

The pain self-efficacy questionnaire

Description

The Pain Self-Efficacy Questionnaire (PSEQ) is a 10-item questionnaire, developed in the 1980s by Michael Nicholas to assess the confidence people with ongoing pain have in performing activities while in pain. The PSEQ is applicable to all persisting pain presentations. It covers a range of functions, including household chores, socialising, work, as well as coping with pain without medication. It takes two minutes to complete, has a high completion rate, is available at no charge, and can be used in assessment, treatment planning, and outcome evaluation (Nicholas 2007). Normative data have been established for a pain clinic population (Nicholas et al 2007).

Instructions to the client and scoring: Clients are asked to rate how confidently they can perform the activities described, at present, despite their pain. They answer by circling a number on a 7-point Likert scale under each item, where 0 = not at all confident and 6 = completely confident. A total score, ranging from 0 to 60, is calculated by adding the scores for each item. Higher scores reflect stronger self-efficacy beliefs.

Reliability and validity: Internal consistency is excellent

Commentary

Bandura (1977) conceptualised self-efficacy as a reflection of a 'resilient self-belief system' in the face of obstacles. By specifying the nature of the obstacle to be faced (pain), the PSEQ provides more clinically-useful information than simply asking someone about their confidence in performing an activity. It provides the clinician with a quick and easy guide as to how a client might respond to an activity upgrade or exercise program. Low scores (< 20) indicate the client is more focused on the pain (seeking pain relief first). Unless this belief is addressed it is likely to limit willingness to exercise independently. High scores (> 40) indicate the client is likely to respond well to an exercise program (Frost et al 1993). A client's pain self-efficacy can be changed in three main ways – by experience, where they can upgrade their activity levels (despite pain), by observing others with similar problems do the same, and by education. The evidence from studies with the PSEQ is that once clients with persisting pain reach scores over 40 they are likely to sustain, or build on, their functional gains (Nicholas 2007).

Low pain self-efficacy is a predictor of people being at risk of long-term disability and depression (Arnstein 1999). In general, higher self-efficacy appears to enhance and maintain the long-term effects of rehabilitation (Keefe et al 2004).

The availability of normative data assists in the interpretation of scores in individual cases, treatment outcome research,

(0.92 Cronbach's α) and test-retest reliability is high over a 3-month period (Asghari and Nicholas 2001). Validity is reflected in high correlations with measures of pain-related disability, different coping strategies, and another more activity-specific measure of self-efficacy beliefs, the Self-Efficacy Scale (SES) (Kaivanto et al 1995). However, the PSEQ is more strongly associated with perceived work capacity in injured workers with chronic pain than is the SES, which does not incorporate the presence of pain as a context (Gibson and Strong 1996). The evidence of the PSEQ's sensitivity to change provides support for its construct validity.

High PSEQ scores are strongly associated with clinically-significant functional levels and provide a useful gauge for evaluating outcomes in chronic pain patients (Nicholas 2007). Scores around 40, as found in injured workers who had returned to work (Cohen et al 2000, Adams and Williams 2003), are associated with return to work and maintenance of functional gains, whilst lower scores after treatment (eg, 30) tend to predict less sustainable gains (Coughlan et al 1995).

and in assessing the clinical significance of the score (Nicholas et al 2007). For example, a PSEQ score of 42 before treatment would mean that a person would be more confident of his or her ability to manage the pain than 85% of a sample, with pain in the similar body area, attending the tertiary-referral centre described (Nicholas et al 2007b).

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References

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