## Contents

**Section 1** An overview of the general requirements ............................................................................. 2

1.1 General requirements .................................................................................................................. 2

1.2 Some general advice .................................................................................................................. 2

   - Word limits ................................................................................................................................. 2
   - Plagiarism ................................................................................................................................. 2
   - Submission requirements ......................................................................................................... 2

**Section 2** Literature Reviews ........................................................................................................... 3

2.1 Systematic reviews ..................................................................................................................... 3

2.2 Non-systematic reviews (other kinds of review) ....................................................................... 4

   - Critical reviews ........................................................................................................................ 4
   - Scoping reviews ....................................................................................................................... 4

2.3 Overviews of reviews ................................................................................................................. 5

**Section 3** Empirical Research ......................................................................................................... 7

3.1 Introduction ................................................................................................................................ 7

   - General advice on undertaking empirical research ............................................................... 7

3.2 Randomised controlled trials .................................................................................................... 7

3.3 Qualitative research ................................................................................................................... 8

3.4 Secondary analyses of existing data .......................................................................................... 9

3.5 Survey ........................................................................................................................................ 9

3.6 Other study designs .................................................................................................................. 9

**Section 4** Formatting Guidance ..................................................................................................... 10

4.1 Quality of reproduction ............................................................................................................. 10

4.2 Text and format ........................................................................................................................ 10

   - Typographic design .................................................................................................................. 10
   - Format ...................................................................................................................................... 10
   - Production of text ..................................................................................................................... 10

4.3 Margins ....................................................................................................................................... 10

4.4 Photographic prints and large illustrations ............................................................................... 10

4.5 Materials that cannot be bound ............................................................................................... 10

4.6 Tables ....................................................................................................................................... 11

4.7 Headings ................................................................................................................................... 11

4.8 Illustrations ................................................................................................................................ 11

4.9 Numbering ................................................................................................................................ 12

4.10 Sequence of material ............................................................................................................... 12

4.11 Binding ..................................................................................................................................... 14
Section 1 An overview of the general requirements

1.1 General requirements

As part of master’s degree courses students have the opportunity to conduct independent research and write it up as a dissertation. This will assess a student’s knowledge, skills and ability to:

- work independently with the support of supervisors to manage a challenging, complex and extended piece of work;
- define, and focus on a research area of your choice;
- demonstrate an understanding and critical awareness of current problems and/or new insights in your field of study or area of professional practice;
- understand the application of that knowledge;
- read widely and reflect critically on written research;
- think through different methodological approaches and employ the approach(es) appropriate to the topic being researched;
- conduct research
- provide a critical and reflective account of the results and conclusions

http://www.york.ac.uk/media/abouttheuniversity/supportservices/academicregistry/registrieservices/guide/Guide%20to%20Assessment%202014-15.pdf
Quality Assurance Agency for Higher Education “Master’s degree characteristics”
http://www.qaa.ac.uk/publications/informationandguidance/pages/masters-degree-characteristics.aspx

1.2 Some general advice

You may find it helpful to consider the Department’s marking criteria which can be found at
https://www.york.ac.uk/healthsciences/student-intranet/exam-assess/markgrid/

Examining the criteria for the higher marks will provide an indication of what your dissertation should contain. The descriptions for the lower marks will provide you with indicators of what to avoid.

You can also find example dissertations by previous years’ students on the VLE dissertation site

Word limits
MSc Applied Health Research 16,000 words
MPH 16,000 words

Remember that anything over 10% greater than this will not be marked.

Everything in the main body of the text (ie Introduction, Method, Results, Discussion, Conclusion) apart from tables and figures is included in your word limit. Everything before (eg Abstract, Acknowledgements, Contents page etc) and after the main text (eg References, Appendices etc) is not included.

Plagiarism
It is important that you reference your work correctly to avoid plagiarism, the major form of academic misconduct, and you should have already completed the academic integrity tutorial prior to starting on your dissertation. Please consult the Academic Integrity section of your handbook for full details and the academic integrity tutorial for further details, available at the Yorkshare VLE:
http://vle.york.ac.uk/webapps/portal/frameset.jsp.

Submission requirements
You are required to submit ONE electronic copy of your dissertation to the submission point on the VLE module site and TWO soft-bound paper copies to Student Information Services. Please make sure that you do not mention anyone by name in the acknowledgements section.
In the following sections you will find an outline of requirements for some of the types of dissertation commonly chosen by Department of Health Sciences’ students, along with methodological options, some examples of questions and some useful references.

**Section 2 Literature Reviews**

**2.1 Systematic reviews**

Systematic review is a methodologically rigorous method of undertaking literature review. The aim is usually to arrive at some sort of estimate of effect (or possibly a range of estimates) in order to answer a focused question. It is normally expected that a dissertation based on a systematic review will include the following:

- a focused and addressable research question, expanded into aims and objectives as appropriate;
- background section explaining the topic and justification of the need for the review;
- a methods section incorporating justification of review methods and citing of appropriate methodological literature, with the following sub-sections:
  - pre-specified selection criteria for primary studies;
  - a comprehensive search strategy;
  - standardised data collection strategy for each included study;
  - standardised methodological assessment plan for each included study;
  - plans for a structured data synthesis (which may be purely narrative or also include meta-analysis);
- results section which should include the following:
  - results of search strategy;
  - description of primary studies including summary of methodological quality;
  - estimates of effect for all pre-specified outcomes.
- discussion section which should include a summary of main findings, an account of resolution/remaining uncertainty in relation to the review question, quality of evidence, strengths and limitations of the review, context of findings in relation to existing literature, recommendations for future research and clinical or other professional practice, presentation of a dissemination plan (if appropriate) and concluding comments.
- there must be evidence of critical and analytical treatment of primary material throughout the dissertation;
- review methods, processes and findings must be reported in a transparent way.

Many people believe that systematic reviews can only be based on randomised controlled trials (RCTs). Since systematic review is essentially a set of scientific principles, the method can be applied to any type of primary study design, including observational studies, qualitative studies and others. Systematic review may also be used to address methodological questions; in this instance non-randomised studies are often considered for inclusion. This said, it remains true that the majority of systematic review effort to date has been expended on reviews of RCTs (and therefore address questions of clinical effectiveness); so most sources of literature and other support on systematic review methods focus on reviews of RCTs. Whatever the focus of the review, the question, rationale, methods and findings need to be reported in a transparent fashion.

Students undertaking the MSc in Applied Health Research are required to attend a 10-credit module in Systematic Reviews (or AP(e)L) and the module is optional for students on the MPH programme. The module key texts are listed below as ‘Useful references’.

**Example research questions:**
- What is the effectiveness of preoperative statin therapy in patients undergoing cardiac surgery?
- What is the impact on teenage pregnancy of interventions that address the social disadvantage associated with early parenthood?
• What is the impact of indoor residual spraying alone, and what are the relative impacts of indoor residual spraying and insecticide-treated mosquito nets, on key malariological parameters?
• What is the effectiveness, and what are the adverse effects of acupuncture in the treatment of depression?

All of the above questions are taken from systematic reviews which can be accessed from the Cochrane Library (http://www.thecochranelibrary.com/view/0/index.html).

Example research questions for methodological systematic reviews:
• What is the impact of attrition on estimates of treatment effect?
• What is the impact of inadequacy of treatment allocation on estimates of treatment effect?

Useful references:

2.2 Non-systematic reviews (other kinds of review)

There are some topics that do not lend themselves easily to systematic review; a more creative and flexible approach is required. This may apply when research questions are theoretical, exploratory or scoping in nature as opposed to those seeking an estimate of effect in response to a focused question.

Several types of non-systematic reviews are evident from the literature. These may be referred to in various ways, including the following: traditional review; structured review; conceptual review; realist review; critical review; and scoping review. It can be difficult to precisely define the required components for each of these review types as definitions vary in the literature and there is no real consensus as there is for a systematic review. They can overlap with one another in terms of purpose and methods, and may also overlap to some extent with systematic review characteristics.

**Critical reviews** sometimes involve analysis of process (i.e. establishing *how* an approach might work as opposed to merely *whether* it works). Examples of this could include assessment of the experiences of those implementing interventions or elements of the context of implementation (e.g., impediments and facilitators to success). The latter may be particularly important in the evaluation of management and policy approaches, especially in relation to feasibility of implementation of complex strategies. The strengths and weaknesses of different arguments and approaches may be critiqued and areas of controversy identified.

**Scoping reviews** may attempt to summarise the volume, nature and characteristics of research within a given field. Here, the emphasis may be on coverage of the literature and identification of gaps in research, including recognition of areas of research characterised by persistently poor methodological quality.

Whatever type of review method is chosen, the marking criteria for dissertations must be fulfilled. This means that the treatment of primary material should not be merely descriptive. There should be suitable linking of theory and practice and reporting of methods should be transparent, as with systematic reviews. The following aspects/sections would normally be recommended for inclusion in a dissertation based on a review though, because of the flexible nature of this method, the precise details should always be decided jointly with your dissertation supervisors

• an addressable research question (may be broad in scope);
• a background section explaining the topic and justification of the need for the review;
• a methods section incorporating justification of methods used and citing of methodological literature if appropriate, with the following sub-sections:
  — a guide for selecting primary studies, bearing in mind that selection may change as part of an iterative process; a range of different study designs may need to be considered;
  — a structured search strategy, possibly iterative in nature;
  — a guide for data collection and presentation (sometimes referred to as ‘charting the data’ in scoping reviews);
  — a plan for detailed and critical analysis of some aspect of the topic (e.g. assessment of methodological quality, process or context of intervention, findings, reporting, suitability of application of theory and so on);
  — a plan for a structured interpretation and synthesis of the assembled evidence;
• results section which should include the following:
  — results of literature search;
  — description of primary studies, with summary of methodological quality if appropriate;
  — report of other aspects of findings, in accordance with the review question;
• discussion section which may include a summary of main findings, an account of resolution/remaining uncertainty in relation to the review question, quality of evidence (if appropriate), strengths and limitations of the review, context of findings in relation to other literature, recommendations for the future, in terms of practice and/or for research such as systematic review, dissemination plan (if appropriate) and concluding comments.
• there should be evidence of critical and analytical treatment of some aspect of the primary material;
• review methods, processes and findings must be reported in a transparent way.

Example research questions
• What are the potential impacts of global warming on population health and strategies for tackling them?
• What does the literature tell us about risk-targeted versus population-wide approaches to chronic disease prevention?

Useful references:
(The following are available via University of York Library, electronic journals.)

Additional references:

2.3 Overviews of reviews

Some topic areas are notable for already having an abundance of published systematic reviews and meta-analyses but these may not have ever been synthesised as a single piece of research. The task then is to assemble and summarise the evidence, using reviews as the primary study design. Systematic review methods can be applied here as the same principles apply to reviewing existing reviews as they do to reviewing primary study designs such as RCTs. Since the unit of study is now a review, methods must be adapted accordingly, particularly
in terms of the search strategy, study selection criteria, data collection, methodological assessment and data synthesis. It is normally expected that dissertations based on overviews of reviews will include the following:

- a focused and addressable research question, expanded into aims and objectives as appropriate;
- background section explaining the topic and justification of the need for the overview;
- a methods section incorporating justification of overview methods and citing of appropriate methodological literature, with the following sub-sections:
  - pre-specified selection criteria for primary studies (reviews/meta-analyses);
  - a comprehensive search strategy;
  - standardised data collection strategy for each included review;
  - standardised methodological assessment plan for each included review;
  - plans for a structured data synthesis (which may be purely narrative or also include statistical methods such as network meta-analysis);
- results section which should include the following:
  - results of search strategy;
  - description of included reviews including summary of methodological quality;
  - estimates of effect for all pre-specified outcomes.
- discussion section which should include a summary of main findings, an account of resolution/remaining uncertainty in relation to the review question, quality of evidence, strengths and limitations of the overview, context of findings in relation to existing literature, recommendations for future research and clinical or other professional practice, presentation of a dissemination plan (if appropriate) and concluding comments.
- there must be evidence of critical and analytical treatment of primary material throughout the dissertation;
- overview methods, processes and findings must be reported in a transparent way.

Example research questions:

- What is the evidence from Cochrane systematic reviews on the efficacy and safety of non-pharmacological and pharmacology interventions to manage pain in labour?
- What is the evidence for evaluation of the impact of financial incentives on healthcare professional behaviour and patient outcomes?
- What is the evidence from Cochrane reviews of the efficacy and safety of pharmacological interventions designed to assist smoking cessation attempts?

The above examples are available from the Cochrane Library (link as above). Students may view other overviews of reviews by doing a simple search on the Cochrane Library using the search term ‘overview’.

Useful references:

Section 3  Empirical Research

3.1 Introduction

Empirical research involves the undertaking of new, original (or primary) research and, for the purpose of this document, includes the analysis of an existing dataset. Please be aware if you are considering collecting a new set of data from accessing human participants that this is time consuming. We need to ensure that human participants are not at harm from being involved in research and will require approval or your project from the Department’s Research Governance Committee (see http://www.york.ac.uk/healthsciences/research-information/rsg/). In addition, if the research is based in health, social or community care in the United Kingdom you will need NHS approval. Therefore, whilst the collection of new data can be done, please listen to your supervisors’ advice about the feasibility of completing in time. This can be a more realistic option for a part-time student who has two years to complete their course and will have more scope for acquiring the necessary approvals. For the purpose of writing a dissertation, the minimum you should consider when undertaking this sort of research is:

- A focused research question
- The underpinning theoretical base
- The rationale for the study methodology, design and methods
- The methods of sampling, data collection, nature of measurements and anticipated types of analysis
- Ethical issues
- Recommendations and a dissemination plan that will enhance practice

General advice on undertaking empirical research

One of the major challenges of a dissertation of any kind is maintaining a realistic level of ambition given the time available. Discuss with your supervisors.

Follow three practical principles:

- establish a focused and addressable research question;
- meet regularly with your dissertation supervisors to: a) determine what is feasible and therefore to ensure you complete your dissertation on time; and b) the need for necessary approvals when involving human participants;
- consider carefully the structure, presentation and punctuation of your thesis and use the necessary bibliographical and referencing procedures.

3.2 Randomised controlled trials

RCTs have long been considered the ‘gold standard’ method for establishing effectiveness in health care research. Two or more groups are formed through random allocation; one or more groups is exposed to the intervention (experimental group), while the other group(s) receive(s) an alternative treatment or no treatment (comparison or control group). The effects of the intervention are observed by comparing the outcomes of both groups. If the groups assembled are sufficiently large, we can be confident that any differences observed between groups will be a consequence of the intervention, rather than the result of some other known or unknown variable. Whilst it is extremely unlikely that you would be able to undertake your own RCT, you may, however, be able to add a study to an existing project with support from the current investigators.

Examples of research questions:

- What is the effectiveness of ‘acupuncture and usual care’ to ‘usual care’ alone for older adults with knee osteoarthritis?
- Does placing a GP stamp on an envelope affect response rates and retention with postal questionnaires, nested within a randomised trial?
- Does offering patients in a trial feedback about the results improve response rates to questionnaires?

Useful references:
3.3 Qualitative research

Qualitative research methods tend to be used to explore how people make sense of the world and how they experience events, within their social and cultural context. They aim to understand ‘what it is like’ to experience particular conditions. Possible examples include how does it feel to live with chronic pain? What makes a person consult a health care professional? How do people define and manage certain situations? How do practitioners communicate a diagnosis or manage particular conditions? The focus is the quality and texture of experience rather than the identification of cause and effect relationships. It is not enough, however, to simply describe experience. Successful qualitative research is able to present material in a way that is contextualised in broader theoretical and empirical debates. The findings should also be relevant to policy and practice.

Qualitative research methods can be used by researchers with different epistemological positions. Indeed there are different approaches to qualitative research for example grounded theory, interpretative phenomenology, ethnography discourse analysis. There are also different ways to collect qualitative material: knowledge reviews, interviews and observation, participant diaries and focus group discussions; and different approaches to analysing qualitative material: thematic analysis, framework analysis and conversation analysis. Qualitative research might seem a little less formulaic, when compared to quantitative techniques, however, students often mistake this as an easier alternative when there remains a strong need to maintain rigour and credibility. This research is just as challenging to conduct.

Examples of research questions:

- Does cultural context make a difference to women’s experiences of maternity care?
- How do partners of haemodialysis patients cope with the demands of treatment?
- How do general practitioners convey the complexities of Muscular Sclerosis to patients and families?
- How do low-income women make decisions about healthy eating for their family?
- To what extent do parents exercise informed choice when making a decision about pre-natal diagnosis?
- How do people understand obesity? And how does understanding influence their eating and exercise choices?
- What do practice nurses understand by evidence based practice, when prescribing for asthma?

Useful references:

3.4 Secondary analyses of existing data

Secondary analysis of existing data involves analysing data which has been collected by someone else for some other purpose. If data is collected by an individual (or team) for a specific purpose, then it is considered as primary data. If data was collected by someone else for some other purpose, it is secondary data. The methods of analysis could be the same for primary and secondary analyses but the question that is being answered with secondary analyses of existing data is not what the data was specifically being collated for. For example, if a team conceives of and develops a research project such as that of a RCT, collects the data to address the specific questions to be answered by the trial and do their own analyses of the data it is then primary analysis. Another research team may then pose a question that could be answered through analyses of data of that RCT (and other multiple RCTs) such as the meta-analyses of individual patient data to assess the impact of loss to follow-up in RCTs on imbalance in baseline characteristics.

Example research questions:
- What are the reasons for re-admission of patients to a local hospital and to determine whether they were avoidable or not?
- What is the impact of changing out of hours GP services on attendances in A&E using local data?

Useful references:

3.5 Survey

A survey could be defined as a technique of data collection generally involving systematic and structured questioning, either as a smaller sample of respondents using interviews or of a relatively large number of respondents using a (web-based or postal) questionnaire. The purpose of a survey in health care may be concerned with topics such as identifying factors associated with a disease, assessing the use and acceptability of services, and the effects and side effects of health care. Every survey should have a primary purpose so as to give an adequate answer to at least one specific question.

Examples of research questions:
- What is the service organisation for patients admitted to hospital as acute medical emergencies and the pattern of consultant doctor cover?
- How widely do doctors endorse and follow the principles of open and honest communication with patients?
- What is the prevalence of honorary or ghost authorship in leading medical journals?

Useful references:

3.6 Other study designs

This document is not exhaustive. Other study designs are suitable for MSc dissertations. You should discuss their appropriateness with your supervisors.
Section 4 Formatting Guidance

4.1 Quality of reproduction

All copies need to be legible and of good print quality.

4.2 Text and format

Typographic design
Use a readable font size, eg Times New Roman 12 or Arial 11.

One-and-a-half line spacing or equivalent should be used, although double spacing may be used if necessary. It should be clear when a new paragraph is starting and where matter in the text is being quoted.

Format
The text and, wherever possible, all the material of the dissertation, including illustrations, should be produced on A4-size paper.

Production of text
Single sided printing is generally preferred. However, printing double sided may be used as long as the paper thickness prevents text from showing through from one side of the paper to the other.

4.3 Margins

To allow for binding, reading, and reproduction, the margin on the binding edge of the page shall be not less than 40mm (for double sided printing this is slightly more complicated ie this margin width applies to the left-hand edge of a recto and the right-hand edge of a verso). Other margins shall be not less than 15mm. The character size and line length shall also be taken into account when deciding margin width. Running heads and page numbers shall be within the recommended margins at the top and bottom of the page, but no nearer the edge of the paper than half the margin width. The margins around all illustrations and off-prints shall normally be no smaller than those of the text, if they are bound into the dissertation.

4.4 Photographic prints and large illustrations

Photographic prints shall, if bound with the text, be on medium-weight photographic paper (eg paper of a thickness equivalent to that of uncoated paper of substance within the range 70 g/m² to 100 g/m²) or permanently mounted on A4-size card or substantial paper. If it is necessary to bind in an illustration on a paper size larger than A4, it shall be produced on paper that can be folded to fit within the dissertation. Illustrations shall not be pasted across both pages of an open volume.

4.5 Materials that cannot be bound

It may be that the thesis or dissertation includes material that cannot conveniently be bound near the related text in the thesis or dissertation, eg cassettes, slides, large maps or architectural drawings, large music scores, microform, computer discs or computer printout. Unbound material causes difficulties in binding and reproduction and is at risk of being lost: its use should therefore be avoided, if at all possible. If, however, its use is inescapable, it should either: be packaged in such a way that it can be bound with the thesis or dissertation, e.g. stored in a pocket attached to the inside back cover of the appropriate volume; or be gathered into another volume and stored in a rigid container of the same size and colour as that of the bound thesis or dissertation. If the material which cannot conveniently be submitted in bound form constitutes the whole of the dissertation, it
shall be packaged in a rigid container. In every case, the rigid container shall either bear on its front cover the information required for a title page.

4.6 Tables

If there are relatively few tables, each shall appear as near as possible to the first reference to it in the text. If there are frequent references to tables, or if there are many tables, they may be collected together at the end of the text, possibly as an appendix.

Each table shall, if possible, appear complete on one page. A table shall be neither spaced out to fill the available space nor reduced to fit a small space. Tables shall normally be in the same orientation as the main text although it is recognised that this is not always possible.

Each table shall have a number and title. The number shall precede the title. The title shall describe the content of the table. If a table occupies more than one page, its number shall be given on each page.

The character size used in tables shall be large enough to allow the table to be reproduced without risk to legibility. The presentation of a series of tables shall be consistent in character size, use of space and other typographic treatment.

4.7 Headings

Headings shall be used to indicate the hierarchical structure of the text. There shall normally be not more than four levels, including the chapter headings as the first level. For example,

Section 1
1.1
1.1.1
1.1.1.1

Each level shall be distinguished from the others by position or typography, or both. The space that precedes and follows a heading shall be not less than the space between paragraphs. Headings shall not normally be centred (except, possibly, for chapter and part headings).

4.8 Illustrations

An illustration should normally appear near the first reference made to it in the text. The desirability of grouping illustrations at the back of a volume or in a separate volume shall be considered if they need to be compared with one another, are referred to frequently in the text, or need to be separate because of their nature, eg their size or method of production.

Illustrations shall be of a technical quality that reproduces well.

Every illustration, including appendices and material that cannot be bound, shall be included in the list of illustrations with page numbers or other identification.

Each label within an illustration shall be either so positioned that the part it applies to cannot be confused with any other, or linked to the part by a thin line. The lettering shall be large enough and clear enough to remain legible when the illustration is photographed and subsequently copied. A short legend shall appear beneath each illustration.
4.9 Numbering

Arabic numerals (ie 1, 2, 3, 4....) are normally used for numbering all sequences within a dissertation. Page numbers must be visibly clear of the text. The pages of the dissertation shall be numbered in a single sequence beginning with the title page, which must be counted but not numbered, and including pages that carry tables, illustrations, appendices, etc. The use of blank pages is to be avoided if possible.

The components of material that cannot be bound, eg frames of a film, shall be numbered in a manner appropriate to their form, eg 'microfiche frame D7'.

Chapters shall be numbered from the start to the finish of the dissertation. Appendices shall be numbered in a separate sequence from that used for chapters.

Illustrations shall be numbered consecutively in a single sequence, generally without distinguishing between different kinds of illustration. Tables within the text shall be numbered consecutively in a single sequence, separate from illustrations.

4.10 Sequence of material

Material shall be arranged in the following sequence:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>Title and subtitle</strong></td>
</tr>
<tr>
<td>The title page the volume shall give the following information in the order listed:</td>
<td></td>
</tr>
<tr>
<td>• the full title of the dissertation and any subtitle</td>
<td></td>
</tr>
<tr>
<td>• your student <strong>exam candidate number</strong> (not your name)</td>
<td></td>
</tr>
<tr>
<td>• the name of the University</td>
<td></td>
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<tr>
<td>• the name of the Department of Health Sciences</td>
<td></td>
</tr>
<tr>
<td>• the month and year of submission</td>
<td></td>
</tr>
</tbody>
</table>

| **2** | **Correction sheet** |
| Where necessary | |

| **3** | **Abstract** |
| The abstract should follow the title page. It should appear on its own on a single page and should not exceed 300 words in length. On the basis of your abstract, the reader should be able to answer these questions. What is the background to the study? What is the research question? What methods were used to answer the research question? What are the main results? What are the main conclusions? It may help, therefore, to use subheadings to help structure your abstract: eg background, aims, method, results and conclusions. | |

| **4** | **List of contents** |
| You must provide a contents section at the start of the dissertation. This should provide a list in sequence of all of the main sections along with the relevant page number for each section. Every section of the dissertation should be included in the contents page with the exception of the title page and the list of contents itself; include, therefore, the abstract, acknowledgements, any appendices, the reference list and so on. | |

| **5** | **List of tables, figures, appendices** |
| If you use tables, you should provide a separate page for a list of tables directly after the main contents. This should be arranged by table number. The table numbers should correspond to the order in which the | |
tables appear in the text.

If you use any figures, you should also provide a separate page for the list of figures, arranged by figure number, directly after the table contents. The figure numbers should also correspond to the order in which the figures appear.

If necessary, a list of appendices should also be provided after the list of figures.

### 6 Acknowledgements

It is usual to provide a brief acknowledgement in which you, the author, thank those who have helped you to complete the dissertation. This may include supervisors, people who have helped collect data, research participants, family members and friends. You are not expected to provide a lengthy series of acknowledgements (usually no more than half a side of A4).

**It is important that you do NOT mention anyone by name.**

### 7 Main body of dissertation

The main body of the text is typically divided into four chapters: an introduction, a method section, results and a discussion. In some cases it may be appropriate for the chapters to be organised into separate studies, your supervisor can advise you on this.

**The introduction** has two main functions: to provide a critical overview of the main literature that is relevant to your dissertation and to build a case for why the question that you seek to answer is worth answering.

A good introduction should not only provide a descriptive overview of the relevant literature, but should also be a critical and evaluative examination of work in the area. The selection of which literature to cover and in what level of detail should be based on your specific research question. At the end of the introduction, you should state the main aims of the dissertation or the main research questions. It should be clear by this point why the aims or the questions are important.

**The method section** usually follows a fairly well-established structure, but the particular structure is likely to depend on the type of research method you are using (eg quantitative, qualitative, systematic review, primary data collection, critical review). You should discuss with your supervisor the headings and the order of the headings for your method section. It may also help to examine the structure of the method section in journal articles and previous dissertations that have used a similar design. For some types of research methods there may be good practice guidelines for reporting (eg PRISMA statement for systematic reviews). It would help to discuss with your supervisor whether you should be following a particular set of good practice guidelines in describing and reporting your research.

For quantitative research, a good method section is transparent and replicable; in other words it should be sufficiently clear and detailed to allow a reader to replicate your research solely on the basis of what you have written. This is one of the criteria by which the examiner will judge this part of your dissertation. Replication can be a little more problematic in qualitative studies. It is important to provide justification for the methodological decisions you have taken.

**The results/findings section** is concerned with describing the main findings of the research. For systematic reviews and quantitative studies, the section should present but not interpret the findings. For qualitative research, presentation and interpretation can sometimes go together. Your findings should be given in a logical order and where possible you should use other ways to describe your results most effectively and concisely (eg tables, charts, figures and, for qualitative data, verbatim quotes). The results section will differ from dissertation to dissertation, and you should discuss the structure of this with your supervisors.

**The structure of the discussion** will differ from dissertation to dissertation, and this too should be discussed with your supervisors. It is usual, however, for a discussion to cover a number of areas. These include a summary and interpretation of the main findings, a discussion of the methodological limitations of the dissertation, and a discussion of the implications of your findings for future research, clinical practice, wider policy and relevant theories. The discussion should end with a brief conclusion section, in which you summarise the main findings and provide recommendations. Overall, your discussion should
state how your findings fit with existing research and theory, and provide an indication of what your study contributes to the literature.

The examiner will be looking for evidence that you are aware of the main methodological limitations of your work and that the conclusions you draw take account of these limitations and, more generally, are consistent with your results.

<table>
<thead>
<tr>
<th>8</th>
<th>Appendices</th>
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<td>Appendices may consist of material of considerable length or of lists, documents, commentaries, tables or other evidence that, if included in the main text, would interrupt its flow. These may include research instruments, topic guides, ethical approvals and examples of analysis. The presentation of appendices, including character size, should be consistent with the style of the main text.</td>
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<th>9</th>
<th>Definitions</th>
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<td>Definitions of any terms specific to the dissertation, including abbreviations and codes used in illustrations, should be given.</td>
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<th>10</th>
<th>Glossary</th>
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<td>Terms that require explanation can be defined in a glossary, which should include a key to any abbreviations used. Provide definitions of each in alphabetical order in a list format.</td>
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<th>11</th>
<th>List of references</th>
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<tr>
<td>Your dissertation will require a complete reference list. The reference list provides full details of every work (eg journal articles, book chapters) whether published or unpublished cited in the dissertation. Note that a reference list is different from a bibliography.</td>
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Details of the guidelines for the formatting of references specifically for use in the Department of Health Sciences are available at this link: [http://www.york.ac.uk/integrity/harvard.html](http://www.york.ac.uk/integrity/harvard.html)

References to other sources are useful and beneficial for many reasons such as a source of information, to give credibility to an argument, or to provide quotations or definitions. There are a number of reference management programmes available (eg Endnote, Reference Manager) that can help you create a reference list. Learning how to use one of these and using it consistently throughout the writing of your thesis will save you time. The University workbooks for Endnote are available at this link: [http://www.york.ac.uk/it-services/training/materials/](http://www.york.ac.uk/it-services/training/materials/)

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<th>4.11</th>
<th>Binding</th>
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<td>You should bind your dissertation in such a way that it can be opened fully, for ease of reading.</td>
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You should arrange for your dissertation to be securely bound between a sheet of card and a sheet of clear plastic. The spine shall be taped. This is often referred to as ‘soft-binding’.

You can arrange for soft-binding through the University’s campus copy shop (Design and Print Solutions) in Market Square for a small charge. Their contact details are found at: [http://www.york.ac.uk/design-and-print/](http://www.york.ac.uk/design-and-print/)

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