Research Square

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The Mediating Role of Psychological Resilience in the Relationship Between Organizational Support and Change Fatigue Among Obstetric and Gynecological Nurses

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Research Article

Keywords: Obstetric and Gynecological Nurses, Organizational Support, Change Fatigue, Psychological Resilience, Mediating Effect

Posted Date: March 26th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-8670688/v1

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Additional Declarations: No competing interests reported.

Abstract

Objective

To explore the relationships among organizational support, psychological resilience, and change fatigue in obstetric and gynecological nurses, and to examine the mediating role of psychological resilience based on the Conservation of Resources theory.

Methods

A cross-sectional survey was conducted between January and March 2025 using convenience sampling. A total of 477 OB-GYN nurses from five provinces (including Shaanxi and Guangdong) completed a set of validated questionnaires, including a general information questionnaire, the Perceived Organizational Support Scale (POS), the Change Fatigue Scale (CFS), and the Connor-Davidson Resilience Scale (CD-RISC).

Results

The mean scores for organizational support, psychological resilience, and change fatigue were 48.41 ± 11.13, 87.13 ± 15.00, and 26.84 ± 8.24, respectively. Psychological resilience was negatively correlated with change fatigue ($r = -0.316$, $p < 0.01$) and positively correlated with organizational support ($r = 0.575$, $p < 0.01$). Organizational support was also negatively correlated with change fatigue ($r = -0.379$, $p < 0.01$). Organizational support significantly predicted lower levels of change fatigue (total effect: $\beta = -0.387$, $p < 0.001$), with psychological resilience partially mediating this relationship (indirect effect: $\beta = -0.101$, $p < 0.001$), accounting for 26% of the total effect.

Conclusion

Psychological resilience partially mediates the relationship between organizational support and change fatigue among OB-GYN nurses. Nursing administrators should prioritize enhancing organizational support and strengthening nurses' psychological resilience to reduce change fatigue and improve adaptability during organizational transitions.

Introduction

With the ongoing transition of the nursing industry toward digitalization, intelligence, and refined management, nurses are increasingly challenged to adapt to organizational change[1–2]. Obstetric and gynecological (OB-GYN) nurses, given the distinctive nature of their work, are particularly vulnerable to the pressures of transformation. OB-GYN nursing is characterized by three "highs"[3]: high uncertainty, high emotional burden, and high specialization. The high level of uncertainty refers that nurses need to

be highly vigilant and capable of rapid decision-making, as maternal and neonatal safety can change in an instant. OB-GYN nurses are also responsible for managing patients' anxiety due to labor pain, psychological trauma following miscarriage or fetal anomalies, and feelings of shame stemming from gynecological conditions involving privacy concerns. This requires exceptional empathy and emotional regulation skills. In addition, reproductive health, maternal and infant care, and women's health promotion, requiring extensive expertise both in knowledge and practice, and a high level of professional competence. The characteristics render OB-GYN nurses especially prone to change fatigue—a multidimensional state of exhaustion triggered by the stress of continuous organizational change[4]. Change fatigue goes beyond traditional occupational burnout, arising from frequent modifications in workflows, policy shifts, and technological updates, and may significantly compromise the quality and safety of nursing care[5].

Organizational support refers to the degree to which employees perceive that their organization values their contributions and cares about their well-being[6]. The level of organizational support perceived by nursing staff reflects the extent to which they feel valued and understood by the hospital as individuals[7]. Furthermore, nurses strongly appealed for nursing administrators to provide sufficient preparation time to better adapt to transformations in clinical practice.According to the Conservation of Resources (COR) theory[8], sufficient organizational support can mitigate change fatigue by compensating for resource depletion; conversely, lack of support may trigger a "resource loss spiral", exacerbating fatigue.COR proposes that people endeavor to acquire, protect, and sustain resources they value[9]. Stress and psychological distress occur when such resources are threatened, lost, or fail to be replenished. Psychological resilience, defined as an individual's capacity to adapt and recover in the face of stress, can act as a regulatory resource mechanism.It contributes to a "resource gain spiral", enhancing the protective effects of organizational support[10]. Research by the Registered Nurses Association of Ontario (RNAO)[11] emphasizes that the core of change fatigue among nurses lies in the psychological exhaustion induced by continuous and rapid change, rather than merely behavioral manifestations. This perspective suggests shifting the focus on change fatigue from behavioral outcomes to psychological processes.

While much of the existing research has focused on traditional stressors such as occupational burnout and negative emotions, studies specifically targeting change fatigue among OB-GYN nurses remain scarce. Therefore, this study, grounded in the Conservation of Resources theory, aims to examine the relationships between organizational support, psychological resilience, and change fatigue among OB-GYN nurses, and to explore the mediating role of psychological resilience. The objective is to provide empirical evidence for optimizing nursing management strategies and clinical interventions, ultimately supporting nurses in better adapting to organizational transitions.

Methods

Study Participants

This cross-sectional study was conducted among OB-GYN nurses using a convenience sampling method in five provinces, including Shaanxi and Guangdong, between January and March 2025. The inclusion criteria were: (1) registered nurses engaged in obstetric and gynecological care; (2) at least one year of work experience; (3) informed consent and voluntary participation. Exclusion criteria were: (1) OB-GYN nurses on extended leave (e.g., sick leave, maternity leave) during the study period; (2) nurses who had experienced major life events (e.g., bereavement, divorce) within the past three months.

Sample size

According to Kendall's[12] rule of thumb for sample size estimation, the sample size should be 10–20 times the number of independent variables. Based on 16 predictors, the minimum required sample size was estimated between 160–320 cases. To account for invalid responses, an additional 20% was added, setting the final target between 192–384 participants. Given that structural equation modeling typically requires a sample size between 200–500, a final sample of 400 nurses was planned. This study was approved by the hospital ethics committee (approval number:2024-011), and all participants signed informed consent forms.

Instruments

General Information Questionnair

General Information Questionnaire was developed by our researcher team based on the study objective, including occupational variables (i.e. hospital level, department, years of service, professional title, and administrative position) and demographic variables (i.e. sex, age, marital status, parenthood status, and educational background).

The Chinese version of Perceived Organizational Support Scale (POS)

The Chinese version of Perceived Organizational Support Scale (POS) was revised by Zuo Hongmei et al. [13], measuring nurses' perceived support from their organization. POS includes two subscales: instrumental support (3 items) and emotional support (10 items), totaling 13 items. Responses were rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher perceived support. The Cronbach’s α coefficient in this study was 0.976.

Change Fatigue Scale

Change Fatigue Scale (CFS) was originally developed by Bernerth et al. [14](2011) based on organizational change and stress theories, the CFS consists of six items rated on a seven-point Likert scale. Higher scores reflect greater change fatigue. The original Cronbach’s α was 0.850. Brown et al[15].

later validated the scale in nursing populations (Cronbach's α = 0.940).Chinese scholar Xinyue Zhang et al. translated and adapted the original scale for use with nurses. The results demonstrated that the Chinese version of the CFS had a Cronbach's α coefficient of 0.918[16], indicating good internal consistency. In this study, the Cronbach's α for the Chinese version was 0.908.

Connor-Davidson Resilience Scale

Connor-Davidson Resilience Scale (CD-RISC), developed by Connor and Davidson[17], assesses resilience across three dimensions: tenacity, strength, and optimism. CD-RISC uses 25 items rated on a five-point Likert scale (0–4 points per item). The total score ranges from 0 to 100, with higher scores indicating greater resilience. The Cronbach's α in this study was 0.954.

Data Collection

After obtaining informed consent, the survey was distributed via the "Wenjuanxing", an online data collection platform in China, by head nurses in each department. Participation was anonymous and voluntary, with participants informed that they could withdraw at any time. A total of 531 responses were collected. After excluding 54 invalid responses, 477 valid questionnaires were retained, yielding a valid response rate of 89.83%.

Ethics requirements

This study follows the requirements of the Declaration of Helsinki and adheres to the Measures of the Ethical Review of Life Science and Medical Research Involving Humans. Ethical approval was obtained from the Ethics Committee of Northwest Women's and Children's Hospital. Each participant provided informed consent prior to participation, which was entirely voluntary, and the confidentiality and anonymity of all participants were strictly protected.

Statistical Analysis

SPSS version 27.0 was used for descriptive and inferential statistics. Continuous variables were summarized as means ± standard deviations, and categorical variables as frequencies and percentages. Pearson correlation analysis was performed to examine relationships among variables. Structural equation modeling (SEM) was conducted using AMOS version 26.0, and bootstrapping with 5000 resamples was employed to test the mediating effect[18]. Statistical significance was set at $p < 0.05$.

Results

Characteristics of Study Subjects

Among the 477 OB-GYN nurses surveyed, 3 were men (0.63%) and 474 were women (99.37%). Detailed demographic and professional characteristics are presented in Table 1.

Table 1
General Characteristics of OB-GYN Nurses (n = 477)

Variables	Category	n (%)
Sex	Man	3(0.63)
	Woman	474(99.37)
Hospital Level	Tertiary A	410(85.95)
	Tertiary B	15(3.14)
	Secondary A	49(10.27)
	Secondary B	3(0.63)
Department	Gynecology	132(27.67)
	Obstetrics	309(64.78)
	Comprehensive OB-GYN	36(7.55)
Age	< 25 years	15(3.14)
	25–34 years	247(51.78)
	35–44 years	179(37.53)
	≥ 45 years	36(7.55)
Marital Status	Single	91(19.08)
	Married	379(79.45)
	Divorced	6(1.26)
	Widowed	1(0.21)
Parenthood	Yes	349 (73.17)
	No	128 (26.83)
Highest Education	Associate degree	43 (9.01)
	Bachelor's degree	428 (89.73)
	Master's degree or higher	6 (1.26)
Years of work experience	1–5 years	71 (14.88)
	6–10 years	143 (29.98)
	11–15 years	152 (31.87)
	16–20 years	61 (12.79)
	> 20 years	50 (10.48)

Variables	Category	n (%)
Professional Title	Nurse	46 (9.64)
	Senior Nurse	204 (42.77)
	Supervisor Nurse	203 (42.56)
	Associate Chief Nurse	24 (5.03)
Clinical Appointment	Staff Nurse	441 (92.45)
	Head Nurse	36 (7.55)

Scores of Organizational Support, Psychological Resilience, and Change Fatigue

The mean scores were as follows: Organizational Support: 48.41 ± 11.13, Psychological Resilience: 87.13 ± 15.00, Change Fatigue: 26.84 ± 8.24, Detailed dimension scores are shown in Table 2.

Table 2
Scores of Organizational Support, Psychological Resilience, and Change Fatigue (n = 477, Mean ± SD)

Measurement	Total Score
Change Fatigue	26.84 ± 8.24
Psychological Resilience	87.13 ± 15.00
Strength Dimension	13.13 ± 2.87
Tenacity Dimension	44.87 ± 8.32
Optimism Dimension	29.13 ± 4.89
Organizational Support	48.41 ± 11.13
Instrumental Support	11.75 ± 2.66
Affective Support Support	36.66 ± 8.80

Correlations among Organizational Support, Psychological Resilience, and Change Fatigue

Psychological resilience was negatively correlated with change fatigue ($r = -0.316$, $p < 0.01$) and positively correlated with organizational support ($r = 0.575$, $p < 0.01$). Organizational support was negatively correlated with change fatigue ($r = -0.379$, $p < 0.01$). Details are shown in Table 3.

Table 3
Correlation Matrix among Key Variables (n = 477)

Variables	Psychological Resilience	Change Fatigue	Organizational Support
Psychological Resilience	1	-	-
Change Fatigue	-0.316**	1	-
Organizational Support	0.575**	-0.379**	1

Note: ** $p < 0.01$.

Mediating Effect of Psychological Resilience

Structural equation modeling (SEM) was conducted using organizational support as the independent variable, psychological resilience as the mediator, and change fatigue as the dependent variable. The model demonstrated good fit: *CMIN/DF* = 3.392, *RMSEA* = 0.071, *GFI* = 0.985, *AGFI* = 0.954, *NFI* = 0.987, *IFI* = 0.991, *CFI* = 0.991.Please see Table 4.All fit indices fell within acceptable ranges, indicating a good model fit to the data. Please see Fig. 1.The bootstrap method (5000 resamples) indicated that both the direct and indirect effects were significant. The indirect effect ($\beta = -0.101$, $p = 0.005$) accounted for 26% of the total effect, suggesting that psychological resilience partially mediated the relationship between organizational support and change fatigue. Please see Table 5.

Table 4
:Goodness-of-Fit Test for the Mediating Effect Model of Psychological Resilience between Organizational Support and Change Fatigue

Effect Type	*CMIN/DF*	*RMSEA*	*GFI*	*AGFI*	*NFI*	*IFI*	*CFI*
Benchmark Indicators	< 5.00	< 0.08	> 0.90	> 0.90	> 0.90	> 0.90	> 0.90
Current Set of Indicators	3.392	0.071	0.985	0.954	0.987	0.991	0.991

Note: *CMIN/DF* = Chi-square/Degrees of Freedom; *RMSEA* = Root Mean Square Error of Approximation; *GFI* = Goodness-of-Fit Index; *AGFI* = Adjusted Goodness-of-Fit Index; *NFI* = Normed Fit Index; *IFI* = Incremental Fit Index; *CFI* = Comparative Fit Index.

Table 5
Analysis of the Mediating Effect of Psychological Resilience between Organizational Support and Change Fatigue

Effect Type	Path	β	SE	95% CI	p-value	Proportion of Total Effect
Indirect Effect	Organizational Support →Psychological Resilience → Change Fatigue	-0.101	0.035	-0.169□-0.03	0.005	26%
Direct Effect	Organizational Support → Change Fatigue	-0.286	0.057	-0.385□-0.162	0.000	74%
Total Effect	Organizational Support → Change Fatigue	-0.387	0.044	-0.457□-0.282	0.000	

Discussion

The findings revealed that the mean score of perceived organizational support among OB-GYN nurses was 48.41 ± 11.13. Notably, instrumental support was rated higher than emotional support, indicating that nursing administrators tended to focus more on providing tangible resources such as equipment, training, and information, rather than emotional care—a result consistent with previous studies by Wei Peng[19] and Zuo Hongmei[20]. The mean score of psychological resilience was 87.13 ± 15.00, indicating a moderate-to-high level. However, the strength dimension scored significantly lower than the tenacity and optimism dimensions. The strength dimension reflects an individual's capacity to manage stress effectively, while the latter two dimensions reflect positive attitudes and recovery capabilities. This suggests that although OB-GYN nurses demonstrate a degree of adaptability under high-pressure conditions, their coping capacity remains insufficient.According to the Conservation of Resources (COR) theory, individuals exposed to prolonged, uncontrollable stressors often adopt "defensive" strategies to minimize further resource depletion. OB-GYN nurses, tasked with ensuring maternal and neonatal safety, providing emotional support, and resolving ethical dilemmas, may employ emotion-avoidant or self-processing strategies rather than actively developing new coping mechanisms. Furthermore, the change fatigue score was significantly higher than that reported in previous studies by Brown[15] et al., highlighting the substantial adaptive pressures faced by OB-GYN nurses amid frequent organizational changes. Given the high-intensity nature of their work and the increasing demand for maternal and infant health services under evolving national birth policies, OB-GYN nurses experience continuous occupational stress compounded by the challenges of organizational transformation[21–22].

The results showed that organizational support was negatively correlated with change fatigue, suggesting that higher levels of perceived support are associated with lower levels of change fatigue among OB-GYN nurses. When nursing administrators provide sufficient resources and psychological care, nurses' exhaustion related to organizational change can be alleviated[23]. This finding echoes McMillan[24] et al.'s structured interviews with nurses, where participants emphasized that successful

organizational change was unrealistic without adequate resources. Nurses also strongly advocated for sufficient preparation time prior to change implementation.

This suggests that nursing managers should not merely focus on the quantity of changes but also on their quality; otherwise, the workload and change fatigue among OB-GYN nurses could worsen. Psychological resilience was also negatively correlated with change fatigue. Individuals with higher resilience are more adept at mobilizing resources to cope with stress, thereby reducing the risk of fatigue. Consistent with previous research[25–26], psychological resilience functions as a protective factor, enabling nurses to better navigate difficulties, challenges, and adversity. Enhancing nurses' psychological resilience should thus be a strategic priority for nursing managers to improve nurses' adaptability during organizational transitions.

The mediation analysis revealed that psychological resilience partially mediated the relationship between organizational support and change fatigue ($\beta = -0.101$, $p < 0.001$). This indicates that organizational support not only directly reduces change fatigue but also indirectly alleviates it by enhancing nurses' resilience. This finding aligns with COR theory, which posits that abundant resources can initiate a "resource gain spiral," whereas resource scarcity can lead to a "resource loss spiral"[9]. When facing continuous organizational change, nurses’ resources are under constant threat. Organizational support plays a pivotal role by providing tangible resources such as training, decision-making participation opportunities, and emotional support, thereby offsetting resource depletion and mitigating fatigue. Conversely, in the absence of adequate organizational support, nurses may experience progressive resource loss, further intensifying their fatigue. Psychological resilience, acting as a regulatory mechanism, strengthens nurses’ perception and mobilization of available resources, amplifying the beneficial effects of organizational support and fostering a positive cycle of resource accumulation.

Based on these findings, four strategies are recommended for nursing administrators to reduce change fatigue among OB-GYN nurses. First, emotional support should be enhanced by organizing Balint group activities, establishing empathy-based peer support networks, and promoting the sharing of positive experiences related to organizational change, thereby strengthening emotional bonds among nurses[27–29]. Second, participatory decision-making should be facilitated by conducting departmental discussions before implementing major changes and establishing anonymous feedback channels to ensure that nurses' perspectives are heard and considered. Third, psychological adaptability should be strengthened through regular resilience training sessions, team-building activities, simulation-based interventions, and group counseling, all aimed at improving nurses' stress management skills and adaptive capacities[30–33]. Finally, a progressive approach to organizational change should be adopted, with careful monitoring of staff fatigue and timely supplementation of manpower, technical resources, and feedback mechanisms[34], ultimately creating a more supportive and sustainable work environment.

Conclusion

Grounded in the Conservation of Resources theory, this study investigated the levels of psychological resilience, organizational support, and change fatigue among OB-GYN nurses and explored the relationships among these variables. The results confirmed that psychological resilience partially mediates the relationship between organizational support and change fatigue.These findings underscore the importance for nursing administrators to strategically enhance organizational support and cultivate nurses' psychological resilience to facilitate smoother adaptation to organizational changes. Given that this was a cross-sectional study, the findings may have been influenced by regional, institutional, or departmental differences. Future research should consider larger, multi-site samples across diverse regions to validate and extend these results.

Declarations

Acknowledgments

We thank the officials of the sample hospital and all participants and staffs at the study sites for their cooperation.

Author Contributions

Weiran Wang: conceptualization,Methodology Design,and writing, Writing - Original Draft.

Xiuli XU: Supervision,Writing - Review & Editing.

Hongyu Yu:Writing - Review & Editing, Supervision, Language Proofreading.

Yaqing Xue：Formal Analysis；Validation；Format Proofing.

Jin Xiao:Supervision,Language Proofreading.

Fanfan Zheng：Conceptualization；Writing - Review & Editing

All authors have approved the submitted version.

Funding

This study was supported by Shaanxi Provincial Key Research and Development Program(2024SF-YBXM-234).The funder had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

Data Availability Statement

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

Ethics approval and consent to participate

The study was reviewed and approved by the Research Ethics Committee of Northwest Women's and Children's Hospital. In accordance with the ethical guidelines, protocols, and regulations set forth in the Declaration of Helsinki and the Measures for the Ethical Review of Life Science and Medical Research Involving Humans, informed consent was obtained from all participants prior to their involvement in the study.

Consent

The authors have nothing to report.

Conflicts of Interest

The authors declare no conflicts of interest.

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Figures

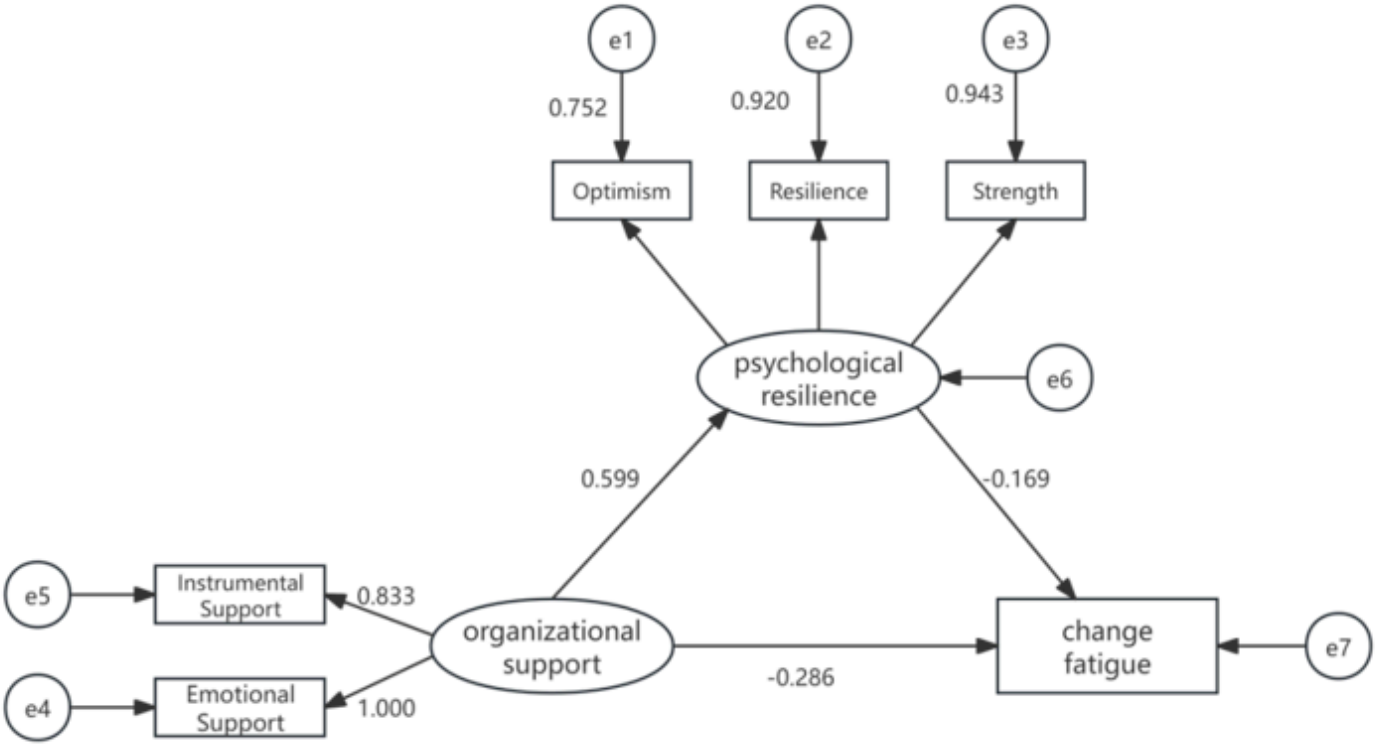


Figure 1

Mediating Effect Model of Psychological Resilience between Organizational Support and Change Fatigue