Ill-health retirement of schoolteachers in the Republic of Ireland

Mary Maguire and Tom O’Connell

Background To investigate the epidemiological profile and medical causes of ill-health retirement (IHR) of teachers in the Republic of Ireland.

Methods Medical file review of teacher IHR in Irish primary and secondary schools, between 2002 and 2005 inclusive.

Results In all, 466 employees were granted IHR between 2002 and 2005. The rate of IHR was 2.7/1000 teachers per annum, with an average age at IHR of 52 years. The most common reasons for IHR were mental disorders (46%), cancer (19%), circulatory (14%) and musculoskeletal disorders (10%).

Conclusions The rate of IHR among Irish teachers is similar to that of other occupational groups, with psychiatric conditions, cancer and circulatory diseases as the principal causes.

Key words Early retirement; ill-health retirement; schoolteacher; teacher.

Introduction

While there is a large published literature in relation to teachers and stress going back 20 years or more, little has been published on ill-health retirement (IHR) of teachers, either in an Irish or European context.

In Ireland, the criteria for IHR are laid down in legislation, and state that for an application to succeed, the teacher must be ‘incapable of regular and effective service, and this is likely to be permanent’. In practice, this requires that the applicant has a medical condition that renders them unfit for work as a teacher, that all reasonable treatment options have been explored and that there is no prospect of them being fit for work in the long term (5 years or longer).

Up to 10 years of service credit may be added, depending on the applicant’s age and length of service, but the normal additional added years of service (for teachers with 20 years’ service or more and who are under 60 years of age) is up to 6 and 2/3 years. Individuals who have been granted retirement on health grounds are not precluded from working at occupations other than teaching, provided the individual remains permanently unfit for teaching.

The Irish Civil Service Occupational Health Department (CSOHD) provides advice to the Irish Department of Education and Science on teacher IHR applications. Applicants are first asked to provide a confidential medical report from their treating doctor to the CSOHD. Depending on this report, the CSOHD may recommend IHR or, if further clarification is required, may recommend referral to an outside independent Occupational Physician and/or another outside medical specialist.

Methods

The study approach was a retrospective review of 466 case files of teachers who retired on ill-health grounds from 1 January 2002 to 31 December 2005. These retirements are from a population, in 2005, of 46 102 teachers, i.e. 27 998 primary-level teachers (who teach pupils aged 5–12 years) and 18 104 secondary-level teachers (who teach pupils aged 13–18 years).

Standard epidemiological data such as age at retirement, sex and school type (primary/secondary) were collected by an occupational health nurse. Medical cause of IHR was classified by an Occupational Physician according to the International Classification of Diseases (10th revision) using codes 1–21. The Department of Education & Science 2005 employee database was used as a denominator to calculate average yearly age-specific IHR rates. Information on length of pensionable service
was not available. Statistical advice was sought from a biostatistician, using the chi-square test for two group comparisons.

Results

The overall annual rate of IHR among teachers was 2.7/1000 employees [95% confidence interval (CI) 2.23–3.23], with a higher rate of 3.4/1000 for secondary teachers (95% CI 2.57–4.37) versus a rate of 2.3/1000 for primary teachers (95% CI 1.71–2.92). The average age at retirement was 52 years, with primary teachers having an average age of retirement of 52 years and secondary teachers having an average age of retirement of 53 years.

The age-specific rate of IHR for primary and secondary teachers is shown in Figure 1. The rate of IHR increased with age, with a peak in the 55–59 age groups, both for primary and secondary teachers. In most age categories, secondary teachers had a higher rate of IHR/1000 employees, particularly in the 55–59 age category ($P < 0.05$). All teachers who were accepted for IHR had been on sick leave for at least 1 year. No urban/rural differential in IHR rates was noted.

Overall, 40% of applications were referred to an independent Occupational Physician, with similar rates of referral for all illnesses, except cancers (12% referral rate).

The medical causes of IHR are detailed in Table 1. Mental illness was the most common cause of IHR, followed by cancer, circulatory diseases and musculoskeletal disorders. Almost all mental illness cases related to anxiety and/or depression.

Discussion

The results of this study are in keeping with the results of unpublished research, which looked at IHR of Irish teachers over a 2-year period in the mid-1990s [1]. This study also found that mental illness was the single most common reason for IHR. The rate of IHR per 1000 teachers was broadly similar (2.3/1000 per year).

The rate of IHR among Irish teachers is broadly in keeping with other published and unpublished studies in the Republic of Ireland of Civil Servants, Healthcare Workers and Construction Workers [2–4].

A recently published Scottish study found that the most common causes for teacher IHR were mental disorders (37%) followed by musculoskeletal disorders (18%) [6]. In the Scottish study, chronic fatigue syndrome was not included in mental disorders, which accounts for the lower rate of mental disorders in the Scottish versus the Irish study. In our study, about half of all teacher IHRs are because of mental ill health.

Research from England and Wales indicates that approximately one-quarter of teacher retirements are on the grounds of ill health and that among teachers in the 50–54 age groups, IHRs account for almost half of all retirements [7]. The fact that almost 75% of Irish teachers ill health retired were in the 50–59 year old age group probably cannot be accounted for solely by increasing rates of illness with increasing age. Although information on length of pensionable service was not available, most individuals would have started in teaching in their early 20s. Thus, it is a reasonable assumption that most teachers in this age group would be retiring on full pension or close to full pension once added years for IHR are factored in. It is well recognized that non-medical factors can influence applications for IHR across many organizations. Studies in the UK have shown that the structure of a pension scheme may influence the rate and timing of IHR. [8].

Applicants were not seen by a dedicated occupational health/rehabilitation service during their period of sick leave prior to IHR. It is well documented that early occupational health/employee assistance programme intervention can be successful in rehabilitating sick employees, and thus decreasing rates of IHR. This is particularly true of mental disorders [6], which made up 46% of IHR cases in this study.

One unexpected finding of our study was the high rate of IHR due to cancer (19% overall). There was a significantly higher number of IHRs due to cancer in

Table 1. Medical causes of IHR in primary versus secondary teachers in the Irish Republic, 2002–05 ($n = 466$)

<table>
<thead>
<tr>
<th>Illness category</th>
<th>Primary</th>
<th>Secondary</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental disorders</td>
<td>112 (48%)</td>
<td>106 (46%)</td>
<td>218 (46%)</td>
</tr>
<tr>
<td>Cancer</td>
<td>55 (24%)</td>
<td>33 (14%)</td>
<td>88 (19%)</td>
</tr>
<tr>
<td>Circulatory</td>
<td>24 (10%)</td>
<td>39 (17%)</td>
<td>63 (14%)</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>18 (8%)</td>
<td>29 (12%)</td>
<td>47 (10%)</td>
</tr>
<tr>
<td>Other</td>
<td>24 (10%)</td>
<td>26 (11%)</td>
<td>50 (11%)</td>
</tr>
<tr>
<td>Total</td>
<td>233 (100%)</td>
<td>233 (100%)</td>
<td>466 (100%)</td>
</tr>
</tbody>
</table>

Figure 1. Age-specific rate of IHR of Irish primary and secondary teachers per 1000 employees.
primary versus secondary teachers (55 cases versus 33 cases, \( P < 0.05 \)). Among these 55 primary teacher cancer cases, there was in turn a significantly higher number of females versus males (51 female cases versus 4 male cases, \( P < 0.05 \)). Of these 51 female primary teacher cancers, 23 were breast cancer, six ovarian and the remainder were various non-specific cancers. It is not possible to draw meaningful comparison with the general Irish population, as IHR applicants are a self-selected group. Data on parity/age at first childbirth/family history were not available, and thus the role of these potential confounding variables is unknown. There is no known workplace hazard that might account for the high rate of IHR due to cancer.

What this study highlights is that the rates and medical causes of teacher IHR are similar in Ireland compared to other European countries. A higher than expected rate of IHR due to cancer was noted, and although there are a series of potential confounding variables, perhaps this merits further study. The study again highlights the need for occupational health services/early sickness interventions for teachers, which has already been commented on by other authors [6]. Since this study was conducted, an employee assistance service for Irish teachers has been provided, and an occupational health service is in the process of being put in place.

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Conflicts of interest

None declared.

References