Introduction:
Critical care patients may develop long-term health problems associated to their illness or ICU treatments, which may affect their work capacity. Unfortunately, studies evaluating the impact of critical illness on work-related outcomes are scarce. Therefore, we aimed to investigate factors associated with non-return to work among ICU survivors.

Methods:
A prospective cohort study involving ICU survivors of 6 Brazilian tertiary hospitals was conducted from May 2014 to August 2017. Patients with an ICU stay >72 h (for medical and emergency surgical ICU admissions) or >120 h (for elective surgical ICU admissions) who were discharged alive from the hospital were evaluated through a structured telephone interview 3 months after discharge from the ICU. A stepwise multivariate Poisson regression analysis adjusted by age, gender and years of education was used to evaluate the association of sociodemographic- and ICU-related variables with non-return to work.

Results:
In total 986 ICU survivors completed the 3-month follow-up. Of these, 285 (29%) were working before ICU admission. Only 113 of 285 patients (39%) returned to work within the first 3 months after discharge from the ICU. Percentage of risk of death at ICU admission (relative risk [RR], 1.85; 95% confidence interval [CI], 1.04-3.29), decrease in physical functional status in relation to the pre-ICU period measured by Barthel Index (RR, 1.86; 95% CI, 1.48-2.35), not having a private healthcare insurance (RR, 1.57; 95% CI, 1.20-2.04), and a formal work status before ICU admission (RR, 1.44; 95% CI, 1.11-1.87) were independently associated with non-return to work within the first 3 months after discharge from the ICU.

Conclusion:
The present study findings suggest that ICU factors, such as the severity of critical illness and ICU-related physical disability, and social factors, such as not having a private healthcare insurance and previous formal work status, may play an important role in the risk of non-return to work among ICU survivors.