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Cancer pain remains inadequately treated worldwide in up to 91% of patients. Challenges to daily activities due to cancer pain may produce maladaptation that significantly affects quality of life. Enhancing behavioral and cognitive coping are important strategies in providing holistic care for optimum pain management, potentially leading to better quality of life. Assessment of cancer pain lacks a comprehensive framework across research and clinical venues. No study has examined how pain severity and coping efforts relate to quality of life in Arab American cancer patients. A middle-range theory of adaptation to cancer pain (ACP), derived from the Roy Adaptation Model will serve as the theoretical framework for this study to examine the relationships between cancer pain, coping strategies, and quality of life among Arab American adults with cancer, and to test the (ACP) model. A cross-sectional design with a convenience sample of 170 Arab American patients with cancer were recruited from a large urban cancer center in southeastern Michigan, and five community sites in mid-west area. Participants completed six self-report questionnaires. Structural equation modeling (SEM) was used to analyze the proposed middle-range theory of ACP. Participants' mean age was 50 years. Eighty-Four were males (49.4%), the majority had at least a high school level of education, were married, Muslims, Lebanese, had yearly income of less than 25,000 U.S. dollars. The majority were unemployed. The average length of stay in the United States was 17 years. The most prevalent cancer for men was lung cancer and for women was breast cancer. Participants' acculturation level had a mean of 1.6 (responses ranged 1-3), which indicates a strong Arabic identification. The mean score of worst pain was 6.1. The mean score on the total barriers scale was 2.4 (possible range 0-5) indicating moderately high barriers. Significant relationships were found between pain and coping process. Higher pain was associated with lower physiological integrity ( $r = -.28$ ), and psychic-spiritual integrity ( $r = -.19$ ). Pain had a significant negative relationship with quality of life ( $r = -.21$ ). Older subjects had more favorable quality of life outcomes. Coping processes mediated the relationship between pain and quality of life, and both behavioral and cognitive coping strategies were correlated. The results of this study supported the proposed theoretical model, add to the body of nursing knowledge, help nurses to recognize the importance of assessing coping as a psychological factor that plays a role in pain management, and provide nurses with knowledge for encouraging coping strategies that will improve quality of life.

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