**WELLBEING AT WORK**

[Name of Student]

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# PART ONE

# Wellbeing Theories (AC 1.1)

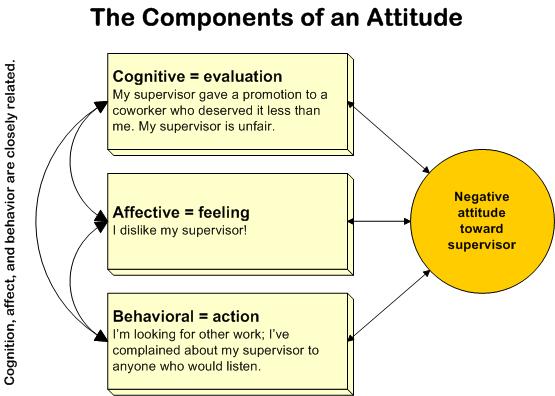
Positive psychology and the three-component model of job satisfaction are two prominent wellbeing theories as the critical evaluations of these theories using CIPD insights and academic references showed how they would improve individual and organisational wellbeing at Insursave.

## Positive Psychology and Its Application

According to Ahmed (2024), the theoretical paradigm of positive psychology coined by Seligman promotes positive emotions, engagement, connections, purpose with accomplishment to create resilience and thriving workplaces. The application of this theoretical paradigm can revolutionise Insursave, where 1000-1200 younger employees with working tenure of less than five years dominated the workforce but the mental health absence are common among equivalent high number of employees with the age bracket of above 26 years. However for the front-line workers that are at the risk of burnout, strengths-based performance assessments, team recognition and personal development would enhance morale and engagement because CIPD (2024) emphasised over psychologically safe workplaces and recommended that line managers require training in policy adherence and empathic leadership that builds resilience and optimism. Contrary to this Van Zyl et al. (2023) argued that positive psychology often oversimplify structural and systemic concerns like high workloads and variable managerial competency therefore it should be applied with structural modifications.

## Three-Component Model of Job Satisfaction and Its Application

Ćulibrk et al. (2018) highlighted that the Three component model of Job Satisfaction that is primarily coined by Locke in 1976 and further modified by Weiss in 2002, states that cognitive (job beliefs), affective (emotions) and behavioural (actions) factors contribute to satisfaction therefore low satisfaction is seen among new managers lacking confidence followed by experienced ones ignoring policy at Insursave. According to this model, the organisations should explain employment requirements, develop emotional support services and encourage proactive wellbeing management therefore the structured management training that integrates policy and emotional intelligence would better standardise chronic disease and mental health absence management because Franco-Santos et al. (2021) clearly demonstrated that managerial competency is essential to workplace wellbeing while inadequate mental health absence handling can increase stress and departure.



*Figure 01: 3 Component Model of Job Satisfaction (PEIDI, 2018)*

In this manner, the positive psychology provides a proactive and human-centred framework for cultural change while the three-component model gives diagnostic insight into satisfaction drivers. However both paradigms require contextual application; addressing mental health and musculoskeletal concerns in different age groups requires flexible age-inclusive care hence the theories complement each other, influencing organisational ethos and practical initiatives thus incorporating these theories into wellbeing approaches at Insursave would create an engaged staff that can adjust to modern workplace difficulties.

# Wellbeing Management- Supporting Organisational Goals (AC 1.2)

The CIPD (2024b) defines wellbeing as an environment that fosters happiness and supports employees reach their full potential as it includes physical, mental, economic and social dimensions making it significantly important to organisational effectiveness. In the case of Insursave Ltd a post-pandemic surge of younger employees and rising illness absence made wellbeing a strategic focus in the agenda of people professional because as per RR the effective wellbeing management decreases absenteeism and increases retention while supporting long-term organisational goals.

In Insursave the 500-700 employees with the older age group have higher musculoskeletal difficulties and mental health absences therefore **absence management** is crucial to wellbeing management (CIPD, 2025), because according to Kwon and Raman (2023) organisational goals such as customer satisfaction and workforce stability are compromised when **absence management is reactive and inconsistent** as demonstrated by the disparity between inexperienced and seasoned managers. Practically, Theaccessgroup.com (2020) reported that the Royal Mail Group combined data-led absence management systems with trigger points and return-to-work interviews with manager mental health training that reduced long-term illness and fostered a more supportive atmosphere hence Insursave could use a similar methodology but measurements alone would miss complex demands thus empathy and flexibility are still essential.

Another important part of wellbeing management is **nurturing employee voice**, which ensures that wellbeing programs mirror employee experiences while this is crucial at Insursave where employee engagement surveys highlighted managerial insecurity about chronic sickness assistance. According to CIPD (2023) allowing employees to co-design wellbeing policies through forums or pulse surveys builds trust and inclusion while Bt.com (2025) further demonstrated that BT Group's "MyWellbeing" project created with employee involvement decreased stress, supporting their strategic goal of being a "*brilliant place to work*". However, Jean and Legoabe (2021) argued that companies that **dismiss employee voices** especially in high-pressure areas like customer call handling, the low engagement of employees lead directly to the risks of low morale, absenteeism and high turnover. Therefore, the strategic agenda of people professionals must prioritise wellbeing as the organisations can build a healthier workforce by improving absence management and employee voice while the poor wellbeing management costs money and hinders service delivery thus linking wellbeing with business goals is moral and profitable.

# Benefits of Wellbeing Practices (AC 1.3)

Adopting wellbeing strategies has strategic and operational benefits under which 3 key benefits for Insursave are;

## Employee Engagement and Retention

According to Gardiner (2023), positive employee engagement and retention are affected by successful wellbeing programs as for organisational stability, Insursave must retain employees due to significant turnover post-pandemic and a big intake of young staff (<30 years) with less than five years' employment. CIPD (2022) further reported, organisations that promote wellbeing had lower employee intentions to resign with greater engagement scores therefore global wellbeing framework of Unilever emphasised over mental, physical, emotional and purposeful wellbeing hence this programme has increased employee satisfaction and decreased attrition (de Bruin et al., 2018). However as per Geerts (2024) the wellbeing projects frequently need persistent investment in leadership training and culture change which would potentially conflict with short-term financial objectives but at the same time possess long-term advantages.

## Productivity and Performance

The 3644 call and insurance handlers at Insursave work under pressure where mental health and physical difficulties can hinder performance especially for senior workers but the healthy workforces better enhance organisational productivity and performance. Balkin and Werner (2023) discovered that wellbeing affects discretionary effort and organisational results while the mindfulness and resilience training at National Grid in the UK reduced stress-related absenteeism and increased productivity (RIIO-T3, 2024), but Gupta (2024) argued that such initiatives would perform differently across demographics and without ongoing review businesses risk investing in generic solutions.

## Good Employer Brand Reputation

Achleithner (2023) highlighted that wellbeing initiatives improve corporate reputation and employer brand by making the organisation more appealing to the employee market that is critically important in modern competitive market. In compliance, Salesforce incorporated wellbeing into its culture via "*Wellbeing Reimbursement Programs*" and mental health days which helped it consistently score on list of "Best Companies to Work For" by Fortune (Salesforce Careers, 2025) therefore Insursave should recruit in Leeds with such branding but if wellbeing measures look tokenistic or lack leadership adoption they would significantly erode the employer reputation.

# Contributions by the Key Stakeholders (AC 2.1)

Multiple stakeholder groups must work together strategically to improve workplace wellbeing as the people professionals, leadership and management and external partners all are crucial for the organisation because each group contributes differently but their success depended on communication and organisational goals;

## People Professionals

Human resources and wellbeing specialists create and implement wellbeing strategies because according to Daines et al. (2023) they develop policies, perform diagnostics like engagement surveys and establish wellbeing systems like EAPs and flexible working. According to CIPD (2020), people professionals should be "culture carriers" who promote health and wellbeing therefore the people professionals at Insursave should build tiered interventions for older personnel and longer-serving employees with musculoskeletal assistance and mental health. However Cho et al. (2023) argued that HR departments would risk a compliance-based rather than people-centred approach on becoming excessively procedural hence they must be trusted by line managers and employees to avoid this visibility issue.

## Leadership and Management

According to Lundqvist and Wallo (2023), leadership and management are essential to implementing wellbeing measures as research reveals that daily contacts of line managers greatly improve employee wellbeing under which managers need to be trained to spot stress and chronic sickness and held responsible to consistent processes because according to the survey at Insursave young managers lacked confidence while long-term managers demonstrated empathy but ignore organisational policies. In compliance, the Marks & Spencer trained line managers to have wellbeing discussion, enhancing attendance and morale (M&S, 2024), however overworked or emotionally inept supervisors would also be problematic therefore as per Lewarne (2023) wellbeing must be a leadership priority rather than a soft talent.

## External Partners

External partners including occupational health providers and mental health charities give expertise and assistance therefore partnerships with external bodies like “Mind” that serving the mental health in UK for last 70 years can raise mental health awareness and minimise stigma (Mind.org.uk., 2019). Additionally Deloitte UK (2022) further added that external consultants designed a comprehensive mental health initiative that returned £5 for every £1 invested hence external relationships work best when integrated and adopted by employees but services can be underutilised or tokenistic without significant internal promotion and management adoption.

# Wellbeing-Interaction with Other Areas (AC 2.2)

In people management, the workplace wellbeing is related with other areas among them two of the key areas are;

## Learning and Development (L&D)

Learning and development can strategically facilitate wellbeing by giving employees and management the skills and confidence to handle wellbeing issues therefore according to the Health and Wellbeing at Work report by CIPD (2023b), managers must be trained to recognise mental discomfort and chronic health disorders. In compliance, at Insursave where younger managers feel unprepared the L&D programs like mental health first aid and long-term absence seminars would build competence and compassion however this must be perform carefully because according to Bashford (2025) tick-box wellbeing training often disconnect managers rather than empowering them thus L&D must be realistic and aligned with company values.

## Reward and Recognition- HR

According to Shiota et al. (2021), rewarding positive conduct and motivation enhanced wellbeing under which a well-structured incentive approach from the HR that incorporates financial and non-financial components, such as wellbeing days or peer recognition programs can boost employee engagement and retention, especially among younger Insursave employees. The Self-Determination Theory revealed that the psychological wellbeing depended on identifying intrinsic motivators like purpose and mastery (Howard et al., 2021), but overemphasis on performance-related remuneration without acknowledging employee effort or wellbeing would increase stress and lower morale therefore Figueiredo et al. (2025) recommended that reward systems should combine productivity and wellbeing with goals.

# Organisational Context- Shaping Wellbeing (AC 2.3)

Organisational context shapes wellbeing strategies through multiple factors, among them the two of the factors analysed below;

## Organisational Culture

Praveena and Fonceca (2023) highlighted that organisational culture is defined by common values, attitudes and practices that influence employee wellbeing and according to CIPD (2023b) a culture of transparency and psychological safety allows employees to share health issues without stigma. The survey findings of Insursave showed that long-term managers are compassionate while the newer ones feel unprepared but this discrepancy showed a **fragmented culture** where wellbeing is not yet incorporated in leadership or daily practise (Nilsen et al., 2021). However Patey and Soong (2022) clearly established that wellbeing programs potentially appear shallow or inconsistent without top-down cultural alignment therefore it is imperative to welcome wellbeing into culture through line manager training, senior leadership role-modelling and policy adherence to make it a strategic priority.

## Needs of the Workforce

The factor of workforce needs determine the relevance and efficacy of wellbeing efforts (Adams, 2019), as Insursave acquired two demographic challenges; younger employees under 30 with short tenure and older staff with musculoskeletal and mental health difficulties however CIPD (2021) clearly stated that wellbeing initiatives must meet the requirements of different employee groups. Therefore Ranasinghe et al. (2024) recommended that younger workers often need mentoring and resilience training to integrate while elderly workers always need ergonomic adaptations and flexible work choices however Isham et al. (2021) argued that failure to align wellbeing to employee needs risks alienation and excessive absence rates hence organisations like Insursave can enable inclusive and responsive wellbeing by leveraging worker data to influence strategy.

# PART TWO

# Needs and Initiatives for Wellbeing (AC 3.1)

Current wellbeing issues at Insursave Ltd. require focused and evidence-based interventions because according to the case study the **recent expansion** from 3,347 to 4,554 employees and the high number of inexperienced front-line call handlers (<30 years age) raised the stress, staff engagement and sick leaves. Similarly the multi-**generational wellbeing demands** of the workforce are further highlighted by musculoskeletal concerns and mental health-related absenteeism among the older workers however the organisational ability to support employee health is also hampered by **management skill** as new managers lacked confidence in addressing wellbeing concerns and experienced employees continued to break policies under the empathy therefore a unified and inclusive wellbeing plan is needed by Insursave to address these issues thus following two initiatives are proposed;

## Mental Health Counselling and Support Services

The mental health counselling or emotional supports from the Employee Assistance Programs (EAPs) are well-suited for Insursave because according to the organisational assessment, managers **lacked the competence to support** chronic mental health patients under which mental health absences are common in workers over 26 and with longer employment experience. Bouzikos et al. (2022) highlighted that EAP counsellors can help employees with emotional, psychological or work-related issues in a private manner while the Franco (2025) further added that EAPs reduced stress-related absenteeism by 27% across the companies therefore Insursave would benefit from offering proactive support for younger employees facing adjustment stress and senior staff managing chronic diseases.

However, this wellbeing initiative also acquired certain **limitations or disadvantages** because according to Long (2024) EAPs are underutilised due to stigma or lack of knowledge and often recognised as reactive if not entrenched into a wellbeing culture. In compliance Reis et al. (2021) also highlighted that it is imperative for the organisations to train managers in mental health literacy to ensure early detection and referral channels to maximum effect however this training effect the cost-advantage on short-terms hence marketing the EAP as a non-judgmental accessible resource will enhance its adoption while encouraging a psychologically secure workplace.

## Flexible Working Arrangements

The flexible working arrangements including modified working hours, remote or hybrid working followed by phased sick leave would be significant for Insursave because as per Chim and Chen (2023) ergonomic home working setups and flexible scheduling always minimise strain-related absences for **older population with musculoskeletal concerns**. On the other hand, young employees that are considerably fresh in the company and adjusting to the **call centre pressures** would also benefit from the working flexibility because CIPD (2023c) revealed that in post-pandemic work flexible work arrangements enhanced productivity reduce stress and elevate employee happiness.

Contrary to these advantages, the implications of flexible working in call centres that provide real-time customer service potentially have the **operational issues** because it is quite difficult to balance shift flexibility with partly remote schedules (Urrila et al., 2025) therefore expensive technology and performance monitoring systems should be tailored for remote operations without affecting service quality.

In this manner, Insursave Ltd.'s wellbeing needs emotional and practical assistance under which mental health support services and flexible working must be included into wellbeing and people strategy but due to the size and complexity of the organisation implementing these efforts will require the collaboration of HR, operational leaders and line managers to collaborate however by the strategic implementation of these initiatives Insursave can improve employee resilience, minimise absenteeism and create a more engaged productive workplace by tailoring these strategies to their staff.

# Design of a Wellbeing Initiative- Flexible Working Hours (AC 3.2)

## Specific Need Being Addressed

Primarily, one of the most important wellbeing needs that is identified across Insursave is the **growth in musculoskeletal (MSK) absenteeism** specially among the older workers while this problem is important in line to the demographic variety and physical demands of desk-based front-line call handler job. Similarly the, recent expansion of the company and rise in workforce from 3,347 to 4,554, but with a co**ncentration of inexperienced employees further add to this constrain**t therefore as per the recommendations from Chim and Chen(2023) **flexible working hours strategy** is ideal to manage these physical and mental health issues, promote wellbeing and increase employee engagement with retention.

## Key Components of the Initiative

The key component of this initiative includes; introduction of **staggered shifts** so employees can pick work hours that align with their needs, **shortened work weeks** for suitable employees, **partial remote work alternatives** to work from ergonomically friendly homes followed by a **gradual return-to-work strategy** for employees recovering from physical or mental health issues however all of these components require HR and line manager assistance with regular feedback loops and absence data monitoring.

## Key stakeholders

**Front-line call handlers, line managers, the HR department** and **senior** **leadership** are key stakeholders in the initiative as the front-line call handlers make up the majority of the workforce and are the primary beneficiaries while the occupational health team will evaluate employee eligibility for flexible work to ensure it meets individual health profiles and organisational needs.

## Potential Wellbeing Benefits

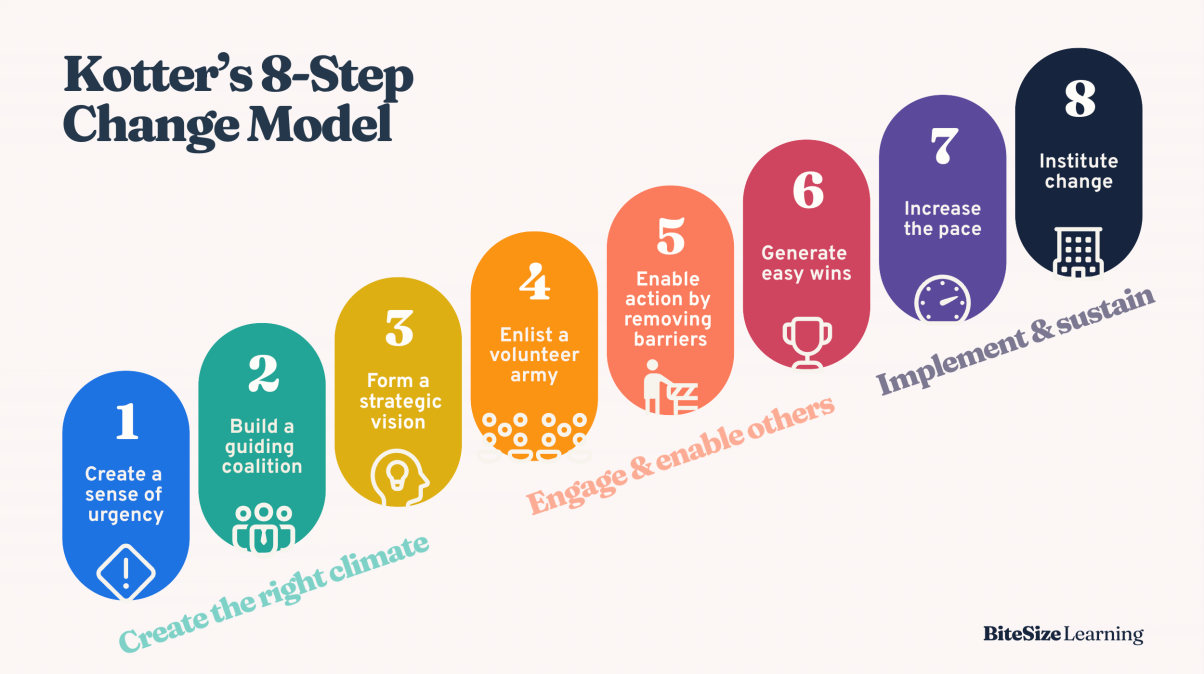
The potential wellbeing benefits of this proposed initiative plan are diverse as Chim and Chen (2023) clearly stated that flexible working can directly lessen the physical burden of lengthy sedentary shifts and commuting especially for older workers with MSK difficulties while CIPD (2023c) also linked flexible working to better health, lower stress and more job satisfaction. Along with that Shiri et al. (2022) further highlighted greater schedule choices always help in improving engagement and retention for younger workers that often struggle with work-life balance or mental health while HSE also empirically found that workplace flexibility reduces illness and boosts morale in high-pressure service situations (Hannahw, 2024).

## Boundaries

The effective implementation of this initiative is subjected to the targeted deployment that need careful planning prevent operational disruptions, especially in contact centres that must maintain customer coverage therefore managers will need training to fairly manage shift choices and meet company needs without resenting or overburdening less flexible people however as per Reis et al. (2021) this training effect the cost-advantage on short-terms.

# Implementation Plan for the Wellbeing Initiative (AC 3.3)

At Insursave Ltd., implementing a flexible working hours plan involves a properly designed and context-sensitive strategy that meets company needs and employee needs because as a mid-to-large company with over 4,500 employees; mostly front-line call handlers the organisation must combine employee wellbeing with business stability. However CIPD (2024c) affirmed that “***one-size-fits-all***” paradigm is unsuccessful therefore **Kotter's 8-Step change model** paradigm will lead this implementation plan to introduce workplace transformation;



*Figure 02: Kotter’s 8 Step Model (BiteSize, 2024)*

## Step 1 & 2- Creating a Sense of Urgency AND Forming a Guiding Coalition

The first stage is to create urgency by using the statistics of company on rising musculoskeletal (MSK) and mental health absenteeism, especially among older and experiences employees while to ensure that this initiative is representative and inclusive Lundqvist and Wallo (2023) recommended that multi-stakeholder collaboration from senior leadership, HR representatives, occupational health specialists and operational managers from each site would establish a steering coalition.

## Step 3- Development of a Clear Vision and Strategy

According to Kotter’s model a clear vision and plan are essential for effective change implementation (Mouazen et al., 2024), under which the objectives to include lowering sickness absence by 20% over 12 months and boosting employee engagement survey ratings will promote the vision "*Empowering employees through flexible working for better wellbeing and sustained performance*". However this targeted approach will specify flexible hour eligibility, performance requirements and peak customer service coverage models while the necessity of justice and consistency will be stressed to preserve morale among employees with limited position flexibility.

## Step 4- Communicating the Vision

Town hall gatherings, email campaigns, digital handbooks, and interactive Q&A sessions are needed to communicate the vision but line managers who generally interact with employees first, must be trained on program specifics, sympathetic communication and adaptable leadership because Vallina et al. (2020) stated that early engagement with line managers boosts employee trust in new wellbeing practises and improves employee experiences.

## Step 5- Empower Broad-based Action

It is important to identify and remove challenges to empower broad-based action as managers concerned about employees or workload distribution would be a substantial challenge therefore a detailed workforce planning toolbox and piloting the program in selected departments (such as claims processing or contact centres with high absenteeism) will uncover operational issues and improve execution hence a clear escalation routes and staff assistance from the HR advisors will elevate the acceptance for this wellbeing initiative

## Step 6- Short Term Wins

According to Mouazen et al. (2024) maintaining momentum requires short-term wins therefore recognition and celebration of teams can be performed that use flexible hours without performance drops or employee testimonies stating that their wellbeing increased while this recognition will enhance the motivation with real time practical effects.

## Step 7 & 8- Consolidating Gains and Producing More Change

More teams and sites will be offered flexible work choices to consolidate gains and create greater change based on trial outcomes and workforce input under which the flexible working must be integrated into HR policies, onboarding and performance frameworks to cement organisational cultural changes while a continual improvement cycle based on monitoring, employee input and illness absence statistics will keep the programme flexible and viable.

# Evaluation and Monitoring (AC 3.4)

Insursave Ltd. needs a comprehensive evaluation and monitoring system with qualitative and quantitative indicators to evaluate its flexible working hours programme because measuring the impact of flexible working requires specialised evidence-based techniques that connect with organisational goals and drive continuous development. According to the CIPD (2021), organisations that routinely examine, monitor and change their wellbeing efforts are more likely to sustain employee engagement, performance and retention.

## Absence Rate and Lengths

Sickness absence data will be utilised to quantify employee health and wellbeing over time because according to Shifrin and Michel (2021) monitoring trends in short- and long-term illness rates is crucial since the flexible working program aims to minimise absences linked to mental health and physical conditions. However, the data should be split down by department, employment function, age and location to find gaps and improvements while the quarterly post-implementation data will show impact compared to baseline data. Similarly the length and frequency of absence period will also indicate whether flexible scheduling is helping employees manage chronic diseases and stress, minimising the need for longer leave however CIPD (2023c) empirically cited that flexible work arrangements minimise sick leave in post-pandemic organisational settings.

## Employee Surveys

According to Munda and Gache (2024) employee engagement and wellbeing surveys will focus on work-life balance, autonomy and job satisfaction as a supplementary qualitative tool under which anonymous surveys should be given six months and one year following installation to track trends and encourage honest replies. The surveys will contain rating scales and open-ended questions to ask employees how flexible hours have affected their wellbeing, workload and productivity while the responses will be evaluated by topics and shared with stakeholders for iterative development however the focus groups with a mix of front-line handlers, line managers, and HR will reveal implementation issues and opportunities for improvement (Lundqvist and Wallo, 2023).

In this manner, the Insursave can ensure the flexible working hours plan is producing real, quantifiable results by integrating data-driven indicators like illness absence trends with employee-led feedback from surveys and focus groups while this continuous monitoring will improve wellbeing and informs strategy by creating a resilient and people-centric organisation.

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