Author's declarative title:
More investment in end-of-life care training of healthcare professionals is required to enhance care, evidence and outcomes

Commentary on: Takemura N, Fong DYT & Lin CC. Evaluating end-of-life care capacity building training for home care nurses. *Nurse education today*, *117*, 105478. https://doi.org/10.1016/j.nedt.2022.105478

Commentary
Implications for practice and research

- Training course shows promise for improving professional practice for nurses who care for people dying at home
- Future studies should evaluate the effectiveness of educational interventions on patient, family carer, and healthcare system-related distal outcomes

Context
A stated preference to die at home is an emerging trend in many national contexts.[1] However, this is a difficult issue which is reliant on many factors. For example, the suitability of the home environment and the caring and emotional burden placed on family carers who are often overwhelmed.[2] Access to health professionals and a well-organised and collaborative network of services are key facilitators of providing a dignified death in a home setting.[3, 4] Health professionals need to be empowered to support a person dying at home, and the study by Takemura and colleagues[5] reports an evaluation of a training programme to assess quality of life at work, orientation toward dying and death, and self-competence in death work.

Method
The training programme comprised of a two-day entry-level course and a seven-day advanced-level course. The course ran for one year for three different cohorts, with nurses engaged in the courses for 6 months. In a pre-experimental design, outcomes were measured pre and post both courses using the Professional Quality of Life Scale, version 5 (ProQOL-5), Multidimensional Orientation Toward Dying and Death Inventory (MODDI-F) and Self-Competence in Death Work Scale (SC-DWS). A convenience sample of 153 nurses (94% female and 75% registered nurses) working in home care settings or nursing homes were recruited. Data was collected in a 6 month follow up period.

Findings
Nurses reported a higher level of compassion, satisfaction, less burnout at work, less fear about their own death and more acceptance of others' deaths in post-advanced-level courses. Most participants were satisfied with the delivery method, duration, and logistical arrangement of the courses.

Commentary
The evaluation of the training programme by Takemura and colleagues[5] shows promise in improving professional practice of nurses who care for people at the end of life. However, the study has methodological limitations that are fairly reflective of

the wider evidence base. A lot of research on training focuses on staff-related proximal outcomes of those trained pre and post training. Studies tend to have a minimal or no focus on the perspectives of others or distal outcomes in relation to practice, economic analysis, health, and patients and their family carers.[6] Proximal outcomes are short-term, often self-reported and therefore easier and cheaper to assess, while distal outcomes are long-term and require more expensive data collection and evaluation procedures. As a consequence of focusing on proximal outcomes, what it is possible to claim about the efficacy of programmes is limited. This is further exacerbated by study designs, such as the approach followed by Takemura and colleagues, where there tends to be no control group or comparison to those who receive 'regular training', and often no qualitative insights to provide additional evidence. In other words, the norm in this field is to study immediate attitudes of those trained and how they felt, compared to the same attitudes before they were trained. Evaluating staff-related proximal outcomes such as perceived self-efficacy or self-confidence is important but it is not enough. To understand how impactful training is and how can be improved, we need to measure more patient, family carer, and healthcare system-related distal outcomes. This requires a more complex evaluation approach and more resources. Funders should be receptive to resourcing large scale, multifaceted and complex evaluations that address these aforementioned methodological weaknesses. This should produce better evidence on training and support for healthcare professionals who provide care to people at the end of their life.

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Competing interests
No competing interests to declare