

sis) to 4.99 (1.36) (self-efficacy to report pain). The mean (SD) outcome expectancies ranged from 1.74 (1.35) (catastrophizing) to 5.33 (0.84) (pain medications).

Hypothesis 1: Coping Strategies Used by Patients in Dealing with Their Cancer Pain

Patients' use of coping strategies is presented in Table 2. Those strategies reported to be used most frequently were increasing activity levels (4.47) reporting pain (4.27), using pain medications (3.84), and coping self-statements (3.81). Several demographic variables were related to the use of coping. Females employed attention-diverting strategies more than did males; the means (SD) were 2.94 (1.80) and 2.13 (1.75), respectively [$t(86) = 2.05, p < 0.05$]. Females used coping self-statements more than did males; the means (SD) were 4.05 (1.47) and 3.33 (1.75), respectively [$t(86) = 2.04, p < 0.05$]. Females also applied heat more often than did males; the means (SD) were 3.29 (1.77) and 2.10 (1.86), respectively [$t(86) = 2.95, p < 0.05$]. Overall, females employed behavioral coping strategies more than did males; the means (SD) were 3.31 (0.87) and 2.86 (0.90), respectively [$t(86) =$

2.25, $p < 0.05$].

Age was found to be positively correlated with praying/hoping ($r = 0.23, p < 0.05$), but negatively correlated with reinterpreting pain sensations ($r = -0.25, p < 0.05$), coping self-statements ($r = -0.19, p < 0.05$), relaxing ($r = -0.20, p < 0.05$), and using imagery ($r = -0.33, p < 0.05$). Level of education was found to be negatively correlated with praying/hoping ($r = -0.21, p < 0.05$), but positively correlated with using massage ($r = 0.21, p < 0.05$) and imagery ($r = 0.20, p < 0.05$).

Hypothesis 2: Relationships of Perceived Self-efficacy with Pain Outcomes (Pain Intensity and Pain Interference)

Correlations between perceived self-efficacy and pain outcomes are summarized in Table 3. The total score of self-efficacy for behavioral coping was negatively correlated with the pain worst score. Among cognitive coping strategies, perceived self-efficacy for diverting attention and praying/hoping were negatively correlated with pain worst and reinterpreting pain sensation was negatively correlated with pain interference

Table 1. Mean (sd) score on perceived self-efficacy and outcome expectancies (N = 88)

	Self-efficacy	Outcome expectancies
<i>Cognitive strategies</i>		
Coping self-statement	3.36 (1.87)	3.93 (1.13)
Praying/hoping	3.82 (1.83)	4.08 (1.22)
Catastrophizing	2.47 (1.97)	1.74 (1.35)
Ignoring pain	2.38 (1.98)	3.72 (1.10)
Diverting attention	3.74 (1.51)	4.35 (0.98)
Reinterpreting pain	1.83 (1.76)	3.68 (1.07)
Using imagery	3.71 (2.21)	3.78 (1.15)
Using hypnosis	0.78 (1.35)	3.17 (1.19)
Total cognitive coping	2.63 (1.00)	3.56 (0.60)
<i>Behavioral strategies</i>		
Reporting pain	4.99 (1.36)	3.66 (1.06)
Using pain medications	4.44 (1.64)	5.33 (0.84)
Increasing activity	4.02 (1.43)	4.41 (1.15)
Exercising	3.93 (1.90)	3.86 (1.22)
Relaxing	3.39 (1.93)	4.27 (1.09)
Using heat	3.74 (2.21)	4.19 (1.19)
Using cold	3.90 (2.33)	3.68 (1.28)
Getting a massage	3.06 (2.31)	3.98 (1.36)
Total behavioral coping	3.81 (1.22)	4.13 (0.68)

Table 2. Mean (sd) score on the use of coping for each strategy (N = 88)

Coping strategy	Use of coping
<i>Cognitive strategies</i>	
Coping self-statement	3.81 (1.60)
Praying/hoping	4.06 (1.94)
Catastrophizing	1.86 (1.80)
Ignoring pain	2.16 (1.73)
Diverting attention	2.67 (1.80)
Reinterpreting pain	1.06 (1.43)
Using imagery	1.86 (1.95)
Using Hypnosis	0.35 (1.12)
Total cognitive coping	2.23 (0.83)
<i>Behavioral strategies</i>	
Reporting pain	4.27 (1.57)
Using pain medications	3.84 (1.65)
Increasing activity	4.47 (1.26)
Exercising	2.93 (1.69)
Relaxing	3.02 (1.94)
Using heat	2.89 (1.88)
Using cold	1.82 (1.80)
Getting a massage	2.02 (2.01)
Total behavioral coping	3.16 (0.90)

The range for the use of coping is 0 to 6. * $p < 0.05$.