

ORIGINAL ARTICLE



## "I Feel Like I'm Failing Everywhere": Experiences of dissertation setbacks, time stress, and life balance.

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### ABSTRACT

**Background:** Dissertation-phase postgraduate students experience increased psychological morbidity, including anxiety, depression, and emotional exhaustion, primarily due to academic setbacks, inflexible deadlines, and difficulties balancing academic and personal requirements.

**Aim:** This study aimed to explore the living experiences of dissertation-phase students and key stakeholders, identifying predominant stressors, coping strategies, and gaps in support systems influencing mental health outcomes.

**Methods:** A qualitative phenomenological design was employed. Semi-structured interviews were conducted with participants, and thematic analysis was used incorporating credibility strategies such as peer debriefing and member checking to enhance trustworthiness.

**Results:** Academic failures and rigid timelines were identified as significant triggers of psychological distress, contributing to anxiety symptoms, reduced self-esteem, and coping behaviors, such as social withdrawal and avoidance. Peer networks were consistently reported as the primary emotional support mechanism, whereas institutional mental health services remained underutilized due to stigma, lack of awareness, and perceptions of inaccessibility. Supervisory interactions were frequently described as lacking emotional sensitivity, further intensifying the pressure. Family members were largely unaware of the student's psychological strain, indicating systemic gaps in psychosocial support.

**Conclusion:** Dissertation-related stress is a modifiable risk factor for psychological morbidity in postgraduate students. Institutional interventions should prioritize supervisor training, structured peer-support initiatives, encouraging mental health services, and family engagement. A complete, evidence-based institutional approach is required to address this preventable burden and enhance psychological resilience in dissertation-phase students.

### KEYWORDS

Postgraduate students;  
Dissertation phase;  
Psychological stress;  
Depression; Stressors

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### Introduction

Postgraduate education, particularly during the dissertation phase, presents a unique set of challenges that can significantly impact students' mental health. The culmination of academic responsibilities, personal life demands, and the pressure to produce original research often converge, leading to heightened psychological distress among students. Studies have indicated that postgraduate researchers frequently experience elevated levels of stress compared to the general population. A systematic review and meta-analysis reported that approximately 24% of PhD students exhibited clinically significant symptoms of depression, while 17% showed signs of anxiety [1].

The dissertation phase is particularly challenging due to its unstructured nature, requiring students to manage their time effectively, deal with potential research setbacks, and balance personal responsibilities. A study revealed that time management disposition significantly correlates with mental health among postgraduate students, with life satisfaction mediating this relationship. Additionally, the COVID-19 pandemic has accelerated these issues, with increased reports of anxiety, depression, and stress among university students [2].

Quantitative data underscores the prevalence of mental health issues among postgraduate students. A global meta-analysis indicated that 34.8% of graduate students suffered from anxiety, placing them at risk for mental health disorders. Furthermore, a study involving 3,659 PGRs in Flanders reported that 50% experienced psychological distress, and 33% were at risk of a common psychiatric disorder. These statistics highlight the urgent need to address mental health concerns within this demographic [3].

To explore the lived experiences of postgraduate students during the dissertation phase, a qualitative phenomenological approach is appropriate. This methodology allows for an in-depth understanding of students' perceptions, emotions, and coping mechanisms related to academic setbacks, time pressure, and life balance. Data collection will involve semi-structured interviews with postgraduate students who are currently engaged in or have recently completed their dissertations. Thematic analysis will be employed to identify common patterns and themes within

the data [4].

While qualitative research provides rich, detailed insights, it is not without limitations. The findings may not be generalizable to all postgraduate students due to the specific sample and context. Additionally, participants' self-reported experiences may be influenced by recall bias or social desirability bias [5].

The primary objective of this study is to explore the experiences of postgraduate students in managing academic setbacks, time pressure, and personal life balance during the dissertation phase. By understanding these experiences, the study seeks to identify factors contributing to mental health challenges and to inform the development of support mechanisms for postgraduate students [6].

### Methodology

This study utilized a qualitative phenomenological research design, which is particularly suited to explore the lived experiences of postgraduate students grappling with dissertation setbacks, time-related stress, and conflicts with personal life responsibilities. Phenomenology enables the researcher to delve into the subjective meanings and interpretations that individuals attach to their experiences, facilitating a nuanced understanding of how these challenges affect their mental health and well-being. Among the various phenomenological approaches, Colaizzi's seven-step descriptive method was selected for its systematic and rigorous framework, which emphasizes participants' verbatim narratives and includes a validation step with the participants themselves. This approach was favored over other models such as Giorgi's or Moustakas' methods, as Colaizzi's approach explicitly emphasizes maintaining close adherence to participants' original expressions and includes a final validation step, enhancing credibility and authenticity of the data.

### Participants and Sampling

The study population comprised postgraduate students currently engaged in dissertation work or those who had completed their dissertation within the previous six months. The six-month threshold was selected to minimize recall bias while ensuring that participants' reflections remained rich and contextually relevant to the dissertation phase.

#### Inclusion criteria

- Enrollment in a Master's or PhD program involving dissertation work.
- Experience of significant academic setbacks during the dissertation process, including but not limited to data collection failures, supervisor conflicts, and unanticipated research design challenges.
- Self-reported experiences of time-related stress and difficulties balancing personal and academic responsibilities.
- Ability and willingness to participate in a 45–60-minute semi-structured interview.
- Fluent in English to ensure consistency in data collection and analysis.

#### Exclusion criteria

- Undergraduate students or those not involved in dissertation work.
- Postgraduate students who completed their dissertation more than six months prior to the study.
- Individuals currently receiving intensive mental health treatment, to avoid the risk of exacerbating distress during sensitive discussions.

A purposive sampling strategy with maximum variation sampling was employed to recruit participants capable of providing relevant, and diverse insights. Recruitment was conducted by email invitations through university mailing lists, social media platforms, and academic discussion forums, accompanied by a participant information leaflet. Screening questionnaires were used to ensure eligibility and to monitor diversity within the sample [Figure 1].

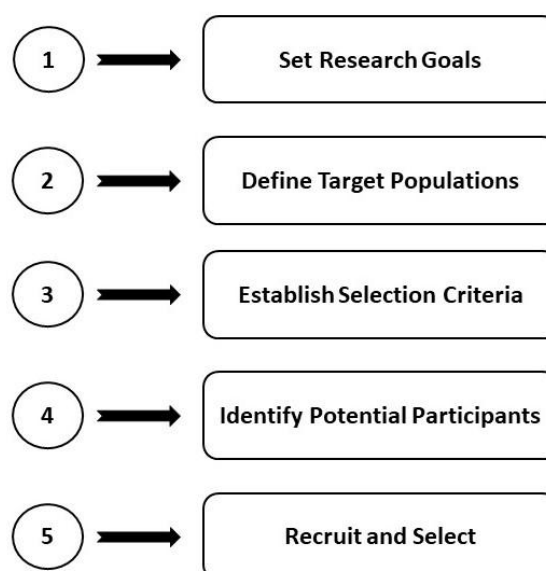


Figure 1. 5-steps purposive sampling.

### Data Collection

A semi-structured interview guide was developed based on existing literature on dissertation-related stress, academic setbacks, and life balance. The guide comprised open-ended questions and prompts aimed at eliciting comprehensive narratives, including experiences of dissertation challenges, coping strategies, and perceptions of institutional and personal support systems. The guide was pilot tested with two students, resulting in minor refinements to ensure clarity and relevance [7].

All interviews were conducted by video conferencing platforms to ensure accessibility and participant comfort, particularly given the sensitive nature of the topic. Interviews were scheduled at participant's convenience and lasted approximately 45–60 minutes. Audio recordings were made with participant's informed consent, and verbatim transcriptions were produced. Field notes were maintained to

capture non-verbal cues, emotional responses, and contextual observations. Interviewers were trained in trauma-informed interviewing techniques to ensure sensitivity when discussing potentially disturbing topics [8].

Ethical clearance was obtained from the Institutional Review Board. Participants received detailed participant information sheets outlining the study's objectives, procedures, potential risks, and benefits. Informed consent was obtained electronically before data collection commenced. Participants were assured of strict confidentiality, anonymity, and their right to withdraw at any stage without prejudice. Given the sensitivity of discussing mental health, interviewers monitored participants for distress during interviews and provided them with information on institutional mental health services and external support organizations as needed [9].

## Results

This study provides critical insights into the psychological morbidity associated with the dissertation phase in postgraduate education. The findings confirm that dissertation-related stressors, including academic setbacks, strict timelines, and challenges in balancing personal and academic roles, contribute substantially to emotional exhaustion, anxiety, and reducing self-efficacy [ Table 1-3]. These patterns are consistent with existing evidence linking academic stress with adverse mental health outcomes in student populations. The data further highlight systemic gaps in support mechanisms, including underutilization of institutional mental health services, strained supervisory dynamics, and limited engagement from familial systems [Figure 2 & 3].

**Table 1.** Qualitative analysis table on themes and participant responses.

S/N	Theme	Question	Participant 01	Participant 02	Participant 03	Participant 04	Participant 05	Participant 06
1	Academic Setbacks	How do you feel when research fails or gets rejected?	It makes me feel like all my hard work is wasted.	Honestly, I start doubting myself whenever that happens.	I remember feeling stuck and helpless during those times.	Students often get frustrated. We need to reassure them.	I see my daughter becoming moody and withdrawn.	Many students feel like quitting when faced with failures.
2	Time Pressure & Deadlines	How do deadlines affect your mood and routine?	I feel anxious all the time, can't sleep well before deadlines.	I keep pushing things till the last minute, then panic sets in.	I used to feel overwhelmed and worked odd hours.	They often skip meals, sleep, and social life close to deadlines.	He becomes irritable, barely talks to us near deadlines.	It's common; they get trapped in a cycle of stress and guilt.
3	Life vs. Dissertation Balance	How do you manage your personal life and dissertation?	It's hard, I feel guilty if I take even a short break.	My family complains I'm always working or locked in my room.	I struggled a lot; missed family functions and get-togethers.	We tell them to balance, but they rarely listen.	I can see she's always tired, no time for herself.	They rarely prioritize themselves; it leads to burnout.
4	Self-Esteem & Identity	How does dissertation stress affect your confidence?	I feel like I'm not good enough to finish this.	Some days I feel like a failure, like I don't belong here.	It took a toll on my confidence back then, felt like I'm not cut out for research.	We try to build them up, but the pressure is intense.	I noticed he doubts himself a lot nowadays.	Their self-esteem often hits rock bottom during these phases.
5	Coping & Help-Seeking	What do you do to cope, and do you ask for help?	I just try to distract myself with Netflix, but I don't talk to anyone.	I mostly vent to my lab mates, but I don't feel comfortable talking to counselors.	I wish I had asked for help earlier; I kept it all inside.	They hesitate to come forward, afraid of being judged.	I tell her to talk to someone, but she says she's fine.	Many students think asking for help is a sign of weakness.
6	Supervisor-Student Dynamics	How would you describe the guide-student relationship?	I feel scared to tell my supervisor about my problems.	My guide is helpful, but sometimes I feel they don't get the stress I'm under.	My guide was strict, made me feel like I can't afford mistakes.	We try to be available, but students often hide their struggles.	He avoids talking about his guide; I feel there's tension.	Sometimes guides underestimate how much their feedback impacts mental health.

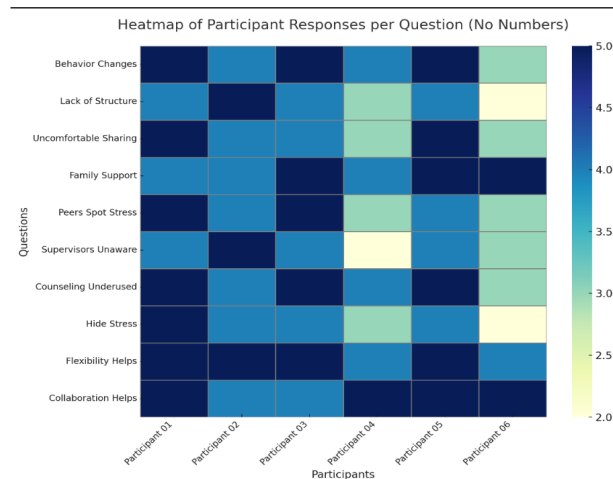
7	Peer & Social Support	How important are your peers in supporting you?	They are my sanity; we cry and laugh together over our struggles.	My lab mates are my biggest support system.	My batchmates kept me going; they were like a second family.	Peer support works better than we think, we should encourage it more.	I see her chatting with her friends; it makes her happier.	Peers are often the first line of emotional support.
8	Institutional Support Systems	Are you aware of campus mental health services?	I know they exist, but I never used them; feels awkward.	Yeah, but I feel they are more for extreme cases.	I didn't even know about them when I was studying.	We mention them during orientations, but students rarely approach.	I had no idea such services existed in the university.	Services are there, but stigma and unawareness keep students away.
9	Family's View of Mental Health	How do you see your family's role during dissertation stress?	I avoid sharing much with them, they won't understand.	My family thinks I overreact; they don't see how tough it is.	My family always told me to be strong, but they didn't get it.	Families need to be sensitized about what students go through.	I see he hides his feelings; I wish I knew how to help him.	Family involvement is often missing; they don't realize the student is struggling silently.
10	Recommendations for Support	What would make dissertation life mentally easier?	More support from supervisors, and less pressure to be perfect.	Workshops on mental health and open talks with guides.	I wish I had mentors who told me it's okay to struggle.	More proactive counseling sessions and flexible deadlines.	I think families should be educated about student stress.	Safe spaces where students can talk openly without judgment.

**Table 2.** Participant's response analysis.

Theme	Response Analysis
Academic Setbacks and Emotional Impact	Research failures and setbacks lead to emotional exhaustion, frustration, and self-doubt. Setbacks often trigger feelings of helplessness and loss of motivation.
Time Pressure and Deadline Anxiety	Dissertation deadlines cause intense anxiety, sleep disturbances, and reduced well-being. The pressure to meet deadlines often leads to neglect of health and social life.
Life vs. Dissertation Balance	There is a persistent struggle to balance personal life and academic work, leading to feelings of guilt for taking breaks and neglect of personal responsibilities.
Self-Esteem and Academic Identity	Dissertation stress deeply affects self-confidence and academic identity, leading to feelings of inadequacy and questioning of personal competence.
Coping Mechanisms and Help-Seeking	Coping strategies largely involve avoidance, distraction, or peer venting. Formal help-seeking is avoided due to stigma, fear of judgment, or a belief that issues are not severe enough.
Supervisor-Student Dynamics	Communication with supervisors is perceived as strained, with students feeling unable to share emotional challenges openly. Supervisory feedback is seen as lacking empathy.
Peer and Social Support Systems	Peer networks serve as the primary emotional support system, offering safe spaces to share experiences and reduce feelings of isolation.
Institutional Support Systems	Mental health services are underused due to stigma, unawareness, or perceived inaccessibility. There is a general lack of proactive institutional support for dissertation-related stress.
Family Perceptions of Student Mental Health	Families are often unaware of the student's mental health struggles, as students tend to hide their difficulties, creating emotional disconnect and misunderstanding.
Recommendations for Support	There is a collective need for more empathetic supervisory support, flexible dissertation processes, open discussions about failure, and collaborative mental health interventions involving faculty, peers, families, and counselors.

**Table 3.** Likert-scale evaluation of the participants on different situations.

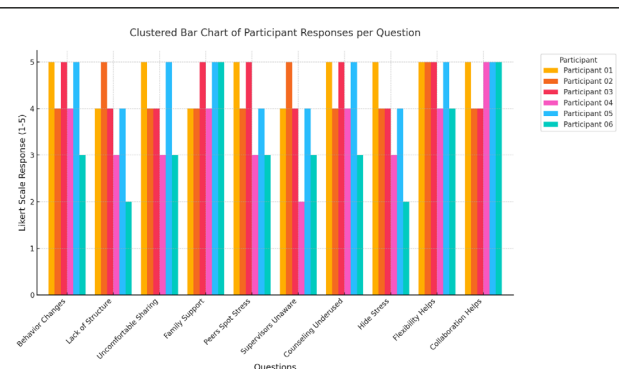
Likert-scale questions	Participant 01	Participant 02	Participant 03	Participant 04	Participant 05	Participant 06
Students show behavior changes during dissertation stress	5	4	5	4	5	3
Lack of timeline structure worsens student mental health	4	5	4	3	4	2
Students feel uneasy sharing their mental health with staff	5	4	4	3	5	3
Family support is key for student's emotional well-being	4	4	5	4	5	5
Peers notice student stress better than staff or family	5	4	5	3	4	3
Supervisors are often unaware of student's mental strain	4	5	4	2	4	3
Counseling services are underused due to stigma or ignorance	5	4	5	4	5	3
Students hide dissertation stress from family and friends	5	4	4	3	4	2
Flexible guidelines and open talks would reduce stress	5	5	5	4	5	4
Collaboration among guides, family, and counselors helps support students	5	4	4	5	5	5



**Figure 2.** Heatmap analysis of participant responses per Question.

## Discussion

The qualitative data reveal that dissertation-related stressors significantly impact student's mental health. Participants reported experiencing emotional exhaustion, frustration, and self-doubt due to academic setbacks, aligning with existing literature that highlights the psychological toll of academic failures on students. Time pressure and fixed deadlines were identified as major reasons of anxiety and sleep disturbances, supporting studies that associate tight academic schedules with increased stress levels among students.



**Figure 3.** Clustered Bar Chart of participant responses per Question.

The struggle to balance personal life and dissertation work emerged as a common theme, with students expressing guilt over taking breaks and neglecting personal responsibilities. This finding is consistent with research indicating that academic demands often lead to compromised personal well-being. Participants also reported a decline in self-esteem and academic identity, feeling inadequate and questioning their competence. Such experiences are well-documented in studies exploring the psychological challenges faced by students during intense academic pursuits.

The supervisor-student dynamic was perceived as strained, with students feeling unable to share emotional challenges openly. This reflects findings from studies that highlight the

importance of supportive supervisory relationships in reducing student stress. Peer support emerged as a crucial factor, providing emotional relief and reducing feelings of isolation. This supports existing research on the positive impact of peer networks on student mental health. Institutional support services were underutilized due to stigma and lack of awareness, reflecting studies that call for increased visibility and accessibility of mental health resources in academic settings.

Family members were often unaware of the students' struggles, leading to emotional disconnects. This underscores the need for family involvement in supporting students' mental health. The findings align with existing literature on the mental health challenges faced by students during dissertation work, while also highlighting the critical role of peer support and the need for improved institutional and familial support systems.

### Implications for Practice

#### University

- Implement structured timelines and clear guidelines to reduce uncertainty and stress.
- Enhance visibility and accessibility of mental health services, ensuring students are aware of available resources.
- Develop a campus culture that challenges mental health issues, encouraging open discussions and help-seeking behaviors.

#### Supervisor

- Develop training programs to enhance supervisor's awareness of student mental health needs.
- Encourage regular check-ins and open communication to identify and address student challenges promptly.
- Promote a supportive and empathetic supervisory approach to build trust and reduce student reluctance to share difficulties.

#### Counselor

- Offer workshops and group sessions focused on stress management, coping strategies, and resilience building.
- Collaborate with academic departments to integrate mental health support into the academic environment.
- Provide individual and easily accessible counseling services tailored to the unique needs of dissertation students.

### Limitations and Future Suggestions

The present study acknowledges several methodological considerations and inherent limitations. The sample size was relatively small, which may restrict the diversity and richness of captured experiences among dissertation students. Given the qualitative design, the findings are based on self-reported narratives, which are susceptible to subjectivity and may reflect personal biases, potentially limiting the objectivity of the insights obtained. Furthermore, the study was conducted within a specific institutional and cultural context, which constrains the generalizability of the findings to broader academic settings or diverse student populations. The reliance on retrospective self-reporting introduces the possibility of recall bias, and the cross-sectional nature of data collection does not allow for

tracking changes in mental health trajectories over time, which would be better addressed through longitudinal research [10].

Future research should consider longitudinal studies to monitor the progression of dissertation-related mental health challenges and to evaluate the long-term effectiveness of support interventions. Expanding research populations to include participants from various academic disciplines, institutions, and cultural backgrounds is essential to enhance the representativeness and generalizability of findings [11]. Additionally, intervention-focused studies should assess the efficacy of structured support programs such as peer mentoring schemes, supervisor sensitivity training, and resilience workshops in mitigating mental health burdens. Given the identified gap in familial awareness, further inquiry is warranted into strategies that actively engage family members in providing psychosocial support, thereby fostering a more holistic support environment for students. Moreover, the potential of digital platforms and technology-based interventions should be explored, as they offer scalable and accessible mental health support avenues for students engaged in dissertation work [12].

### Conclusion

This qualitative study provides critical insights into the psychological stress encountered by postgraduate students during the dissertation project. The findings demonstrate that dissertation setbacks, persistent time limitations, and challenges in balancing personal and academic responsibilities contribute to increased levels of emotional exhaustion, anxiety, and compromised self-efficacy. These stressors were reported to worsen adaptive behaviors such as social withdrawal, sleep disturbances, and avoidance, reflecting patterns consistent with academic burnout and psychological morbidity.

Peer networks emerged as essential support structures, offering emotional validation and mitigating isolation. Alternatively, institutional support systems, were underutilized, primarily due to stigma, lack of awareness, and perceptions of inaccessibility. The findings further underscore the critical role of supervisory practices in intensifying dissertation-related suffering.

Additionally, the role of family systems was identified as under-recognized, with students demonstrating reluctance to disclose academic difficulties, further developing feelings of isolation. This underscores the necessity for educational interventions targeting families to enhance mental health literacy and facilitate psychosocial support.

In these findings, there is an urgent need for academic institutions to adopt integrated, student-centered mental health strategies. These should include supervisor sensitization programs, structured peer-led support interventions, family engagement, and enhancements in the visibility and accessibility of counseling services. Institutional culture must actively promote open discussion on academic stress and normalize help-seeking behaviors to develop resilience and well-being among dissertation students.

Future research should adopt longitudinal designs to evaluate the long-term mental health trajectories of dissertation

students and assess the efficacy of multifaceted interventions within diverse academic and sociocultural settings.

### Disclosure statement

No potential conflict of interest was reported by the authors.

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