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Perceived legitimacies of health-related and motivational presenteeism and absenteeism: Development and validation of the Workplace Attendance Behavior Legitimacy Scale

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Abstract

Workplace attendance behaviors (WABs), that is, absenteeism and presenteeism, are important to both organizations and individuals. Yet, despite growing knowledge on their formation and ongoing calls for its exploration, research on how the legitimacy of WAB impacts attendance decisions is missing. We contribute by providing researchers with the Workplace Attendance Behavior Legitimacy Scale (WABLS), a reliable, valid, and economical measure validated in English and German, across five samples. WABLS includes 12 items that measure the personal norms of attending work via three dimensions that emerged across Studies 1A, 1B, and 2, namely, the respective legitimacies of working in the state of ill-health (sickness presenteeism), working despite a lack of motivation (motivational presenteeism), and not working due to a lack of motivation (motivational absenteeism). We find that WABLS exhibits good internal consistency, test-retest reliability, discriminant and criterion-related validity, and longitudinal and cross-lingual measurement invariance (Study 3). We discuss theoretical implications for attendance legitimacy as well as opportunities for the future use of WABLS.

KEYWORDS

absenteeism, attendance norms, presenteeism, scale development, workplace attendance behaviors

1 | INTRODUCTION

Workplace attendance behaviors (WABs), broadly defined as the behaviors of (not) working, are important to both organizations and individuals. Two WABs are frequently studied in organizational research: absenteeism, in the broadest sense the “nonattendance of employees for scheduled work” (Nguyen et al., 2016, p. 616), and presenteeism, previously defined as the “behaviour of working in the state of ill-health” (Ruhle et al., 2020, p. 346). Both can have negative consequences, such as costs for organizations (Burton et al., 2004; Hausknecht et al., 2008) or impaired individual health (Johns, 2010),

which is why organizations attempt to optimize employees' attendance to fit organizational needs (Whysall et al., 2018). Yet WABs are a complex phenomenon that is impacted by several interrelated factors, such as health, motivation, norms, or context (Johns, 2010; Karanika-Murray & Biron, 2020; Lu, Lin, & Cooper, 2013).

WAB research is currently aiming to understand, among other topics, the role of norms in the formation of attendance behavior (Ruhle et al., 2020). Notwithstanding early findings regarding the influence of norms on absenteeism (e.g., Biron & Bamberger, 2012; Chadwick-Jones et al., 1982), and the impact of workplace cultures on presenteeism (e.g., Dew et al., 2005), research on WAB is currently

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lacking empirical evidence for the impact of the *legitimacy of specific* WAB, that is, personal norms on the appropriateness of exhibiting certain WAB. This is problematic because if an individual's perception of the “correct behavior” in a given situation deviates from formal rules in the organization, this may create downstream problems for individuals and organizations. For example, attendance management interventions may “backfire” by reducing sickness absenteeism rates at the price of an increase in sickness presenteeism. Such a trade-off might create larger costs than the initial absenteeism (Strömberg et al., 2017) and may be better understood by taking the legitimacy of the WAB into account.

Against this background, the aim of this paper is twofold: First, we systematize different forms of WAB legitimacy to encompass working and not working with motivational as well as health-related impairments. By categorizing different personal norms, we lay the groundwork for bridging conversations between research on workplace absence and presence. Second, to broaden our empirical understanding of the role of individual norms with regard to WAB, we develop and validate the Workplace Attendance Behavior Legitimacy Scale (WABLS). Currently, existing instruments focus solely on aspects of *pressure* to attend work (Saksvik, 1996) or encompass only *absence* (Thun et al., 2013). To allow for an in-depth understanding, and to create a valid measurement instrument, we follow the scale development procedure proposed by DeVellis (2016) as well as other researchers (Hinkin, 1995; MacKenzie et al., 2011; Netemeyer et al., 2003), adopting a five-step approach. In the remainder of this paper, we (1) provide a clear definition and theoretical basis of WAB and its legitimacy and report how we (2) generated a pool of survey items and assessed them based on their conceptual appropriateness, using feedback from peer experts in the field of attendance research, (3) refined and pre-tested the revised items in relevant populations using exploratory factor analysis (EFA), (4) tested the items using larger samples and confirmatory factor analysis (CFA), and (5) further validated the instrument across two time points in a cross-lingual sample, testing measurement invariance between subjects in the UK and Germany, as well as examining the nomological network of our instrument.

We thus make two contributions. First, we provide researchers with a reliable, valid, and economical instrument to measure WAB legitimacies, validated in English and German. This scale can be used to gain a deeper understanding of personal WBA norms, on which we offer evidence for a three-factor model. Second, we contribute to the theoretical development of WAB legitimacy by answering the call to open sickness presenteeism research to include personal norms relating to different WABs, above and beyond existing constructs such as attendance pressure (Rostad et al., 2015; Thun et al., 2013).

2 | WABs AND THEIR LEGITIMACY

We begin by presenting and discussing a definition and conceptual foundation of the underlying constructs (DeVellis, 2016), which is especially important given the multitude of partially incongruent definitions of WAB. Thus far, while research acknowledges the

importance of a more comprehensive view of WAB (Halbesleben et al., 2014; Lohaus & Habermann, 2019; Ruhle et al., 2020), research on WAB is currently limited due to a multitude of partially incongruent definitions. At the core, WABs are just that the behaviors of (not) working.¹ Yet research on WAB typically presupposes specific *impairments*, that is, an individual health-related inability, or a lack of motivation, to perform job tasks, which give rise to particular types of WAB. These impairments have been the subject of disjointed streams of research, all of which are characterized by a combination of an impairment and a behavior, such as sickness presenteeism (e.g., Johns, 2010; Ruhle et al., 2020) or motivational absenteeism (e.g., Nicholson, 1977). Such WABs are rarely considered simultaneously, despite ample evidence on the behaviors' importance for organizations and individuals (Baker-McCleary et al., 2010; Dwyer & Ganster, 1991; Johns, 2011; Johns & Al Hajj, 2016; Lu et al., 2014; Reinwald & Kunze, 2020).

As a conceptual starting point for scale development, we systematize the reasons for different WABs. First, based on research on the decision process behind absenteeism and presenteeism (Johns, 2010; Lohaus & Habermann, 2021; Lu, Lin, & Cooper, 2013), we propose that the decision to exhibit a specific WAB is a function of an individual's *ability* as well as their *motivation* to exhibit a certain WAB (within a specific context). Thus, with sufficient ability and motivation, individuals will exhibit regular workplace attendance. However, in case of an ability impairment (due to ill-health) or an impairment in motivation (due to lack of motivation to attend), different WABs will result. We focus on unplanned or unexpected WABs, as they reflect interruptions from regular, planned workdays and have important consequences for organizations (Burton et al., 2002). Table A1 presents the respective impairment, definition, and an example.

Sickness presenteeism, in this study, is defined as the behavior of *working in the state of ill-health* (Johns, 2010; Ruhle et al., 2020), and its counterpart, sickness absenteeism, is defined as the behavior of *not working in the state of ill-health*. Further, we define motivational absenteeism as the behavior of *not working due to a lack of motivation* (Nicholson, 1977) and its respective counterpart, motivational presenteeism, as the behavior of *working despite a lack of motivation*. We acknowledge that in each instance of the decision to (not) work, both motivational and health-related aspects are important, and the terms refer to the *primary* impairment that initiated the decision regarding the WAB, be it related to a health event (e.g., the common cold) or a low-motivation event (e.g., being focused on important family affairs). Further, as recommended for useful construct definitions (Podsakoff et al., 2016), we do not include possible consequences of the WAB in their definitions. However, we agree with previous research that these behaviors reflect different types of not being fully functional, implying that they might have negative relationships with productivity

¹We deliberately do not specify the *place of work* in our discussion. The nature of work is changing, and the notion of “attending work” suggests that an individual physically moves to a workplace. However, more and more jobs are performed remotely (see Kniffin et al., 2021), and attendance in a physical sense is no longer a general necessary condition to work. Yet it is an important aspect of attendance behavior that needs to be addressed separately.

and subsequent health (Gustafsson & Marklund, 2011; Johns, 2010, 2011; Ruhle et al., 2020; Skagen & Collins, 2016).

We use the term legitimacy in line with previous research (Addae et al., 2013; Harvey & Nicholson, 1999), and at its core, WAB legitimacy refers to a personal norm that reflects an individual standard for WAB. While different streams of research tend to conceptualize norms differently, there is broad agreement that norms are a set of “mostly unwritten rules that structure, guide, and inform social interactions” (Christensen et al., 2021, p. 1), all of which applies to WAB legitimacy.

Recent research has provided evidence for attendance legitimacy being a norm focusing on “[...] shared understandings about absence and presence legitimacy as well as the established ‘custom and practice’ of employee attendance behavior” (Ruhle & Süß, 2020, p. 4), which is based on mostly unwritten rules and regulations. Such norms have been shown to impact individual behavior (Morris et al., 2015). For example, Bamberger and Biron (2007) found that excessive absenteeism, defined as the rate of general absenteeism that exceeds a socially constructed benchmark, was impacted by permissive personal absence norms. Consequently, the likelihood of a specific WAB might be impacted by the legitimacy of that WAB. We thus conceptualize WAB legitimacy as a personal norm, which is a self-based guideline for behavior resulting from internalized values (Schwartz, 1977). Specifically, we define WAB legitimacy as a *personal norm concerning a workplace attendance behavior, constructed by the individual*. Accordingly, these personal norms have to be distinguished from collective norms, that is, the awareness of the norm on a social level (society, organization, team, etc.).

Our focus on WAB legitimacy goes beyond previous approaches to understanding the formation of WAB. Previous research has focused on different types of attendance *pressure*, that is, an external demand that induces employees to exhibit a specific WAB (Rostad et al., 2015; Thun et al., 2013). However, while such pressures might impact personal norms over time, they can be distinguished from the personal norm held by an individual. For example, even in the absence of security pressure, that is, the fear of losing one's job (Saksvik, 1996), personal norms could set a respective behavioral standard nonetheless.

Consistent with WAB as defined above, we discuss the personal norms focusing on these different behaviors, starting with *sickness presenteeism legitimacy* (SPL), defined as the personal norm of the individual regarding attending work while ill. While Johns (2010) offered an early indication of its importance, SPL is still an ambiguous concept, and few studies have addressed this issue. Yet evidence suggests that individuals differ with regard to their personal attendance norm. Ruhle and Süß (2020) provided a qualitative investigation of sickness presence norms that found a variety of individual evaluations, ranging from a legitimate behavior that everyone within a social unit finds acceptable to an illegitimate behavior that could result in negative consequences. This variation is in line with previous studies reporting that sickness presenteeism can be seen as an organizational citizenship behavior, that is, something people should strive for (Organ, 1988), or as a burden to colleagues, to the point where colleagues pressure individuals exhibiting presenteeism to go home and get well first (Dew et al., 2005).

In contrast, *sickness absenteeism legitimacy* (SAL) refers to the personal norm concerning situations of sickness absence. As a result, SAL is closely related to perceived absence norms (Bamberger & Biron, 2007; Gellatly & Luchak, 1998) and the associated absence culture, which focuses on group-based beliefs, values, and behavioral patterns related to absence. In the case of sickness, absence and presence are mutually exclusive behaviors (Lohaus & Habermann, 2019). However, this may not be true for their respective *legitimacy*, as the reasons for choosing sickness absence are not merely the reverse reasons for choosing sickness presence. For example, while coworker support is negatively related to sickness absenteeism and positively related to sickness presenteeism, optimism is negatively related to both sickness presenteeism and sickness absenteeism (Miraglia & Johns, 2016).

Third, *motivational presenteeism legitimacy* (MPL) focuses on the personal norm of working despite a lack of motivation to attend work. Motives for attending work without actually exerting any effort to work are, again, diverse. Observing motivational presenteeism, and its consequences, in others might impact individual personal standards, that is, MPL. For example, Elsbach et al. (2010) showed that employees' face time affects others' perceptions of those employees. Individuals who work outside of normal business hours are perceived as responsible or committed, regardless of the actual work performed, which might increase MPL. Employees who engage in face time receive more positive performance appraisals (Elsbach et al., 2010). In addition, people who are perceived as “more present” may receive higher pay (Howell et al., 2016), which explains why motivational presenteeism might be considered a legitimate behavior.

Finally, *motivational absenteeism legitimacy* (MAL) encompasses the personal norm concerning not working because of a lack of motivation. Compared to research on presenteeism, absenteeism research has distinguished to some extent between motives that result in absence (Driver & Watson, 1989; Hackett & Guion, 1985; Harvey & Nicholson, 1999; Steers & Rhodes, 1978). Accordingly, some evidence for the importance of motivational absence norms exists. Addae et al. (2013) further subdivided the legitimacy of absence into whether an absence is perceived as generally *acceptable* or if the individual is *accountable*. Yet such a perspective neglects the distinction made by previous work that health-related absence is rated more legitimate than motivational absence (Harvey & Nicholson, 1999). For example, Harrison and Martocchio (1998) found that illness is widely accepted, and rarely questioned by others, as a general reason to miss work, and when rating absence reasons, individuals tend to see illness as one of the most legitimate reasons for not attending work. However, domestic reasons, such as missing work because of hobbies, are rated highly illegitimate (Johns & Xie, 1998). Consequently, we argue that the norms for sickness absenteeism will differ from the norms for motivational absenteeism. In general, this may be rooted in the individuals' interpretation of the behavior of others, their own behavior, as well as previous experiences with illness and lack of motivation at work (Stets & Burke, 2000).

Based on this conceptualization of SPL, SAL, MPL, and MAL, we applied the scale development process proposed by DeVellis (2016). Specifically, we generated items and refined them drawing on subject

matter experts in a pilot study. Further, we used EFA (Study 1A) and CFA (Study 1B) to test the factor structure of our measure. Next, in Study 2, we evaluated the scale's relationship with sickness presenteeism propensity and motivational presenteeism propensity, to assess its nomological network. Finally, in Study 3, we validated the scale across two measurement occasions, developed and tested an English-language version, further examined the nomological network, including criterion-related validity, and shortened the scale to be more economical. Concerning procedures and sample size, we followed previous work on scale development (e.g., Hinkin, 1995; Shockley et al., 2016; Wright et al., 2017; Yoshikawa et al., 2020; Yuan et al., 2019), including adequate sample sizes for factor analyses (e.g., Jackson et al., 2013). Further, a table with all constructs measured across the studies and respective use is available in the supporting information.

3 | PILOT STUDY: ITEM GENERATION AND EVALUATION

In a pilot study, we generated items and tested them with the help of subject matter experts. We formulated items (in German) as a statement about one's perception of the respective WAB legitimacy. To account for the latent nature of attendance norms, as they are an abstract phenomenon that is not directly observable, we chose a reflective measurement model (Netemeyer et al., 2003; Peterson et al., 2017). The items were based on the existing literature on absence and presence (especially Cooper & Lu, 2016; Ferreira et al., 2015; Gerich, 2015a; Halbesleben et al., 2014; Harrison & Martocchio, 1998; Johns, 2010; Johns & Xie, 1998; Lu, Lin, & Cooper, 2013; Ruhle & Süß, 2020), drawing on both conceptual and empirical work. The first author initially generated 48 statements (12 per construct). After eliminating strongly overlapping items, overly complex formulations, and the longest items, 20 items were selected, including one reverse-coded item per dimension. We decided to initially reduce both length and number of the items. While longer scales tend to exhibit greater internal consistency, research economy favors shorter scales to reduce issues such as survey dropout (DeVellis, 2016).

We sent the remaining 20 items to five German subject matter experts in the field of WAB, of which three responded. Instead of asking them to respond to the items regarding their own perceived legitimacy, we asked these researchers to assign the items to what they believed would be the underlying form of WAB (1 = motivational absenteeism; 2 = sickness absenteeism; 3 = motivational presenteeism; 4 = sickness presenteeism; 5 = more than one/none). As understandings of WAB might differ, we provided definitions of those four behaviors in German (see the supporting information). In addition to the quantitative rating, we asked participants to provide feedback to improve clarity and identify problems of the scale. Overall, the candidate items were properly associated with the underlying constructs. Further, the reverse-coded items for health-related WAB were often marked as *more than one*, and participants remarked that they might be sorted into the respective “non-reverse” type of behavior. This suggested that the conceptual link between sickness absence and

sickness presence was considered closer than the relationship between motivational absence and motivational presence. Yet we retained the reverse-coded items for Study 1A. We incorporated the feedback, resulting in minor adjustments.

4 | STUDY 1A: EXPLORING THE FACTOR STRUCTURE

4.1 | Methods of Study 1A

4.1.1 | Participants and procedure

Study 1A was conducted to explore the factor structure of the generated items. We recruited participants through Clickworker Germany, a crowdsourcing platform for computer-based tasks. First, this allowed us to collect a sample from a diverse population without relying on snowball sampling or undergraduate students (Gleibs, 2017; Landers & Behrend, 2015). Second, we thus avoided drawing from a single organization (Landers & Behrend, 2015), which might have resulted in an overly homogenous sample, as being exposed to a particular organizational culture may have limited the variance in attendance legitimacies (Ruhle & Süß, 2020). Third, research has found that the quality of such paid and crowd-sourced data can be fitting for research (Casler et al., 2013; Roulin, 2015), especially when using attention checks (Hauser & Schwarz, 2016). Prerequisites for participation in the study were that participants had to be (1) between 18 and 67 years of age, (2) native speakers of German, and (3) currently in an employment relationship.

We aimed for 120 responses to the survey and paid €1.75 for survey completion, with an average time spent on the survey of 7 min and 31 s (i.e., about €14.00 per hour); 129 responses were recorded, as we achieved our intended sample size within 3 h. We omitted data from participants who (1) were not currently in an employment relationship, (2) responded incorrectly to any of the two included instructed-response items (Breitsohl & Steidelmüller, 2018; Huang et al., 2012), where passing both was mandatory to receive payment, as communicated upfront, or (3) completed the survey in less than 2 min, as such quick responding was unrealistic when answering in a careful manner (Huang et al., 2012). Thus, the final sample consisted of 110 individuals; 57.3% of the sample were male, and most were working full time (80.0%), with an average age of 37.61 years ($SD = 10.41$).

4.1.2 | Measures

To measure SPL, SAL, MPL, and MAL, the 20 items for the four types of legitimacy were presented in random order using a 5-point Likert-type rating scale (1 = strongly disagree; 2 = disagree; 3 = neither agree nor disagree; 4 = agree; 5 = strongly agree). The questionnaire also included other variables that were not part of this study (see the supporting information).

4.1.3 | Analyses

All analyses were conducted in JASP (JASP Team, 2020). We estimated EFA models using maximum likelihood estimation and promax (i.e., oblique) rotation and relying on parallel analysis for factor enumeration (Costello & Osborne, 2005; Hayton et al., 2004; Henson & Roberts, 2006).

4.2 | Results of Study 1A

Contrary to our expectations and the results of the pilot study, initial EFA results suggested a three-factor solution. Item correlations, factor loadings, and error variances for this initial solution are reported in the supporting information. Broadly speaking, sickness-focused items loaded on one factor, with SPL and SAL being opposite dimensions of this factor, and the motivational presenteeism and absenteeism items, respectively, loaded on two separate factors. Among the potentially less useful items, first, the item “Even if it happens regularly, I find it unproblematic if you report yourself unfit for work.” (SPL 5) had the weakest factor loading ($\lambda = .597$) on the combined SPL/SAL factor, among the SPL items. Second, the item “Even if it happens regularly, I do not find it problematic if people call in sick.” (SAL 5) exhibited very weak factor loadings, including the loading ($\lambda = .339$) on the SPL/SAL factor. Third, the item “When you're officially off duty, you should go home, no matter what anybody thinks” (MPL 2) exhibited high cross-loadings without any substantial loading on a single factor. Fourth, the item “I don't think it is appropriate to report yourself incapacitated for a day just because you don't feel like working.” (MAL 2) had the weakest factor loading ($\lambda = .583$) on the MAL factor. In the interests of construct validity as well as brevity and research economy (Herzog & Bachman, 1981), we removed these four items. The resulting, and final, EFA solution consisted of three factors. The corresponding factor loadings and error variances are presented in Table 1. This model exhibited a clearer separation between factors as well as strong target factor loadings and weak cross-loadings. Consequently, factor reliabilities (coefficient omega; Cho, 2016) were satisfactory for SPL/SAL ($\omega = .89$), MPL ($\omega = .86$), and MAL ($\omega = .90$). Factor correlations were generally low to moderate, with MPL being moderately correlated with SPL ($\psi = .194$) and MAL ($\psi = .384$), while SPL was practically uncorrelated with MAL ($\psi = .007$).

5 | STUDY 1B: REPLICATION OF THE FACTOR STRUCTURE

5.1 | Method of Study 1B

5.1.1 | Participants and procedure

To validate the explored factor structure, we used the remaining 16 legitimacy items in another online questionnaire. We recruited participants through Clickworker with the same constraints as in Study

1A, adding that individuals must not have participated in Study 1A. We aimed for 400 responses to the survey and paid €1.00 for survey completion, with an average time spent on the survey of 3 min and 49 s (i.e., approximately €15.00 per hour). After 6 h, we achieved our intended sample size, with 456 responses recorded. We omitted data from participants based on the same criteria as in Study 1A, resulting in a final sample of 422 individuals; 55.5% of the sample were male, and most were working full time (78.0%), with an average age of 35.11 years ($SD = 11.10$).

5.1.2 | Analyses

We conducted all analyses in Mplus 8.4 (Muthén & Muthén, 1998–2017), using the MLR estimator, namely, CFA incorporating the multiple-indicator measures described above, that is, SPL, MPL, and MAL. We explicitly compared a three-factor model, based on the results of Study 1A, to the originally assumed four-factor model, using an appropriately rescaled χ^2 -difference test (Satorra, 2000).

5.2 | Results of Study 1B

The three-factor CFA model exhibited satisfactory fit with $\chi^2(101) = 244.99$, $p < .001$; RMSEA = 0.058 (CI 0.049–0.067), $p(\leq .05) = .073$; SRMR = 0.054; CFI = .928; TLI = 0.914. The four-factor CFA model exhibited similar fit with $\chi^2(98) = 243.55$, $p < .001$; RMSEA = 0.059 (CI 0.050–0.069), $p(\leq .05) = .050$; SRMR = 0.054; CFI = .927; TLI = 0.911. A rescaled χ^2 -difference test revealed that the more complex four-factor model failed to provide a significant improvement over the simpler three-factor model: $\Delta\chi^2(3) = 2.633$, $p = .452$. Following the “parsimony principle” (Kline, 2016, p. 128), we retained the simpler of the two models with similar fit to the data. Factor loadings are presented in Table 2. All three factors exhibited good reliabilities: SPL ($\omega = .84$), MPL ($\omega = .85$), and MAL ($\omega = .89$). Factor correlations were generally low to moderate, with MPL being moderately correlated with SPL ($\psi = .242$, $p < .001$) and MAL ($\psi = .327$, $p < .001$), while SPL was practically uncorrelated with MAL ($\psi = -.030$, $p = .631$). In addition, item correlations, means, and standard deviations from Study 1B are presented in the supporting information.

5.3 | Discussion of Studies 1A and 1B

In both studies, the three-factor model was superior to a four-factor solution, providing additional evidence that SPL and SAL are not distinct concepts in the perception of respondents, but one-dimensional. In addition, we found evidence for the discriminant validity of SPL, MPL, and MAL, as factor correlations ranged from uncorrelated to moderate, with the strongest relationship between MPL and MAL, which is theoretically sound. Overall, the CFA replicated the factorial structure identified in the previous EFA.

TABLE 1 Factor loadings and error variances from final EFA model from Study 1A

Indicator	Item text	Factor loadings			Error
		SPL	MPL	MAL	
SPL 1	I think that when you are unfit for work, you should still be allowed to go to work.	.676	−.005	.085	.537
SPL 2 (r)	If you are in fact unfit for work, you have to fully recover and not work, regardless of the tasks to be done.	.694	.060	−.131	.490
SPL 3	I think it is alright to go to work sick.	.793	−.047	−.009	.381
SPL 4	I think it is appropriate to go to work sick when something important needs to be taken care of.	.827	.010	−.080	.309
SAL 1	If you are unfit for work, you should stay away from work no matter what is on the agenda.	−.761	.106	−.059	.438
SAL 2 (r)	Even if you are unfit for work, you should consider whether you can actually stay home that day.	−.594	−.040	−.095	.624
SAL 3	It is perfectly alright to stay home when you are sick.	−.608	−.021	−.051	.621
SAL 4	When you are ill, you should always fully recover first.	−.625	−.012	.092	.600
MPL 1	I think it is okay to work late, even though there is actually nothing to do.	.013	.690	−.013	.527
MPL 3	Working late, even though you are not actually productive, is just part of work.	−.030	.806	−.019	.368
MPL 4	To make a good impression on others, it is alright to work late, even without being productive.	.078	.827	−.024	.301
MPL 5	I think it is unproblematic to regularly stay at work longer even though you are actually not productive.	−.069	.780	.077	.358
MAL 1	I think it is appropriate to occasionally call in sick for a day if you do not feel like working.	.076	.033	.778	.368
MAL 3	When you have got important plans on a certain day, you can call in sick for that day.	.015	.034	.811	.321
MAL 4	I think it is fair to take a day off and call in sick even if you are actually healthy.	−.007	−.060	.870	.276
MAL 5	As long as it happens only occasionally I find it unproblematic to skip work for a day.	−.082	.010	.841	.282

Note: Standardized estimates. “(r)” indicates item reverse coded.

Abbreviations: EFA, exploratory factor analysis; MAL, motivational absenteeism legitimacy; MPL, motivational presenteeism legitimacy; SAL, sickness absenteeism legitimacy; SPL, sickness presenteeism legitimacy.

6 | STUDY 2: NOMOLOGICAL NETWORK

6.1 | Theoretical background of Study 2

Study 2 aimed at establishing evidence based on the nomological network by examining the relations between SPL, MPL, and MAL, as well as conceptually related variables. We assumed that WAB legitimacy may be considered “the third path” (Miraglia & Johns, 2016, p. 276) beyond job satisfaction and health, reflecting the felt obligation to attend work based on a personal standard of what behavior is legitimate. We thus expected SPL to explain variance in sickness presenteeism above and beyond job satisfaction and subjective health but also additional predictors of WAB, namely, job insecurity, financial insecurity, as well as team support and supervisor support (Lohaus & Habermann, 2019; Miraglia &

Johns, 2016). We expected that SPL, MPL, and MAL would be only weakly correlated with these other predictors of WAB, which do not directly relate to the perception of legitimacy, but are part of the WAB decision process.

As criteria, we chose sickness presenteeism *propensity* and a correspondingly measured motivational presenteeism propensity, which may capture the decision between working and not working most appropriately (Gerich, 2016; Ruhle et al., 2020). We assumed that SPL would be positively related to sickness presenteeism propensity, reflecting that perceiving sickness presenteeism as legitimate would result in a tendency to choose sickness presence over sickness absence. Further, we expected both MPL and MAL to be unrelated to sickness presenteeism propensity and that MPL (MAL) would be positively (negatively) related to motivational presenteeism propensity.

TABLE 2 Factor loadings and error variances from final CFA model from Study 1B

Indicator	Item text	Factor loadings			Error
		SPL	MPL	MAL	
SPL 1	I think that when you are unfit for work, you should still be allowed to go to work.	.706			.501
SPL 2 (r)	If you are in fact unfit for work, you have to fully recover and not work, regardless of the tasks to be done.	.683			.534
SPL 3	I think it is alright to go to work sick.	.635			.597
SPL 4	I think it is appropriate to go to work sick when something important needs to be taken care of.	.611			.627
SPL 5 (r)	If you are unfit for work, you should stay away from work no matter what is on the agenda.	.737			.457
SPL 6	Even if you are unfit for work, you should consider whether you can actually stay home that day.	.450			.797
SPL 7 (r)	It is perfectly alright to stay home when you are sick.	.550			.697
SPL 8 (r)	When you are ill, you should always fully recover first.	.602			.637
MPL 1	I think it is okay to work late, even though there is actually nothing to do.		.759		.424
MPL 3	Working late, even though you are not actually productive, is just part of work.		.697		.515
MPL 4	To make a good impression on others, it is alright to work late, even without being productive.		.749		.440
MPL 5	I think it is unproblematic to regularly stay at work longer even though you are actually not productive.		.854		.271
MAL 1	I think it is appropriate to occasionally call in sick for a day if you do not feel like working.			.811	.343
MAL 3	When you have got important plans on a certain day, you can call in sick for that day.			.785	.384
MAL 4	I think it is fair to take a day off and call in sick even if you are actually healthy.			.857	.266
MAL 5	As long as it happens only occasionally I find it unproblematic to skip work for a day.			.817	.333

Note: Standardized estimates. "(r)" indicates item reverse coded.

Abbreviations: CFA, confirmatory factor analysis; MAL, motivational absenteeism legitimacy; MPL, motivational presenteeism legitimacy; SPL, sickness presenteeism legitimacy.

6.2 | Methods of Study 2

6.2.1 | Participants and procedure

We recruited participants through Clickworker with the same constraints as in Study 1A and Study 1B, adding that individuals must not have participated in those studies. We aimed for 600 responses to the survey and paid €1.50 for survey completion, with an average time spent on the survey of 8 min and 45 s (i.e., approximately €10.00 per hour). After 9 h, we achieved our intended sample size, with 642 responses recorded. Adopting the same approach as in Studies 1A and 1B to removing individuals resulted in a final sample of 612 individuals; 58.8% of the sample were male, and most were working full time (71.5%) with a mean age of 33.68 years ($SD = 10.83$).

Only for the analyses focusing on criterion-related validity, we further excluded participants reporting no health impairment or no impairment in motivation, because computing presenteeism

propensities for those individuals (i.e., dividing by zero) would be mathematically inadmissible. We also excluded participants for whom the sum of reported absence and presence days did not match the number of reported days with a health impairment or motivational impairment (Gerich, 2015a). These steps resulted in a sample size of $n = 274$ for those analyses, which seemed plausible as our measure of health-related impairments used a short time frame of 3 months to reduce memory bias (Deery et al., 2014), and as such impairments have been reported by 65–75% of individuals (Gerich, 2015a), or less (Reuter et al., 2019), within a year.

6.2.2 | Measures

We measured WAB legitimacy using the 16 items from Study 1B. SPL ($\omega = .82$), MPL ($\omega = .82$), and MAL ($\omega = .87$) exhibited good reliabilities. Further, unless reported otherwise, we created and used German

TABLE 3 Factor correlations and reliabilities from CFA model from Study 2

Variable	1	2	3	4	5	6	7
1 Sickness presenteeism legitimacy	<i>.821</i>						
2 Motivational presenteeism legitimacy	.186***	<i>.816</i>					
3 Motivational absenteeism legitimacy	.071	.437***	<i>.875</i>				
4 Job insecurity	.146**	.230***	.238***	<i>.931</i>			
5 Financial insecurity	.163**	.275***	.348***	.393***	<i>.839</i>		
6 Team support	-.144**	-.122*	-.265***	-.312***	-.181***	<i>.878</i>	
7 Supervisor support	-.060	-.064	-.174***	-.364***	-.165***	.752***	<i>.918</i>

Note: Factor correlations below the diagonal; factor reliabilities in italics on the diagonal.

* $p < .05$. ** $p < .01$. *** $p < .001$.

translations of the following measures, with their original scale format. We measured *job insecurity* ($\omega = .93$) using the scale from Hellgren and Sverke (2003), *financial insecurity* ($\omega = .84$) drawing on a scale for financial problems (Gorgievski-Duijvesteijn et al., 2000), and *team support* ($\omega = .88$) and *supervisor support* ($\omega = .92$) using the first five items, each, translated into German by Eßer (2019), from the perceived organizational support scale (Eisenberger et al., 1986). Finally, we used a single item (“How satisfied are you with your job?”) with response options from 1 (not at all satisfied) to 10 (extremely satisfied) to measure *general job satisfaction* (Tschopp et al., 2014) and a single item (“How do you judge your own general state of health? Is it good, bad, or something in between?”) with response options from 1 (bad) to 5 (excellent) to measure *subjective health* (Lundberg & Manderbacka, 1996).

To assess criterion-related validity, we used *sickness presenteeism propensity* and *motivational presenteeism propensity*, as proposed by Gerich (2015a). We asked participants for their number of days with health (motivational) impairment within the last 3 months, described as days they felt unfit to work (days they felt a severe lack of motivation to work). We also asked how often they chose to work nonetheless (i.e., sickness/motivational presenteeism days) or not to work (i.e., sickness/motivational absence days). Individuals with at least one health impairment day (mean = 5.624, median = 4, $SD = 5.303$), or one motivational impairment day (mean = 14.938, median = 10, $SD = 15.604$), reported a mean of 2.208 sickness presenteeism days (median = 1, $SD = 3.254$) and a mean of 14.544 motivational presenteeism days (median = 10, $SD = 15.488$). We then computed sickness presenteeism propensity as the ratio of sickness presenteeism days to days with health impairment and motivational presenteeism propensity as the ratio of motivational presenteeism days to days with poor motivation to work.²

²As noted by Certo et al. (2020), the use of ratios as dependent variables can increase Type II error rates, particularly when the data for the denominator variable are highly dispersed. Because the latter was true for our two ratios of interest, we compared our model focusing on criteria to an alternative model in which we used “raw” sickness (motivational) presenteeism days as the dependent variable while adding days with health (motivation) impairment as additional independent variables (Certo et al., 2020). These comparisons did not yield any differences in substantive conclusions concerning criterion-related validity. We therefore retained the models using presenteeism propensities.

6.2.3 | Analyses

We conducted all analyses in Mplus 8.4 (Muthén & Muthén, 1998–2017), using the MLR estimator. We conducted CFA incorporating all multiple-indicator measures, that is, SPL, MPL, MAL, job insecurity, financial insecurity, team support, and supervisor support. To investigate criterion-related validity of our measures, we fit a latent-variable path model including job satisfaction and subjective health as additional independent variables and sickness and motivational presenteeism propensities as dependent variables.

6.3 | Results of Study 2

A CFA model including three legitimacy factors (SPL, MPL, and MAL) exhibited good fit with $\chi^2(474) = 984.95$, $p < .001$; RMSEA = 0.042 (CI 0.038–0.046), $p(\leq .05) = 1.000$; SRMR = 0.049; CFI = .939; TLI = 0.932. By comparison, a model including four legitimacy factors exhibited slightly closer fit with $\chi^2(467) = 963.767$, $p < .001$; RMSEA = 0.042 (CI 0.038–0.045), $p(\leq .05) = 1.000$; SRMR = 0.048; CFI = .941; TLI = 0.933. A rescaled χ^2 -difference test confirmed this to be a significant improvement: $\Delta\chi^2(7) = 21.218$, $p = .004$. However, the Mplus output for the four-factor model included a warning of a potential “correlation greater or equal to one between two latent variables,” which would be inadmissible, in addition to indicating very poor discriminant validity (Rönkkö & Cho, 2022). Indeed, the correlation in the four-factor model between the SPL and SAL factors was inadmissibly strong ($\psi = -1.069$), to the extent that this model exhibited closer fit than a comparison model fixing the correlation to unity (i.e., the largest admissible value) with $\Delta\chi^2(1) = 5.211$, $p = .022$. We therefore retained the three-factor model.

Reliabilities and correlations among all factors are presented in Table 3. All factors exhibited satisfactory reliabilities, and low to moderate factor correlations, suggesting good discriminant validity. MPL was moderately correlated with SPL ($\psi = .186$, $p < .001$) and MAL ($\psi = .437$, $p < .001$), while SPL was practically uncorrelated with MAL ($\psi = .071$, $p = .178$).

The path model focusing on criterion-related validity also exhibited good fit with $\chi^2(578) = 955.253$, $p < .001$; RMSEA = 0.049

TABLE 4 Standardized path estimates for criterion-related validity from Study 2

Independent variable	Dependent variable					
	Sickness presenteeism propensity			Motivational presenteeism propensity		
	Path	SE	p	Path	SE	p
Sickness presenteeism legitimacy	.52	0.06	<.001	.11	0.09	.22
Motivational presenteeism legitimacy	-.13	0.07	.07	.01	0.10	.88
Motivational absenteeism legitimacy	-.05	0.07	.51	-.33	0.13	.01
Job insecurity	-.01	0.07	.87	-.01	0.07	.85
Financial insecurity	.03	0.08	.73	.16	0.07	.02
Team support	-.07	0.10	.52	.28	0.11	.01
Supervisor support	.06	0.10	.55	.08	0.07	.27
Job satisfaction	-.10	0.07	.17	-.22	0.06	.00
Subjective health	-.04	0.06	.51	-.05	0.04	.26

Note: $n = 274$.

Abbreviation: SE, standard error.

(CI 0.043–0.054), $p(\leq .05) = .634$; SRMR = 0.061; CFI = .917; TLI = 0.904. Path estimates are reported in Table 4. Sickness presenteeism propensity was most strongly explained by our measure of SPL ($\beta = .52$, $p < .001$). None of the other independent variables exhibited statistically significant path estimates. Motivational presenteeism propensity was most strongly, and statistically significantly, explained by MAL ($\beta = -.33$, $p = .01$), team support ($\beta = .28$, $p = .01$), job satisfaction ($\beta = -.22$, $p < .001$), and financial insecurity ($\beta = .16$, $p = .02$). MPL did not provide additional prediction ($\beta = .01$, $p = .88$) nor did the other independent variables.

6.4 | Discussion of Study 2

Study 2 supported the three-factor structure and the expected role of WAB legitimacy within the nomological network. SPL was positively related to job insecurity and financial insecurity, in line with the notion that experiencing insecure situations may give rise to sickness presenteeism (Aronsson & Gustafsson, 2005). Both SPL and MAL had strong associations with their respective propensity, even when controlling for other known antecedents (Lohaus & Habermann, 2019). With respect to MAL and MPL, we found additional evidence that these constructs are not simply the respective legitimacy of two opposite and mutually exclusive behaviors, as both were positively related to job and financial insecurity and negatively related to team support and supervisor support. We also found that the relationships between MAL and other constructs tended to be stronger than the relationships of MPL. Yet these stronger relationships with MAL are not entirely surprising, as motivational absenteeism might be considered a more appropriate reaction to insecurity (Martin & Matiaske, 2017), and team and supervisor support may serve to reduce the need for taking a break from work through motivational absenteeism. However, for MPL, the same albeit weaker relationships occurred. Accordingly, individuals with higher levels of insecurity reported considering attending work with impaired motivation more legitimate.

7 | STUDY 3: TRANSLATION, EXTENDED NOMOLOGICAL NET, MEASUREMENT INVARIANCE, REDUCTION, AND CRITERION VALIDITY

7.1 | Background of Study 3

Building on the results of Study 2, Study 3 had three major aims. First, because a measure validated in one language cannot easily be transferred to another language (Harkness et al., 2004), we adopted a structured *translation* and validation process to increase our measure's usability, specifically in the English language. In addition, we conducted a comparison between English and German, gathering evidence on cross-lingual measurement invariance. Second, we sought to further investigate the *reliability and validity* of our measures. Therefore, we designed Study 3 to comprise two measurement occasions as well as additional variables from the nomological net, based on which we evaluated test–retest reliability, discriminant validity, longitudinal measurement invariance, and criterion-related validity. Third, to keep our measures economical, we used the results from the analyses noted above to propose a *reduced version* of the SPL measure.³

7.2 | Translation to English

7.2.1 | Translation procedure

We adopted the TRAPD protocol (Harkness et al., 2004) for translating items from German into English. In accordance with the steps prescribed by TRAPD, the original German-language items were translated (T) independently by two individuals: a professional translator and a graduate student with expertise in WAB. The second author

³We thank an anonymous reviewer for suggesting the additional goal of shortening the SPL measure.

and the translators then jointly reviewed (R) the two translations and prepared a proposed translation along with comments on remaining issues (e.g., balancing idiomatic translation with conceptual clarity). The first author adjudicated (A) these issues and composed a final version of the translation, which we tested in a pilot study (P). The documentation (D) of the translations is available in Table A2.

7.2.2 | Pilot study

We tested the translated items in a sample of $n = 189$ participants whom we recruited through Clickworker with the same constraints as in Studies 2–4, adding that individuals must not have participated in any of our previous studies and that they needed to be native speakers of English; 48.7% of the sample were male, with an average age of 36.70 years ($SD = 9.88$), and most were working full time (75.7%).

The pilot study included the 16 translated WAB legitimacy items from Study 2, as well as the measures for variables that had exhibited significant effects in Study 2, that is, team support, job satisfaction, subjective health, and financial insecurity. In addition, to examine discriminant validity, we included a measure of general attendance pressure norms (Thun et al., 2013) as well as three specific dimensions of attendance pressure (Saksvik, 1996).

To examine the structure of the translated scale, we used the same method as in Study 2. The three-factor CFA model exhibited adequate fit with $\chi^2(101) = 211.57$, $p < .001$; RMSEA = 0.081 (CI 0.066–0.097), $p(\leq .05) = .01$; SRMR = 0.077; CFI = .862; TLI = 0.836. The four-factor CFA model exhibited similar fit with $\chi^2(98) = 203.92$, $p < .001$; RMSEA = 0.081 (CI 0.065–0.096), $p(\leq .05) = .01$; SRMR = 0.071; CFI = .868; TLI = 0.838. As in Study 1B, a rescaled χ^2 -difference test revealed that the four-factor model failed to provide a significant improvement: $\Delta\chi^2(3) = 7.084$, $p = .069$. In addition, the correlation between the SPL and SAL factors ($\psi = .898$) in the four-factor model was suggestive of poor discriminant validity. Indeed, according to the guidelines proposed by Rönkkö and Cho (2022), these two factors exhibited a “severe problem” with discriminant validity. We therefore concluded that the three-factor model was appropriate and that reducing the number of items for the SPL factor remained a relevant goal.

7.3 | Methods of the main part of Study 3

7.3.1 | Participants and procedure

We recruited participants through Respondi,⁴ a professional online participant panel provider, from the working populations in the UK and Germany. To be able to test cross-lingual measurement

invariance, we aimed for 600 responses, equally divided between the UK and Germany. Further, relevant to investigating the stability of our focal constructs as well as criterion-related validity, we designed Study 3 to have two measurement occasions, with a time lag of 1 month. All measures were included on both measurement occasions. Overall, 610 responses were recorded on the first measurement occasion (T1), 306 from the UK and 304 from Germany; 47.5% of respondents were male, and most were working full time (75.0%), with a mean age of 46.58 years. Of the initial sample, $n = 491$ (76.5%) participated in T1 and T2.⁵ Of those, 51.2% were male, and most were working full time (73.4%), with a mean age of 47.28 years ($SD = 12.03$).

7.3.2 | Measures

We measured WAB legitimacy using the 16 items from Study 2 as well as the English translation from the pilot study. Factor reliability estimates for the UK (ω_{UK}) and German (ω_{DE}) samples from T1 data were good for SPL ($\omega_{UK} = .82$; $\omega_{DE} = .84$), MPL ($\omega_{UK} = .79$; $\omega_{DE} = .84$), and MAL ($\omega_{UK} = .79$; $\omega_{DE} = .91$). We measured *financial insecurity* ($\omega_{UK} = .86$; $\omega_{DE} = .83$), *team support* ($\omega_{UK} = .90$; $\omega_{DE} = .90$), as well as the single items for *general job satisfaction* and *subjective health*, with the same instruments as in Study 2, where these variables exhibited significant relationships with the dependent variables. Further, we included the measures described for the pilot study to measure *general attendance pressure norms* (Thun et al., 2013; $\omega_{UK} = .60$; $\omega_{DE} = .61$), as well as *importance pressure* ($\omega_{UK} = .59$; $\omega_{DE} = .66$), *censure pressure* ($\omega_{UK} = .71$; $\omega_{DE} = .73$), and *moral pressure* ($\omega_{UK} = .58$; $\omega_{DE} = .69$) based on the measure by Saksvik (1996). Finally, we also measured *in-role performance* ($\omega_{UK} = .78$; $\omega_{DE} = .88$) using the measure by Williams and Anderson (1991) for the UK sample and the German translation by Beisiegel (2019).

To further assess criterion-related validity, we again measured *sickness presenteeism propensity* and *motivational presenteeism propensity*. However, as we expected a rather low prevalence of WAB within the 1-month time frame of Study 3 based on results from Study 2 (see also Kinman, 2019), we decided to also include single items to measure intentions to exhibit the respective WAB. We measured *intention to exhibit sickness absenteeism* (“If I get sick in the next month, I intend not to work.”), *intention to exhibit sickness presenteeism* (“If I get sick in the next month, I intend to work.”), *intention to exhibit motivational absenteeism* (“If I lack the motivation to work in the next month, I intend not to work.”), and *intention to exhibit motivational presenteeism* (“If I lack the motivation to work, I still intend to work longer hours.”) on a 5-point Likert-type rating scale created for this study.

⁴Respondi maintains online participant panels that follow the population distribution of the country (e.g., the German Microcensus), primarily for market and social science research.

⁵We investigated the possibility of selective dropout by regressing a binary variable indicating dropout onto the measures from the T1 data. We found no significant predictors of dropout in either sample. In addition, we used maximum likelihood estimation in all our analyses, implying that all estimates we report are unbiased due to dropout under the assumption of missingness at random (Newman, 2003).

TABLE 5 Factor loadings and error variances from language-specific CFA models from Study 3

Indicator	Item text	Factor loadings							
		SPL		MPL		MAL		Error	
		UK	DE	UK	DE	UK	DE	UK	DE
SPL 1	I think that when you are unfit for work, you should still be allowed to go to work.	.667	.663					.555	.560
SPL 2 (r) ^a	If you are in fact unfit for work, you have to fully recover and not work, regardless of the tasks to be done.	.610	.746					.628	.444
SPL 3 ^a	I think it is alright to go to work sick.	.734	.730					.462	.467
SPL 4 ^a	I think it is appropriate to go to work sick when something important needs to be taken care of.	.709	.639					.497	.592
SPL 5 (r) ^a	If you are unfit for work, you should stay away from work no matter what is on the agenda.	.648	.651					.580	.577
SPL 6	Even if you are unfit for work, you should consider whether you can actually stay home that day.	.306	.465					.906	.784
SPL 7 (r)	It is perfectly alright to stay home when you are sick.	.556	.521					.691	.729
SPL 8 (r)	When you are ill, you should always fully recover first.	.598	.708					.643	.499
MPL 1	I think it is okay to work late, even though there is actually nothing to do.			.789	.793			.377	.372
MPL 3	Working late, even though you are not actually productive, is just part of work.			.662	.743			.561	.448
MPL 4	To make a good impression on others, it is alright to work late, even without being productive.			.742	.765			.449	.414
MPL 5	I think it is unproblematic to regularly stay at work longer even though you are actually not productive.			.624	.709			.611	.497
MAL 1	I think it is appropriate to occasionally call in sick for a day if you do not feel like working.					.765	.851	.415	.276
MAL 3	When you have got important plans on a certain day, you can call in sick for that day.					.625	.817	.609	.333
MAL 4	I think it is fair to take a day off and call in sick even if you are actually healthy.					.758	.811	.426	.342
MAL 5	As long as it happens only occasionally I find it unproblematic to skip work for a day.					.667	.893	.555	.202

Note: Standardized estimates. "(r)" indicates item reverse coded.

Abbreviations: CFA, confirmatory factor analysis; DE, estimates from the German sample; MAL, motivational absenteeism legitimacy; MPL, motivational presenteeism legitimacy; SPL, sickness presenteeism legitimacy; UK, estimates from the UK sample.

^aItem recommended for short version of the SPL scale.

7.3.3 | Analyses

To collate evidence relevant to the reliability and validity of the proposed measures, including the translation into the English language, and the reduction to a shorter SPL measure, we performed extensive data analyses in Mplus 8.5 (Muthén & Muthén, 1998–2017), using the MLR estimator. Specifically, we fit CFA models for each sample (UK and Germany) for T1 as well as for both measurement occasions combined, the latter including tests of longitudinal measurement invariance (e.g., Widaman et al., 2010). We further conducted tests of cross-lingual

measurement invariance (e.g., Davidov et al., 2018) based on T1 data, as well as tests of criterion-related validity based on predictor data from T1 and criterion data from T2.⁶ For the goal of shortening the SPL measure, we took a cumulative approach, gathering information across models to identify candidate items for omission.

7.4 | Results of Study 3

A CFA model comprising all multi-item measures fit to the T1 data from the UK sample exhibited mixed global fit across model fit indices

on cross-sectional data, we checked for CMV by adopting the CFA marker approach by Williams et al. (2010), using the marker by Miller and Simmering (2020). Results suggested that no bias due to CMV was detectable in either sample, as the respective Method-R model exhibited superior model fit compared to its respective comparison model (Williams et al., 2010).

⁶As suggested by an anonymous reviewer, we briefly address the potential issue of bias due to common method variance (CMV). Generally, we took procedural precautions by using different response scales across measures where available (Podsakoff et al., 2012). For our analyses pertaining to criterion-related validity, the temporal separation between predictors and criteria was expected to alleviate CMV (Podsakoff et al., 2012). For our analyses based

TABLE 6 Factor correlations and reliabilities from CFA model for the UK sample from Study 3

Variable	1	2	3	4	5	6	7	8	9	10
1 SPL	<i>.824</i>									
2 MPL	.385***	<i>.790</i>								
3 MAL	.126	.577***	<i>.793</i>							
4 Team support	.021	.038	-.173	<i>.902</i>						
5 Attendance pressure norms	.276**	.290**	.384***	-.386***	<i>.599</i>					
6 In-role performance	-.320***	-.324***	-.452***	.268***	-.157	<i>.775</i>				
7 Importance pressure	.066	.130	-.025	.179	.204	.220**	<i>.590</i>			
8 Censure pressure	.183*	.264***	.280***	-.218*	.593***	-.368***	.182*	<i>.709</i>		
9 Moral pressure	.153	-.008	-.341***	.319**	.071	.404***	.871***	.089	<i>.575</i>	
10 Financial insecurity	.115	.304***	.498***	-.163	.265**	-.243**	.025	.250**	-.091	<i>.857</i>

Note: Factor correlations below the diagonal; factor reliabilities in italics on the diagonal.

Abbreviations: CFA, confirmatory factor analysis; MAL, motivational absenteeism legitimacy; MPL, motivational presenteeism legitimacy; SPL, sickness presenteeism legitimacy.

* $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 7 Factor correlations and reliabilities from CFA model for the German sample from Study 3

Variable	1	2	3	4	5	6	7	8	9	10
1 SPL	<i>.840</i>									
2 MPL	.361***	<i>.838</i>								
3 MAL	.123	.587***	<i>.909</i>							
4 Team support	.001	.005	-.181**	<i>.902</i>						
5 Attendance pressure norms	.227**	.144	.175*	-.496***	<i>.612</i>					
6 In-role performance	-.259***	-.381***	-.420***	.489***	-.251***	<i>.880</i>				
7 Importance pressure	.311***	-.002	-.088	.249**	.127	.184*	<i>.659</i>			
8 Censure pressure	.180**	.299***	.231**	-.342***	.678***	-.415***	.121	<i>.752</i>		
9 Moral pressure	.283***	-.019	-.306***	.255**	.163	.314***	.891***	.184	<i>.690</i>	
10 Financial insecurity	.027	.165*	.275***	-.131	.250**	-.265**	.010	.290***	-.086	<i>.828</i>

Note: Factor correlations below the diagonal; factor reliabilities in italics on the diagonal.

Abbreviations: CFA, confirmatory factor analysis; MAL, motivational absenteeism legitimacy; MPL, motivational presenteeism legitimacy; SPL, sickness presenteeism legitimacy.

* $p < .05$. ** $p < .01$. *** $p < .001$.

with $\chi^2(944) = 1801.258$, $p < .001$; RMSEA = 0.054 (CI 0.051–0.058), $p(\leq .05) = .027$; SRMR = 0.082; CFI = .814; TLI = 0.796. Superior results emerged for the German sample with $\chi^2(944) = 1568.234$, $p < .001$; RMSEA = 0.047 (CI 0.043–0.051), $p(\leq .05) = .913$; SRMR = 0.074; CFI = .889; TLI = 0.879. In both samples, a closer inspection of local misfit, based on normalized residuals for covariances, suggested that misfit was primarily due to items from the attendance pressure norms, censure pressure, and moral pressure measures. However, local misfit also stemmed from the SPL 1 item, which exhibited potential cross-loadings on other factors, most notably MPL and MAL. We thus marked SPL 1 as a candidate for omission from the shortened SPL measure, as a first step in accumulating relevant information.

Factor loadings and error variances from language-specific CFA models are presented in Table 5. Factor correlations and reliabilities

are presented in Table 6 (UK) and Table 7 (Germany). Concerning discriminant validity, all absolute values of factor correlations for SPL, MPL, and MAL were below .6 in both samples, while the highest factor correlation occurred between the importance pressure and moral pressure factors in the UK ($\psi = .871$) and German samples ($\psi = .891$). Thus, our measures presented no issues of empirical overlap with any of the other measured constructs.

We then extended the language-specific models to longitudinal CFAs across both waves of data, with freely estimated error covariances over time among parallel items (Widaman et al., 2010). These configural invariance models⁷ received mixed support in terms of global model fit for the UK sample with $\chi^2(3858) = 6190.529$,

⁷For all models involved in tests of measurement invariance, we report corrected CFI and TLI, such that the null model is nested correctly in the focal model (Widaman & Thompson, 2003).

TABLE 8 Model fit information for longitudinal factor analyses, cross-lingual factor analyses, and respective invariance tests from Study 3

Model	χ^2	df	p	Scaling factor	RMSEA	RMSEA CI	RMSEA p(<.05)	SRMR	CFI	TLI	Model comp.	$\Delta\chi^2$	Δdf	p
Longitudinal														
UK sample														
1	Baseline	16475.51	4232	<.001	1.0566	0.097	0.096–0.099	0.187	.000	0.000				
2	Configural	6190.53	3858	<.001	1.0148	0.044	0.042–0.046	0.079	.809	0.791				
3	Metric	6200.33	3894	<.001	1.0179	0.044	0.042–0.046	0.080	.812	0.795	vs. 2	21.60	36	.972
4	Scalar	6242.26	3930	<.001	1.0176	0.044	0.042–0.046	0.080	.811	0.797	vs. 3	41.42	36	.246
German sample														
5	Baseline	17 953.07	4232	<.001	1.0503	0.101	0.099–0.102	0.222	.000	0.000				
6	Configural	6299.21	3858	<.001	1.0101	0.045	0.043–0.047	0.087	.822	0.805				
7	Metric	6330.60	3894	<.001	1.0135	0.044	0.042–0.046	0.088	.822	0.807	vs. 6	38.64	36	.351
8	Scalar	6364.20	3930	<.001	1.0133	0.044	0.042–0.046	0.088	.823	0.809	vs. 7	33.06	36	.609
Cross-lingual														
9	Baseline	12792.19	2116	<.001	1.1445	0.129	0.126–0.131	0.203	.000	0.000				
10	Configural	3372.62	1888	<.001	1.0856	0.051	0.048–0.054	0.078	.861	0.844				
11	Metric	3401.92	1924	<.001	1.0906	0.050	0.047–0.053	0.081	.862	0.848	vs. 2	36.08	36	.465
12	Scalar	3602.51	1960	<.001	1.0895	0.052	0.050–0.055	0.083	.846	0.834	vs. 3	208.40	36	<.001

Note: Model comparisons are based on Satorra–Bentler-scaled χ^2 -difference tests. CFI and TLI are based on the appropriate baseline model in Rows 1, 5, and 9, respectively.

$p < .001$; RMSEA = 0.044 (CI 0.042–0.046), $p(\leq .05) = 1.000$; SRMR = 0.079; CFI = .809; TLI = 0.791. Local misfit was primarily due to items from the attendance pressure norms, in-role performance, importance pressure, censure pressure, and moral pressure measures, but also some SPL items, particularly the SPL 1 and SPL 7 items. We obtained similar results for the German sample with $\chi^2(3858) = 6299.209$, $p < .001$; RMSEA = 0.045 (CI 0.043–0.047), $p(\leq .05) = 1.000$; SRMR = 0.087; CFI = .822; TLI = 0.805. Local misfit was primarily due to items from the in-role performance, censure pressure, and moral pressure measures, but also, to a lesser extent, to the items SPL 1 and SPL 8. We marked SPL 1, SPL 7, and SPL 8 as candidates for omission from the shortened measure.

Results for the longitudinal measurement invariance models as well as the associated tests are presented in the upper part of Table 8. Metric measurement invariance (i.e., equal factor loadings) held in the UK sample, with $\Delta\chi^2 = 21.601$, $\Delta df = 36$, $p = .972$, and in the German sample, with $\Delta\chi^2 = 38.636$, $\Delta df = 36$, $p = .351$. Scalar measurement invariance (i.e., equal item intercepts) also held in the UK sample, with $\Delta\chi^2 = 41.422$, $\Delta df = 36$, $p = .246$, and in the German sample, with $\Delta\chi^2 = 33.057$, $\Delta df = 36$, $p = .610$. Based on the respective sample-specific scalar invariance model, test-retest reliabilities of our measures were as follows: SPL ($\psi_{UK} = .759$; $\psi_{DE} = .817$), MPL ($\psi_{UK} = .754$; $\psi_{DE} = .720$), and MAL ($\psi_{UK} = .702$; $\psi_{DE} = .848$).

Next, we compared the UK and German samples directly based on T1 data (e.g., Davidov et al., 2014, 2018). The lower part of Table 8 presents model fit information for these comparisons. The first model, that is, the configural invariance model combining the two samples, yielded model fit congruent with the initial sample-specific CFA models, with $\chi^2(1888) = 3372.623$, $p < .001$; RMSEA = 0.051 (CI 0.048–0.054), p

($\leq .05$) = 0.320; SRMR = 0.078; CFI = .855; TLI = 0.841. As in the tests of longitudinal measurement invariance, cross-lingual metric invariance held, with $\Delta\chi^2 = 36.079$, $\Delta df = 36$, $p = .465$. While our analysis plan did not require item intercepts to be equal across languages, we proceeded to test scalar invariance for the sake of comprehensiveness. Full cross-lingual scalar invariance did not hold, with $\Delta\chi^2 = 208.404$, $\Delta df = 36$, $p < .001$, which is a very common phenomenon (e.g., Davidov et al., 2018; Dong & Dumas, 2020). We then pursued a partial invariance solution (Davidov et al., 2014) based on the two-step approach by Jung and Yoon (2017), focusing on the SPL, MPL, and MAL items. Accordingly, the intercepts of items SPL 4, SPL 5, SPL 6, MPL 1, and MAL 4 were non-invariant across languages.

For our goal of reducing the length of the SPL scale, we drew on the cumulative results of the analyses reported above for Study 3, as well as Studies 1B and 2. We considered local model misfit, target loadings, cross-loadings, and longitudinal measurement invariance, as these issues are at least potentially relevant for most studies using WABLS in future research. We considered cross-lingual invariance less strongly, as this issue is only relevant to future studies focusing on direct comparisons across languages, particularly those comparing variable means (requiring scalar invariance). Moreover, there is evidence that partial scalar invariance, which held in our study, is sufficient for comparing means (Davidov et al., 2014). In sum, for the short version, we decided to omit items SPL 1 (cross-loadings and longitudinal non-invariance), SPL 6 (low target loadings and cross-lingual non-invariance), SPL 7 (longitudinal non-invariance), and SPL 8 (longitudinal non-invariance). The resulting short version of our measure (see also Table 5) exhibited good factor reliabilities in both samples ($\omega_{UK} = .77$; $\omega_{DE} = .77$).

TABLE 9 Standardized path estimates for criterion-related validity based on the short SPL measure from Study 3

Independent variable	Dependent variable: Intention to engage in ...											
	Sickness presenteeism			Sickness absenteeism			Motivational presenteeism			Motivational absenteeism		
	Path	SE	<i>p</i>	Path	SE	<i>p</i>	Path	SE	<i>p</i>	Path	SE	<i>p</i>
Sickness presenteeism legitimacy	.470	0.086	<.001	-.446	0.083	<.001	.150	0.091	.098	.031	0.088	.721
Motivational presenteeism legitimacy	.112	0.094	.237	-.129	0.096	.179	.202	0.096	.036	-.099	0.096	.300
Motivational absenteeism legitimacy	-.162	0.149	.277	.201	0.144	.164	-.210	0.153	.170	.290	0.150	.052
Team support	-.033	0.070	.632	.082	0.079	.302	.111	0.073	.128	.103	0.079	.194
Attendance pressure norms	.197	0.114	.084	-.029	0.126	.815	.088	0.118	.457	.097	0.131	.459
In-role performance	-.073	0.098	.459	.059	0.096	.537	.023	0.100	.814	-.064	0.091	.477
Importance pressure	.486	0.301	.106	-.466	0.292	.110	.435	0.349	.213	.089	0.276	.748
Censure pressure	.021	0.109	.848	-.066	0.108	.545	.047	0.115	.680	.056	0.104	.586
Moral pressure	-.432	0.365	.237	.463	0.352	.188	-.394	0.415	.343	-.271	0.345	.431
Financial insecurity	-.043	0.058	.453	.149	0.062	.016	.159	0.059	.007	.107	0.065	.100
Job satisfaction	.064	0.071	.372	.005	0.071	.943	-.032	0.080	.685	.045	0.073	.539
Subjective health	-.012	0.042	.777	.011	0.052	.837	-.029	0.056	.607	.042	0.048	.375

Note: $n = 610$.

Abbreviation: SE, standard error; SPL, sickness presenteeism legitimacy.

Finally, our investigation of criterion-related validity revealed that, as commonly observed in presenteeism research, respondents reported low numbers of sickness presenteeism and motivational presenteeism, similar to Study 2. Around half of respondents (UK: 48%; Germany: 58%) reported not having experienced any health impairment, with somewhat lower percentages for motivational impairments (UK: 30%; Germany: 34%). Congruently, the median numbers of health impairments (UK: 1; Germany: 0), as well as motivational impairments (UK: 3; Germany: 2), were very low. Of the individuals experiencing health impairments, around half reported engaging in sickness presenteeism on less than 4 days (UK: 47%; Germany: 61%), and the vast majority reported not engaging in sickness absenteeism at all (UK: 78%; Germany: 70%). A similar pattern emerged among those experiencing motivational impairment, with respect to motivational presenteeism on less than 5 days (UK: 41%; Germany: 51%), and no motivational absenteeism (UK: 89%; Germany: 94%). This low prevalence suggested that explaining variance in those behaviors, that is, demonstrating criterion-related validity, would be challenging. Indeed, none of the 12 predictors we measured were significant predictors of sickness presenteeism propensity (all $ps > .14$) or motivational presenteeism propensity (all $ps > .22$).

Therefore, we turn to results for intentions to engage in WAB, which are presented in Table 9, based on the short version of our SPL measure.⁸ Accordingly, participants reporting higher levels of SPL in T1 tended to exhibit stronger intentions to engage in sickness presenteeism ($\beta = .470$, $p < .001$) and weaker intentions to engage in sickness absenteeism ($\beta = -.446$, $p < .001$) in T2. Moreover, participants reporting higher levels of MPL in T1 tended to exhibit stronger intentions to engage in motivational presenteeism ($\beta = .202$, $p = .036$) in T2, while those reporting higher levels of MAL in T1 did not exhibit significantly stronger intentions to engage in motivational absenteeism ($\beta = .290$, $p = .052$). Furthermore, MPL (MAL) in T1 did not significantly explain variance in the intention to engage in motivational absenteeism (presenteeism) in T2. Finally, among the other predictors, only financial insecurity significantly explained variance in any of the criteria, namely, the intentions to engage in sickness absenteeism ($\beta = .149$, $p = .016$) and motivational presenteeism ($\beta = .159$, $p = .007$), respectively.

7.5 | Discussion of Study 3

Our structured translation and validation process provided evidence that WABLS is usable both in English and German. We found acceptable internal consistency (factor reliability), test-retest reliability, longitudinal measurement invariance, discriminant validity, as well as criterion-related validity. For internal consistency and discriminant validity, our results were in line with the results of our previous studies. More generally, we found evidence that SPL, MPL, and MAL fit well into the nomological net of WAB. In addition, we provide

evidence that our measures exhibit incremental validity, predicting intentions to engage in the respective WAB above and beyond existing measures of attendance pressure norms, importance pressure, censure pressure, and moral pressure. Only intention to exhibit motivational absenteeism was not explained at the conventional significance level, neither by MAL nor any of the other relevant predictors from the nomological net. Thus, relative to existing measures of social influences on WAB, our measures performed reasonably well. Concerning cross-lingual comparability, while the requisite level of measurement invariance for our analyses (i.e., equal factor loadings) held, our two samples differed with respect to the intercepts of several items, such that UK respondents tended to check higher responses on the item scales. Such a result is not entirely surprising, as WABs are different across cultures (Reuter et al., 2019; Steidelmüller et al., 2020), and UK respondents have been reported to exhibit somewhat higher levels of extreme responding compared to German respondents (Smith & Fischer, 2015). Still, WABLS satisfies the requirement of partial scalar measurement invariance across the two samples (Davidov et al., 2014).

Finally, we propose a version of the SPL scale reduced to four items (see Table 5), based on accumulating evidence across our studies, offering a more economical measurement instrument. Indeed, we argue that, considering psychometric criteria as well as research economy, the shortened version is preferable to the full scale. Yet, for the sake of completeness, we report results for the full scale, so that researchers may adjust the scale according to their needs in future studies. For that, researchers should consider aspects such as cultural adaptation, response rates, or respondent fatigue (Heggestad et al., 2019) and select the number of items accordingly.

8 | GENERAL DISCUSSION

Overall, the findings of our studies support the notion that WAB legitimacy is a construct that can be measured reliably and validly using WABLS. The pilot study provided the conceptual basis and initial structure for the scale, including sickness absenteeism and sickness presenteeism as well as motivational absenteeism and motivational presenteeism. Results of Study 1A suggested a three-factor structure, which was supported by Study 1B, further providing evidence that the three-factor solution of SPL, MPL, and MAL was superior to other factorial solutions. Study 2 provided support for discriminant validity as well as preliminary evidence of criterion-related validity. Results suggested that the three factors were associated with the respective WAB as well as other possible antecedences (Miraglia & Johns, 2016). Finally, Study 3 supported the extended nomological net, measurement invariance, and criterion-related validity in English and German. We, therefore, offer several contributions to the literature.

Primarily, we provide researchers with an instrument to measure attendance legitimacies. As we designed WABLS to be economical (in addition to being reliable and valid), researchers but also practitioners may benefit from being able to assess the personal norms of WAB in organizations. Moreover, in line with previous research, we found that the legitimacy of health-related WAB had a strong

⁸A comparison model containing the full-length SPL measure yielded very similar results (see the supporting information).

relationship with the decision for sickness presenteeism, indicating that legitimacy is an important, thus far neglected aspect in presenteeism research (Miraglia & Johns, 2016). Further, the legitimacy of motivational absence was related to motivational absenteeism propensity, that is, the decision to exhibit absence over presence given a lack of motivation. Somewhat surprisingly, the legitimacy of motivational presenteeism did not provide an incremental explanation of attendance decisions. As we are among the first to investigate motivational presenteeism (but see Elsbach et al., 2010; Simpson, 1998), we provide a starting point for further research to better understand the relationship between motivational presenteeism and lack of motivation. Attendance legitimacy could also be incorporated into further frameworks, such as the health-performance framework of presenteeism (Karanika-Murray & Biron, 2020). For instance, knowing that working with a non-contagious illness might help the individual recover, this behavior might be regarded as more legitimate relative to other behaviors. Moreover, personal norms might influence whether a specific attendance behavior is perceived as therapeutic, (dys)functional, or overachieving.

In addition, we contribute to the theoretical development of workplace attendance legitimacy (Addae et al., 2013; Biron & Bamberger, 2012; Johns & Xie, 1998; Ruhle & Süß, 2020) by answering the call to open presenteeism research to include personal norms (Miraglia & Johns, 2016; Ruhle et al., 2020). Across four applied studies, we found support for a three-factor model of WAB legitimacy. This somewhat deviates from our initial four-factor conceptualization, based on recent calls to link research on presenteeism and absenteeism (Halbesleben et al., 2014; Ruhle et al., 2020). However, this finding may be explained by the nature of the attendance decision in the state of ill-health. Evidently, sickness absenteeism and sickness presenteeism are commonly observed behaviors, both in oneself but also in other individuals (Gerich, 2015b; Johns, 2008, 2010). Especially in contrast to motivational impairment, the state of ill-health might create a situation in which individuals perceive absence and presence as mutually exclusive behaviors (Gerich, 2015a). Consequently, given a specific level of ill-health, the individual is perceived as either working while ill or not working while ill, and therefore, either behavior can be ascribed with the same kind of legitimacy.

Yet, while individuals may ascribe legitimacy to either behavior separately, for example, a sick colleague working or a sick colleague not working, it appears that the underlying mechanism is unidimensional, that is, the legitimacy of sickness absenteeism is the reverse legitimacy of sickness presenteeism. While evidence on attendance decisions is scarce (Ruhle et al., 2020), research investigating explanations for sickness presenteeism (Johansen, 2018; Johansen et al., 2014; Marklund et al., 2015) and absenteeism (Caverley et al., 2007; Johansson & Lundberg, 2004; Kremer & Steenbeek, 2010) finds that explanations for sickness *absenteeism* often center around the health event *itself* (e.g., common cold and back pain). In contrast, research on sickness *presenteeism* focuses not on the health event, often defined merely as a perceived health impairment justifying not working, but on the reported reason *why* one exhibits presenteeism (e.g., to support colleagues and because one enjoys work). Yet we lack a fine-grained understanding of how

different reasons and health impairments might interact to influence the attendance decision. Frequently, research has identified reasons for sickness presenteeism, which can be considered reasons *against* sickness absenteeism (e.g., “Because I can’t afford taking sick leave,” Johansen, 2018, p. 4), supporting the notion that, in a given situation, sickness presence and sickness absence are mutually exclusive and rooted in the same impairment.

In contrast, causes of *motivational* absenteeism and presenteeism might be more diverse and rooted in different decision situations. Motivational *absenteeism* ranges from functional reasons (e.g., being absent for a day to return full motivated the next workday; Podsakoff et al., 2007) to dysfunctional reasons (e.g., being absent for a day to return still unmotivated the next workday, Addae et al., 2013), to spontaneous affect-driven decisions (Martocchio & Jimeno, 2003), and to absence caused by third parties (e.g., bullying; Magee et al., 2017). In addition, there are different causes for motivational *presenteeism*, such as expectations of colleagues (Simpson, 1998), or the goal of creating performance cues to boost positive evaluations (Elsbach et al., 2010). As such, the decision between motivational absence and motivational presence might be more complex than that for health-related impairments. In addition, it seems plausible that, within both motivational absence and motivational presence, further differences exist that might impact the subtypes of legitimacy. For instance, not attending work to avoid being bullied might be considered more legitimate than merely wanting an additional day off.

Further, the structural differences between the legitimacies of health-related versus motivational attendance behaviors might be explained by the *stability* of the impairment. While there is evidence that, depending on the context, working while ill may impact health negatively (Ferreira, 2018) or positively (Karanika-Murray & Biron, 2020), a health event triggering an attendance decision might be a relatively more stable situation and more strongly affected by the chosen attendance behavior. For instance, depending on the medical condition, recovery through sickness absence may take days to take effect. In contrast, while motivation consists of a stable proportion, results of within-person studies provide mounting evidence of volatility when observing motivation over time (Kanfer et al., 2017; Wang, 2018), even within one working day (Benedetti et al., 2015; Daniels et al., 2012). Consequently, attending work without motivation might lead to greater and more immediate changes in motivation, compared to changes in health due to working sick. Finally, in some situations, motivational presenteeism might take the form of “forcing” oneself to work to avoid violating the psychological contract (Bierla et al., 2013). In sum, our research offers new insights into the complexity of workplace attendance decisions and creates a foundation for a more systematic empirical investigation of those decisions.

9 | LIMITATIONS AND FUTURE RESEARCH DIRECTIONS

While our studies provide useful insights, we do note important limitations. One limitation, which has three implications for our results, is

that three of our four applied studies were conducted exclusively using samples of German-speaking. First, WABLS was initially constructed and validated in German. While in Study 3, we conducted a cross-lingual validation in the UK, it is beyond the scope of this paper to provide additional comparisons, for example, with other languages or cultures. Second, and in a related vein, national context can be an important contextual factor for presenteeism (Addae et al., 2013; Lu, Cooper, & Lin, 2013), both in terms of underlying norms and values, as well as rules and regulations for attending work, which might not only create mean differences but also differences in the factor structure of WAB legitimacy (Byrne & Campbell, 1999). Our measure might not be readily generalized to other cultural contexts and would need to be carefully adapted, especially when aiming for cross-cultural comparisons. Third, we recruited participants from a crowdsourcing platform and a commercial online panel. Although research has shown that such platforms can be considered suitable for scale development purposes (Behrend et al., 2011; Sprouse, 2011), for example, by providing relatively diverse samples (Aguinis & Lawal, 2012; Landers & Behrend, 2015), our results might not be generalizable to other specific samples. While we assessed response behavior with attention checks and instructed-response items (Breitsohl & Steidelmüller, 2018; Huang et al., 2012) and followed general recommendations for using online panels (Porter et al., 2019), future studies in different populations are needed. Finally, in our analyses pertaining to criterion validity in Study 3, we were unable to rule out the possibility that measuring the independent variables at the same time as the criterion variables might have biased responses for the latter.⁹

Notwithstanding these limitations, the present study provides interesting opportunities for future research. By providing a scale that measures WAB legitimacy, researchers can use the scale to address a variety of questions. First, the effects of this personal norm as a predictor of WAB, but also the interaction with social norms (Cialdini & Trost, 1998), would enhance our understanding of WAB. Research should attempt to replicate our findings, but also investigate social influences (Legros & Cislighi, 2020) and perceived behavioral control, drawing on useful frameworks for explaining and predicting behavior, such as the theory of planned behavior (Fishbein & Ajzen, 1975, 2011). WABLS provides a starting point for an integrative perspective on WAB, following the call to link research on absence and presence. Second, cross-culturally oriented research could investigate not only the relationships between national culture and personal norms (Lu, Cooper, & Lin, 2013) but also those between organizational culture and presenteeism (Ruhle & Süß, 2020). Both avenues are fruitful to better understand cross-cultural differences in WAB, such as presenteeism propensity (Reuter et al., 2019).

Third, another potential use for WABLS is the investigation of productivity loss associated with working while ill, specifically the consequences of WAB legitimacy for the resulting productivity, which should be considered separate from the act of exhibiting sickness presenteeism (Karaniika-Murray & Cooper, 2018). Between-person differences in WAB legitimacy might explain differences in individual productivity in

situations where, for example, sickness presenteeism is unavoidable. Fourth and finally, WABLS might be a fruitful instrument to better comprehend WAB in general. For example, using WABLS might help understand why different occupational groups have different salience of sickness presenteeism (Aronsson et al., 2000). Investigating and comparing the formation and effects of personal norms in different occupations might help manage attendance behavior, for example, by changing these attendance norms, to avoid negative effects.

Overall, this study aimed at stimulating research on WAB legitimacy, as this may be considered an important predictor of both absence and presence that has been neglected so far (Miraglia & Johns, 2016; Ruhle et al., 2020).

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CONFLICTS OF INTEREST

No conflicts of interest.

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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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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APPENDIX A

TABLE A1 Definitions of workplace attendance behaviors

	Workplace attendance behavior			
	Working (present)		Not working (absent)	
Impairment	Health-related	Motivational	Health-related	Motivational
Behavior	Sickness presenteeism	Motivational presenteeism	Sickness absenteeism	Motivational absenteeism
Definition	Working in the state of ill-health	Working despite lack of motivation to attend	Not working in the state of ill-health	Not working due to lack of motivation to attend
Example	Attending work with a common cold	Attending work despite important family affairs	Not attending work with a common cold	Not attending work because of important family affairs

Note: Categorization of the impairment of the behavior is influenced by the individual's perception and is not necessarily equal for the individual exhibiting the behavior and an observer. Planned behaviors, such as a normal workday or scheduled vacation, are excluded for the sake of clarity.

TABLE A2 Original German items, two translations, and final English item versions from Study 3

Item	German original	Translation 1	Translation 2	Final English version
SPL 1	Ich finde, wenn man arbeitsunfähig ist, darf man trotzdem zur Arbeit kommen.	I think that when you are unfit for work, you should still be allowed to go to work.	I think if you are unable to work, you are still allowed to come to work.	I think that when you are unfit for work, you should still be allowed to go to work.
SPL 2 (r)	Wenn man eigentlich arbeitsunfähig ist, muss man sich auskurieren und nicht arbeiten, egal welche Aufgaben anstehen	If you are in fact unfit for work, you have to stay home and fully recover, regardless of the tasks to be done.	If you are actually unable to work, you have to recover and not work, no matter what tasks have to be done.	If you are in fact unfit for work, you have to fully recover and not work, regardless of the tasks to be done.
SPL 3	Ich finde es in Ordnung, wenn man krank zur Arbeit geht.	I think it's ok to go to work sick.	I think it is alright to go to work despite being sick.	I think it is alright to go to work sick.
SPL 4	Auch mal krank zu arbeiten, wenn etwas Wichtiges ansteht, empfinde ich als angemessen.	I think it's appropriate to go to work sick when something important needs to be taken care of.	I think it is appropriate to work despite being sick if something important is coming up.	I think it is appropriate to go to work sick when something important needs to be taken care of.
SPL 5 (r)	Wenn man arbeitsunfähig ist, sollte man von der Arbeit fernbleiben, egal was ansteht.	If you are unfit for work, you should stay home, no matter what needs to be done.	If you are unable to work, you should stay away from work no matter what is on the agenda.	If you are unfit for work, you should stay away from work no matter what is on the agenda.
SPL 6	Auch wenn man arbeitsunfähig ist, sollte man überlegen, ob man an diesem Tag wirklich zu Hause bleiben kann.	Even if you are unfit for work, you should consider whether you can actually stay home that day.	Even if you are unable to work, you should consider whether you could really stay at home that day.	Even if you are unfit for work, you should consider whether you can actually stay home that day.
SPL 7 (r)	Es ist völlig in Ordnung zu Hause zu bleiben, wenn man krank ist.	It is perfectly ok to stay home when you are sick.	It is perfectly alright to stay at home if you are sick.	It is perfectly alright to stay home when you are sick.
SPL 8 (r)	Im Krankheitsfall sollte man sich immer erst auskurieren.	In case of illness, you should always fully recover first.	In case of illness, you should always recover first.	When you are ill, you should always fully recover first.
MPL 1	Ich finde es ok, wenn man länger auf der Arbeit bleibt, obwohl es eigentlich nichts zu tun gibt.	I think it's ok to stay at work late, even though there is not really anything to do.	I think it is okay to stay longer at work even though there is actually nothing to do.	I think it is okay to work late, even though there is actually nothing to do.
MPL 3	Länger im Büro zu sein, obwohl man eigentlich unproduktiv ist, gehört einfach zum Arbeiten dazu.	Staying at work longer, even though you are not actually productive, is just part of work.	Staying longer in the office, even though you are actually unproductive, is just part of working.	Working late, even though you are not actually productive, is just part of work.
MPL 4	Um einen guten Eindruck bei anderen zu erwecken, kann man ruhig länger auf der Arbeit bleiben, auch ohne etwas Produktives zu erledigen.	To make a good impression with others, you can stay at work longer even without actually being productive.	To make a good impression on others, it is alright to stay longer at work, even without doing anything productive.	To make a good impression on others, it is alright to work late, even without being productive.

(Continues)

TABLE A2 (Continued)

Item	German original	Translation 1	Translation 2	Final English version
MPL 5	Das man öfters mal länger auf der Arbeit bleibt, obwohl man eigentlich unproduktiv ist und nur die Zeit absitzt, finde ich unproblematisch.	I think it's unproblematic to regularly stay at work longer even though you are actually not productive.	I think it is unproblematic if you often stay longer at work, even though you are actually unproductive and just do the time.	I think it is unproblematic to regularly stay at work longer even though you are actually not productive.
MAL 1	Ich halte es für angemessen, sich selbst mal einen Tag krank zu melden, wenn man keine Lust auf arbeiten hat.	I consider it appropriate to occasionally call in sick for a day when you do not feel like going to work.	I think it is appropriate to call in sick for a day if you do not feel like working.	I think it is appropriate to occasionally call in sick for a day if you do not feel like working.
MAL 3	Wenn man mal einen Tag etwas Wichtiges vorhat, kann man sich auch krankmelden.	When you have got important plans on a certain day, you can call in sick for a day.	I think you can call in sick for a day if you have something important planned.	When you have got important plans on a certain day, you can call in sick for that day.
MAL 4	Ich empfinde es als fair, sich selbst einen Tag Pause zu gönnen und sich krankzumelden, auch wenn man eigentlich gesund ist.	I think it's only fair to take a break and call in sick for a day, even if you are not actually sick.	I think it is fair to take a day off and call in sick even if you are actually healthy.	I think it is fair to take a day off and call in sick even if you are actually healthy.
MAL 5	Solange es nur vereinzelt vorkommt, finde ich es unproblematisch, wenn man mal einen Tag "blau" macht.	As long as it happens only occasionally, I find it unproblematic to skip work for a day.	As long as it just happens occasionally, I think it is unproblematic if you skip work for a day.	As long as it happens only occasionally I find it unproblematic to skip work for a day.

Note: "(r)" indicates item reverse coded.

Abbreviations: MAL, motivational absenteeism legitimacy; MPL, motivational presenteeism legitimacy; SPL, sickness presenteeism legitimacy.