), with the remaining 20% of teachers not specifying. The most common types of rehabilitation offered were physiotherapy (41%) and stress management (34%). Other types of rehabilitation included acupuncture, speech and language therapy, pain management and alcohol abuse management at much lower frequencies.

6.7 Current health and re-employment status

179 teachers (63%) said their health had improved since IHR. 135 teachers (48%) said they would like to work again. Although not directly asked, 14 teachers (5%) said they would like to work again provided it was not their original job. 102 retired teachers (36%) said they were working again. These results are illustrated in a flow diagram shown in Figure 2.

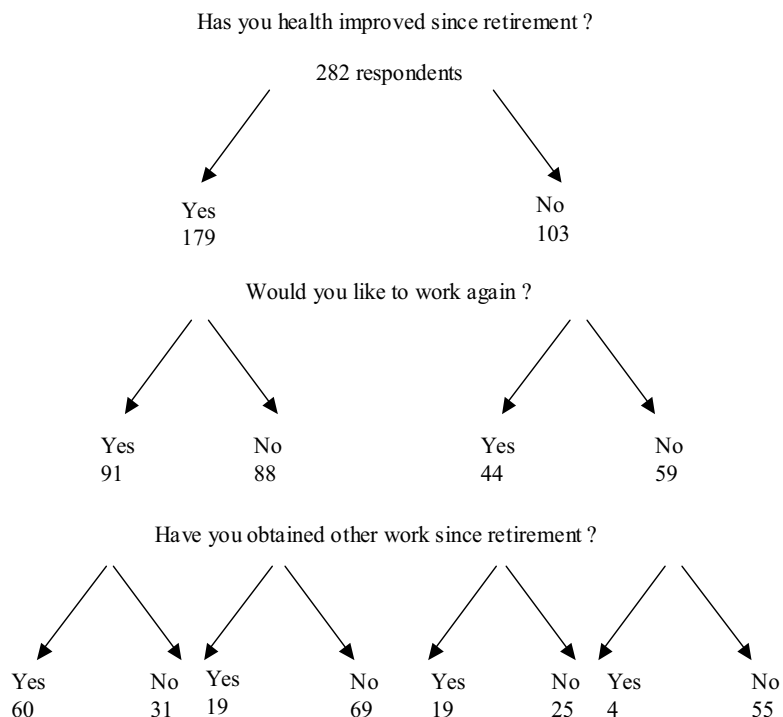


Figure 2. Number of teachers whose health has improved, would like to work again and who have obtained alternative work.

Participants were asked to list up to three jobs they were currently undertaking. 64 teachers said they had three jobs, 22 had two jobs and 8 had three jobs (Table 9). The majority of first jobs were part-time (83%) and were remunerative (76%). Of the 102 respondents who have found re-employment since their retirement 29 (28%) are undertaking jobs with a teaching related task.

Table 9. Details on teacher re-employment since IHR

	Job 1	Job 2	Job 3
Full-time	17 (17)	0 (0)	0 (0)
Part-time	85 (83)	30 (100)	8 (100)
Paid	77 (76)	14 (47)	3 (37)
Voluntary	25 (24)	16 (53)	5 (63)

102 participants have obtained other work. Participants listed up to three jobs they are currently undertaking. Values are numbers (percentages).

6.8 Predictors of re-employment after IHR

Using chi-squared analyses, re-employment after IHR was found to be significantly associated with medical condition, sex, having dependants, improvement of health and wanting to work again. (Table 10). There was no overall association with teacher role prior to IHR and finding re-employment, however the Principal Teachers/Head of Departments were more likely to return to work ($p=0.035$) after IHR. Ordinary grade teachers were less likely to return to work after IHR ($p=0.013$).

Table 10. Predictors of re-employment of teachers

Variable	Number retired	Number back to work (%)	Statistical significance P value^a
Cause of IHR a mental disorder			0.002
Yes	105	50 (48)	
No	177	52 (29)	
Being male			0.009
Yes	107	49 (46)	
No	175	53 (30)	
Having dependants			0.002
Yes	100	48 (48)	
No	182	54 (30)	
Improvement of health since IHR			<0.001
Yes	179	79 (44)	
No	103	23 (22)	
Wanting to work again			<0.001
Yes	135	79 (59)	
No	147	23 (16)	

^a Predictors of return to employment after IHR were determined by chi-squared test and used a 0.05 level of significance.

6.9 Perception of career and past employer

Participants were asked how they felt about their career and their past employer now that they are retired. The results are shown in Table 11.

Table 11. Teachers' perception of career and employer

	Career	Employer
Very positive/positive	51%	24%
Neutral	15%	23%
Negative/very negative	34%	53%

Participants were asked to rate how they felt about their career and past employer as either very positive/positive, neutral or negative/very negative.

6.10 Discussion

To date there has been little systematic research into teachers whose ill health has caused them to leave their jobs prematurely. One study investigated IHR and absenteeism amongst teachers in England in 1998/1999.⁵ The teachers were contacted approximately one year after retirement but were not asked if they were working again. Another recent study specifically examined ill health and early retirement among school principals in Bavaria.⁷ This study surveyed 282 teachers who retired because of ill health between April 1998 and March 2000 in Scotland. In addition to obtaining information on the causes and process of IHR our study followed up teachers who had retired due to ill health to find out if they had returned to work following IHR and, if so, to identify predictors of re-employment.

The response rate in this study was 53% and there could be some concern about non-response bias. Due to the sensitivity of the information we were asking there may be under reporting of some of the responses if certain teachers who are working again did not choose not to return the questionnaire.

The main cause of teachers' IHR was mental/psychiatric disorders. In addition almost 6% of teachers left teaching because of chronic fatigue syndrome. Further, fifteen teachers listed harassment, two reported assault and one stated alcohol problems as secondary causes of IHR. Stress in teachers is well documented and absenteeism and early retirements from the teaching profession can act as proxy measures of stress.¹³ Research suggests that teachers suffer greater levels of stress than comparable occupational groups.¹⁴ A study of stress in Scottish teachers showed that nearly half of respondents reported that they found their job either very or extremely stressful and pupil indiscipline was cited by 20% of respondents as a source of stress affecting their working lives.¹⁵ However in this study we did not obtain information on the destructive behaviour of pupils. We found a higher proportion of male teachers reported retiring with mental disorders compared to female teachers. This is similar to the trends found by Bowers and McIver.⁵ Other studies have reported increased prevalence rates for women compared to men for stress-related disorders.^{7;16;17} Given the increasing number of teacher ill health retirements that are attributed to stress, it is important that stress is addressed as a discrete issue in any health strategy by identifying and reducing sources of stress through stress management programmes. A study by Gos¹⁸ concluded that counselling services for teachers could play a significant role in either reducing or supporting the management of ill health

retirements and minimising their effects. In England Teacher Support Network operates a Teacher Support Line¹⁹ and in Scotland Teacher Support Scotland (TSS) has been set up with the aim to improve the well-being of teachers in Scotland. Recent evidence based guidelines have confirmed that there is strong evidence for the effectiveness of brief (up to 8 weeks) cognitive behavioural therapy for employees including teachers experiencing common mental health problems at work.²⁰

More than half of the teachers (58%) in the Bowers & McIver study thought their work in school contributed to them becoming ill. In our study 78% of teachers stated that their ill health was either partly or completely work related.

Another aspect which appears to be closely related to IHR is teacher absenteeism and turnover. Most teachers who become too ill to work have poor attendance records in the period prior to IHR, yet absence from the job is not a precursor to being granted IHR as 18% of teachers in this study were able to remain at work up to their retirement. Studies have suggested managers' and employers' approaches to absenteeism could help with retention of teachers and other employees if they addressed the motivating forces which influence such workers' behaviour.^{6;21}

In addition to the problems of teacher sickness absence and turnover large number of teachers are looking for early retirement as a way out of teaching perhaps because of stress or because the job is causing them excessive pressure.²² For some this is legitimate, but for many this may be is inappropriate use of IHR. The retirement route can offer a relatively easy way for some managers to resolve personnel problems. In order to try and tackle health related problems the Irish government promoted a voluntary early retirement scheme for teachers in 1998/1999 which included a route out for those teachers who were 'consistently experiencing professional difficulties in their teaching duties'.²³ The scheme was introduced on a pilot basis and the Commission on Public Services Pensions has recommended that the scheme be continued until the end of the 2005/2006 school year and that a further review be carried out at that time. In Scotland and the rest of the UK no similar funded route exists and teachers suffering from stress and professional difficulties for example would have to proceed down the ill health retirement route if they wanted to retire early with benefits.

For the majority of teachers who had access to OHS the role of OHS was generally perceived to be support and advice. We did not obtain information from those 250 teachers who did not have OHS available to them or attend OHS. It would

have been useful to explore the views of these teachers on the type of OHS they would have liked to have access to and what type of help would have been useful. Research carried out by Dunlop & Macdonald¹⁵ has shown that all 32 local authorities in Scotland state they do provide OHS either through external companies or through local GPs with experience in OH. It is therefore surprising in this study that 84% of teachers stated OHS were not available to them. Knowledge of and access to OHS appears to be poor.

Teachers in schools where the principal is seen as supportive are significantly less likely to be absent or report stress-induced illness behaviour than teachers in schools where the head teacher is seen as unsupportive.²⁴ In this study 177 teachers (63%) had no contact with their line manager or if they did found it to be unsupportive. Clearly there is a need for improved line management support for teachers at this difficult time. Further, research has stressed the importance of social support networks in enabling individuals to cope with the stress they experience.¹⁴ Bowers & McIver⁵ found that nearly half of the teachers in their study considered that support from those outside the school (family and friends) had enabled them to continue teaching for longer than they might otherwise have done. Lack of coworkers' support has shown to increase the frequency of very long sickness absence in the private sector.²¹ Although in our study many teachers had contact with colleagues and others at work, 26 teachers (9%) had little or no support at work in that they had no contact with OHS, their line manager or anyone else at work during their illness leading up to retirement.

Of the 23 participants who were offered part-time work prior to their retirement only 5 (22%) were actually working part-time when they retired. This raises the question as to why individuals did not take up the offer of part-time work including whether it was an appropriate offer of part-time work. In a high number of cases (47%) alternative work was inappropriate or never really a viable option. 36% of teachers in this study have subsequently found further employment since retiring from the teaching profession. 28% of those finding re-employment after IHR were undertaking jobs with a teaching related task yet in order to be granted IHR they had to fulfil the requirement of the Scottish Teachers' Superannuation Scheme and to present evidence of permanent incapacity to work as a teacher. It is clear that moving staff to alternative duties, enabling "stepping down" and active programmes of

rehabilitation need to be considered prior to IHR. Local authorities could start and try and address some of these issues.

Predictive factors of re-employment after IHR were medical condition (mental disorders), sex (male), having dependants, improvement of health and wanting to work again. Mental health problems and in particular anxiety and depression, which are likely to be the most common cause of mental ill health in this group, tend to improve with treatment²⁵⁻²⁷ and it is reasonable for the pension scheme medical advisers to anticipate health improvement in this group. Higher grade teachers were more likely to return to work after IHR. Although in this study only Principal Teachers/Head of Departments were found to be more likely to find re-employment after IHR we had low numbers in the Head Teacher, Deputy Head Teacher & Assistant Head Teacher groups. Ordinary grade teachers were less likely to find re-employment after IHR. This is consistent with the NHS staff data which showed that NHS staff with managerial experience were more likely to return to work after IHR. There may be a greater motivation for these higher grade teachers to work again and potential employers are more likely to want to employ these individuals. The process of the evaluation of teachers applying for IHR should be reviewed to establish whether those whose health subsequently improves can be identified at the application stage.

This study highlights substantial lack of support for teachers in many areas. It is interesting that teachers were much more positive about their career than their past employer. Dissatisfaction with employers was highlighted by over 50% of teachers. The level of support available to teachers is currently inadequate and insufficient to alleviate inherent pressures. There is therefore a need for change in many areas including OHS, rehabilitation and retention policies.

7 NHS staff ill health retirement

7.1 Background information of NHS ill health retirees

424 participants returned the questionnaire giving a response rate of 49%. 90 (21%) of participants were male and 334 (79%) were female. 113 (27%) of the participants had dependants living with them. The median length of time participants had been employed by the NHS was 23 years (range 2 – 41 years). 295 (70%) had full time contracts and 236 (56%) had supervisory or managerial responsibility. Table 12 shows the occupational distribution.

Table 12. Occupation of ill health retirees before retirement

Occupational group	Number	%
Nursing/Midwifery	230	54
Manual worker	60	14
Admin clerical	36	9
Applied medical	23	6
Admin management	20	5
Medical/Dental	14	3
Ambulance staff	14	3
Mental Health Officer	10	2
Other	9	2
Laboratory	8	2
Total	424	100

The median age at retirement was 55 years with a range 29 – 64 years. The median length of illness prior to retiral was 1.5 years with a range 0.17 - 20 years. 39 (9%) of retirees remained at work until the date of their retirement. The median length of time off work prior to retirement was 1 year with a range 0.13 – 9 years. 175 (45%) participants were off sick for one year prior to retiral.

7.2 Causes of IHR

Table 13 details the cause of IHR. The commonest medical conditions were diseases of the musculoskeletal system (161 participants, 38%), mental disorders/psychiatric problems (88 participants, 21%) and diseases of the circulatory system (59 participants, 14%).

There was no significant association between gender and cause of IHR.

Table 13. Cause of Ill Health Retirement by occupational group

Occupational group	Musculo skeletal	Mental Disorders	Circulatory system	Nervous System/sense organs	Neoplasms	Respiratory system	Other	Total
Nursing/Midwifery	100 (43)	47 (20)	25 (11)	20 (9)	13 (6)	8 (3)	17 (7)	230 (54)
Manual worker	26 (43)	9 (15)	12 (20)	2 (3)	2 (3)	4 (7)	5 (8)	60 (14)
Admin clerical	13 (36)	4 (11)	4 (11)	7 (19)	4 (11)	3 (8)	1 (3)	36 (9)
Applied medical	9 (39)	6 (26)	3 (13)	1 (4)	2 (9)	1 (4)	1 (4)	23 (6)
Admin management	1 (5)	8 (40)	5 (25)	2 (10)	0 (0)	1 (5)	3 (15)	20 (5)
Medical/Dental	2 (14)	3 (21)	4 (29)	1 (7)	0 (0)	3 (21)	1 (7)	14 (3)
Ambulance staff	4 (29)	2 (14)	3 (21)	1 (7)	0 (0)	0 (0)	4 (29)	14 (3)
Mental Health Officer	3 (30)	4 (40)	2 (20)	1 (10)	0 (0)	0 (0)	0 (0)	10 (2)
Other	2 (22)	3 (33)	1 (11)	2 (22)	0 (0)	0 (0)	1 (11)	9 (2)
Laboratory	1 (13)	2 (25)	0 (0)	2 (25)	1 (13)	0 (0)	2 (25)	8 (2)
Total	161 (38)	88 (21)	59 (14)	39 (9)	22 (5)	20 (5)	35 (8)	424 (100)

Cause of ill health retirement in NHS staff in Scotland from 1998-2000 by occupation. Values are numbers (percentages).

118 participants volunteered a secondary cause. 17 listed harassment and another 17 listed an accident at work as a primary or a secondary reason. 2 listed assault as a primary cause.

122 (29%) participants felt their ill health was not work related, 166 (39%) partly work related while 136 (32%) thought their ill health was completely work related.

7.3 Contact with Occupational Health

406 participants (96%) had access to an OH advisor, and 390 (92%) attended OHS pre-retiral. The median number of times individuals were seen at an OH department was 3 (range 1 – 50). 320 participants (82%) found the OHS helpful. Participants were asked what type of help they received and the results are shown in Table 14. 46 (9%) participants were offered further referral by an Occupational Physician (OP), which included rehabilitation and 41 (8%) participants were offered information or advice on part-time work or redeployment. Other help listed by participants included: liaised with manager (n=21), GP (n=8), HR (n=7); offered workplace support (n=13); accelerated appointment with consultant (n=4). 70 participants (18%) found OH

unhelpful. They were asked to detail their expectation of OH and responses are shown in Table 15.

Table 14. Help obtained from Occupational Health Services

Help obtained from OHS	Number	%
Help and support with illness	90	18
General information/advice/support (unspecified)	75	15
Recommendation of early retirement	63	12
Advice and support on IHR application	49	9
Further referral e.g. physiotherapy, lifestyle advice, consultant, psychologist	46	9
Information and advice on future of work/part-time work/redeployment	41	8
Advised not fit to do job - kept under review	22	5
Discussed options	18	4
Examinations	14	2
Helped come to terms with illness	13	2
Other	79	15
Total	510	100

Participants were asked to list the help they received from OHS. Up to four responses from each individual were recorded. 161 participants gave one response, 106 gave two responses, 35 gave three responses and 8 gave four responses. Ten respondents did not give information. Values are numbers (percentages).

Table 15. Expectation of retirees who were dissatisfied with OHS

What was expected from OHS	Number	%
More support and information (unspecified)	32	49
Help with redeployment	9	14
More support and advice in trying to keep me in my job	9	14
Assess my needs in the workplace	2	3
Other	13	20
Total	65	100

Those participants who found OHS unhelpful were asked to state what they had expected from OHS. Five participants did not respond. Values are numbers (percentages).

7.4 Contact with line manager and other contact at work

328 participants (77%) had contact with their line manager during their illness. Table 16 shows the details of the type of contact. The ‘other’ in Table 16 included: to discuss disciplinary procedures and possible actions that could be taken, “pressurise me to return to work”. 175 (53%) found contact with management supportive, 112 (34%) unsupportive and 41 (13%) had no opinion.

Participants were asked about other contacts with work during their illness. 343 (81%) reported contacts with work other than line manager. These were colleagues (79%), HR (11%) and union representatives (8%). 31 participants had neither contact with management or colleagues and of these 3 also had no contact with OHS.

Table 16. Details of contact with Line Manager

Reason for Contact with Line Manager	Number	%
To discuss general health	147	46
If returning to work/future intentions	43	13
Process of IHR	31	10
Work duties	17	5
To arrange to see Occupational Health Service	13	4
Sick Lines	12	4
To conduct a meeting	11	3
Discussion of alternative employment	6	2
To discuss occupational health reports	6	2
Recommendation of IHR	4	1
Other	32	10
Total	322	100

Six participants did not give information. Values are numbers (percentages).

7.5 Offer of part-time work/redeployment

During the period of time leading up to IHR 55 participants (18%) of 295 employed full-time, were offered the option of working part-time but only 10 were in part-time posts when they retired. A further 19 participants (all in full-time posts prior to retirement) volunteered a number of comments in response to the question about offer of part time work. Responses included: only allowed phased part-time work after initial illness; told part-time work was not possible; returned to work on a phased basis before retirement using annual leave; wish this option had been available; OHS advised part-time work but had to use annual leave to do this.

65 participants (15%) stated they were offered alternative work and of these 20 participants had also been offered part-time work. 23 retirees reported that they were unhappy with the alternative work option they were offered. Reasons included: the work offered was not appropriate; was only offered alternative work for three months; although offered, nothing suitable was found; the alternative work was identical to previous job.

7.6 Rehabilitation

204 participants (48%) were offered rehabilitation. The most common types of rehabilitation offered were physiotherapy and stress management, offered to 132 (65%) and 34 (17%) participants respectively. 71 (35%) participants had rehabilitation organised by their treating consultant, 32 (16%) by OHS, 25 (12%) by their GP, and 10 (5%) by others. 65 participants gave no details of who arranged the rehabilitation.

7.7 Current Health and employment after IHR

Participants were asked about their health since retirement, if they would like to work and if indeed they have returned to work. The results are represented in a flow diagram shown in Figure 3. 72 (17%) have found re-employment since their retirement. 57 individuals have one job, 14 individuals have two jobs and one person has three jobs. The majority of first jobs are part-time (82%), and are remunerative (69%). Table 17 shows re-employment details. One third of those working are in jobs similar to their job prior to IHR. For example an NHS nurse working in a private nursing home.

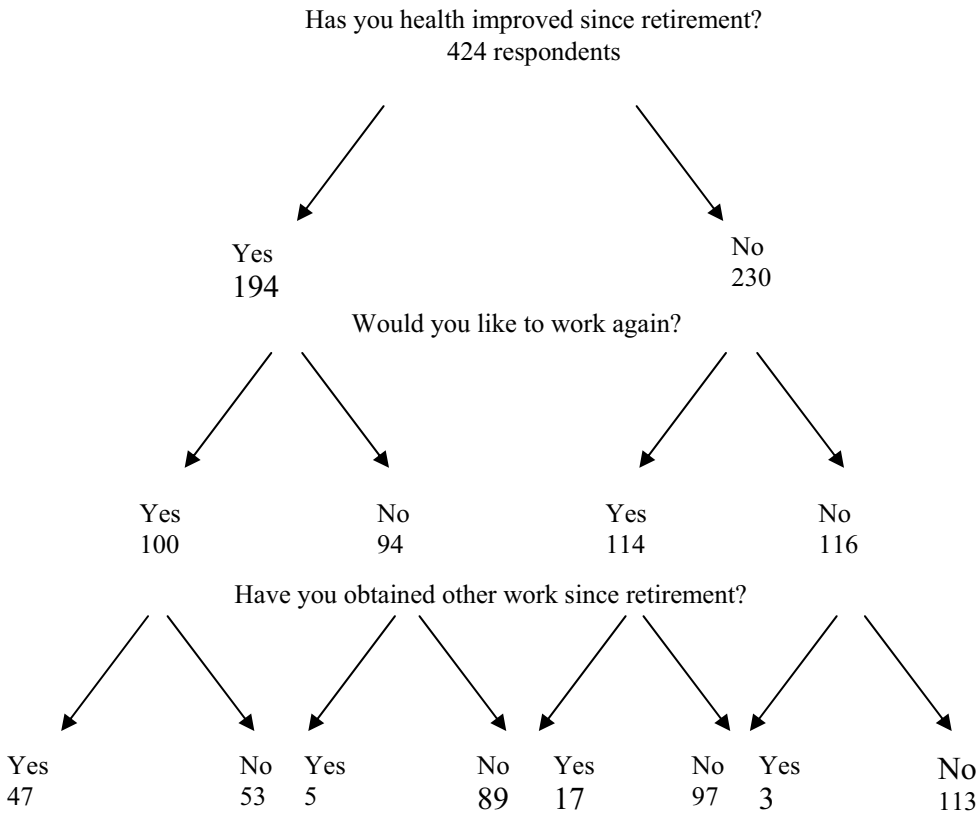


Figure 3. Number of NHS staff whose health has improved, would like to work again and who have obtained alternative work.

Table 17. Details on NHS staff re-employment since IHR

	Job 1	Job 2	Job 3
Full-time	13 (18)	0 (0)	0 (0)
Part-time	59 (82)	15 (100)	1 (100)
Paid	50 (69)	11 (73)	1 (100)
Voluntary	22 (31)	4 (27)	0 (0)

72 participants have obtained other work. Participants listed up to three jobs they are currently undertaking. Values are numbers (percentages).

7.8 Predictors of re-employment after IHR

Using chi-squared and unpaired t-tests analyses, re-employment after IHR was found to be significantly associated with medical condition, managerial responsibility, improvement of health, wanting to work again, occupation and age at retirement (Table 18). Further chi-squared analysis was carried out to determine association between occupation group and returning to work after IHR. Laboratory staff, mental health officers and other were grouped together since the expected counts in these groups were less than 2. The medical/dental group (included 10 consultants, 3 GPs and 1 dental officer) and applied medical professionals (included 5 physiotherapists, 4 occupational therapists, 4 podiatrists, 3 radiographers and 7 others) were more likely to return to work than other NHS professionals after IHR (Table 19).

Table 18. Predictors of re-employment of NHS staff

Variable	Number retired	Number back to work (%)	Statistical significance <i>P</i> value ^a
Cause of IHR a mental disorder			0.01
Yes	88	23 (26)	
No	336	49 (15)	
Having had managerial responsibility prior to IHR			0.001
Yes	236	52 (22)	
No	187	19 (10)	
Improvement of health since IHR			<0.001
Yes	194	52 (27)	
No	230	20 (9)	
Wanting to work again			<0.001
Yes	214	64 (30)	
No	210	8 (4)	
Occupation group	See table 5b		0.001
Age at retiral (those working again median 53 years, those not working median 55 years)			0.007

^aPredictors of return to employment after IHR were determined by chi-squared test except age at retirement which was analysed by Students's t-test. Both tests used a 0.05 level of significance.

Table 19. Predictors of return to paid employment after ill health retirement by occupational group

Occupational group	Number	Number working again (%)	Statistical significance <i>P</i> value ^b
Medical/Dental	14	6 (43)	0.009
Applied medical	23	9 (39)	0.004
Ambulance staff	14	5 (36)	0.058
Admin management	20	5 (25)	0.328
Nursing/Midwifery	230	36 (16)	0.427
Manual worker	60	6 (10)	0.120
Admin clerical	36	3 (8)	0.149
Other	27	2 (7)	0.171
Total	424	72 (17)	

^bChi-squared analysis was used to test association between occupational group and re-employment after IHR.

7.9 Perceptions of career and past employer

Participants were asked to rate how they felt about their career and employer. The results are shown in Table 20.

Table 20. NHS staff perception of career and employer

	Career	Employer
Very positive/positive	60%	28%
Neutral	16%	25%
Negative/very negative	24%	47%

Participants were asked to rate how they felt about their career and employer as either very positive/positive, neutral or negative/very negative.

7.10 Discussion

This study followed up a sample of NHS staff in Scotland who retired early due to ill health. The outcomes and experiences of 424 Scottish NHS retirees have been identified. We have obtained information on the causes of IHR and have investigated the involvement of OHS, line managers and any offer of part-time work or redeployment. Additionally we know whether the retirees have found alternative work since their retirement. Predictors of re-employment since IHR have been identified.

72 of the ill health retirees (17%) had found employment since their retirement. Could these people have been retained in the NHS, especially as one third were undertaking similar work to that prior to their retirement? Skilled workers, who have subsequently shown they are capable of working again, are being lost from the NHS in a time of staff shortages. There would appear to be potential to rehabilitate, redeploy and retain a number of ill health retirees in the NHS and further interventions should be developed. A recent study in England showed that 13% of NHS staff who retired early because of ill health were back in work one year later.⁴ Consistent with that study the majority of our cohort who returned to work did so part-time having retired from full-time NHS posts. Our population was surveyed at least 2 years after retirement suggesting the number returning to work may increase for some time after retirement.

Predictive factors of re-employment after IHR were medical condition (mental disorders), managerial responsibility, improvement of health, wanting to work again, occupational group and age. Not surprisingly younger individuals were more likely to find re-employment after IHR. There may be a greater motivation for these individuals to want to work again and potential employers are more likely to want to employ these individuals. Despite low numbers in this study doctors/dentists and applied medical professionals were statistically more likely to return to work and were four times more likely to find re-employment than manual workers. These two groups of highly skilled NHS staff may have more opportunities available to them than other occupational groups.

54% of participants were nurses/midwives and 14% were manual workers therefore it is not surprising that diseases of the musculoskeletal system were the major cause of IHR where physical demands are greater. 36 participants listed harassment, workplace accident and assault as the cause of IHR. These would not be grounds for awarding IHR and are not listed under the WHO classification of

diseases.²⁸ The problems of harassment and assault in healthcare are not new.²⁹⁻³¹ This study did not specifically seek information on these areas and as participants volunteered this information it is possible that these 'causes' are underestimated.

For the vast majority of healthcare workers who had access to OHS the role of OHS was generally perceived to be more one of support and advice rather than involving liaison. Most staff found OHS helpful. The role of OPs was poorly understood with only 36 participants stating that the OP had liaised with their Manager, GP or HR. The normal practice of the OP within the NHS would be to communicate with the manager and/or HR in all cases and communication with GPs is usual during the ill health retirement process. Concerns were raised that OHS were not being given sufficient powers to help healthcare workers remain in their jobs and preventing them from proceeding down the route of IHR. Some participants felt being sent to OHS was a 'punishment', others regarded OHS as biased and 'run by management'. OHS are varied and confusion remains about their position and role in the healthcare system.³² There is a need for clarity about the role and impartiality of OHS especially as occupational health reports are used in the IHR decision process by the SPPA. Assessment of disability and functional capacity and expertise in rehabilitation and workplace modifications are some of the competencies of trained Occupational Physicians (OP).³³ In this study there is little evidence that OPs or OHS in general were very active in facilitating rehabilitation, workplace modifications, alternative work, or in directing potential retirees towards vocational rehabilitation or alternative employment. An influencing factor may be the lack of rehabilitation services within the NHS and the fact that healthcare workers like other occupational groups do not have access to prompt treatment aimed at return to work. The ageing workforce in NHS Scotland³⁴ needs more rehabilitation and occupational health support to be maintained in the workplace.

Research has shown that where managers are seen as supportive, employees are significantly less likely to be absent or report stress-induced illness behaviour.^{17,20} 249 participants (59%) reported that they had either no contact with their manager or that it was unsupportive. There is a need for improved line management support to their employees at this difficult time.

Results suggest that the NHS could be encouraging more part-time work or redeployment where ill health prevents staff from continuing in their normal job. There was also evidence that employers were reluctant to offer appropriate alternative

work or even part-time employment. Prior to IHR less than one fifth of participants took up the offer of part-time work, raising the question as to whether it was a serious offer. There would appear to be a lack of flexibility and sensitivity by NHS employers with regards to the alternative work offered since a high proportion of participants said it was inappropriate. By identifying predictors of re-employment this study highlights those individuals who are more likely to return to work and who therefore could be targeted first with new redeployment policies.

Participants had much more positive opinions about their career than about their past employer. Dissatisfaction with employers was highlighted with almost 50% of participants stating they felt either negative or very negative about their past employer. Qualitative data obtained from additional information given at the end of the questionnaire and from telephone interviews indicated a number of individuals felt let down by their employer and many felt they had been 'pushed down the road of ill health retirement'. The use of ill health retirement to solve personnel problems has been reported elsewhere.^{1;6}

The response rate in this study was 49% and there could be some concern about non-response bias. However this study provides important qualitative new information relevant to ill health and the workplace. There may be under reporting of those people who have returned to work as those individuals who are working again may have preferred not to return the questionnaire.

This study highlights substantial lack of support from employers in a number of areas. The finding that many ill health retirees find re-employment after retirement suggests the huge cost of ill health retirement to the NHS Superannuation Scheme could be reduced if the NHS encouraged redeployment where ill health prevents staff from continuing in their normal job. This study demonstrates the need for much more support, improved rehabilitation and retention policies and more flexibility by NHS employers. However, recent guidelines from the Scottish Executive in 2003³⁵ will address some of the issues raised in this study by improving HR and OH support to employees.

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The publications arising from this study are as follows:

Brown J, Reetoo KN, Murray KJ, Thom W, Macdonald EB. The involvement of occupational health services prior to ill-health retirement in NHS staff in Scotland and predictors of re-employment. *Occupational Medicine*. 2005;**55**:357-363.

Brown J, Gilmour WH, Macdonald EB. Ill health retirement in Scottish teachers: process, outcomes and re-employment. *International Archives of Occupational and Environmental Health*. 2005, in press.

Abbreviations

IHR	Ill health retirement
SPPA	Scottish Public Pensions Agency
OHS	Occupational health services
GP	General practitioner
OH	Occupational health
HR	Human Resources
OP	Occupational physician