Cancer-related pain frequently is treated with analgesic medications; however, nondrug treatments, including several cognitive-behavioral interventions, have been identified as adjuvant strategies to enhance relief of pain and distress. Cognitive-behavioral interventions are strategies that attempt to change how one perceives, interprets, relates to, or responds to a noxious stimulus (Manetto & McPherson, 1996). For example, guided imagery is used to mentally reinterpret a painful stimulus into a less distressing and nonpainful experience (McCaffrey & Beebe, 1989). Individual differences in response to cognitive-behavioral interventions have been documented, suggesting that they work for some patients but not for others (Tan, 1982). Outcome expectancy, the belief that a specific outcome will be achieved, has been suggested as a potential moderator of the effects of these interventions (Kwekkeboom, 1999a). The purpose of this article is to describe the potential role of outcome expectancy in successful use of cognitive-behavioral interventions and to evaluate possible predictors of outcome expectancy. Data collected in an ongoing trial of guided imagery were used to test three variables (previous history of imagery use, preferred coping style, and perceived credibility of the imagery provider) as predictors of outcome expectancy regarding specific interventions. In addition, initial psychometric properties of instruments created to measure these constructs were assessed.

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Key Points...

- Outcome expectancy can be described as one's ideas about the anticipated result of using an intervention—one's belief that the intervention will work or not work.
- Specific outcome expectancies may influence whether an intervention is helpful. Positive outcome expectancy may help an intervention to work, whereas negative outcome expectancy may prevent it from working.
- Evidence suggests that previous experiences with the intervention and notions of the provider's credibility influence outcome expectancy.
- When selecting cognitive-behavioral interventions for their patients, nurses may find it helpful to inquire about the patients' outcome expectancy regarding specific interventions, their previous experiences with those interventions, and ideas about the provider's credibility.