





Gender differences in the relationship between presenteeism and extra-role behaviors

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Summary

The relationship between presenteeism, or working despite ill-health, and extra-role behavior can be negative, positive, or null. Our research examines the role of gender in influencing this relationship. We build on the self-regulatory perspective on resource allocation in the context of presenteeism, which emphasizes the role of internal and external pressure on resources. We hypothesize that sick men will direct their resources toward protecting their performance rather than their health, thereby demonstrating citizenship. In contrast, sick women focus their resources on protecting their health, thereby not engaging in extra-role behaviors. We tested our hypotheses in three studies. The results of Study 1, based on employees' ($N = 78$) and their supervisors' ($N = 17$) data, showed that sick men appeared to protect their performance by engaging in extra-role behaviors. The findings of Study 2 ($N = 280$) demonstrated that citizenship pressure was not related to the extra-role behaviors of sick men. Yet it was associated with the performance of sick women, who, unlike men, appeared to preserve health and engaged in extra-role behaviors only when they felt pressured to do so. The results of the experimental Study 3 ($N = 195$) showed that, as predicted, women tended to protect health more than men and that when health protection motive was high (low), presenteeism was negatively (positively) related to extra-role behavior.

KEYWORDS

citizenship pressure, extra-role behavior, gender, health protection, presenteeism

1 | INTRODUCTION

Presenteeism, which is when employees turn up to work despite their illness, injuries, or other medical conditions (Aronsson et al., 2000), is a complicated phenomenon. On the one hand, presenteeism is an undesirable work behavior because it poses risks for sick employees through further deterioration of health and lost productivity (Johns, 2011), not to mention contagion (either real or perceived) to

other, currently healthy employees (Luksyte et al., 2015). On the other hand, presenteeism can be welcomed as a work behavior because it signals sick employees' commitment and dedication to work (Cooper & Lu, 2019) and may be adaptive in some circumstances (Karanika-Murray & Biron, 2020). Research has generally examined the negative outcomes of presenteeism (Miraglia & Johns, 2016). Yet it has overlooked other types of consequences, particularly extra-role behaviors that depend on employees' resources—motivation, time,

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and energy (Lanaj et al., 2012). The extent to which presenteeism may potentially result in extra-role performance depends on how well employees can regulate internal and external pressures on their resources (Karanika-Murray & Biron, 2020). Men and women differ in how they manage their resources, particularly when dealing with health issues (Moran & Del Valle, 2016). Accordingly, we develop and empirically test a theoretical model that shows how (a) underlying gender differences in self-regulation and outcome expectations may explain the differential relationships between presenteeism and extra-role behaviors for men and women, (b) citizenship pressure may influence these linkages, and (c) a health protection motive that is associated with women more so than men explains these effects.

Our research makes several contributions to the literature. First, our study contributes to research on presenteeism by uncovering its differential linkages with extra-role performance for men and women. Building on the self-regulatory framework of resource allocation in the context of presenteeism (Cooper & Lu, 2016), we examine when presenteeism may be positively related to extra-role behaviors. This framework posits that the extent to which presenteeism is related to performance depends on (a) how well employees manage their exhausted resources and (b) what performance outcomes they expect for working while sick. Building on this perspective, we propose that, in comparison to men, women will be less likely to engage in extra-role behaviors when coming to work while sick in an attempt to protect their depleted resources. Although gender roles have become more egalitarian, women still tend to spend more time on household duties and caring for family members than men (Shockley et al., 2017), meaning that working women experience more resource depletion than men (Rothbard & Edwards, 2003). Perhaps because of this heightened resource drain, women are 50% more likely to engage in health-protecting behaviors than men (Moran & Del Valle, 2016). Due to these gender differences in resource management, sick women may “lay low” to protect themselves from further health decay by engaging in fewer extra-role behaviors. In contrast, men will focus on protecting their performance, even at the expense of their health, by persevering with their work and extra-role behaviors despite their ill-health.

Second, our study contributes to research on citizenship pressure (Bolino et al., 2010, 2015) by uncovering when women may reconsider their self-regulation strategies and engage in extra-role behaviors while sick. We propose that citizenship pressure will activate societal expectations for women to be communal (Eagly & Karau, 2002) and, when pressured, they will internalize the need to show extra-role behaviors despite their sickness. In contrast, sick men already deplete their resources by engaging in extra-role behaviors. As such, they will be relatively unaffected by these external forces.

Finally, our research advances our knowledge about mechanisms underlying differential effects of presenteeism on extra-role behaviors. The health-performance framework of presenteeism posits that presenteeism is “an adaptive behavior that serves the purpose of balancing health constraints and performance demands” (Karanika-Murray & Biron, 2020, p. 244). When employees contemplate whether to attend work while sick, they need to consider the tension

between these two resources: Do they want to preserve health or exploit it to protect their performance? The health-performance framework of presenteeism further suggests that the answer to this question depends on a sick person's resources. We have argued that women's resources are more depleted than those of men (French et al., 2020; Rothbard & Edwards, 2003; Shockley et al., 2017). Due to this heightened resource depletion for women, they will be motivated to protect their health in general. We further argue that women's relatively greater health protection motive will explain why presenteeism is differentially related to extra-role behaviors. In doing so, we answer calls to examine presenteeism as an “interaction between the person (as a motivational/regulatory being) and the environment (with resources and constraints)” (Cooper & Lu, 2019, p. 10).

Our theoretical contributions are complemented by methodological advancements, wherein we constructively replicated our proposed model with various operationalizations of presenteeism such as self-reported accounts (Studies 1 and 2) and experimentally manipulated self and coworker presenteeism (Study 3). This is a noteworthy contribution to the presenteeism scholarship, which usually examines self-reported presenteeism (Dietz et al., 2020; Ruhle et al., 2019) with some notable exceptions (Luksyte et al., 2015). In the remainder of the introduction, we build a theory explicating (a) how and why presenteeism is differentially related to extra-role behaviors for men and women and (b) how health protection motive, which is upheld by women to a greater degree than by men, explains these effects. We then present the results of three studies that are based on culturally and functionally diverse samples with diverse methodologies such as field surveys (Studies 1 and 2) and experimental design (Study 3).

2 | PRESENTEEISM AND PERFORMANCE-RELATED OUTCOMES

Research has predominantly examined predictors of presenteeism (e.g., Patel et al., 2012) and paid much less attention to its consequences (Lohaus & Habermann, 2019). Even when scholars have examined the outcomes of presenteeism, they have mainly focused on its negative consequences (Miraglia & Johns, 2016). For instance, researchers have argued that sick and present employees cannot work to their full capacity because their personal resources such as energy and attention are depleted, which results in lost or reduced productivity (Gosselin et al., 2013; Halbesleben et al., 2014). Yet presenteeism can potentially be adaptive if sick employees effectively regulate their resources (Karanika-Murray & Biron, 2020). This rationale has received meta-analytic support, wherein presenteeism was positively related to job satisfaction, organizational commitment, and work engagement—outcomes that signal effective resource regulation (Miraglia & Johns, 2016). Integrating this self-regulatory perspective on resource allocation with the research on presenteeism (Cooper & Lu, 2016), we argue that there are likely to be differences between men and women in the linkage between presenteeism and extra-role behavior.

2.1 | Gender as a moderator between presenteeism and extra-role behavior

Due to differences in resource management (Moran & Del Valle, 2016) and gender outcomes expectations (Heilman, 2012), women and men likely have different internal and external pressures on their resources, which will influence their extra-role behaviors when they come to work while sick. We propose that sick men will direct their resources toward protecting their performance, even at the expense of their health, which they are likely to exploit by persevering at work despite their ill-health. In contrast, sick women will preserve their health by refraining from further depleting their resources.

One reason for these differences in resource allocation derives from role congruity theory (Eagly & Karau, 2002). According to this theory, men are expected to be powerful, self-serving, decisive, and ambitious as well as persistent in the face of adversity such as ill-health (Patton & Johns, 2007). Given that men and women incorporate societal expectations into their self-concepts (Luksyte et al., 2013), we argue that men likely internalize these societal agentic expectations for men to be strong and resilient. As such, men may direct their resources toward maintaining these portrayals of efficacious and capable employees even in the face of adversity such as presenteeism. Consequently, sick men will direct their resources toward conveying a visible commitment to and perseverance at work (Cooper & Lu, 2019; Karanika-Murray & Biron, 2020). Instead of protecting their health, sick men may exploit their health and focus on protecting their performance by engaging in extra-role behaviors such as voicing suggestions to help their organizations and coworkers (MacKenzie et al., 2011). This should show others that, consistent with the agentic portrayal of men (Eagly et al., 2020), they prioritize performance over health, and they are strong and resilient in the face of adversity.

In contrast, role congruity theory posits that women are expected to be nurturing, helpful, and accommodating (Eagly et al., 2020; Eagly & Karau, 2002). These communality-signaling expectations may explain why women still dedicate more resources such as time and energy to housework and childcare roles (Shockley et al., 2017). At work, women often perform resource-depleting tasks such as attending meetings or volunteering for service roles (French et al., 2020). Perhaps because women are expected to take responsibility for these additional tasks, both outside of work and in professional settings, sick women are more likely than sick men to conserve their otherwise depleted resources by protecting their health (Moran & Del Valle, 2016). Accordingly, women may feel depleted from household and time- and labor-consuming work tasks and thus will engage in more self-regulatory resource protective strategies than men. As such, women who turn up to work while ill will not engage in extra-role behaviors in an attempt to preserve their resources. In sum, we have theorized that presenteeism will be differentially related to extra-role behaviors for men and women because women are more likely than men to preserve health during sickness at work.

Hypothesis 1. Gender moderates the relationship between presenteeism and extra-role behaviors such that this linkage is positive for men and it is negative for women.

2.2 | The moderating role of citizenship pressure

Thus far, we have argued that in situations of presenteeism, men and women will manage their resources differently with the former protecting performance (even at the expense of their health) and the latter preserving health. However, organizations often differ in the extent to which employees feel expected to perform citizenship behaviors (Bolino et al., 2015). In our research, we integrate research on citizenship pressure, which refers to employees' feelings that others want and/or expect them to conform to citizenship norms (Bolino et al., 2010), to explain how citizenship pressure may differentially shape the relationship between presenteeism and extra-role behaviors for men and women. Research has demonstrated that citizenship pressure is either positively or negatively related to performance-related outcomes depending on individual and contextual factors (Bolino et al., 2010, 2015). Building on and extending this scholarship, we argue that citizenship pressure will have a minimal impact on the extra-role behaviors for sick and present men, whereas its impact on sick women's extra-role behaviors will be greater.

In particular, we argue that sick men direct their resources toward protecting their performance, even at the expense of their health. As such, by allocating their resources to maintaining their performance during ill-health, they are likely already putting internal pressure on themselves. Consequently, they will be unaffected by external citizenship pressure. Men internalize the expected 'strong and resilient' portrayals, wherein men are expected to work and persevere irrespective of their psychological and physical well-being (Simpson, 1998; Worrall et al., 2000). Accordingly, men will view their presenteeism as a desirable behavior and thus will continue engaging in extra-role behaviors irrespective of high or low levels of citizenship pressure.

For sick and present women, high normative pressure will likely have an impact on performance-related outcomes. Specifically, women experience greater resource depletion than men because of external societal pressures to be concerned for others' welfare (Eagly et al., 2020). As such, women are likely to refrain from further depleting their exhausted resources and thus do not feel compelled to engage in extra-role behaviors when coming to work while sick. If there is no pressure to demonstrate citizenship, women will continue to protect their resources by engaging in few extra-role behaviors during ill-health at work. However, if there is a strong normative pressure to engage in citizenship (Bolino et al., 2010), then sick women are likely to feel pressured to conform. They may do so because of external forces encouraging them to comply with behaviors that are expected from them (being nice, helpful, and a good citizen). Therefore, they will respond to this external reinforcement signal by engaging in more extra-role behaviors irrespective of their ill-health.

Hypothesis 2. There is a three-way interaction between presenteeism, gender, and citizenship pressure, whereby citizenship pressure accentuates the positive relationship between presenteeism and extra-role behaviors for women, but not for men.

2.3 | The explanatory role of health protection motive

Thus far, we have theorized that the underlying mechanism explaining why presenteeism may be differentially related to extra-role behavior for men and women is because of differences in health protection motives among men and women. In particular, women tend to prioritize health more so than men (e.g., Moran & Del Valle, 2016). This is because women and men have different internal and external pressures on their resources and, as such, women's resources are more exhausted than those of men (French et al., 2020; Rothbard & Edwards, 2003; Shockley et al., 2017). This is why, we argue, women tend to protect their already depleted resources by paying heightened attention to their health and prioritizing their health over work performance. Our theorizing is supported empirically in that women have been shown consistently to demonstrate more health-protective behaviors than men, such as seeking professional medical health during sickness (Bayram et al., 2016). Data also suggest that women are less likely than men to engage in health-compromising behaviors such as illicit drug use (Struik et al., 2019). Having established that women tend to prioritize health more so than men in general, we argue that the level of health protection motive will shape the extent to which presenteeism is differentially related to extra-role behavior. In particular, when health protection motive is high (which is more characteristic for women than for men), then being sick at work will be negatively associated with extra-role behaviors. In contrast, when health protection motive is low (which is more common for men than for women), then presenteeism will be positively related to extra-role behavior. We thus, formulate this set of hypotheses:

Hypothesis 3a. Health protection motive is stronger for women than men.

Hypothesis 3b. Health protection motive moderates the relationship between presenteeism and extra-role behavior such that this relationship is positive for low levels of health protection motive and it is negative for high health protection motive.

3 | OVERVIEW OF STUDIES

To test our hypotheses, we conducted three studies that complement each other theoretically and methodologically. Theoretically, we developed arguments about how sick men and sick women

regulate their depleted resources differently when demonstrating extra-role behaviors (Study 1). We conducted Study 2 to examine citizenship pressure as a contextual factor that differentially shapes the relationship between presenteeism and extra-role behaviors for men and women. Then, in Study 3, we demonstrated that health protection motive explains why sick women are less likely than sick men to engage in extra-role behaviors. Methodologically, we acknowledge potential cultural differences in presenteeism (Cooper & Lu, 2016) by utilizing demographically, functionally, and culturally diverse samples. In Study 1, we recruited a sample of full-time employees and their supervisors from two Singaporean organizations. Study 2 utilizes working adults from a variety of industries, occupations, and work roles from the United Kingdom. Finally, Study 3 is based on an experimental design in which we manipulated presenteeism and tested our model with a sample of US-based employees from a variety of industries. Notably, we collected our experimental data for Study 3 from employees who had to be working in the physical office space. In contextualizing our research (Johns, 2006), we ensured that our findings are replicable in different contexts such as before and during the global pandemic of a highly contagious virus.

4 | STUDY 1—METHOD

4.1 | Participants and procedure

We recruited full-time employees ($N = 78$) and their supervisors ($N = 17$) from two small companies based in Singapore. One company was a supplier of automation, handling, and clamping technologies; the other provided vacuum solutions and services. First, senior management sent an email to their employees explaining the purpose of this research. Then, a Human Resources manager sent out the survey links to all employees and their supervisors, who were assured that only researchers would have access to their individual responses and that only aggregate results would be reported back to the organization. Half of the sample (50%) were women, and the mean age was 30 years old ($SD = 5.36$). In terms of education, 79.3% had a bachelor's degree, 9% had a diploma/certificate, 9.1% had a high school certificate, 1.3% had a master's degree, and 1.3% had a trade/apprenticeship certificate. On average, the participants had been working with their organization for 2 years ($SD = 2.28$) and had 8 years of work experience ($SD = 5.94$). The majority of supervisors (71%) were men and had a mean age of 34 years old ($SD = 5.21$). Their average organization tenure was 5 years ($SD = 3.4$), and they had 10 years of work experience ($SD = 5.85$).

4.2 | Measures

Across our Studies (1–3), all measures, if not indicated otherwise below, used a 5-point Likert scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). In Study 1, in one company, all assessments for

Chinese employees were conducted in Chinese; all measures were translated following established procedures (Brislin, 1986). We administered the survey in English for English-speaking workers in this company and for everyone in the second company.

4.2.1 | Presenteeism

To measure presenteeism, we asked participants to indicate how many days in the past 12 months they went to work even though they were sick or not feeling well ($M = 25.92$, $SD = 73.49$). On average, men reported 26.67 days ($SD = 67.58$); for women, the mean presenteeism was 25.22 days ($SD = 79.71$); this difference was not statistically significant ($t(60) = 0.08$, $p = .94$).

4.2.2 | Gender

We dummy coded gender with 0 = male and 1 = female.

4.2.3 | Extra-role behavior

We asked supervisors to rate the extra-role behavior of their supervised employees using a five-item scale of organizational citizenship behavior (OCB; MacKenzie et al., 2011). This scale was adapted by MacKenzie et al. (2011) from the measures of voice and helping extra-role behaviors developed by Van Dyne and LePine (1998). To minimize potential fatigue and inattention of the supervisors who had to rate the performance of multiple employees, we chose five items (out of 11 items) that capture both challenge-oriented (or voice) and affiliation-oriented (or helping) extra-role behaviors. We chose items with the highest loadings and that were relevant for our organizations' cultural and industry contexts. Specifically, we chose two items that capture challenge-oriented behaviors that intend to promote constructive suggestions (e.g., "Communicates his/her opinions about work issues to others in the group even if his/her opinion is different and the others in the work group disagree with him/her"). We chose three items that capture affiliation-oriented behaviors that tend to maintain and enhance interpersonal relationships at work. A sample item is: "Always tries to lend a helping hand to those people on the team who need it." These five items demonstrated good internal consistency ($\alpha = .88$).

4.2.4 | Control variables

Different organizations have different attendance cultures, norms, and procedures that significantly affect presenteeism (Ferreira et al., 2019). Given this and the fact that our participants came from two different organizations, we controlled for the company in which the participants were employed. We also controlled for age because older employees have more age-related health limitations than their

younger counterparts (Brady et al., 2020). As such, older workers are motivated to protect their naturally declining health by staying at home when they are sick (Jensen et al., 2019; Platts et al., 2020). Meta-analytic evidence supported our theorizing by showing the negative linkage between age and presenteeism (Miraglia & Johns, 2016).

5 | STUDY 1—RESULTS AND DISCUSSION

Table 1 displays the descriptive statistics and correlations between the Study 1 variables. Although we hypothesized the relationships between individual-level variables, participants were naturally assembled into workgroups because they reported to different supervisors. As such, we used an analysis of variance to calculate the intraclass correlation coefficient (ICC(1)) to determine whether this clustering would affect the results. The ICC(1) for extra-role behavior was .41 ($\sigma = .16$, $p = .04$; $\tau_{00} = .23$, $p < .001$), suggesting that 41% of variance in this outcome is explained by the group membership. Thus, we used multilevel modeling (SPSS mixed procedure) to test the hypotheses (see Table 2 for the results). Notably, there were no gender differences in supervisor-rated extra-role behaviors ($M_{\text{men}} = 3.51$, $SD = 0.13$ vs. $M_{\text{women}} = 3.59$, $SD = 0.13$; $F(1, 71.59) = 0.37$, $p = .55$). This finding is consistent with meta-analytic evidence, which did not find significant correlations between gender and either self-rated or other-rated OCB (Ng et al., 2016). Before testing our hypotheses, we grand mean centered all of the continuous variables. Further, the presenteeism measure was truncated at zero and was skewed to the right ($skew = 3.43$, $SE = .30$, $kurtosis = 10.83$, $SE = .60$). Consistent with prior research (e.g., David et al., 2015; ten Brummelhuis et al., 2013), we performed a natural log transformation so its distribution would approximate normality. The skew and kurtosis of this log-transformed presenteeism were at the acceptable levels ($skew = 1.18$, $SE = .30$, $kurtosis = 1.73$, $SE = .60$). Although we used this transformed variable in our subsequent analyses, we included the raw data in Table 1 to facilitate the interpretability of the correlations and descriptive statistics.¹ Supporting Hypothesis 1, gender moderated the relationship between presenteeism and extra-role behavior ($B = -.54$, $SE = .22$, $t = -2.44$, $p = .02$). To probe the nature of this and other significant interactions, we plotted simple slope regression lines of presenteeism regressed on extra-role behavior for men and women. As illustrated in Figure 1, the linkage between presenteeism and extra-role behavior was positive and significant for men ($B = .39$, $t = 2.71$, $p = .01$); it was negative (albeit non-significant) for women ($B = -.14$, $t = -0.89$, $p = .38$). Hence, Hypothesis 1 received partial support.

In Study 1, we demonstrated our basic theoretical premise that the relationship between presenteeism and extra-role behavior differs

¹Notably, the results stayed the same with the non-transformed variable. In particular, gender moderated the relationship between presenteeism (based on raw data) and extra-role behavior ($B = -.004$, $SE = .00$, $t = -2.25$, $p = .03$). The simple slope tests showed that the linkage between presenteeism and extra-role behavior was positive and significant for men ($B = .0041$, $t = 2.41$, $p = .02$); it was negative (albeit non-significant) for women ($B = -.0003$, $t = -0.32$, $p = .75$).

TABLE 1 Means, standard deviations, and correlations in Studies 1 and 2

Variable	Study 1		Study 2		1	2	3	4	5	6
	Mean	SD	Mean	SD						
1. Age	30.35	5.36	36.40	9.04	—	—	-.08	-.20	—	.07
2. Supervised employees ^a	—	—	66.68	520.95	.04	—	—	—	—	—
3. Presenteeism	25.92 ^b	73.49	14.20	41.37	.17**	.00	—	-.01	—	.18
4. Gender ^c	0.48	0.50	0.48	0.50	-.05	.02	.01	—	—	.18
5. Citizenship pressure ^a	—	—	3.20	0.97	.10	-.11	.10	.06	—	—
6. Extra-role behavior	3.54	0.62	3.73	0.70	.06	-.03	.02	-.03	.16**	—

Note: Correlations for Study 1 (N = 78) are above the diagonal, and correlations for Study 2 (N = 280) are below the diagonal.

^aNumber of supervised employees and citizenship pressure are measured only in Study 2.

^bBased on raw data.

^c0 = man, 1 = woman.

*p < .05. **p < .01.

TABLE 2 Hierarchical regression analysis predicting extra-role behavior in Study 1

	Step 1	Step 2	Step 3
Company	.56* (.25)	.61 (.33)	.66* (.30)
Age	.00 (.01)	.01 (.01)	.02 (.01)
Presenteeism	—	.16 (.11)	.39* (.15)
Gender ^a	—	.17 (.16)	.19 (.15)
Presenteeism × gender	—	—	-.54** (.22)
Pseudo-R ²	.1847	.2097	.2007
ΔR ²	—	.07	.11

Note: N = 78. Coefficients are unstandardized, and standard error values are in parentheses. Pseudo-R² is equal to σ; ΔR² was calculated using Singer's (1998) formula (σ_{Unconditional} - σ_{conditional}) / σ_{Unconditional}.

^a0 = man, 1 = woman.

*p < .05. **p < .01.

between men and women. Presenteeism was positively related to the supervisor-rated extra-role behaviors of men, ostensibly because of sick men's desire to protect their performance and exploit their health. In contrast, no such relationship was observed for women, presumably because of sick women's desire to preserve their health. Despite the informative nature of this study, the cultural context could have influenced our findings. Specifically, presenteeism is believed to be a particularly prevalent workplace phenomenon in so-called "Confucian circle" countries including Singapore that have traditionally embraced hard work even at the expense of one's health as a virtue (Cooper & Lu, 2016). Accordingly, we conducted Study 2 to check the robustness of our model by examining the moderating role of gender in the presenteeism-performance linkage in a culturally different context with demographically and functionally different participants. Also, in Study 2, we delve further into our theoretical model to unpack the role of gender in presenteeism motives, namely, the three-way interaction between presenteeism, gender, and citizenship pressure on extra-role behaviors.

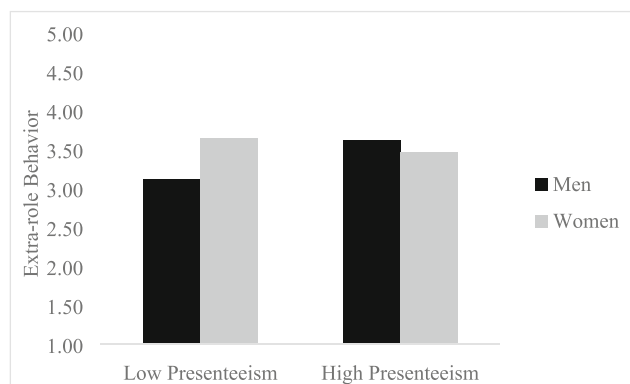


FIGURE 1 The interactive effects of presenteeism and gender on extra-role behavior in Study 1

6 | STUDY 2—METHOD

6.1 | Participants and procedure

We recruited working adults via Prolific Academic, an accredited online panel in which qualified participants sign up for research projects for a small reimbursement. We collected data from working adults in the United Kingdom (N = 282). We excluded two participants who failed attention check items, resulting in a usable sample of 280 participants. Just over half the participants were men (52.5%) with a mean age of 36 years old (SD = 9.04). Nearly all participants worked full-time (95.7%), followed by 2.5% working part-time and 1.8% self-employed. On average, participants had 16 years of work experience (SD = 9.45), and their organization tenure was 7 years (SD = 5.92). In terms of education, 46% had a bachelor's degree, followed by 30% of those with a high school diploma, 20% with a master's degree, and 4% with a doctoral degree.

6.2 | Measures

6.2.1 | Presenteeism

We measured presenteeism with the same measure as in Study 1 ($M = 14.20$, $SD = 41.37$). On average, men reported their presenteeism as 13.89 days ($SD = 42.93$); women indicated their mean presenteeism was 14.57 days ($SD = 39.68$); this difference was not statistically significant ($t(274) = 0.14$, $p = .89$).

6.2.2 | Citizenship pressure

We measured citizenship pressure with an eight-item scale (Bolino et al., 2010). It assesses the extent to which employees experience the need and expectation to engage in extra-role behaviors (e.g., “I feel a lot of pressure to go the extra mile by doing a lot of things that, technically, I do not have to do”; $\alpha = .93$).

6.2.3 | Extra-role behavior

We measured extra-role behavior with a six-item scale (Van Dyne & LePine, 1998); we used three items from this scale in Study 1. This scale measures the extent to which participants engage in discretionary behaviors to voice their concerns and suggestions about organizational policies, rules, and procedures (e.g., “I communicate my opinions about work issues to others in this group even if my opinion is different and others in the group disagree with me”; $\alpha = .89$).

6.2.4 | Control variables

As in Study 1, we controlled for age. Further, managers are particularly susceptible to turn up to work despite their ill-health because of

their job demands, wherein they must attend to the needs of their supervised employees (Worrall et al., 2000). To account for the possibility that managers who have many subordinates may experience additional demands on their work attendance, we controlled for the number of supervised employees.

7 | STUDY 2—RESULTS

Table 1 contains the descriptive statistics and correlations between Study 2 variables. Consistent with the findings of Study 1, in Study 2, men did not differ from women in their self-reported extra-role behavior ($M_{\text{men}} = 3.74$, $SD = 0.57$ vs. $M_{\text{women}} = 3.70$, $SD = 0.81$; $F(1, 279) = 0.24$, $p = .62$). We conducted confirmatory factor analyses to ascertain the conceptual distinctiveness of our self-reported continuous variables of extra-role behavior and citizenship pressure. The fit indices showed that the model where all the variables load on one factor (Model 1) fit the data poorly ($\chi^2(77) = 971.80$, $RMSEA = .20$, $CFI = .65$, $TLI = .58$). The model where each variable loaded onto their respective factor showed good fit to the data ($\chi^2(76) = 185.12$, $RMSEA = .07$, $CFI = .96$, $TLI = .95$), and this model was a better fit than Model 1 ($\Delta\chi^2(1) = 786.68$, $p < .001$). Having demonstrated the conceptual distinctions of our self-reported variables, we conducted hierarchical moderated regression analyses to test our hypotheses. We mean centered all the continuous variables before including them in the regression model. In Step 1, we included the control variables—age and the number of supervised employees. In Step 2, we included the independent variables—presenteeism, gender, and citizenship pressure. In Step 3, we included the two-way interaction terms: presenteeism \times gender, presenteeism \times citizenship pressure, and citizenship pressure \times gender. Finally, in Step 4, we included the three-way interaction term of presenteeism \times gender \times citizenship pressure. Table 3 presents the results. Contrary to Hypothesis 1, gender did not moderate the relationship between presenteeism and extra-role behavior ($B = -.01$, $SE = .00$, $t = -1.91$, $p = .057$) at the

TABLE 3 Hierarchical regression analysis predicting extra-role behavior in Study 2

	Step 1	Step 2	Step 3	Step 4
Age	.00 (.01)	.00 (.01)	.00 (.01)	.00 (.01)
Supervised employees	-.00 (.00)	-.00 (.00)	-.00 (.00)	-.00 (.00)
Presenteeism	—	-.00 (.00)	.00 (.00)	.00 (.00)
Gender ^a	—	-.03 (.08)	-.04 (.09)	-.11 (.09)
Citizenship pressure	—	.11* (.04)	.13 (.07)	.13* (.07)
Presenteeism \times gender	—	—	-.01 (.00)	-.02** (.01)
Presenteeism \times citizenship pressure	—	—	.00 (.00)	.00 (.00)
Gender \times citizenship pressure	—	—	-.02 (.09)	.05 (.10)
Presenteeism \times gender \times citizenship pressure	—	—	—	.01* (.01)
R^2	.00	.02	.04	.06
ΔR^2	—	.02	.02	.02*

Note: $N = 280$. Coefficients are unstandardized, and standard error values are in parentheses.

^a0 = man, 1 = woman.

* $p < .05$. ** $p < .01$.

conventional $p < .05$. However, these results are not surprising because, as we posit in Hypothesis 2, we expected these effects to be moderated by citizenship pressure.

As predicted by Hypothesis 2, there was a significant three-way interaction between presenteeism, gender, and citizenship pressure ($B = .01, SE = .01, t = 2.18, p = .03$)². As shown in Figure 2a, the relationship between presenteeism and extra-role behavior is positive and significant for women if they perceive high citizenship pressure ($B = .01, t = 2.27, p = .02$); yet this link is negative if they perceive low citizenship pressure ($B = -.02, t = -1.68, p = .10$). For men, the relationships between presenteeism and extra-role behavior were non-significant for either high ($B = .00, t = 0.54, p = .59$) or low levels ($B = -.00, t = -0.77, p = .45$) of citizenship pressure. Notably, the simple slope difference test indicated that, for women, the simple slopes for high and low citizenship pressure were different from each other (slope difference = .02, $t = 2.41, p = .02, 95\% CI = [.004, .036]$); yet, for men, these simple slopes did not differ from each other (slope difference = .001, $t = 0.26, p = .79, 95\% CI = [-.005, .006]$). Hence, Hypothesis 2 received support.

8 | STUDY 2—DISCUSSION

Together, Studies 1 and 2 showed how men and women regulate their resources differently when they come to work while sick. Men appear to focus on protecting their performance (by either doing more extra-role behaviors in Study 1 or not reducing them when sick in Study 2). In contrast, women seem to focus on preserving their health (either by not doing more extra-role behaviors in Study 1 or by only demonstrating them when they perceive high citizenship pressure in Study 2). The results of Study 2 supported the theorized health protection motive for sick and present women by showing the positive relationship between their presenteeism and extra-role behaviors, only when there is a high citizenship pressure. For men, the nature of the hypothesized three-way interaction was different from that for women. It provides support for the premise that sick and present men are not affected by external pressures to demonstrate their citizenship. Yet we did not directly measure our theorized explanatory mechanism of health protection motive in either Study 1 or 2. Further, in Study 1, we utilized the supervisor ratings of extra-role behavior, which was self-rated in Study 2. Although a recent meta-analysis found that “self-reported OCB was similarly related to coworker-reported ($\rho = .23$) and supervisor-reported OCB ($\rho = .23; z = .00, \rho > .05$)” (Carpenter et al., 2014, p. 557), it is possible that the source of ratings might impact our findings. Further, although common method variance (CMV) cannot account for the interactions observed in Studies 1 and 2 (CMV can deflate, but not cause interactions; Siemsen et al., 2010), we still cannot establish definite causal links.

²In Study 2, we repeated our analyses without control variables. Although the three-way interaction was not significant at the conventional $p < .05$ ($B = .006, SE = .00, t = 1.36, p = .176$), the pattern of the results was consistent with the ones obtained with the control variables, as illustrated in Figure 2b.

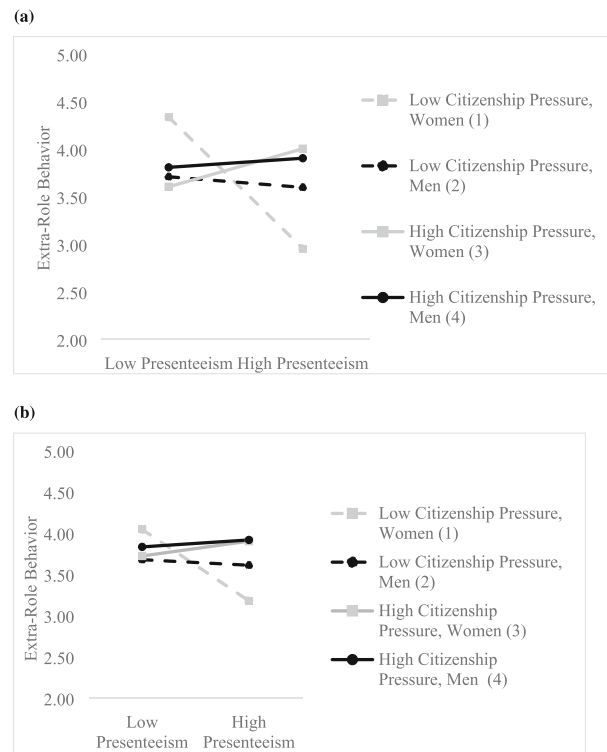


FIGURE 2 (a) Three-way interaction between presenteeism, gender, and citizenship pressure on extra-role behavior in Study 2. (b) Three-way interaction between presenteeism, gender, and citizenship pressure on extra-role behavior in Study 2 (without control variables)

As such, we conducted Study 3 in which we manipulated presenteeism to address potential causality and directly measured and tested our theoretical mechanism of health protection motive. Aguinis and Bradley (2014) have recommended using experimental vignette methodology when “the goal is to investigate sensitive topics in an experimentally controlled way” (p. 357). Given the current global pandemic, examining presenteeism in a physical lab with confederates pretending to be sick with flu-like symptoms (Luksyte et al., 2015) would have been insensitive and difficult to implement. This is due to the COVID-19 imposed restrictions for gatherings and fear of contagion. In addition, an experimental vignette methodology is suitable “when the goal is to assess explicit processes and outcomes—those about which participants are aware and on which they can provide information” (Aguinis & Bradley, 2014, p. 359). In Study 3, we strived to examine a motivation to either protect or exploit health as processes that both men and women are aware of and thus can express these motivations in response to relevant imaginary scenarios. Using an experimental vignette methodology, we also examined the source of ratings (i.e., evaluating the self or a coworker) as an alternative potential explanation to our results. Finally, given the current global pandemic of highly contagious and potentially deadly COVID-19 virus, we designed our study to be ethically considerate and, in the presenteeism manipulation, explicitly mentioned that the presenteeism involved

was not related to COVID-19. In contextualizing our research question, therefore, we further supported the robustness of our model by testing it before and during the pandemic.

9 | STUDY 3—METHODS

9.1 | Participants

We recruited working adults using Amazon Mechanical Turk (MTurk), a crowdsourcing platform on which people participate in studies for a small remuneration; we focused on those residing in the United States. We specified that the qualified participants should be employed and work in the physical workplace at the time of data collection. We also specified that qualified employees should have previously participated in at least 100 research studies with an approval rate of 95% or higher. We recruited 195 participants who met our eligibility criteria; 70% of them were men with a mean age of 35 ($SD = 10.03$). On average, they had 12 years of work experience ($SD = 10.19$) and 7.5 years of industry experience ($SD = 6.07$); they had worked for their organization for 6.5 years ($SD = 5.12$). In terms of education, 52% had a bachelor's degree, 26% had a master's degree, 15% had a high school or equivalent diploma, 6% had an associate's degree, and 1% had a doctoral degree.

9.2 | Design and procedure

We utilized a 2 (Self-imagined presenteeism: high/low) \times 2 (Coworker's imagined presenteeism: high/low) \times 2 (Coworker's gender: man/woman) between-subjects factorial design to test the hypotheses. We manipulated the self-imagined presenteeism by asking participants to imagine the following scenario: "in the past month you went to work even though you had a headache and uncomfortable abdominal pain. You have had a COVID-19 test so you know it is not coronavirus. You continued to work even though you experienced discomfort from your head and stomach pain and only went home at your usual leaving time." For the control condition, we asked participants to imagine this work scenario: "in the past month you went to work as you would normally do and were feeling well. You continued to work as normal and went home at your usual leaving time." We used the same scenarios for the coworkers' imagined presenteeism versus no-presenteeism conditions, wherein we changed the referent to being a coworker. We manipulated the gender of a coworker by describing the presenteeism versus no-presenteeism scenarios for either a male or a female coworker. We administered the study via an online data collection website. Upon accessing the study link, participants were randomly assigned to one of the six conditions. After reading a workplace scenario to which they were randomly assigned, the participants were asked questions about anticipated work behaviors and motives of either themselves or their coworkers (depending on an experimental condition).

9.3 | Measures

9.3.1 | Health protection motive

We measured health protection motive with one item that we created specifically for this research project. After participants viewed a work scenario (to which they were randomly assigned), they were asked to indicate why they would (or would not) engage in work behaviors depicted in those work scenarios. The response options were on a 10-point scale ranging from 1—*protect health* to 10—*exploit health*. We reverse-coded these responses so that higher values correspond with greater motives to protect health.

9.3.2 | Extra-role behavior

We measured extra-role behavior with the same measures as in Study 2 ($\alpha = .83$).³

9.3.3 | Control variables

As in Studies 1 and 2, we controlled for participants' age. We also controlled for participants' education because meta-analytic evidence supported that "highly educated workers tend to demonstrate more citizenship behaviors than do less educated workers" because of the work values inculcated during schooling (Ng & Feldman, 2009, p. 109). On top of these theoretical reasons, we also found substantive empirical relationships between age, education, and the independent and dependent variables indicating the need to control for these two constructs lest they lead to spurious findings (Bernierth & Aguinis, 2016). Hence, we controlled for both socio-demographic variables to rule out the possibility that the observed effects are due to differences in age or education.

10 | STUDY 3—RESULTS

10.1 | Manipulation checks

At the end of the survey, we asked the participants to recall the work scenario that they were asked to imagine and indicate the extent to which they imagined they came to work feeling unwell. They reported the extent of their self-imagined presenteeism using a 6-point scale ranging from 1—*very healthy* to 6—*very sick*. As expected, those in the self-imagined presenteeism condition reported significantly higher presenteeism levels than those in the low condition

³We also measured extra-role behavior with the same scales as in Study 1 for several robustness checks. First, we used the full scales of both challenge-based OCB (five items; $\alpha = .83$) and affiliation-based OCB (6 items; $\alpha = .84$) in Study 3 to check the validity of the shorter scale that we used in Study 1. The shorter scale was highly correlated with the full scale of both affiliation-based OCB ($r = .88, p < .001$) and challenge-based OCB ($r = .81, p < .001$). This further attests to the validity of the shorter scale used in our Study 1. Second, we repeated our analyses in Study 3 with both challenge- and affiliation-based OCB.

	Step 1	Step 2	Step 3
Education	.05 (.08)	.06 (.09)	.05 (.09)
Age	-.00 (.01)	.00 (.01)	-.00 (.01)
Presenteeism	—	.06 (.19)	.05 (.18)
Health protection motive	—	.01 (.03)	.08 (.04)
Presenteeism × health protection motive	—	—	-.16* (.06)
R ²	.01	.01	.11
ΔR ²	—	.00	.11*

Note: *N* = 58. Coefficients are unstandardized, and standard error values are in parentheses. **p* < .05. ***p* < .01.

(*M*_{high self-presenteeism} = 3.90, *SD* = 1.38 vs. *M*_{low self-presenteeism} = 3.00, *SD* = 1.54; *t*(58) = 2.40, *p* = .02, *d* = 0.62). Further, participants in the coworker's imagined presenteeism reported significantly higher presenteeism levels of their hypothetical coworkers than those in the low condition (*M*_{high coworker presenteeism} = 4.06, *SD* = 1.18 vs. *M*_{low coworker presenteeism} = 2.71, *SD* = 1.25; *t*(129) = 6.40, *p* < .01, *d* = 1.12).

10.2 | Hypothesis testing

Consistent with Hypothesis 3a, the results of univariate analyses of covariance controlling for participants' age and education showed that women reported a greater health protection motive than men (*M*_{women} = 5.39, *SD* = 3.78 vs. *M*_{men} = 4.60, *SD* = 2.60; *F*(1, 54) = 5.76, *p* = .02, *η*² = .10).⁴ Having established the gendered nature of health protection motive, we conducted moderated regression analyses to test Hypothesis 3b. In Step 1, we entered the control variables of participants' age and education, followed by the independent variables—presenteeism and health protection motive—in Step 2. We then entered the interaction term of these variables in Step 3. As hypothesized, health protection motive moderated the relationship between presenteeism and extra-role behaviors (*B* = -.16, *SE* = .06, *t* = -2.51, *p* = .02; Table 4).⁵ As illustrated in Figure 3, the relationship between presenteeism and extra-role behavior was positive for those with low health protection motive (*B* = .52, *p* = .05); it was negative for those with high health protection motive (*B* = -.41, *p* = .13). Hence, Hypothesis 3b received support.

⁴Notably, in Study 3, the patterns of the ANOVA results without control variables were similar to those obtained with the control variables. In particular, women reported more health protection motives than men (*M*_{women} = 5.37, *SD* = 3.67 vs. *M*_{men} = 4.54, *SD* = 2.60; *F*(1, 58) = 5.76, *p* = .32, *η*² = .02). Although these ANOVA results were non-significant at *p* < .05, the pattern and the means were very consistent with those obtained with the control variables (cf. *M*_{women} = 5.39, *SD* = 3.78 vs. *M*_{men} = 4.60, *SD* = 2.60; *F*(1, 54) = 5.76, *p* = .02, *η*² = .10).

⁵In Study 3, the results of moderated regression analyses stayed the same if we did not include the control variables of participants' age and education. In particular, health protection motives moderated the relationship between presenteeism and extra-role behaviors (*B* = -.16, *SE* = .06, *t* = -2.61, *p* = .01). The simple slope tests showed that the relationship between presenteeism and extra-role behavior was positive for low health protection motive (*B* = .51, *p* = .048); it was negative for high health protection motive (*B* = -.42, *p* = .10).

TABLE 4 Hierarchical regression analysis predicting extra-role behavior in Study 3

10.3 | Supplementary analyses

To test the robustness of our findings, we analyzed our moderated regression analyses with other measures of extra-role behaviors that we used in either Study 1 or 2. In particular, health protection motive moderated the relationship between presenteeism and challenge-based OCB (*B* = -.16, *SE* = .07, *t* = -2.20, *p* = .03). The simple slope tests showed that, for low levels of health protection motive, the relationship between presenteeism and challenge-based OCB was positive and significant (*B* = .70, *p* = .04); and it was negative for high levels of health protection motive (*B* = -.25, *p* = .38). Likewise, health protection motive moderated the relationship between presenteeism and affiliation-based OCB (*B* = -.13, *SE* = .06, *t* = -2.21, *p* = .03). The simple slope tests showed that the relationship between presenteeism and affiliation-based OCB was positive (albeit non-significant) for low levels of health protection motive (*B* = .47, *p* = .09); it was negative and non-significant for its high levels (*B* = -.30, *p* = .20). So these results further attest to the robustness of our model that held across the various measures of extra-role behaviors we used in Studies 1 and 2.

Finally, the difference in results across Studies 1 and 2 could potentially be due to the source of ratings, given that extra-role behavior was rated by supervisors in Study 1 and self-reported in Study 2. To test this possibility, we dummy coded our experimental conditions with “0” indicating other-imagined presenteeism (i.e., those in the coworker condition) and “1” denoting self-imagined presenteeism. We then examined the moderating role of the source of ratings on the relationship between presenteeism and extra-role behavior. A multivariate analysis of variance indicated a non-significant interaction on the dependent variables (Wilks' *λ* = .98; *F*(3, 166) = 1.25, *p* = .29, *η*² = .02). Follow-up univariate analyses revealed that the interaction did not significantly predict any outcomes: challenge OCB (*F*(1, 168) = 2.09, *p* = .15, *η*² = .01), affiliation OCB (*F*(1, 168) = 3.58, *p* = .06, *η*² = .02), or voice (*F*(1, 168) = 1.87, *p* = .17, *η*² = .01). Thus, the relationship between presenteeism and extra-role behavior appears consistent regardless of the rater.

11 | STUDY 3—DISCUSSION

The results of Experimental Study 3 empirically supported the theoretical mechanism underpinning Studies 1 and 2. Specifically, women

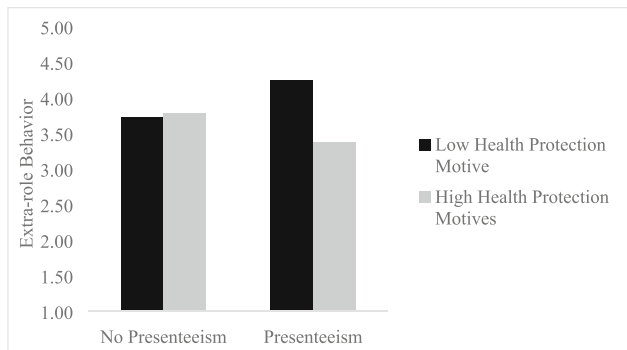


FIGURE 3 The interactive effects of presenteeism and health protection motive on extra-role behavior in Study 3

are more likely than men to report health protection motives. Presenteeism (manipulated in Study 3) is positively related to extra-role behavior when this health motive is low (which is more characteristic of men than of women) and negatively related to extra-role behavior when this health protection motive is high (which we have established empirically is more associated with women than men). Notably, these results held with various measures of extra-role behaviors that we used in Studies 1 and 2. Finally, we ruled out an alternative explanation for our results by empirically demonstrating the non-significant effect of the source of behavioral ratings (self vs. other) on our proposed relationships

12 | GENERAL DISCUSSION

In our research, we drew on the self-regulatory perspective on resource allocation in the context of presenteeism (Cooper & Lu, 2016) to propose that men and women typically have different internal and external pressures on the use of their personal resources and that, in situations of presenteeism, they regulate their depleted resources differently. Consistent with our theorizing, men appeared to direct their resources toward protecting their performance even at the expense of their health and thus engaged in extra-role behaviors (as rated by their supervisors in Study 1) when attending work despite being sick or not feeling well. In contrast, it appears that women preserved their resources and protected their health in situations of presenteeism by not engaging in extra-role behaviors (Study 1). However, this situation changes when women perceive high external citizenship pressure, which may force them to conform to the behavioral norms of being helpful and contributing to organizational life irrespective of their ill-health (Study 2). Notably, external citizenship pressure did not significantly shape the extra-role behaviors of sick men. The results of our experimental Study 3 empirically supported the underlying theorized mechanism of health protection motive. Specifically, having established empirically that women reported higher health protection motives than men, we showed that when this motive is high (low), presenteeism is negatively (positively) related to extra-role behaviors. To increase the robustness of our proposed model, in Study 3, we tested alternative factors that might impinge on the proposed

relationships. In general, our proposed model held irrespective of the rating-source or operationalizations of extra-role behaviors.

12.1 | Theoretical implications

First, our findings contribute to the self-regulatory perspective on resource allocation in the context of presenteeism (Cooper & Lu, 2016) by shedding light on potential gender differences in presenteeism motives and underlying self-regulation strategies. This is particularly important in light of the large, yet poorly understood, gender differences that emerge in this phenomenon (Johns, 2010). This perspective suggests that the extent to which presenteeism is related to good performance outcomes depends on the extent to which employees manage their resources. Building on this tenet and through understanding gender differences in self-regulation of resources when dealing with health issues (Moran & Del Valle, 2016), we have identified when and how presenteeism may relate to extra-role behaviors (Karnika-Murray & Biron, 2020). When employees come to work while sick, they regulate their resources to either “preserve health or protect performance” (Karnika-Murray & Biron, 2020, p. 252). We argued, and demonstrated empirically, that gender is a factor that will influence whether employees focus on protecting their health or exploiting it for continued performance during presenteeism. Specifically, it appears that sick men direct their resources toward protecting performance at the expense of their health. We argued that this is because they internalize agentic expectations for men to be strong, powerful, and resilient in the face of obstacles (Eagly & Karau, 2002). Consequently, men feel compelled to engage in extra-role behaviors regardless of their physical and psychological discomfort. In contrast, sick women appeared to concentrate their resources on preserving their health. We argued that one reason for such heightened health-protecting strategies could be the disproportionate time and energy spent by women on resource-depleting tasks both at home (e.g., household, childcare) and at work (e.g., service roles). Our research findings showed that sick women refrain from further reducing their already challenged resource pool by not demonstrating extra-role behaviors when engaging in presenteeism. Our conceptualization of presenteeism as an indication of differential resource regulation for men and women is consistent with prior research, showing gender differences for reasons to engage in presenteeism (Skagen & Collins, 2016). We extend it by theorizing and showing empirically that, in situations of presenteeism, women are more likely than men to preserve health, which is associated with decreased extra-role behaviors for the former and not the latter.

Second, our research contributes to scholarship on predictors of extra-role behaviors (Lanaj et al., 2012). Research has argued that employees engage in these work behaviors for either altruistic, internally driven reasons or instrumental, impression-management motives (Spitzmuller & Van Dyne, 2013). We build on and extend this scholarship by uncovering a relationship with presenteeism, seemingly triggered by different self-regulatory processes for men and women with the former directing their resources to protect their performance and

the latter concentrating their resources on preserving their health. We also showed that citizenship pressure did not affect these self-regulatory processes for sick and present men, yet it was associated with more extra-role behaviors among sick and present women at work. These findings about the differential role of citizenship pressure for extra-role behaviors of sick men and women extend this literature by suggesting that, for women, citizenship pressure is external, whereas for men, it is internally driven. This is a noteworthy finding because, by better understanding the source of this pressure, researchers can better predict how employees “interpret and react to such pressure” (Bolino et al., 2010, p. 851).

Finally, our findings contributed to the health-performance framework of presenteeism (Karanika-Murray & Biron, 2020) by empirically demonstrating that women tend to protect health more so than men, and this is why presenteeism is negatively (positively) related to extra-role behavior when this health protection motive is high (low). By utilizing this “person-based approach” (as opposed to variable-centered perspective) to presenteeism (Karanika-Murray & Biron, 2020, p. 28), we showed that gender and underlying motives influence how the same presenteeism behavior is associated with different performance outcomes for men and women. By unpacking how health protection motive explains these differential effects, our research contributes to the scholarship conceptualizing presenteeism as an adaptive work behavior that depends on the dynamic process of balancing individual motivation and resources with internally or externally driven constraints and demands (Cooper & Lu, 2019). Across the three studies, we showed that women are more influenced by the pressures on their resources than men and thus their motivation for performance during their sickness is different than that of men.

12.2 | Practical implications

Given the prevalence of presenteeism in the workplace (Hemp, 2004) and its financial and productivity costs (Aronsson et al., 2000), our findings have important practical implications. Our results suggest that employees are regulating their sickness behavior, in line with Karanika-Murray and Biron (2020); however, it is troubling that such regulation appears to be based on gender stereotypes and organizational citizenship norms. As such, at a practical level, along with other scholars (e.g., Ruhle et al., 2019), we do not advocate presenteeism even when there may seem to be positive organizational consequences such as those we found in our research. Presenteeism is clearly a double-edged sword where sick but present employees regulate their citizenship behavior based on gender-related forces. We, therefore, advocate strong organizational norms that will counter existing gender stereotypes and allow self-regulation to occur based on health-relevant assessments. Hence, effective strategies would involve clear sickness policies and if some level of presenteeism is welcomed and encouraged, then organizations should clarify citizenship expectations for all employees irrespective of their gender.

These findings notwithstanding, we caution against encouraging presenteeism for the sake of enhancing extra-role behaviors. We say

this because, above all, such a practice is exploitative and is encouraging employees to come to work sick and exhibit greater discretionary effort when it might be in the worker's (and their coworkers') best interest to stay home and recover before returning to work. Rather, we would encourage employers to recognize that their employees could feel compelled to come to work when it is counterproductive for the individual to do so. In addition to showing up, they may feel compelled to engage in more citizenship if they are men or believe that the climate suggests that they should do so if they are women. Though there could be some short-term benefits of such behavior, the long-term returns are unlikely to offset the costs incurred to employee well-being.

12.3 | Limitations

Our research rests on three complementary studies and each study brings together one piece of the overall theoretical puzzle. Because of that separation, each study has its own strengths and limitations. Study 1 is a multi-source study with employees and their supervisors, yet it has a relatively small sample size. Study 2 addressed this methodological concern by utilizing a larger sample, yet it is based on self-reported data and thus is subject to potential CMV, which would artificially inflate their correlations (although, the moderation hypotheses tested in Study 2 are not affected by this variance). Notably, CMV can deflate the interactions but cannot cause them (Siemsen et al., 2010). Further, both Studies 1 and 2 were cross-sectional, which limits our ability to make definite causal conclusions (Antonakis et al., 2010). We addressed these issues by utilizing an experimental design in Study 3 in which we manipulated presenteeism. But Study 3 is based on hypothetical work scenarios, thereby potentially limiting its external validity. To strengthen the generalizability, we followed the best practice for designing such experimental vignettes (Aguinis & Bradley, 2014; Highhouse, 2009) when designing our Study 3. Although we measured health protection motive as an explanatory mechanism that represents a continuum of motives from exploiting (which is more common among men) to protecting (which is more prevalent among women) one's health, we did not directly measure whether sick and present men are protecting performance when they exploit their health. Future research could replicate our model by directly measuring performance protection or conceptually similar instrumental helping motives, when one helps to gain something in return (David et al., 2021).

In addition, although Study 3 manipulated presenteeism, Studies 1 and 2 employed retrospective (12 months) reports of presenteeism that are commonly employed in this literature (Miraglia & Johns, 2016). Accordingly, we cannot rule out that some form of recall bias might have influenced our findings in these studies. A recent meta-analysis examined gender differences in verbal working memory and concluded that “the overall results showed a small female advantage reflecting a potentially trivial effect at the population level that might not emerge in the typical experimental study because of a lack of statistical power” (Voyer et al., 2021, p. 372). Future research could

explicitly address this question by directly measuring the extent to which recall bias between men and women shapes the substantive results. That said, the consistency of the findings across all three studies that utilized field and experimental methodologies with self-reported and manipulated presenteeism leads us to believe that we have robust findings. A final limitation of our Study 3 is that we examined our hypothesis about the moderating role of health protection motive on a relatively small sample size ($N = 63$). Using the G*Power program (Faul et al., 2007), we conducted post hoc power analyses to detect gender differences in health protection motives. Using these parameters ($N = 63$, number of groups = 2, number of covariates = 2, partial $\eta^2 = .10$, $\alpha = .05$), we calculated the post hoc power being .72. This means that our sample in Study 3 was somewhat underpowered, even though we followed the recommendation to collect 20 observations per cell (Simmons et al., 2011).

12.4 | Future research

The implications for future research are especially important in light of the workplace changes following the COVID-19 pandemic. Many countries have experienced lockdowns where employees have to work from home, and many organizations are choosing to continue this practice even when there is less virus circulating. This obviously creates a further complexity in the process of self-regulation and presenteeism, as there is both less visibility (are you still protecting your performance if nobody notices that you are sick?) and potentially more flexibility in deploying resources (can you regenerate health resources by working in “spurts” and resting in between?). The overlap between work and home resources as well as work and home contexts will, of course, be affected by gender and will be an ongoing issue for presenteeism researchers.

We also offer several other avenues for future research beyond this. First, given that men and women appear to self-regulate based on different expectations for their behaviors, it could be that other social groups might be affected differently. In particular, presenteeism is expected of younger men more so than of their older counterparts (Simpson, 1998). Future researchers could examine whether coming to work while sick leads to the same positive outcomes for younger versus older men. Second, we examined only the extra-role outcomes of presenteeism. Are there any other favorable consequences? For example, can sick and present employees engage in core task performance or processes that are more creative as a way to compensate for their depleted resources? Finally, our model is static, which is consistent with much of the literature on presenteeism today (Miraglia & Johns, 2016). However, a more dynamic and processual approach would enable a greater understanding of the consequences as it is likely that there will be a dynamic interplay across the outcomes. Research on job crafting suggests that jobs can be both expanded and then reduced again, depending upon the relevant needs at the time (Bindl et al., 2019). We can incorporate our model of gendered presenteeism with

the previous integrative theories (Cooper & Lu, 2019; Karanika-Murray & Biron, 2020; Ruhle et al., 2019) to consider this implication. It could be that men who would otherwise direct their resources toward protecting their performance even at the expense of their health and engage in extra-role behaviors will not be able to do so if they deplete their resources by taking more household and childcare duties (Skagen & Collins, 2016). Future research could test our model with other theoretically viable mechanisms such as resource availability both at home and at work and their differential effects for attendance and extra-role behaviors of men and women (Karanika-Murray & Biron, 2020). Finally, the type of industry may shape our results. Will sick women in female-dominated industries engage in fewer extra-role behaviors because the majority of their peers are striving to protect their ill-health? Or is the opposite true in that sick women in these industries strive to protect each other's depleted resources by sharing the workload?

13 | CONCLUSION

Our research has uncovered the social dynamics underlying presenteeism, which explains how and why sick men engage in extra-role behaviors, whereas sick women do not. Using field and experimental methodologies, we showed that these differential consequences are associated with different self-regulatory processes. Sick men tend to direct their resources toward exploiting their health and protecting their performance—a tendency that is associated with more extra-role behaviors for them. Yet women regulate their resources differently. Women protect their resources by preserving their health, thereby explaining their reluctance to engage in extra-role behaviors. These behaviors, however, can be encouraged among sick women who perceive high citizenship pressure.

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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