Family members are expected to take on the responsibilities of caring for their sick relatives in Asian societies, such as Singapore, that highly value filial piety (Chow, 2009). However, caring for a person with advanced cancer is physically and emotionally challenging. Physically, the person with advanced cancer has complex needs and requires extensive care from the caregiver. Emotionally, the caregiver has to deal with the patient’s impending death (Tsigaropoulos et al., 2009). Caregivers may experience significant stress, and some suffer from depression and decreased quality of life (QOL) (Hudson, Thomas, Trauer, Remedios, & Clarke, 2011).

The World Health Organization ([WHO], 1996) has defined QOL as “individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns” (p. 5). In end-of-life care, QOL is one of the key indicators for service evaluation (WHO, 2015). Therefore, interventions should be targeted at improving caregivers’ QOL.

Generally, the literature supports psychoeducational interventions for improving caregivers’ QOL (Harding & Higginson, 2003; Hudson, Remedios, & Thomas, 2010). However, several knowledge gaps were identified (Harding & Higginson, 2003; Hudson et al., 2010). Harding and Higginson (2003) commented on the lack of rigorous design in many reviewed studies with small sample sizes. A review by Hudson et al. (2010) reported that, despite an increase in the quality and quantity of intervention studies, psychosocial support for caregivers in palliative care was still in its early stages. In the Singapore context, to the best of the researchers’ knowledge, no study on psychoeducational interventions for caregivers of a person with advanced cancer has been conducted.

Prior to the current study, the researchers conducted a study to understand the QOL and experiences of caregivers (Leow, Chan, & Chan, 2014). Caregivers’ QOL remained constant over a period of two months without any intervention, and social support satisfaction was essential in improving caregivers’ QOL. In addition to requiring help to cope with stress and negative emotions (Funk et al., 2010), the literature also suggested that caregivers need information and improved...