monash graduate association

Graduate Research in MNHS:

Student Experiences, Challenges and Opportunities for Enhancement

Acknowledgements

Acknowledgement of Country

The Monash Graduate Association respectfully acknowledges the Traditional Custodians of the lands on which we work and learn. We pay our respects to the Wurundjeri Woi Wurrung and Bunurong peoples of the Kulin Nation, on whose unceded lands our Melbourne campuses are situated.

We also acknowledge and pay our respects to the Traditional Custodians of all lands and waters across Australia from which our graduate students participated in this research. We honour the continuing connection of Aboriginal and Torres Strait Islander peoples to Country, culture, and community and recognise their enduring knowledge systems and contributions to Australian society.

We pay our respects to Elders past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Report Production

The Monash Graduate Association would like to thank all those who assisted in the production and distribution of this survey. We would also like to thank the graduate students who completed the survey.

This report was produced by the MGA's Research Manager, Dr Ryan Edwards. Should you have any questions in regard to the paper, please contact Ryan.Edwards@monash.edu for further information.

Use of Generative AI

The design, methodology and core content of this report are the work of the author. Generative AI (Claude) supported specific technical tasks including the coding of open-ended survey responses and the automation of repetitive data analysis procedures. AI assistance was also employed for language editing and refinement throughout the document. All applications of AI were supervised and validated by the research team. The analytical insights, conclusions and recommendations presented in this report represent the independent professional judgment of the author. All cited sources were identified, reviewed and verified manually.

How to Cite this Report

Edwards, Ryan. *Graduate Research in MNHS: Student Experiences, Challenges and Opportunities for Enhancement.* Melbourne: Monash Graduate Association, 2025.

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Introduction

This report examines the experiences of 333 graduate research students in the Faculty of Medicine, Nursing and Health Sciences (MNHS) who participated in the MGA's *2025 National Postgraduate Student Survey on Health, Family and Finances*. It complements the university-wide report *Graduate Research at Monash: Student Experience, Challenges and Opportunities for Enhancement* by identifying faculty-specific patterns and opportunities for targeted enhancement within MNHS.

Where meaningful, findings are compared to Monash-wide averages to highlight areas where MNHS students' experiences converge with or diverge from broader institutional trends. Given the focused sample size, this report emphasises actionable insights for faculty leadership rather than comprehensive statistical analysis.

Survey Participation

- 333 MNHS graduate research students participated.
- Response rate represents approximately 21% of enrolled MNHS graduate researchers.
- Data collected May – June 2025 as part of broader institutional study.

Report Focus

This report addresses four key areas:

- Mental health and wellbeing in MNHS graduate research contexts.
- Financial pressures and their discipline-specific manifestations.
- Academic progression, career uncertainty and attrition considerations.
- Peer connection and support needs unique to MNHS students.

Note on methodology: For detailed survey methodology, limitations and comparative analysis with other universities, see the main university-wide report. This faculty report focuses on patterns specific to MNHS students and what the faculty can do to enhance support.

Key Findings for MNHS

This section presents core findings from the 333 MNHS graduate research students who participated in the survey, examining patterns across mental health, financial circumstances, academic progression and peer connection. Where meaningful, findings are compared to Monash-wide averages to identify areas where MNHS students' experiences align with or diverge from broader institutional trends. These comparisons reveal both shared challenges affecting graduate researchers across disciplines and distinctive patterns that may warrant faculty-specific interventions.
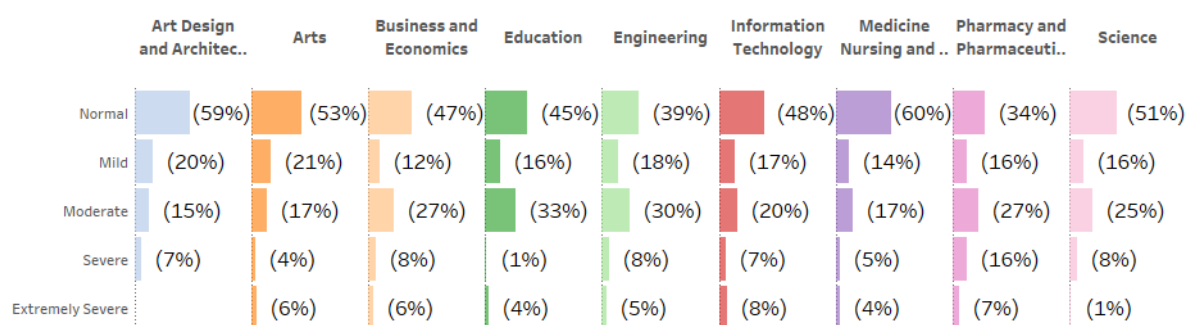
1. Mental Health and Wellbeing

Mental health challenges affect graduate research students across all disciplines, but the intensity and nature of these challenges – and students' willingness to seek support – vary by faculty context. This section examines mental health indicators, support access patterns and imposter syndrome rates among MNHS students, comparing them to university-wide averages. These findings reveal where MNHS students face similar challenges to their peers and where discipline-specific factors may create unique barriers or pressures.

DASS21 Indicators:

MNHS students show mental health patterns similar to the Monash average.

Depression:

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Normal	(59%)	(53%)	(47%)	(45%)	(39%)	(48%)	(60%)	(34%)	(51%)
Mild	(20%)	(21%)	(12%)	(16%)	(18%)	(17%)	(14%)	(16%)	(16%)
Moderate	(15%)	(17%)	(27%)	(33%)	(30%)	(20%)	(17%)	(27%)	(25%)
Severe	(7%)	(4%)	(8%)	(1%)	(8%)	(7%)	(5%)	(16%)	(8%)
Extremely Severe		(6%)	(6%)	(4%)	(5%)	(8%)	(4%)	(7%)	(1%)

Anxiety:

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Normal	(59%)	(47%)	(35%)	(34%)	(39%)	(41%)	(55%)	(40%)	(47%)
Mild	(17%)	(21%)	(29%)	(28%)	(21%)	(14%)	(16%)	(16%)	(14%)
Moderate	(11%)	(9%)	(14%)	(27%)	(22%)	(23%)	(12%)	(17%)	(22%)
Severe	(11%)	(14%)	(8%)	(3%)	(8%)	(10%)	(7%)	(11%)	(16%)
Extremely Severe	(2%)	(9%)	(15%)	(7%)	(11%)	(13%)	(9%)	(16%)	(1%)

Stress:

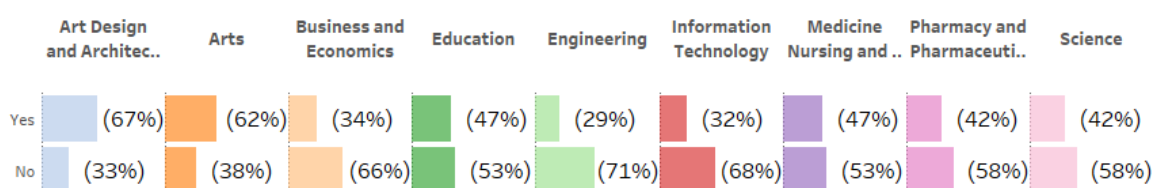|	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Normal	(65%)	(60%)	(59%)	(64%)	(67%)	(52%)	(61%)	(43%)	(68%)
Mild	(15%)	(15%)	(14%)	(9%)	(16%)	(18%)	(14%)	(14%)	(9%)
Moderate	(13%)	(13%)	(17%)	(18%)	(10%)	(20%)	(15%)	(19%)	(17%)
Severe	(4%)	(9%)	(6%)	(7%)	(7%)	(6%)	(8%)	(19%)	(6%)
Extremely Severe	(2%)	(3%)	(5%)	(1%)	(1%)	(4%)	(3%)	(6%)	

These patterns suggest that MNHS students experience mental health challenges at rates marginally lower than the broader Monash graduate research population. While 60% fall within the normal range for depression (higher than the 51% university-wide), just over one quarter of respondents experience moderate to extremely severe symptoms across all three DASS21 domains.

Mental Health Support Access:

MNHS respondents access mental health support at similar rates to other faculties across the university.

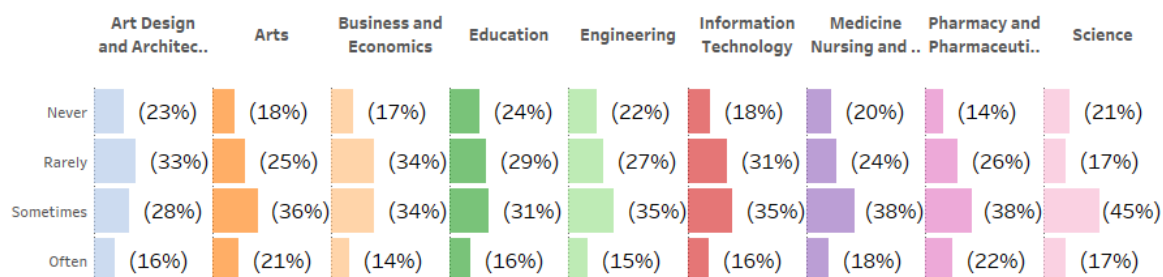|	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Yes	(67%)	(62%)	(34%)	(47%)	(29%)	(32%)	(47%)	(42%)	(42%)
No	(33%)	(38%)	(66%)	(53%)	(71%)	(68%)	(53%)	(58%)	(58%)

Key demographic insights:

- 47% of MNHS students have accessed mental health support (vs. 45% university-wide).
- 59% of domestic students (n.195) and 29% of international students (n.122) had accessed support. Both of these were marginally below the average across the university for these demographic groups (domestic = 62%, international = (32%).
- 24% of men (n. 83) and 55% of women (n.227) had accessed support. Men accessing support within the faculty is lower than their average across Monash (31%); however, women accessing supporting in MNHS is marginally higher than across Monash (52%)

Imposter Syndrome:

Beyond clinical mental health indicators, imposter syndrome – the persistent feeling of being a fraud despite evidence of competence – represents a distinct psychological challenge facing graduate researchers. Examining imposter syndrome rates provides insight into how students experience their academic identity and belonging within the research community.

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Never	(23%)	(18%)	(17%)	(24%)	(22%)	(18%)	(20%)	(14%)	(21%)
Rarely	(33%)	(25%)	(34%)	(29%)	(27%)	(31%)	(24%)	(26%)	(17%)
Sometimes	(28%)	(36%)	(34%)	(31%)	(35%)	(35%)	(38%)	(38%)	(45%)
Often	(16%)	(21%)	(14%)	(16%)	(15%)	(16%)	(18%)	(22%)	(17%)

- 80% of MNHS students reported experiencing imposter syndrome at some point (vs. 80% university-wide).

Student Voices from MNHS:

While the quantitative data reveals patterns in mental health outcomes, research pressures and imposter syndrome among MNHS students, hearing directly from students themselves provides essential depth and context to these statistics. The following testimonies illustrate the lived experiences behind the data, revealing how mental health challenges manifest in the daily realities of graduate research students in MNHS:

"Moments where I make a fool out of myself. Such as being asked a question and not being able to answer it well. It makes me feel below everyone else and undeserving of where I am."

"Tired. Stressed. Impossible quantity of work to do."

"The amount of time left to finish things I need to do."

"Depression. Intense supervisor expectations causing me to over-work and burn out."

"The thesis submission date contributed to my isolation/this feeling. Isolated myself to stay on track."

"Impostor syndrome fear of being the least knowledgeable person in the group."

"Living alone; not feeling like I can contact someone to spend time without any expectation/motive/activity; feeling like I was the only one experiencing dysregulation + dysfunction and then feeling ashamed of telling others this as it seemed due to my personal failings."

"Mostly related to feelings of overwhelm (I am juggling study clinical work raising two children including one with a disability) and feeling that there is nowhere to shift responsibility to or get help."

"Not feeling smart enough or mature enough to be here."

"Imposter syndrome peers organising social outings that require spending money."

What This Means for MNHS:

MNHS students access mental health support at slightly higher rates than the university average (47% vs. 45%); however, both domestic students (59% access) and international students (29% access) in MNHS fall slightly below their respective university-wide averages (62% and 32%), indicating that demographic-specific barriers persist within the faculty.

More concerning is the pronounced gender disparity: only 24% of men in MNHS have accessed support compared to 31% university-wide, while women's access (55%) exceeds the institutional average (52%). This 31-percentage point gap between men and women within MNHS suggests that masculine norms around emotional resilience may operate particularly strongly in health sciences contexts.

Health sciences faces unique opportunities and challenges for mental health support. On one hand, students training in medicine, nursing and health sciences may have greater mental health literacy and reduced stigma compared to other disciplines due to? (e.g., caring nature of the fields they practice in?). On the other, the emotionally demanding nature of health-focused research – involving patient populations, illness, suffering and mortality – can create a challenging research and occupational environment with unique psychological pressures. Clinical placements, long laboratory hours and the high-stakes nature of medical research may intensify stress while simultaneously lowering opportunities and time to seek help.

The faculty's marginally better mental health outcomes – with 60% of students in the normal range for depression compared to 51% university-wide – may partly reflect the slightly higher overall support access rate (47% vs. 45%). However, this aggregate advantage obscures persistent demographic disparities: particularly low access among men (24%) and below-average rates for both domestic and international students, indicating untapped potential. Closing these demographic gaps represents an opportunity to build on MNHS' existing strengths.
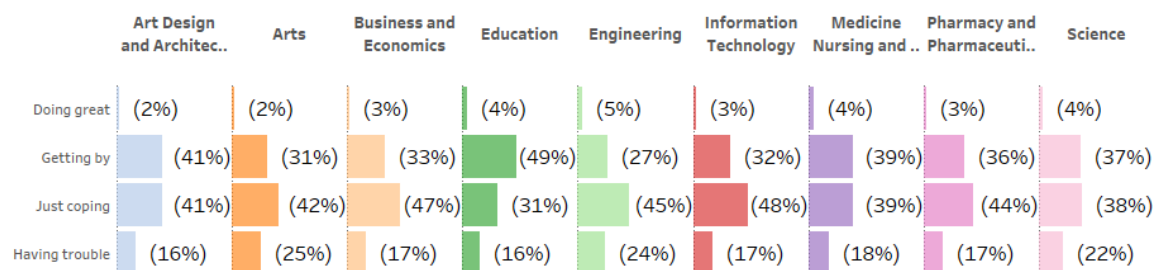
2. Financial Circumstances and Career Pressure

This section examines two interrelated dimensions of the MNHS graduate research experience: financial circumstances and career navigation. Beyond standard financial wellbeing measures, MNHS students face discipline-specific pressures including international conference/fieldwork expectations, professional presentation standards and the tension between academic career paths and industry opportunities. These factors combine to create unique financial and professional challenges that may require targeted faculty-level interventions.
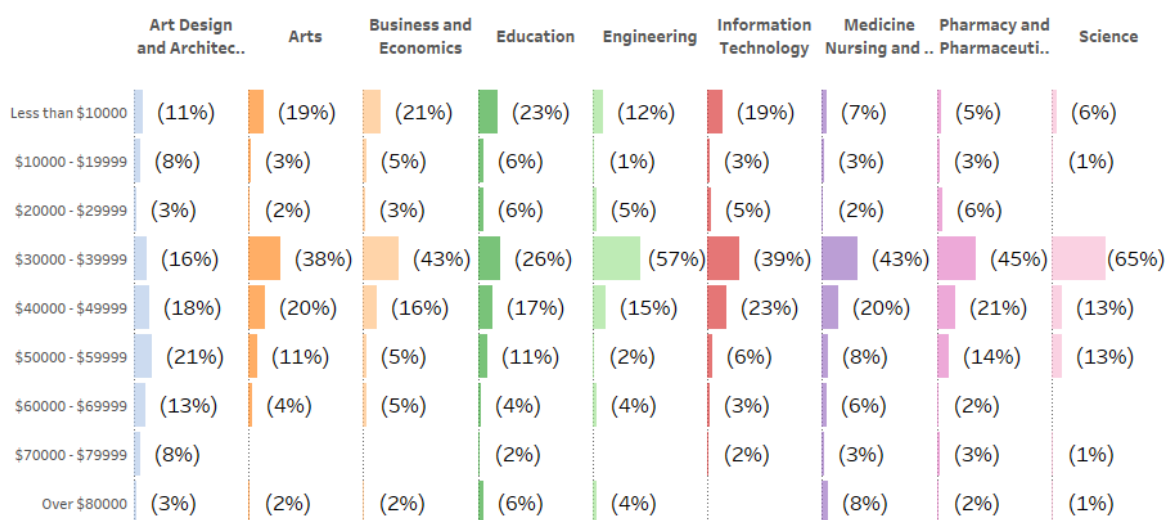
Melbourne Institute's Financial Wellbeing:

MNHS graduate research students show financial wellbeing patterns similar to the Monash average with 57% of the faculty's students either "just coping" or "having trouble."
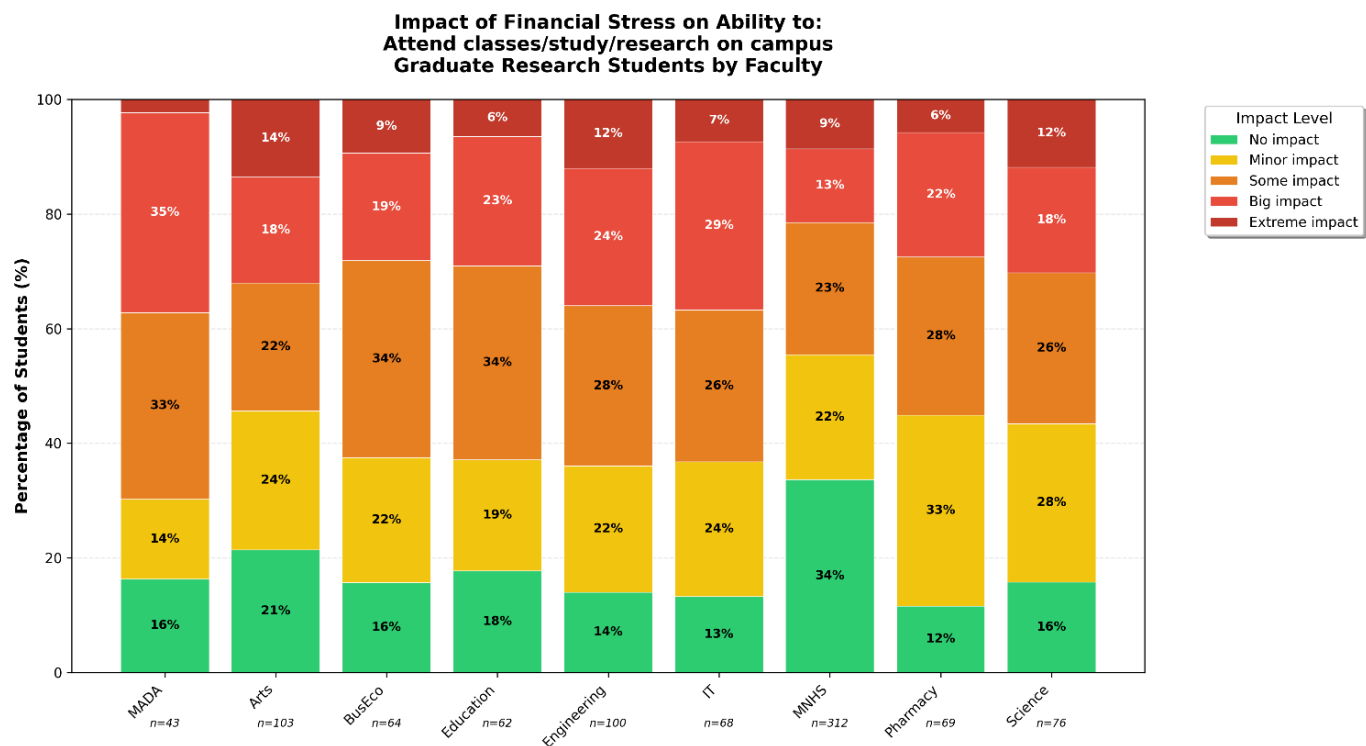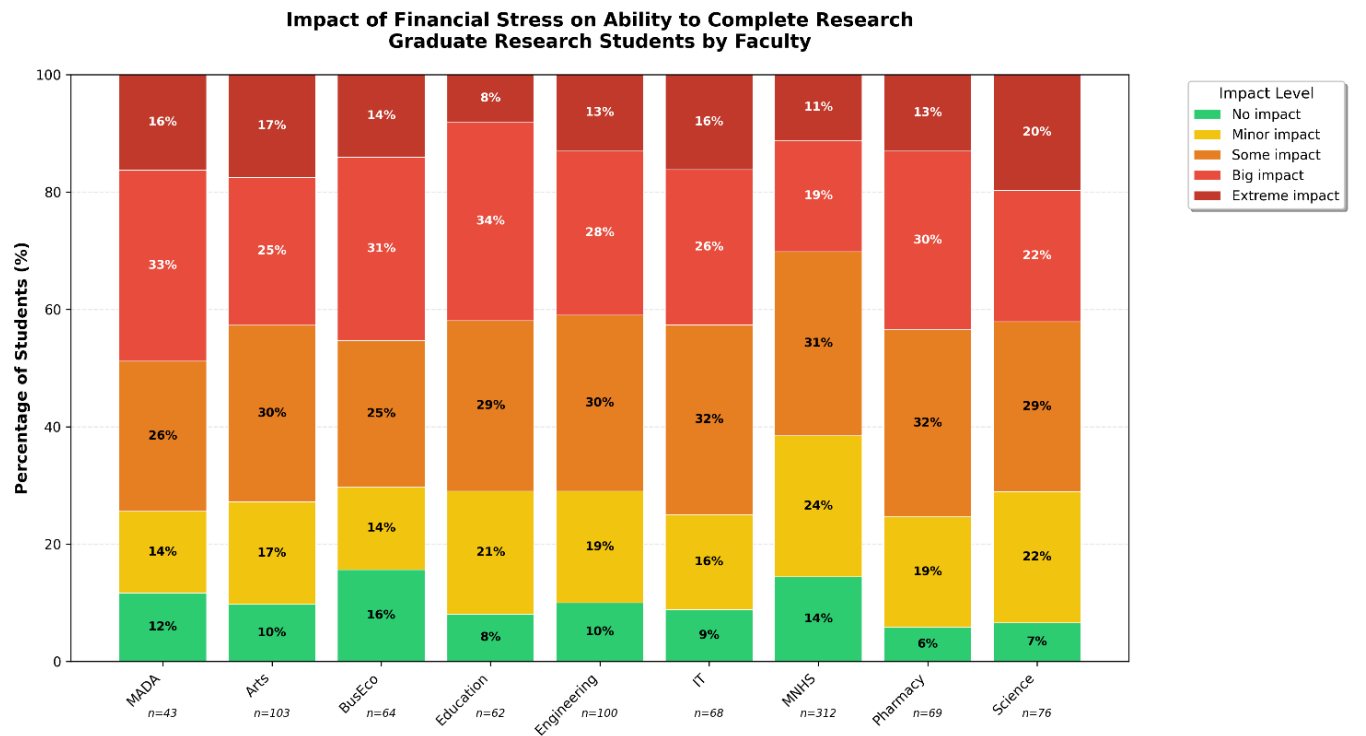
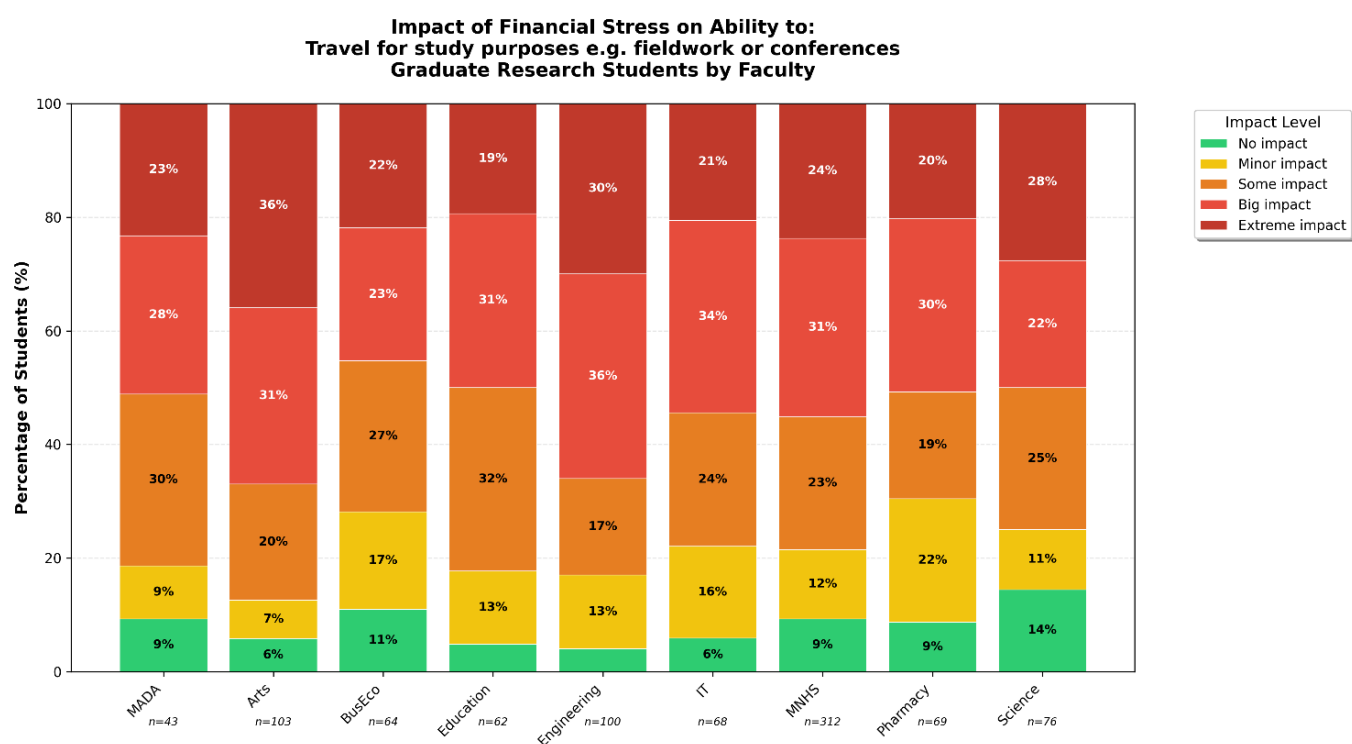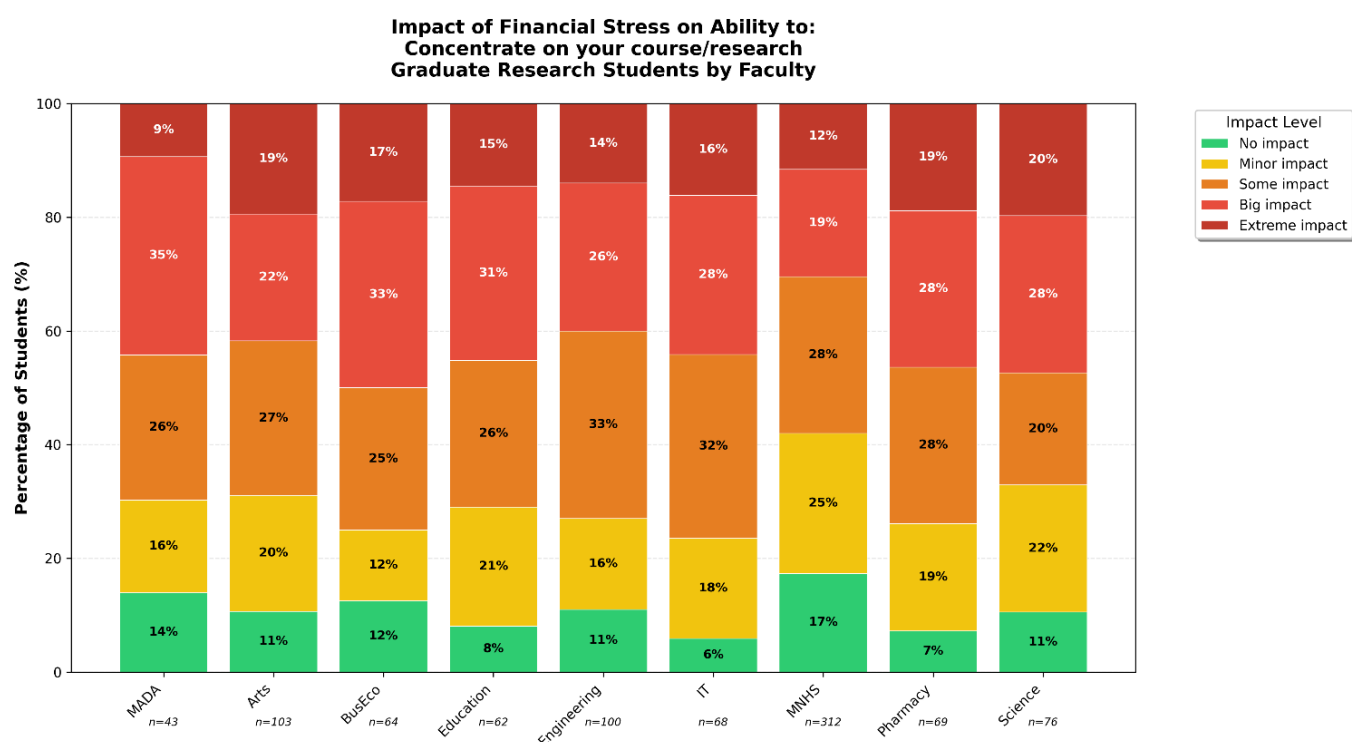|	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Doing great	(2%)	(2%)	(3%)	(4%)	(5%)	(3%)	(4%)	(3%)	(4%)
Getting by	(41%)	(31%)	(33%)	(49%)	(27%)	(32%)	(39%)	(36%)	(37%)
Just coping	(41%)	(42%)	(47%)	(31%)	(45%)	(48%)	(39%)	(44%)	(38%)
Having trouble	(16%)	(25%)	(17%)	(16%)	(24%)	(17%)	(18%)	(17%)	(22%)

Estimated Annual Income (AUD):

MNHS students show income patterns broadly consistent with university trends, with full-time students reporting median incomes in the $30,000-$39,999 range (reflecting scholarship levels).

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Less than $10000	(11%)	(19%)	(21%)	(23%)	(12%)	(19%)	(7%)	(5%)	(6%)
$10000 - $19999	(8%)	(3%)	(5%)	(6%)	(1%)	(3%)	(3%)	(3%)	(1%)
$20000 - $29999	(3%)	(2%)	(3%)	(6%)	(5%)	(5%)	(2%)	(6%)	
$30000 - $39999	(16%)	(38%)	(43%)	(26%)	(57%)	(39%)	(43%)	(45%)	(65%)
$40000 - $49999	(18%)	(20%)	(16%)	(17%)	(15%)	(23%)	(20%)	(21%)	(13%)
$50000 - $59999	(21%)	(11%)	(5%)	(11%)	(2%)	(6%)	(8%)	(14%)	(13%)
$60000 - $69999	(13%)	(4%)	(5%)	(4%)	(4%)	(3%)	(6%)	(2%)	
$70000 - $79999	(8%)			(2%)		(2%)	(3%)	(3%)	(1%)
Over $80000	(3%)	(2%)	(2%)	(6%)	(4%)		(8%)	(2%)	(1%)

How Financial Pressures Affect Academic Activities:

Financial pressures directly impact MNHS students' ability to engage fully with their research and professional development opportunities. The following data reveal how financial stress affects key aspects of academic engagement:

Impact of Financial Stress on Ability to Complete Research
Graduate Research Students by Faculty

Impact of Financial Stress on Ability to:
Attend classes/study/research on campus
Graduate Research Students by Faculty

Impact of Financial Stress on Ability to:
Concentrate on your course/research
Graduate Research Students by Faculty

Impact of Financial Stress on Ability to:
Travel for study purposes e.g. fieldwork or conferences
Graduate Research Students by Faculty

Key Findings on Financial Impact:

- **Research completion capacity:** 30% indicate that financial stress has an extreme or big impact on their ability to complete their research to the best of their ability (vs. 44% university-wide reporting extreme/big impact). This metric captures the cumulative effect of financial pressures on overall research quality and completion prospects.

- **Campus attendance and engagement:** 22% report that financial stress has an extreme or big impact on their ability to attend classes, study or conduct research on campus (vs. 28% university-wide). For students unable to afford transport costs or who work extensive hours to meet living expenses, physical presence on campus – essential for accessing resources, connecting with peers and engaging with the research community – becomes a luxury rather than a given.
- **Concentration and research quality:** 31% of MNHS students report that financial stress has an extreme or big impact on their ability to concentrate on their research (vs. 40% university-wide). This suggests that financial pressures directly undermine the cognitive focus required for high-quality scholarly work; however, MNHS students experience lower rates compared to peers across the university.
- **Professional development through travel:** 55% report that financial stress has an extreme or big impact on their ability to travel for study purposes such as fieldwork, conferences or research collaborations (vs. 56% university-wide). Students facing financial constraints may miss crucial networking opportunities, visibility in their field and professional development experiences that are expected – if not required – for successful academic or industry careers.

Student Voices on Financial Reality:

The following testimonies illustrate the lived experiences behind the data, revealing how financial pressures manifest in the daily realities of graduate research student in MNHS – from managing basic living expenses to affording professional conferences.

"Doing a PhD and not being able to afford groceries."

"I am a domestic student who lives at home. If I didn't have the opportunity to live at home while completing my PhD I would not have enrolled. The stipend while it has been raised over my candidature is not liveable in Melbourne particularly as the cost of living continues to rise. I empathise with students who are working on top of their studies to support themselves - a PhD is difficult enough without additional work. I'd also like to note that the reimbursement model for conference expenses is limiting for students - while I have the opportunity to save for these events I would not be able to afford the upfront cost if my living expenses were higher."

"My PI told me previously that I would be able to teach when I arrived but now it seems that isn't possible and I have to wait a year for openings. I used all of my money to get to Australia and now live as absolutely cheaply as I can everyday which is stressful and not really living in any sense. I have been here months and eaten out twice. I can't go to social situations bc they involve money. Luckily Monash provides a LOT of help with free groceries which is keeping me going."

"PhD should be considered as a job like European countries. The work load is more than 40 hours per week but the scholarships is too low for this amount of work."

"Working one day is not enough (with a PhD) to afford life in Melbourne."

"40% of my income goings into rent so that I don't need to be distracted by housing but this means I have to be thrifty for everything else. Price is the first thing I look every time before I buy something."

"We only get 5000 Aus dollars for academic conference among whole PhD. It's not enough especially when you go to European/USA conference."

""Provide more job opportunities for international students who are struggling to make ends meet especially graduate students who left everything behind in their home countries and start a new life with financial constraints in Australia alone or sometimes have to be the sole breadwinner for their family."

"Financial constraints rendering me unable to participate in society."

"Just lack of energy and also resources to enjoy social activities."

"The system forces us to live on the poverty line with the inability to save for emergencies no matter how hard you work. The cycle of burn out is extreme and the stipend needs to be raised to liveable amounts."

"The stipend is insufficient for students who do not live at home to have enough money to survive especially with the current cost of living. The MGA should be doing a lot more to advocate for increases in the stipend to meet cost of living or alternatively advocate for any form of top-up scholarship to be offered by Monash considering they are one of the only universities to not offer one."

"The stipend barely covers rent. Without extra work it is not possible to get through; but there is a requirement to do this course fulltime and limited number of workable hours."

"I am lucky that I have saved over my career and doing my PhD later in life so finances are not as big an issue as they would have been earlier in my career."

"My financial situation is OK because my husband works full time so we can cover household and family expenses."

"The only reason the current scholarship is barely sustainable is because I have the privilege of knowing my family would support me financially if I fail to make ends meet."

"As a PhD student on a stipend that is well and truly not enough to meet the cost of living, I am forced to undertake additional work alongside my PhD despite not having the time or mental capacity to do so. This means that my mental capacity and available time to interact with my colleagues in a meaningful way (and to therefore experience a sense of belonging and togetherness) is extremely limited. I am forced to live in a hole where I am isolated from my peers without a quality of life. I speak on behalf of all my fellow PhD students when I say that the financial pressure, we experience is the core issue that underpins all other negativity in our lives. This is the first free-text response in this survey and I can tell you now that my answer to any questions about what impacts my mental health or any other negative outcomes as a student will always be about finances."

"The lack of concession for postgraduate students makes weekly transport very expensive and a huge burden on finances."
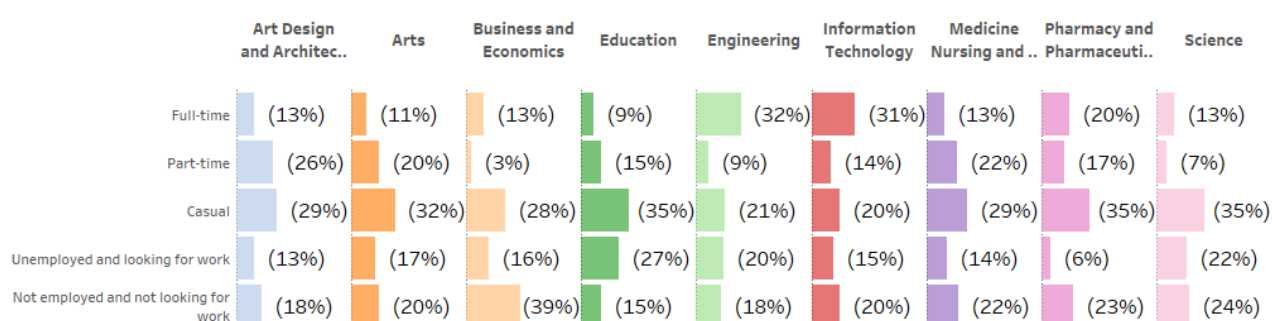
"I've completed many surveys over the last couple of years about my PhD experience and do not feel listened to by the university. Despite our desperate pleas we are not heard. We are constantly done dirty when it comes to our financial position. The current stipend rate is abysmal and does not sufficiently meet the cost of living. On top of that the university instructs us that we are not allowed to take on more than 1 day of additional work outside of

our PhD. Any more and we face consequences from the university. As PhD students we see this as a complete disregard for our wellbeing. We see ourselves as tools for the university as cheap labour as nothing more than students who will gladly pump out research to boost the university's reputation."
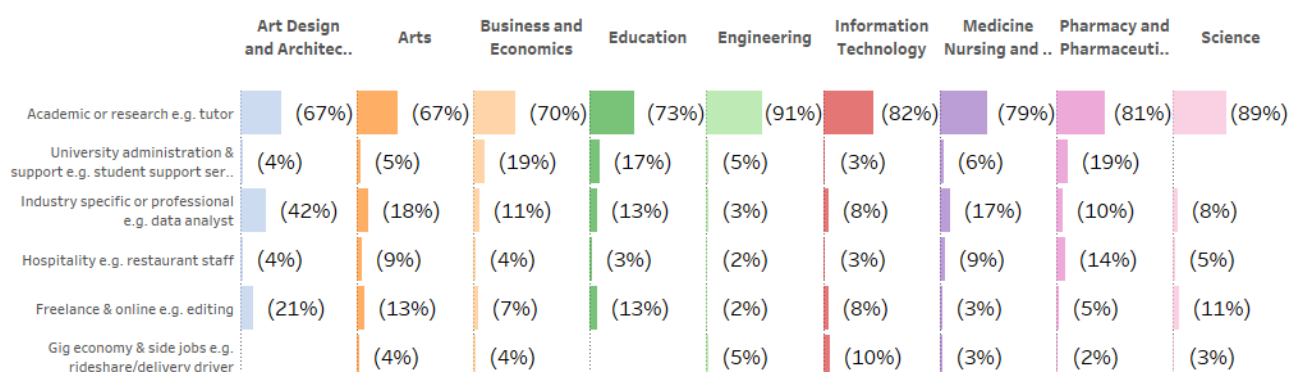
Employment Patterns:

The employment patterns among MNHS students reveal the complex relationship between financial necessity, professional development and research progress. Understanding who works, in what capacity and how employment relates to research provides insight into the discipline-specific challenges MNHS students navigate.

Employment Status of Full-Time Students Across the Faculties:

|	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Full-time	(13%)	(11%)	(13%)	(9%)	(32%)	(31%)	(13%)	(20%)	(13%)
Part-time	(26%)	(20%)	(3%)	(15%)	(9%)	(14%)	(22%)	(17%)	(7%)
Casual	(29%)	(32%)	(28%)	(35%)	(21%)	(20%)	(29%)	(35%)	(35%)
Unemployed and looking for work	(13%)	(17%)	(16%)	(27%)	(20%)	(15%)	(14%)	(6%)	(22%)
Not employed and not looking for work	(18%)	(20%)	(39%)	(15%)	(18%)	(20%)	(22%)	(23%)	(24%)

Over one-fifth (22%) of MNHS respondents are not employed and not looking for work, while a further 14% are unemployed and looking for work.

The Type of Jobs Students are Employed In:

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Academic or research e.g. tutor	(67%)	(67%)	(70%)	(73%)	(91%)	(82%)	(79%)	(81%)	(89%)
University administration & support e.g. student support ser..	(4%)	(5%)	(19%)	(17%)	(5%)	(3%)	(6%)	(19%)	
Industry specific or professional e.g. data analyst	(42%)	(18%)	(11%)	(13%)	(3%)	(8%)	(17%)	(10%)	(8%)
Hospitality e.g. restaurant staff	(4%)	(9%)	(4%)	(3%)	(2%)	(3%)	(9%)	(14%)	(5%)
Freelance & online e.g. editing	(21%)	(13%)	(7%)	(13%)	(2%)	(8%)	(3%)	(5%)	(11%)
Gig economy & side jobs e.g. rideshare/delivery driver		(4%)	(4%)		(5%)	(10%)	(3%)	(2%)	(3%)

A comfortable majority (79%) of employed MNHS respondents had a job in academia. Meanwhile, 17% were employed in an industry specific role.

Relation of Job to Research
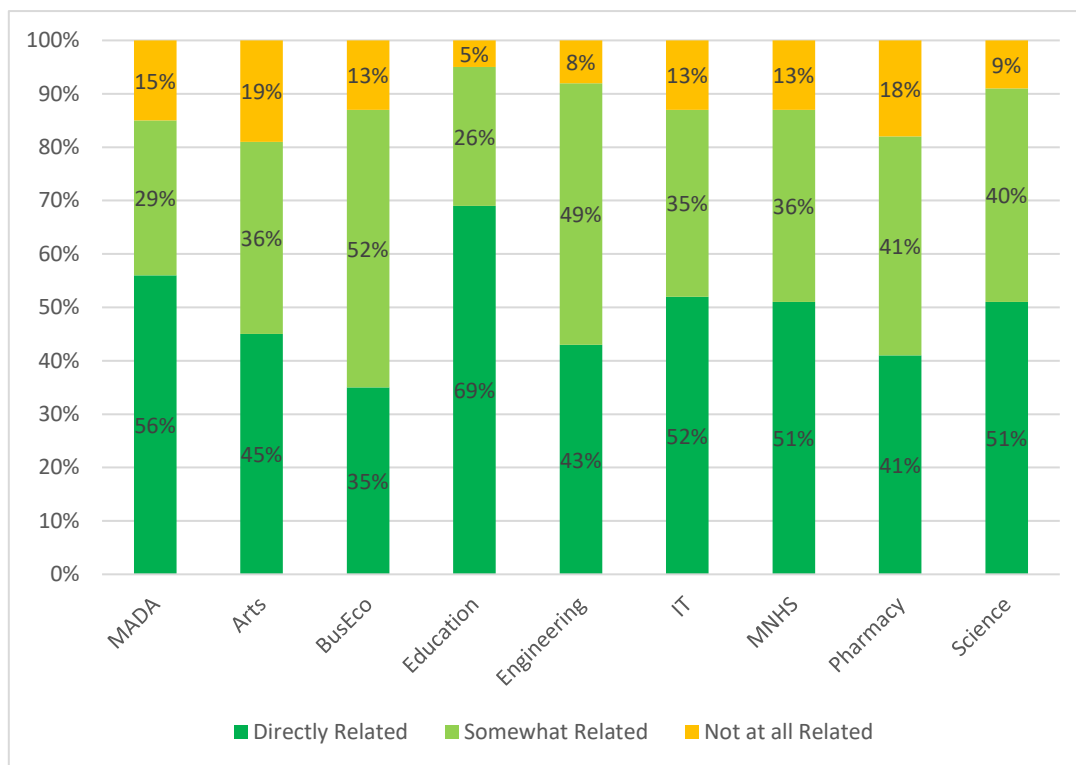
These patterns reveal a mixed employment landscape among MNHS students. 51% work in jobs directly related to their studies, 36% in somewhat related positions and 13% in roles not at all related to their research (compared to 49%, 38% and 13% respectively across Monash STEM fields and 52%, 35% and 13% in HASS).

The 87% working in directly/somewhat related roles suggests that a substantial number of MNHS students successfully integrate their employment with professional development, potentially through research assistant positions or tutoring/teaching roles (79%), consulting work or industry research collaborations. These students may experience employment as less burdensome and more complementary to their academic work.
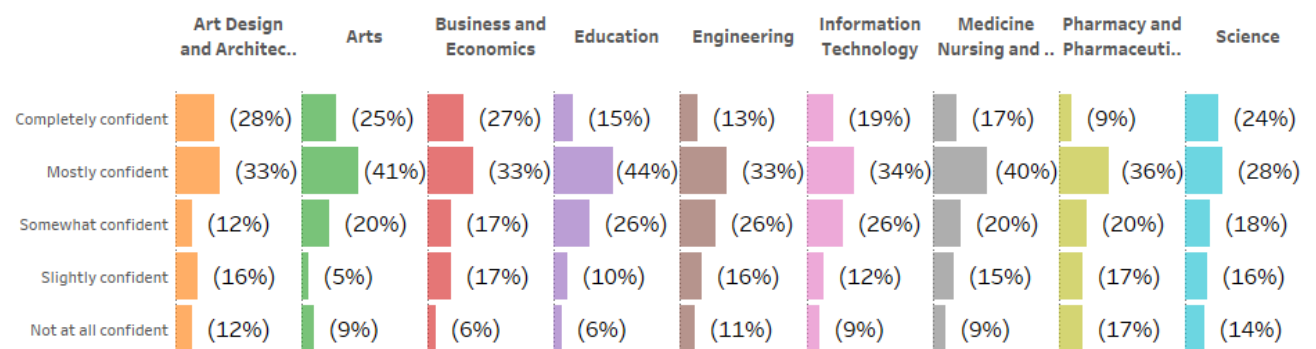
However, not all students benefit equally from this landscape. The 13% working in jobs unrelated to their studies face a double burden: devoting significant time and energy to employment that offers no direct advancement toward their research or professional goals, representing pure financial necessity rather than career building. Additionally, the 14% unemployment rate indicates that some students struggle to secure employment at all. These gaps suggest room for expanding accessible employment opportunities beyond current offerings.

3. Academic Progression and Career Uncertainty

Beyond the immediate pressures of mental health and financial stress, MNHS graduate research students must navigate questions about their academic trajectory and post-PhD careers. This section examines completion confidence, consideration of leaving and satisfaction with career guidance among MNHS students. Understanding these patterns reveals how the distinctive pressures facing MNHS students – including the tension between academic and industry pathways – affect their sense of progress and professional direction.
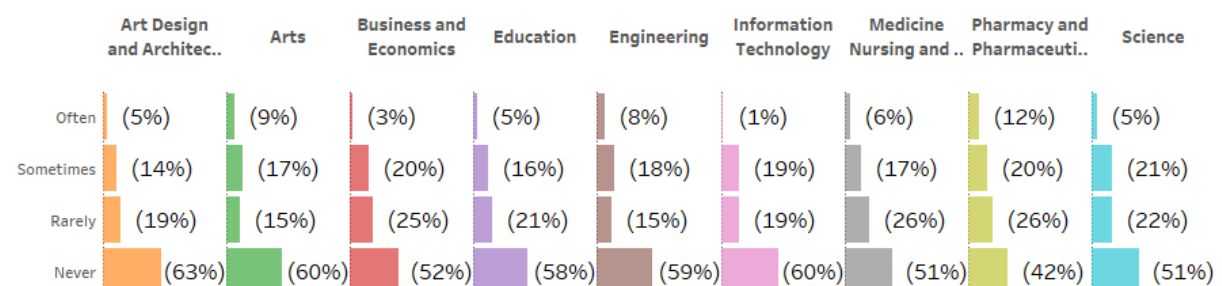
Completion Confidence:

MNHS students show completion confidence on par with the university average (57% vs. 55% completely/mostly confident across the university). However, 24% still harbor a high degree of doubt about timely completion.

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Completely confident	(28%)	(25%)	(27%)	(15%)	(13%)	(19%)	(17%)	(9%)	(24%)
Mostly confident	(33%)	(41%)	(33%)	(44%)	(33%)	(34%)	(40%)	(36%)	(28%)
Somewhat confident	(12%)	(20%)	(17%)	(26%)	(26%)	(26%)	(20%)	(20%)	(18%)
Slightly confident	(16%)	(5%)	(17%)	(10%)	(16%)	(12%)	(15%)	(17%)	(16%)
Not at all confident	(12%)	(9%)	(6%)	(6%)	(11%)	(9%)	(9%)	(17%)	(14%)

Considering Leaving:

Consideration of leaving one's degree represents a normal part of the graduate research journey for many students, reflecting moments when challenges feel overwhelming or alternative paths appear more appealing. Examining how frequently MNHS students experience these thoughts and how this compares to university-wide patterns, provides important context for understanding retention risks and the effectiveness of current support systems in sustaining students through difficult periods.

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Often	(5%)	(9%)	(3%)	(5%)	(8%)	(1%)	(6%)	(12%)	(5%)
Sometimes	(14%)	(17%)	(20%)	(16%)	(18%)	(19%)	(17%)	(20%)	(21%)
Rarely	(19%)	(15%)	(25%)	(21%)	(15%)	(19%)	(26%)	(26%)	(22%)
Never	(63%)	(60%)	(52%)	(58%)	(59%)	(60%)	(51%)	(42%)	(51%)

Almost half (49%) of MNHS students have considered leaving at some point, slightly higher than the 46% university-wide average, with 6% considering leaving often (vs. 6% university-wide).
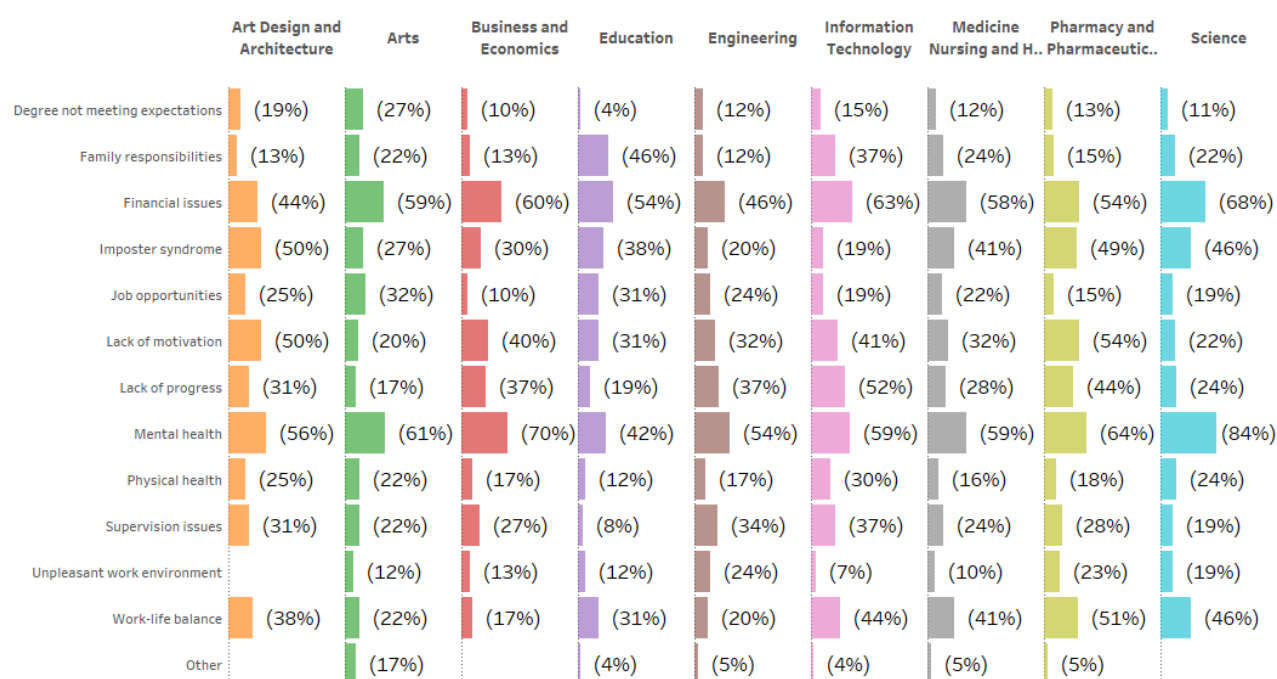
Several factors may contribute to this pattern. The visibility of more financially rewarding industry alternatives may create ongoing tension about whether the PhD path is "worth it" financially, particularly when students face the financial pressures documented earlier in this report. The competitive culture in some medical research contexts may intensify feelings of inadequacy or questioning of fit.

Moreover, the nature of health sciences research itself creates distinctive pressures that compound these concerns. MNHS students often engage with emotionally demanding research content – studies involving patient populations, disease progression, treatment failures or mortality – that can take a psychological toll over the extended PhD timeline. The tension between clinical and research identities adds another layer of complexity, particularly for students with clinical backgrounds who may question whether time away from practice justifies the research training or who face pressure to maintain clinical competencies alongside research progress.

Unlike disciplines where the PhD represents the terminal degree and clear credential for the field, health sciences PhDs occupy an ambiguous space – neither required for many clinical roles nor always sufficient for competitive academic positions without postdoctoral training. This ambiguity can fuel doubt, especially when students compare their 3–4-year PhD journey to peers who entered clinical practice directly and are now established professionally and financially. The combination of emotional demands, financial sacrifice, identity tensions and career pathway uncertainty create multiple points where students might reasonably question whether to continue—even when the research itself remains compelling.

Primary Reasons for Considering Leaving (among those who have considered):

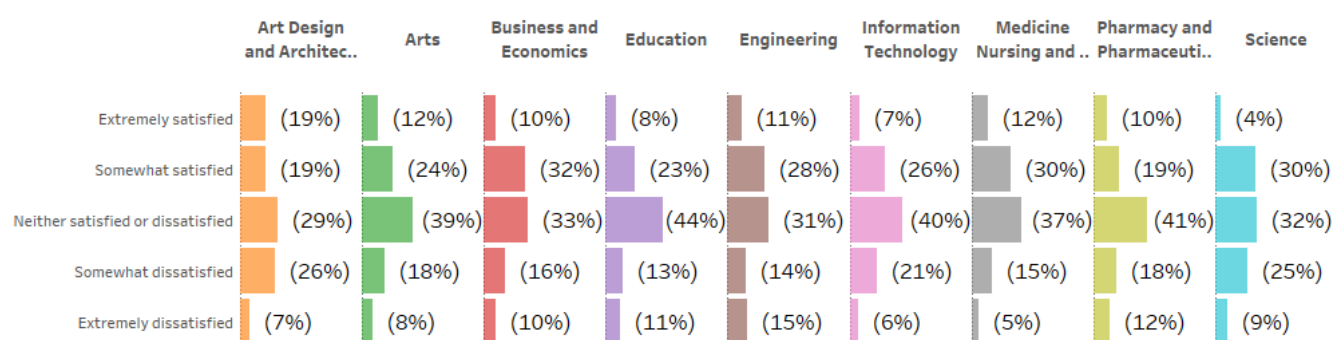|	Art Design and Architecture	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and H..	Pharmacy and Pharmaceutic..	Science
Degree not meeting expectations	(19%)	(27%)	(10%)	(4%)	(12%)	(15%)	(12%)	(13%)	(11%)
Family responsibilities	(13%)	(22%)	(13%)	(46%)	(12%)	(37%)	(24%)	(15%)	(22%)
Financial issues	(44%)	(59%)	(60%)	(54%)	(46%)	(63%)	(58%)	(54%)	(68%)
Imposter syndrome	(50%)	(27%)	(30%)	(38%)	(20%)	(19%)	(41%)	(49%)	(46%)
Job opportunities	(25%)	(32%)	(10%)	(31%)	(24%)	(19%)	(22%)	(15%)	(19%)
Lack of motivation	(50%)	(20%)	(40%)	(31%)	(32%)	(41%)	(32%)	(54%)	(22%)
Lack of progress	(31%)	(17%)	(37%)	(19%)	(37%)	(52%)	(28%)	(44%)	(24%)
Mental health	(56%)	(61%)	(70%)	(42%)	(54%)	(59%)	(59%)	(64%)	(84%)
Physical health	(25%)	(22%)	(17%)	(12%)	(17%)	(30%)	(16%)	(18%)	(24%)
Supervision issues	(31%)	(22%)	(27%)	(8%)	(34%)	(37%)	(24%)	(28%)	(19%)
Unpleasant work environment		(12%)	(13%)	(12%)	(24%)	(7%)	(10%)	(23%)	(19%)
Work-life balance	(38%)	(22%)	(17%)	(31%)	(20%)	(44%)	(41%)	(51%)	(46%)
Other		(17%)		(4%)	(5%)	(4%)	(5%)	(5%)	

Among MNHS students who have considered leaving, the pattern of reasons reveals both shared challenges with the broader graduate research population and some distinctive emphases. Mental

health and financial issues emerge as the dominant factors, cited by 59% and 58% respectively of MNHS students who have considered leaving.

The combination of factors – high mental health concerns and substantial financial stress, and relatively low rates of degree not meeting expectations (12%) and unpleasant work environment (10%) – suggests that consideration of leaving among MNHS students typically stems from the cumulative burden of psychological and financial pressures rather than dissatisfaction with the degree itself or the culture within the faculty. However, a relatively high rate for wanting greater work/life balance (41%) suggests that there may be some issues within the faculty culture regarding expectations around work hours, availability and boundaries for private/personal time. Further, 41% cite imposter syndrome, indicating an opportunity for the faculty to cultivate a more encouraging environment for graduate research students. These patterns reinforce the priority areas identified throughout this report: improving mental health support access (particularly for international students) and addressing financial sustainability are the most critical interventions for supporting retention within MNHS, as these have downstream effects on work/life balance and student confidence.

Career Guidance Satisfaction:

Career guidance represents a critical component of graduate research training, yet one that often receives less attention than academic supervision or research skill development. Graduate researchers must navigate complex career decisions – including whether to pursue academic positions, transition to industry or explore alternative pathways – while simultaneously managing the demands of their research projects. The timing, networking strategies, skill development priorities and application approaches differ substantially across these trajectories, making discipline-specific career guidance particularly valuable. Understanding how satisfied MNHS students are with the career support they receive provides insight into whether current services adequately prepare them for the diverse professional pathways available to PhDs.

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Extremely satisfied	(19%)	(12%)	(10%)	(8%)	(11%)	(7%)	(12%)	(10%)	(4%)
Somewhat satisfied	(19%)	(24%)	(32%)	(23%)	(28%)	(26%)	(30%)	(19%)	(30%)
Neither satisfied or dissatisfied	(29%)	(39%)	(33%)	(44%)	(31%)	(40%)	(37%)	(41%)	(32%)
Somewhat dissatisfied	(26%)	(18%)	(16%)	(13%)	(14%)	(21%)	(15%)	(18%)	(25%)
Extremely dissatisfied	(7%)	(8%)	(10%)	(11%)	(15%)	(6%)	(5%)	(12%)	(9%)

Although a high proportion of respondents from MNHS were indifferent, satisfaction still outweighed dissatisfaction 2:1. Indeed, the faculty had the equal-highest proportion of students extremely or somewhat satisfied with career guidance across the faculties. However, 20% of students still rated career guidance as either somewhat or extremely dissatisfying. This combined with the students who felt indifferent highlights an opportunity for MNHS to build on current career guidance and support offerings.

The MNHS Career Challenge:

MNHS graduate research students face unique career navigation challenges:

- **Clinical vs. research identity**: Students with clinical backgrounds must choose between maintaining practice, pursuing research or aiming for competitive "clinician-scientist" roles. Those without clinical backgrounds may face uncertainty about competing with clinically-trained peers.
- **Prolonged training pathways**: Medical/health research often requires postdoctoral training, extending the amount of time students stay out of clinical practice (upwards of 10 years). This intensifies financial pressure when compared to peers already established in clinical practice.
- **Opaque career trajectories**: PhDs can lead to pharma/biotech, medical devices, hospital research, public health, health policy or academia – but students lack clarity about these pathways.
- **Credential ambiguity**: The PhD's value varies dramatically: essential for some academic roles, insufficient without clinical credentials for others, potentially irrelevant for clinical practice.
- **Maintaining clinical competencies**: Students with clinical backgrounds must maintain registration and skills during full-time research, creating practical challenges absent in non-clinical disciplines.

Student Voices on Career Guidance:

Student feedback reveals specific gaps in current career support for MNHS researchers. The testimonies below illustrate both what students need – proactive outreach, discipline-specific guidance, industry connections – and what current services may be missing:

> "The only guidance I've received is from my supervisor. While I know I need to think about what I want to do I have no idea what is in the range of possibility post-PhD. I don't know what is a reasonable or unreasonable expectation and I don't know what fields I can get into especially roles that make it worth completing a PhD. No use sacrificing several years of my life to do something as big as a PhD if I'm getting a role that pays 80k/yr. Would have been better off doing something else."

> "We need more opportunities that bridge the pathway between academia and industry."

> "Could you provide us with a summary of the career destinations of past graduates? We're not just looking for general categories like companies, universities, government or research institutes, but rather specific names and positions. We'd like to see the full range of possible career paths."

> "Please send me some RELEVANT ads about potential roles."

> "That there should be some? Every single career session for my department is academic-only as if that's the only career option after a postgraduate degree."

> "Currently the sole focus of careers for PhD students in research seems to be becoming a post-doc/research fellow. Many people follow this linear path even though they are dissatisfied because they don't know what other options are out there. It would be great if career panels were broadened beyond research fellows to government industry freelance

jobs writing education and even ways to pivot to different fields with the soft skills learned through a PhD."

"I didn't realise this service existed."

"Career team reaching out to contact graduates whose work does not bring them to campus."
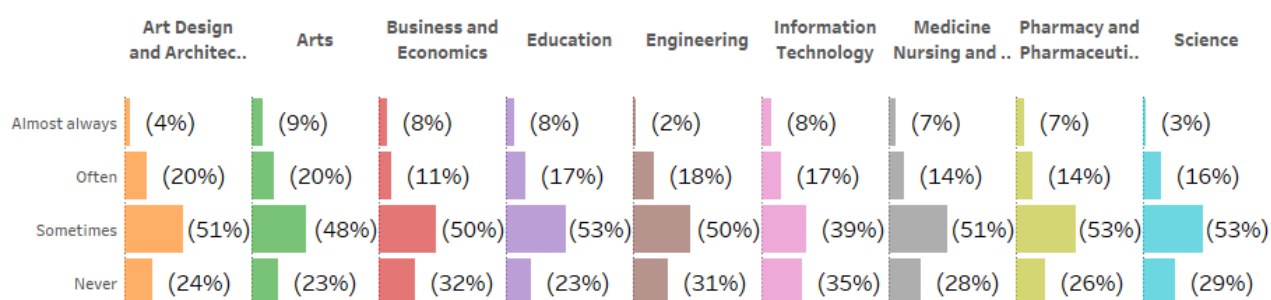
"There needs to be greater awareness of those doing PhD that have had extensive 'industry' experience - that is not what we need, but support on how to leverage both clinical and research skills and where to find meaningful jobs and understand there are non-medical clinicians too."

4. Peer Connection and Disciplinary Community

Social connection and peer relationships provide essential support throughout the extended graduate research journey, yet the independent nature of doctoral work creates particular challenges for community building. This section examines how MNHS students experience isolation, belonging and meaningful contact across different relationship types. Understanding these patterns reveals where existing community-building efforts reach MNHS students effectively and where discipline-specific factors – such as methodological diversity, competitive cultures or varied career orientations – may create barriers to connection.

Isolation and Belonging:

Feelings of isolation and lack of belonging represent common challenges in graduate research, where students often work independently on specialised projects over extended periods. The following data reveal how MNHS students experience connection – or disconnection – within their academic community.

	Art Design and Architec..	Arts	Business and Economics	Education	Engineering	Information Technology	Medicine Nursing and ..	Pharmacy and Pharmaceuti..	Science
Almost always	(4%)	(9%)	(8%)	(8%)	(2%)	(8%)	(7%)	(7%)	(3%)
Often	(20%)	(20%)	(11%)	(17%)	(18%)	(17%)	(14%)	(14%)	(16%)
Sometimes	(51%)	(48%)	(50%)	(53%)	(50%)	(39%)	(51%)	(53%)	(53%)
Never	(24%)	(23%)	(32%)	(23%)	(31%)	(35%)	(28%)	(26%)	(29%)

- 72% of MNHS students experience some degree of isolation (vs. 72% university-wide).
- 21% experience high levels of isolation ("often" or "almost always") vs. 22% university-wide.

Student Voices on Isolation

While the quantitative data reveals patterns in isolation and connection among MNHS students, hearing directly from students themselves illuminates the lived reality behind these statistics. The following testimonies reveal how isolation manifests in the daily experience of graduate research – from the solitary nature of creative work to the challenge of finding peers who understand discipline-specific pressures.

> *"Being so busy with work that I felt I had no time to commit to socialising."*

> *"The fact that social dynamics here (or at least within my working environment) are more closed than in my home country and it's hard to engage with peers in a way that goes deeper than just work."*

> *"Working at 553 St Kilda makes me feel less connected to Monash as a whole and what kind of facilities/services the main campuses can access."*

> *"I am the only PhD student in my lab and we are in a different building then everyone else. I try to attend social events but everyone stares at their phones. I have no classes and don't meet anyone new hardly ever."*

> *"Being busy juggling competing priorities (e.g. family work) makes it hard to get into campus as much as I would like so connecting with peers is tricky."*

> *"The major factor is less communication with peers. There could be a time that I didn't talk with people for days. Besides being an international student, it is hard to make new friends. And a lack of company from friends and family also makes me feel isolated."*

> *"Having no sense of connection to people around me. Connections feel shallow transitory and solely work-motivated with no effort to know people personally."*

> *"Not enough chances to meet my peers and new friends and I'm an international student who's here in Australia all by myself."*

> *"Lack of peer support not having a set 'space'."*

> *"Since we all work a hybrid schedule the times we are working in the office / from home do not always align well among colleagues and co-workers."*

> *"Being a mix of on and off campus because I don't have a set group of people I see regularly and living alone."*

> *"Not enough contact with friends. Difficulty making friends as an adult too."*

> *"Unable to fit into other people's cliques/groups. Worried about being rejected for being gay. Not feeling like it was safe to be open and myself in the workplace."*

> *"I am too busy trying to make ends meet. I am juggling a full-time PhD with three casual jobs on the side."*

> *"Being disconnected from other lab members because everyone works from home and most other students in my lab are clinical rather than full research PhD students like myself. So they get to bond with each other during classes/placements whereas full research PhDs tend to be left to their own devices more often."*

> *"Not working in a team like I did when I was working full-time before taking on full-time PhD. It is a very lonely journey."*

"Being an online student - you don't get to meet with others in person very often to share experiences. Even just studying on your own can feel isolating. It can also be difficult when you don't see your supervisors except for meetings - it would be nice to have the informal "watercooler" chat that one might experience when on-campus at times and running into people."
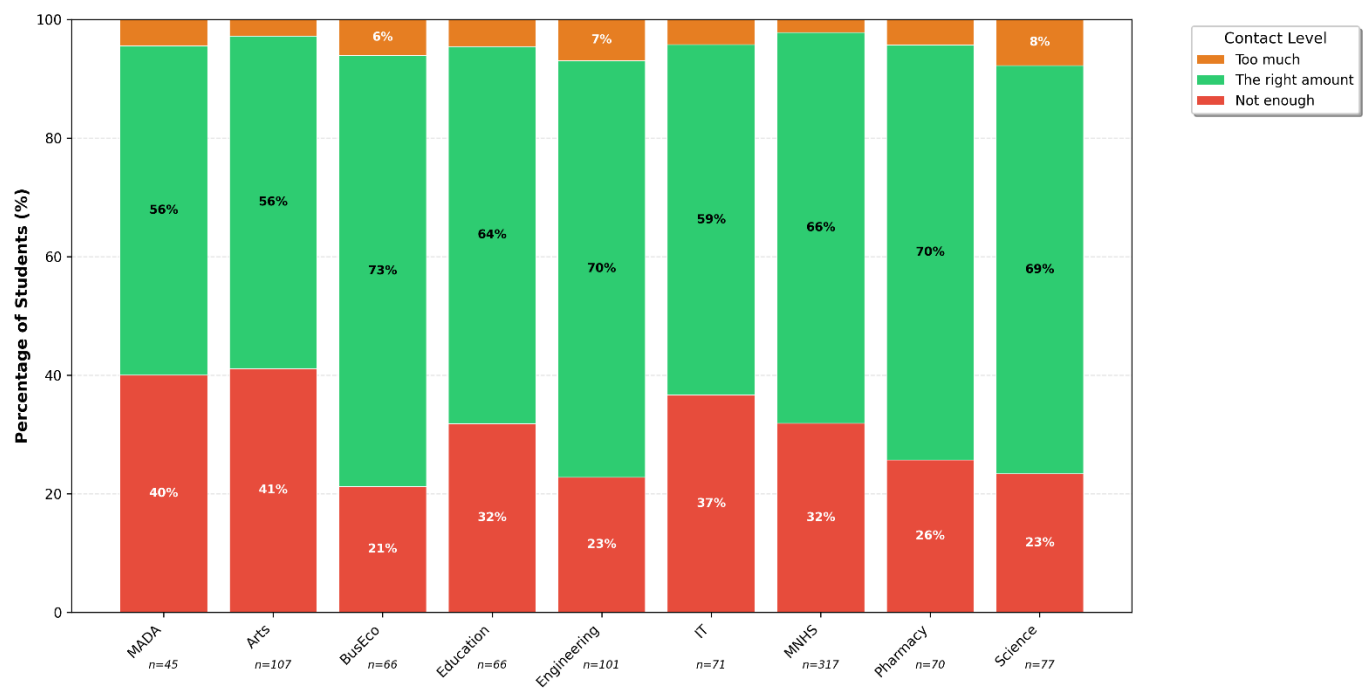
Meaningful Contact:

To better understand connection patterns, students were asked to evaluate whether they have sufficient meaningful contact with five key groups: academic staff, administrative staff, peers, friends and family. The following data reveal where MNHS students feel adequately connected and where they experience insufficient contact.

Meaningful Contact with Academic Staff
Graduate Research Students by Faculty
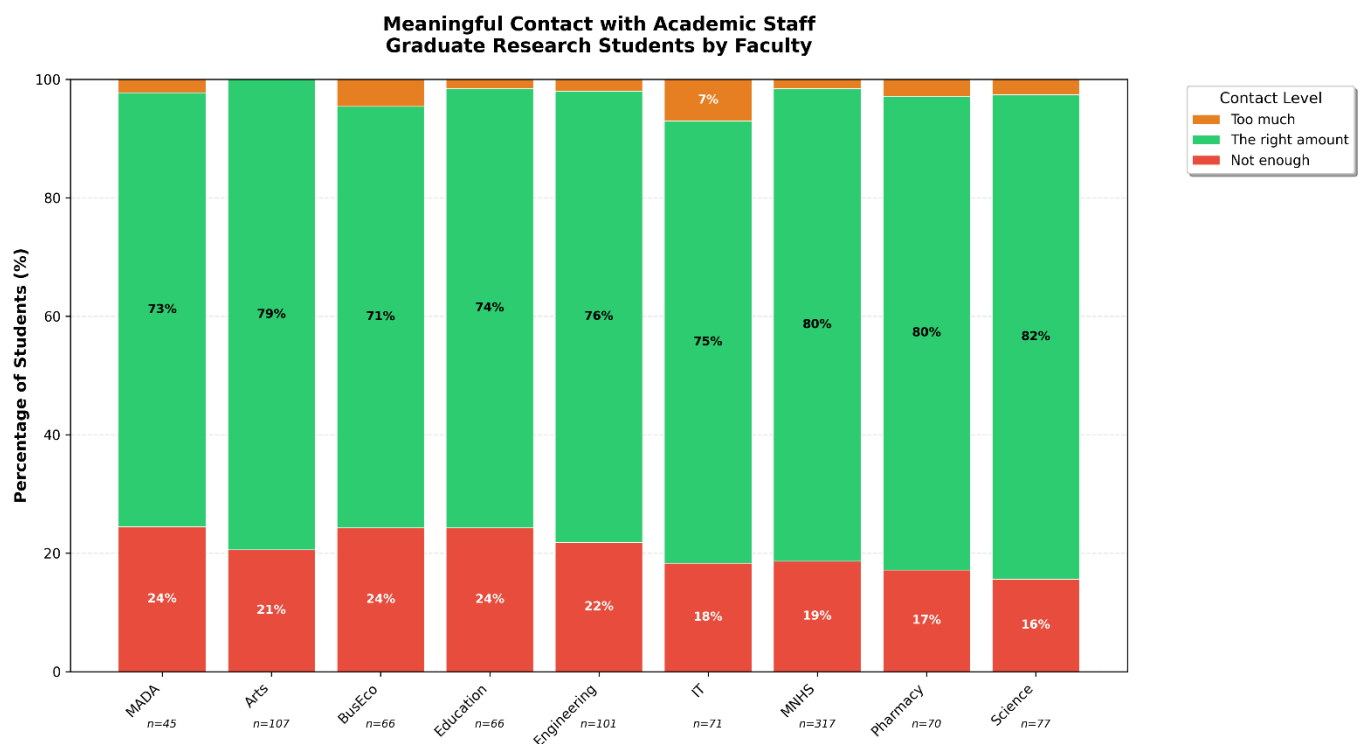
Meaningful Contact with Administrative Staff
Graduate Research Students by Faculty
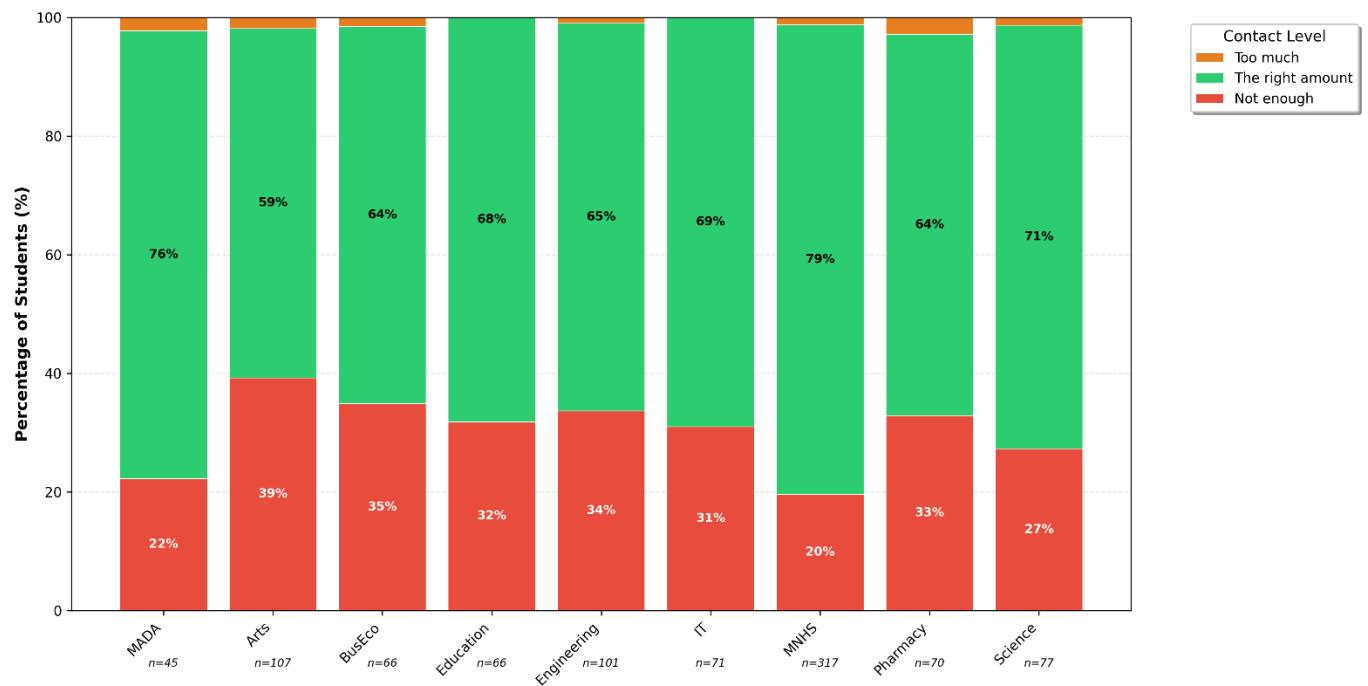
Meaningful Contact with Other Students/Peers
Graduate Research Students by Faculty

Meaningful Contact with Friends
Graduate Research Students by Faculty

Meaningful Contact with Family
Graduate Research Students by Faculty
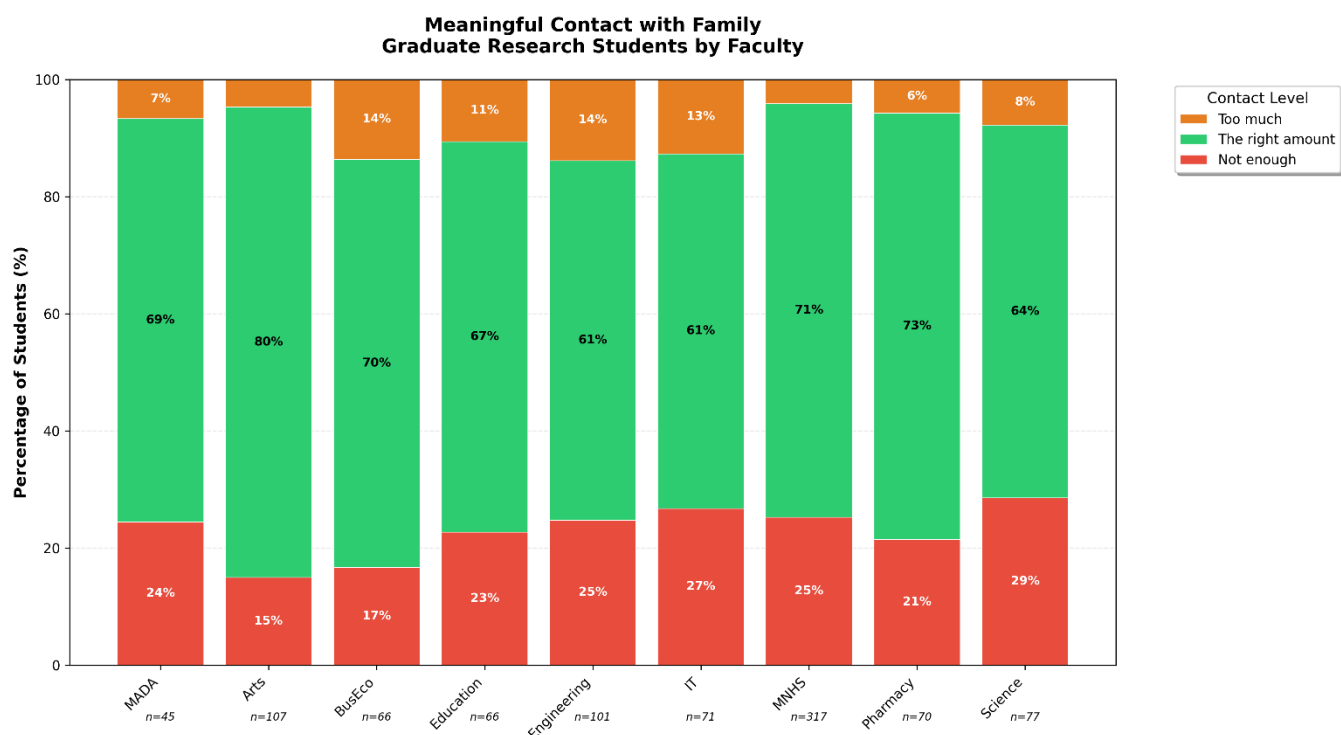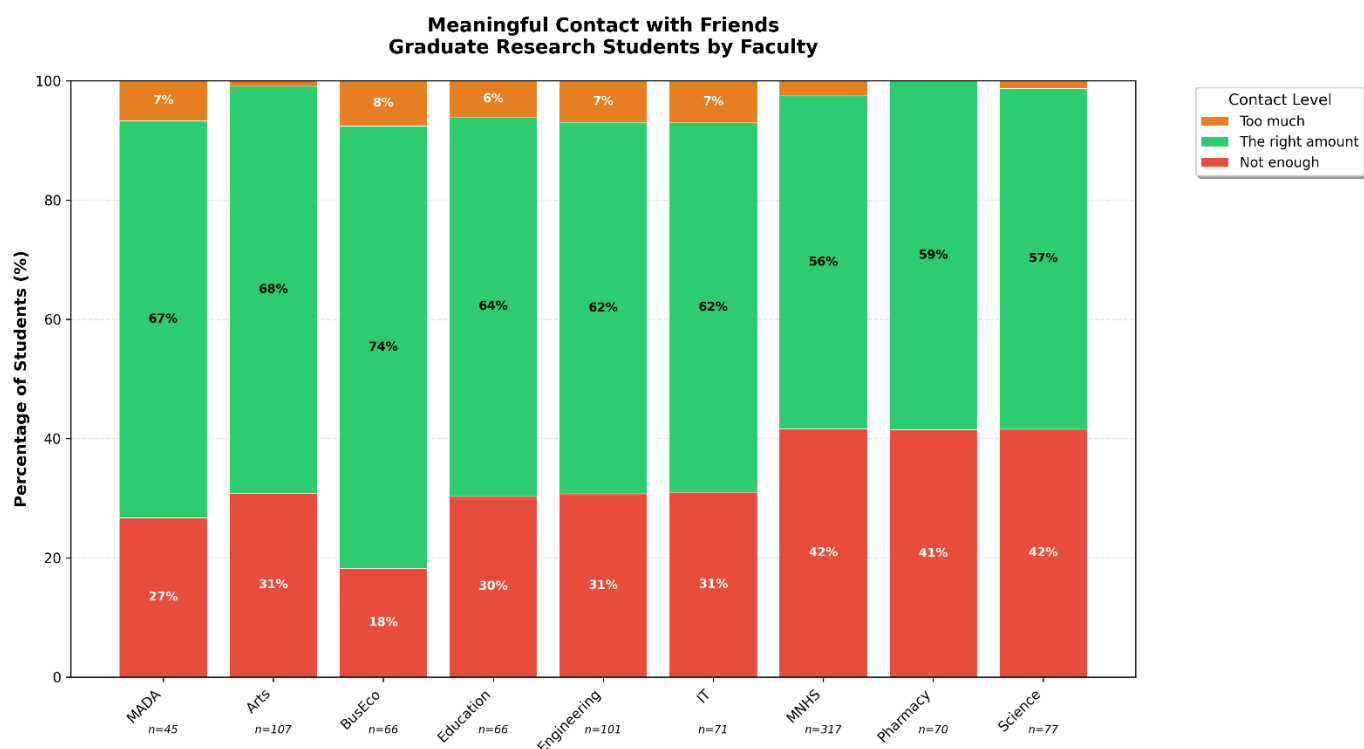
These patterns of meaningful contact reveal a mixed picture for MNHS students.

Academic staff contact shows relative strength (80% report the right amount), suggesting supervisory relationships function reasonably well for most students, though 19% reporting insufficient contact represents an important minority potentially experiencing inadequate guidance.

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Administrative staff contact shows strong performance, with 79% reporting the right amount of contact – the highest rate in any faculty. This suggests that MNHS administrative support structures effectively serve most graduate researchers' needs.

Peer contact is an area of concern with 32% reporting insufficient contact. MNHS students often work in dispersed settings (hospital units, off-campus clinical facilities, specialised labs), limiting organic peer connections. As one student notes: "I am the only PhD student in my lab and we are in a different building than everyone else." The methodological diversity within health sciences further fragments communities, while the emotionally demanding nature of health-focused research makes peer support particularly important.

Friend and family contact reveals notable gaps with key support networks, with 42% reporting insufficient contact with friends and 25% with family. The demands of MNHS research can crowd out personal relationships – particularly when students balance clinical work or teaching alongside research. Long laboratory hours, irregular hospital schedules and geographic dispersal across multiple sites, physically distance graduate research students from established networks. As one student describes: "I am juggling study, clinical work, raising two children ... and feeling that there is nowhere to shift responsibility to or get help."

What Makes MNHS Distinct: Key Themes

Based on both quantitative patterns and qualitative student voices, three themes distinguish the MNHS graduate research experience from most other disciplines at Monash.

The MNHS Paradox: Mental Health Literacy Meet Gendered Barriers

MNHS students demonstrate a distinctive mental health profile: better overall outcomes (60% in normal range for depression versus 51% university-wide) paired with slightly higher support access (47% versus 45%). Yet this aggregate advantage masks a striking gender disparity that operates more intensely within MNHS than across the broader university.

Only 24% of men in MNHS have accessed mental health support – below the already-low 31% university-wide average for men – while women's access (55%) exceeds the institutional rate (52%). This 31-percentage point gap within the faculty reveals that masculine professional norms around emotional resilience may operate particularly strongly in medical and clinical research environments.

The paradox extends to the faculty's demographic composition. Despite MNHS's health literacy advantage, both domestic students (59% access versus 62% university-wide) and international students (29% versus 32%) fall slightly below institutional averages. This suggests that while the health sciences context reduces some barriers to help-seeking, it does not eliminate the fundamental obstacles facing international students (visa concerns, cultural stigma, unfamiliarity with Australian systems) or the gendered expectations that discourage men from accessing support.

The faculty's challenge is recognising that health literacy creates a foundation for wellbeing support, but targeted interventions are still essential to reach men and ensure that demographic-specific barriers don't undermine MNHS's natural advantages.

Fragmented Communities and the Emotional Weight of Health Research

Unlike disciplines where graduate researchers share centralised laboratory spaces or fieldwork sites, MNHS students work across profoundly dispersed environments – hospital-based research units, off-campus clinical facilities, specialised laboratories and community health settings. This geographic fragmentation creates isolation that compounds the already-solitary nature of doctoral research. Student testimonies reveal the impact: "Working at 553 St Kilda makes me feel less connected to Monash as a whole," and "Being disconnected from other lab members because everyone works from home and most other students in my lab are clinical rather than full research PhD students."

This structural isolation intersects with a challenge unique to many students' health sciences research: the emotional burden of engaging daily with illness, suffering, patient populations and mortality. Unlike disciplines studying abstract phenomena or non-human subjects, MNHS researchers must process the psychological impact of their research content while simultaneously maintaining the academic productivity expected of all doctoral students. The combination of geographic dispersal and emotionally demanding work creates particular vulnerability: students lack the organic peer connections that would provide psychological support from others who understand the unique pressures of health research.

The methodological diversity within MNHS further fragments potential communities, as students lack the shared methodological identities that create natural gathering points in more homogeneous disciplines. Hybrid work arrangements compound these challenges: "Since we all work a hybrid schedule, the times we are working in the office/from home do not always align well," leaving students unable to find peers even when they seek connection.

With 32% of MNHS students reporting insufficient peer contact and 42% reporting insufficient contact with friends, the faculty faces a community-building challenge that requires addressing both physical dispersal and the need for peer support networks that acknowledge the emotional demands of health-focused research.

The Opportunity Cost Crisis: Clinical Earning Potential Versus Research Poverty

MNHS students face a distinctive financial challenge beyond general stipend inadequacy: acute awareness of forgone clinical income. While quantitative data shows slightly lower financial stress impact compared to university averages, student testimonies presented in this report reveal a more complex reality shaped by comparisons to financially rewarding clinical alternatives.

The core tension emerges clearly: "No use sacrificing several years of my life to do something as big as a PhD if I'm getting a role that pays 80k/yr. Would have been better off doing something else." Unlike disciplines where the PhD represents standard career progression, MNHS researchers watch former classmates enter clinical practice and achieve financial stability – often earning multiples of the $36,063 stipend – while they remain in training. This comparison creates not just financial hardship but existential questioning about whether research justifies the opportunity cost. For students with clinical backgrounds, the sacrifice compounds: years away from practice mean lost earnings and potentially lapsed skills.

Further, as highlighted, the prohibitively low research stipend also impacts students' mobility in relation to research travel expectations, creating additional barriers for student success. Conference travel to the US or Europe easily reaches $5,000-7,000, yet students receive only $5,000 across their entire candidature. This low funding may act as a disincentive to pursue graduate research in lieu of greater financial gains in industry.

The faculty's challenge is acknowledging that MNHS students experience financial pressure not simply as hardship, but as opportunity cost that constantly questions whether research training justifies foregoing immediate clinical earnings. This tension between research poverty and clinical prosperity helps explain why MNHS students consider leaving at slightly higher rates than their peers (49% versus 46% university-wide).

Faculty-Specific Recommendations

These recommendations are tailored to patterns observed among MNHS students and prioritise actions the faculty can take to enhance support. For detailed implementation guidance, see the corresponding recommendations in *Graduate Research at Monash: Student Experience, Challenges and Opportunities for Enhancement.*

Based on the data, MNHS should focus faculty efforts on three distinctive challenges where targeted intervention will have maximum impact:

1. Address the Male Mental Health Support Gap

The Problem: While MNHS students show marginally better mental health outcomes than university averages (60% in normal range for depression versus 51% university-wide) and access support at slightly higher overall rates (47% versus 45%), a striking gender disparity undermines this advantage. Only 24% of men in MNHS have accessed mental health support—substantially below the already-low 31% university-wide average for men – creating a 31-percentage point gap with women's access (55%) within the faculty. This pattern is particularly concerning given that mental health represents the most frequently cited reason for considering leaving among MNHS students (59% of those who have considered departure), creating a retention risk where men experiencing psychological distress are not receiving help that could sustain them through candidature.

What the Faculty Can Do:

Immediate Actions:

Partner with CAPS to develop men-specific mental health engagement for MNHS:

- Reframe mental health support as "research performance optimisation" and "managing high-stakes medical research demands" rather than crisis intervention.
- Use language resonating with professional development: "Sustaining Research Capacity in Health Sciences," "Managing the Emotional Demands of Clinical Research."
- Highlight that successful clinician-scientists proactively manage psychological wellbeing as part of sustainable practice
- Create alternative entry points through psychoeducational workshops ("Managing Research Stress in Medical Contexts") that normalise help-seeking without requiring self-identification as "struggling."

Integrate wellbeing into existing MNHS structures:

- Embed brief wellbeing conversations into milestone reviews, normalising mental health as a dimension of research capacity.
- Train supervisors to ask simple wellbeing questions and facilitate referrals when needed.
- Position mental health support as standard practice in high-stakes research environments.

Success Metrics: Increase male support access from 24% toward 31% university average (and ideally beyond); student feedback on messaging resonance; reduction in mental health as primary reason for considering leaving.

For detailed implementation guidance, see main report: Level 1 – "Integrate Wellbeing Check-ins into Existing Academic Milestones" and "Redesign Mental Health Service Communications for Underserved Populations"; Level 2 – "Develop Preventative Mental Health Workshops Delivered by CAPS for Graduate Research Students."

2. Build Peer Communities Across Dispersed Research Sites

The Problem: MNHS students work across profoundly dispersed environments, creating structural isolation that compounds the already-solitary nature of doctoral research. With 32% reporting insufficient peer contact, the faculty faces a community-building challenge that traditional campus-based approaches cannot solve.

This geographic fragmentation intersects with a challenge unique to many within health sciences: the emotional burden of engaging with illness, suffering, patient populations and mortality. Students need peer connections not just for social support but for psychological processing with others who understand health research's distinctive pressures. Yet methodological diversity and hybrid work arrangements further limit opportunities for organic peer connection.

What the Faculty Can Do:

Immediate Actions:

Create multi-site peer connection infrastructure:

- Establish monthly virtual "MNHS Graduate Research Colloquia" where students across all sites present work-in-progress, creating intellectual community alongside social connection.
- Develop discipline-specific research communities (e.g., clinical research methods group, laboratory sciences cohort, qualitative health research network) that gather both virtually and in-person.
- Create a "floating" MNHS graduate research social event that rotates across research sites (Clayton, Caulfield, Peninsula, hospitals) ensuring all students can participate without extensive travel.
- Establish online discussion spaces for students to connect across sites and share resources.

Support MGA-led initiatives with faculty resources:

- Provide room bookings and catering support for on-campus gatherings.
- Promote events through faculty communication channels to reach off-campus students.

Success Metrics: Reduction in insufficient peer contact from 32%; attendance at virtual colloquia across multiple sites; student feedback on feeling connected to broader MNHS graduate research community; and, qualitative testimonies about finding peers who understand health research challenges.

For detailed implementation guidance, see main report: Level 1 – "Facilitate Discipline-Specific Graduate Research Communities"; Level 2 – "Expand and Diversify MGA Graduate Research-Specific Events"; Level 3 – "Establish MGA PhD Support Hub."

3. Provide Financial Support and Career Guidance for the Clinical Opportunity Cost Challenge

The Problem: MNHS students experience financial pressure through a distinctive lens: not simply as hardship, but as opportunity cost that constantly questions whether research training justifies foregoing immediate clinical earnings. With 49% of MNHS students having considered leaving (above the 46% university average) and 58% citing financial issues as a reason, the faculty faces a retention risk driven partly by the visible gap between PhD stipends ($36,063) and clinical salaries.

This challenge compounds with inadequate conference funding (students receive $5,000 total across candidature, yet single international conferences alone can cost significantly more than that). Combined with career guidance satisfaction that, while relatively high within MNHS, still leaves many students uncertain about diverse post-PhD pathways, the faculty might benefit from addressing both immediate financial sustainability and long-term career clarity.

What the Faculty Can Do:

Immediate Actions:

Enhance financial support and guidance:

- Work with MGA to ensure MNHS students access emergency financial support fund for acute crises.
- Develop MNHS-specific financial planning resources addressing unique challenges: managing clinical vs. research income expectations, budgeting for extended training timelines (PhD + postdoc), understanding opportunity costs.

Expand discipline-specific career guidance:

- Partner with Career Connect to provide MNHS-specific sessions on diverse pathways: pharmaceutical/biotech industry, hospital research positions, government public health, health policy, clinical trial management and academic medicine.
- Host alumni panels featuring recent MNHS graduates across career trajectories (not just academic positions), explicitly addressing: "What roles use health sciences PhDs?" "What do these positions pay?" "How do you access these pathways?"
- Create "career destination reports" showing where MNHS PhDs actually go (with specific organisation names and positions), demystifying possibilities beyond academic medicine.
- Address the clinical vs. research identity question directly in career programming.

Faculty Actions:

- Recruit MNHS alumni for panels representing diverse pathways.
- Compile and share career destination data for recent MNHS graduates.
- Integrate career pathway discussions into supervision training.

Success Metrics: Increase career guidance satisfaction from current levels; reduction in students citing financial issues and career uncertainty as reasons for considering leaving; student feedback on clarity about post-PhD pathways; tracking of conference attendance among financially constrained students if upfront funding becomes available.

For detailed implementation guidance, see main report: Level 1 – "Enhance Supervisor Capacity: Resources and Prompts for Career Conversations" and "Develop Graduate Research-Specific Financial Literacy Resources and Workshops"; Level 2 – "Establish Emergency Financial Support Fund"; Level 3 – "Establish Discipline-Embedded Career Advisors" and "Develop Graduate Research Alumni Mentoring Network."

Conclusion

These three priorities – addressing the male mental health support gap, building peer communities across dispersed sites and providing financial and career navigation support – represent areas where targeted faculty-level action can meaningfully enhance the MNHS graduate research experience. Importantly, these recommendations build on existing strengths: the faculty's marginally better mental health outcomes and slightly higher overall support access demonstrate that the health sciences context creates some natural advantages around wellbeing discussions and help-seeking. Strong administrative support (79% reporting appropriate contact – the highest rate across Monash) and relatively effective supervisory relationships (80% reporting appropriate academic staff contact) provide solid foundations. The challenge is extending these strengths to reach the demographic groups currently underserved and addressing the structural barriers – geographic dispersal, opportunity cost tensions, career pathway opacity – that the faculty's distinctive research environment creates.

By focusing efforts where MNHS-specific factors create unique challenges, the faculty can move beyond maintaining current relative advantages to establishing new benchmarks for comprehensive graduate research support in health sciences. The recommendations prioritise actions within faculty control while acknowledging that some challenges – particularly around stipend adequacy and conference funding models – require advocacy at institutional and sector-wide levels. Success will be measured not just in improved metrics but in whether MNHS graduate researchers feel the faculty recognises their distinctive pressures and provides support systems responsive to the realities of conducting health-focused research across dispersed clinical and laboratory environments.

Appendix: MNHS Demographics

Campus	Respondents
I do not regularly attend campus	39 (12%)
Clayton	156 (48%)
Caulfield	8 (2%)
Peninsula	22 (7%)
Parkville	2 (1%)
Malaysia	6 (2%)
Hospital or Medical Centre	107 (33%)
Indonesia	0 (0%)
Suzhou	1 (0%)
other	33 (10%)

School/Department	Respondents
Australian Regenerative Medicine Institute	8 (2%)
Eastern Health Clinic School	9 (3%)
Education Portfolio	3 (1%)
Jeffrey Cheah School of Medicine and Health Sciences	6 (2%)
School of Biomedicine Sciences/Biomedicine Discovery Institute	58 (18%)
School of Clinical Sciences at Monash Health	51 (16%)
School of Primary and Allied Health Care	18 (6%)
School of Psychological Sciences	34 (10%)
School of Public Health and Preventive Medicine	48 (15%)
School of Translational Medicine	57 (17%)
School or Nursing and Midwifery	18 (6%)
School or Rural Health	3 (1%)
Other	14 (4%)

Domestic/International	Respondents
Local student (Australian or New Zealand citizen/permanent resident)	204 (61%)
International student	128 (39%)

Study load	Respondents
Full-time	289 (87%)
Part-time	43 (13%)
On leave from study	2 (1%)

Study location	Respondents
Entirely on-campus	121 (36%)
Mix of on-campus and off-campus	149 (45%)
Entirely off-campus	59 (18%)

Other	4 (1%)

Time since last degree	Respondents
Less than 1 year	107 (33%)
1-5 years	166 (51%)
6-10 years	36 (11%)
11+ years	20 (6%)

Degree progress	Respondents
First year	110 (33%)
Second year	85 (25%)
Third year and beyond	139 (42%)

Study hours	Respondents
Less than 5	3 (1%)
6-10	26 (8%)
11-20	26 (8%)
21-30	74 (22%)
31-40	99 (30%)
Over 40 hours	105 (32%)

English proficiency	Respondents
Fluent	240 (73%)
Advanced	56 (17%)
Intermediate	31 (9%)
Elementary	2 (1%)
Beginner	0 (0%)

Gender	Respondents
Woman	234 (71%)
Man	87 (26%)
Non-binary/gender diverse	5 (2%)
Prefer to self-describe	0 (0%)
Prefer not to say	3 (1%)

LGBTIQA+	Respondents
Yes	45 (14%)
No	268 (82%)
Prefer not to disclose	16 (5%)

Indigenous (domestic students only)	Respondents
Yes	1 (1%)
No	200 (99%)
Prefer not to disclose	2 (1%)

Disability	Respondents
Yes	20 (6%)
No	302 (92%)
Prefer not to disclose	7 (2%)

Registered disability with DSS	Respondents
Yes	9 (45%)
No	11 (55%)

Age	Respondents
24 or under	40 (12%)
25-29	125 (38%)
30-39	120 (36%)
40 and over	47 (14%)

Parental status	Respondents
Yes – living with me	59 (19%)
Yes – not living with me	12 (4%)
No	244 (78%)

Primary carer	Respondents
Yes	33 (56%)
Shared responsibility	34 (58%)
No	0 (0%)

Carer status	Respondents
Yes	18 (6%)
No	295 (94%)

Employment status	Respondents
Full-time	49 (16%)
Part-time	81 (26%)
Casual	82 (26%)
Unemployed and looking for work	38 (12%)
Not employed and not looking for work	63 (20%)

Work hours	Respondents
Less than 5	42 (20%)
6-10	75 (36%)
11-20	42 (20%)
21-30	22 (10%)
31-40	20 (10%)
More than 40	10 (5%)

Scholarship recipients	Respondents
Yes	259 (83%)
No, but I previously held a scholarship	11 (4%)
No	42 (14%)

Value of scholarship	Respondents
Less than $33,511	18 (7%)
$33,511 (National full-time RTP stipend minimum)	38 (15%)
$33,512 - $36,062	17 (7%)
$36,063 (Monash full-time RTP stipend)	152 (59%)
$36,064 - $47,626	20 (8%)
More than $47,627 (National minimum wage)	14 (5%)