

## Thesis and Dissertation: What is the difference?

The aim of both a thesis and dissertation is to give the student the opportunity to investigate or research a public health problem using principles and methodologies developed within the Diploma in Public Health course.

By doing a thesis or dissertation students should master skills in:

- developing a research proposal to explore a specific research question
- identifying and accessing the resources necessary to undertake the investigation
- reviewing and analysing relevant literature
- choosing a research methodology appropriate to the problem and applying that methodology whether it be qualitative or quantitative.
- reporting the project particularly its purpose, backgrounds, method, findings, conclusions, and recommendations
- interpreting the findings and identifying the wider implications of the project especially for public health in New Zealand, and elsewhere.

### Scope of a thesis

The thesis represents one full time year's work and constitutes the full 120 points of the Masters of Public Health. An MPH done in this way is a "research masters". The thesis will generally require data collection and analysis. This data will often be primary data (see Data Collection below), that is, data collected by the student through interview or survey, although secondary data may also be permitted, that is, data extracted from routine data sources (e.g. hospital statistics).

The length of the report will vary depending on the topic and method used. It is expected that most texts will consist of up to 200 pages, or 50-60,000 words, single-sided, including tables and appendices.

### Scope of a dissertation

The dissertation counts for 60 credit points and so represents half the requirement for an MPH. The other half is from coursework; this constitutes a "taught masters".

A dissertation will not often require primary data collection (see Data Collection below), that is, data collected by the student through interview or survey. It may require analysis of secondary data, that is, data extracted from routine data sources (e.g. hospital statistics) or data already collected by a previous or wider study. A literature review alone is not usually considered sufficient for a dissertation, unless it is augmented by substantial critical discussion and debate, or with a proposal outlining methodology for new research, or if it is a formal systematic review.

Length will vary with the nature of both the topic and the methodology used. It is expected that most texts will be around 80-100 pages, or 20-30,000 words, single-sided, including tables and appendices.

## **Data Collection**

Data analysed in a thesis or dissertation can be broadly classified in two ways:

**Primary Sources:** Original data - eg. questionnaire/interviews (with patients, experts, key actors, others); or a student's own extraction of data from extant sources (hospital or government data).

**Secondary Sources:** Books, articles; sample survey reports; data from studies already done; government/official statistics. Both narrative material and numerical data may be useful to the task.

Many dissertations will rely on secondary data while a thesis may require collection of primary data, though this rule is not hard and fast. If secondary data is used, it must be fully referenced and acknowledged.

For a dissertation it would not normally be expected that the student would need to go through the Ethics approval process; this being either already obtained or not necessary.

### **“Non-data” dissertations or theses.**

A thesis or dissertation for an MPH will usually entail collection and analysis of data, but it may not. An examination of policy, philosophy, or theory may be sufficient. For a thesis this would need to be an extension of ideas and show intellectual input and novel work of the student. For a dissertation it may entail a detailed examination of existing practices and theories.