David M Stoddert and others) they showed in their study conducted by interviews with treating) – physicians and nurses , on the form of Qualitative study and published in 2003 This study aimed to determine types, sources, and predictors of conflicts among patients with prolonged stay in the ICU.However, efforts to improve the quality of care for critically ill patients that focus on team–family disagreements over life– sustaining treatment miss significant discord in a variety of other areas.[1] (Stoddert, D.M., et al,2003.) – (Elie Azoulay and other's) they showed in their study conducted by questionnaire , in the form of One–day cross–sectional survey of ICU clinicians.Multivariate analysis identified 15 factors associated with perceived conflicts, of which 6 were potential targets for future intervention: staff working more than 40 h/wk , more than 15 ICU beds, caring for dying patients or providing pre– and post–mortem care within the last week, symptom control not ensured jointly by physicians and nurses, and no routine unit–level meetings.After comparing the research results, they found that Over 70% of ICU workers reported perceived conflicts, which were often considered severe and were significantly associated with job strain.and published in 2009 This study aimed to record the prevalence, characteristics, and risk factors for conflicts in ICUs and the results showed that Conflicts were perceived by 5,268 (71.6%) respondents.Conflicts perceived as severe were reported by 3,974 .(53%) respondents