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Research Article

Design and Validation of a Values-Based Leadership Training Program for Nursing Managers: A Mixed-Methods Study Protocol

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ABSTRACT

Introduction: Values-based leadership (VBL) is a contemporary leadership approach that aligns leaders' behaviors with professional ethics and organizational missions. Although VBL has been associated with positive workforce and organizational outcomes in healthcare, limited evidence exists on the systematic development and validation of evidence-informed VBL training programs specifically tailored to nursing managers.

Objectives: This study aims to design and validate a VBL training program for nursing managers.

Methods: This study will employ an exploratory sequential mixed-methods design comprising five phases: (1) an integrative review and content analysis of the literature to identify the dimensions, components, and outcomes of VBL; (2) semi-structured interviews with approximately 10–15 nursing managers selected through purposive sampling, with data analyzed using Graneheim and Lundman's conventional qualitative content analysis; (3) development of a conceptual framework for the training program by integrating findings from the first two phases; (4) development of the preliminary training program using Kern's six-step model, followed by expert panel review; and (5) validation of the program using the Delphi technique in at least two rounds until achieving ≥75% consensus among experts. Qualitative and quantitative findings will be integrated to enhance the rigor and trustworthiness of the study.

Conclusions: This study is expected to contribute to the development and validation of a contextually relevant VBL training program for nursing managers. The program may provide a structured approach to strengthening VBL competencies, supporting nursing leadership education and development, and informing future nursing management practice and health policy initiatives.

Keywords: Mixed methods, Nurse administrators, Program development, Values-based leadership (VBL)

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1. Introduction

Global healthcare systems face escalating complexities, resource constraints (1, 2), and ethical challenges (3). In such environments, leadership is not merely a managerial function but a critical driver of care quality, patient safety (4), and organizational sustainability (3). Values-based leadership (VBL) is a contemporary leadership approach that emphasizes aligning leaders' behaviors and decisions with ethical principles, professional commitments, and organizational missions(3, 5). Key elements discussed in the VBL literature include clarification and communication of shared values, role modeling of value-consistent behaviors, value-informed decision-making, and fostering alignment between individual and organizational values. Through these mechanisms, VBL may promote value congruence, organizational trust, psychological safety, and employees' intrinsic motivation, contributing to favorable professional and organizational outcomes (6, 7). Although VBL shares common elements with related approaches, such as ethical, authentic, and transformational leadership, it is distinguished by its explicit emphasis on identifying, prioritizing, and enacting shared values as the foundation of leadership decisions and organizational practices.

In hospitals, nursing managers play a pivotal role at the intersection of organizational policies and frontline clinical practice. Leadership practices are associated with important outcomes, including job satisfaction (8), reduced burnout, improved safety culture (9), and enhanced care quality. A systematic review by Cummings et al. (2018), including 129 studies, demonstrated the association between relational leadership approaches and positive outcomes for the nursing workforce (10). Similarly, James et al. (2021) reported that VBL approaches may facilitate interprofessional collaboration, trust, staff well-being, and patient-centered care (3).

Nursing is a values-based profession in which ethical principles and professional commitments are central to nurses' identity and clinical practice (11). However, nursing managers frequently encounter complex situations requiring the reconciliation of competing priorities, including clinical demands, organizational expectations, professional responsibilities, and the need to maintain quality of care (12). Therefore, nursing managers need competencies that enable them to recognize, interpret, communicate, and enact shared professional values within complex healthcare environments.

Despite the theoretical and practical importance of VBL, translating leadership principles into consistent practice remains challenging. Evidence from nursing leadership research indicates that implementation is influenced by contextual factors, including resource availability and difficulties in translating knowledge into practice (13). Moreover, existing leadership development initiatives often lack systematic instructional design frameworks and robust empirical support, with many programs implemented without structured development and validation processes(14). Existing literature has primarily focused on conceptualizing this approach or examining its associations with organizational outcomes (3, 7). In contrast, limited evidence exists regarding the design, development, and validation of structured training programs aimed at cultivating VBL competencies among nursing managers(15). Furthermore, many established leadership theories draw heavily on Western conceptualizations, and their applicability may vary across healthcare systems because of differences in cultural values, professional norms, and organizational contexts (16, 17). Abay et al. (2023) emphasized the importance of considering contextual and cultural factors when applying leadership theories in practice(5). Therefore, developing a contextually relevant and systematically designed training program to enhance VBL competencies among nursing managers is an important scientific and professional need.

Developing a contextually relevant and evidence-informed VBL training program requires both a comprehensive understanding of its conceptual foundations and a structured approach for translating identified competencies into an educational intervention. Therefore, an exploratory sequential mixed-methods design was adopted because evidence synthesis alone may not fully capture the contextual complexities of VBL in nursing management practice. Similarly, qualitative inquiry alone may not provide a sufficient evidence base for developing a structured educational program. By integrating findings from the literature and nursing managers' experiences, this design enables the development of a contextually relevant conceptual framework to guide program development (18).

The development of an evidence-informed educational intervention requires an appropriate instructional design framework to translate the integrated conceptual framework into a structured training program. Therefore, Kern's six-step model was selected as the instructional design framework for developing the VBL training program in this study. This model was specifically developed for health professions education and provides a competency-based approach that incorporates needs assessment, curriculum development, instructional strategy selection, implementation planning, and program evaluation (19). Its emphasis on linking educational needs with

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competency development makes it particularly suitable for translating the identified VBL competencies into a structured and contextually relevant training program for nursing managers. By integrating evidence from the literature, context-sensitive qualitative findings, systematic instructional design, and expert consensus through a Delphi validation process, the study is designed to provide a systematic approach to the development and expert validation of a contextually relevant VBL training program for nursing managers.

2. Objectives

This study aims to develop and content-validate a contextually relevant and evidence-informed VBL training program for nursing managers using an exploratory sequential mixed-methods approach guided by Kern's six-step model.

3. Methods

3.1 Study Design

This study will employ an exploratory sequential mixed-methods design consisting of five sequential phases. This design integrates evidence synthesis, qualitative exploration, instructional design, and expert validation to develop a contextually relevant and evidence-informed VBL training program for nursing managers. Figure 1 shows an overview of the five study phases and the flow of findings across the mixed-methods design.

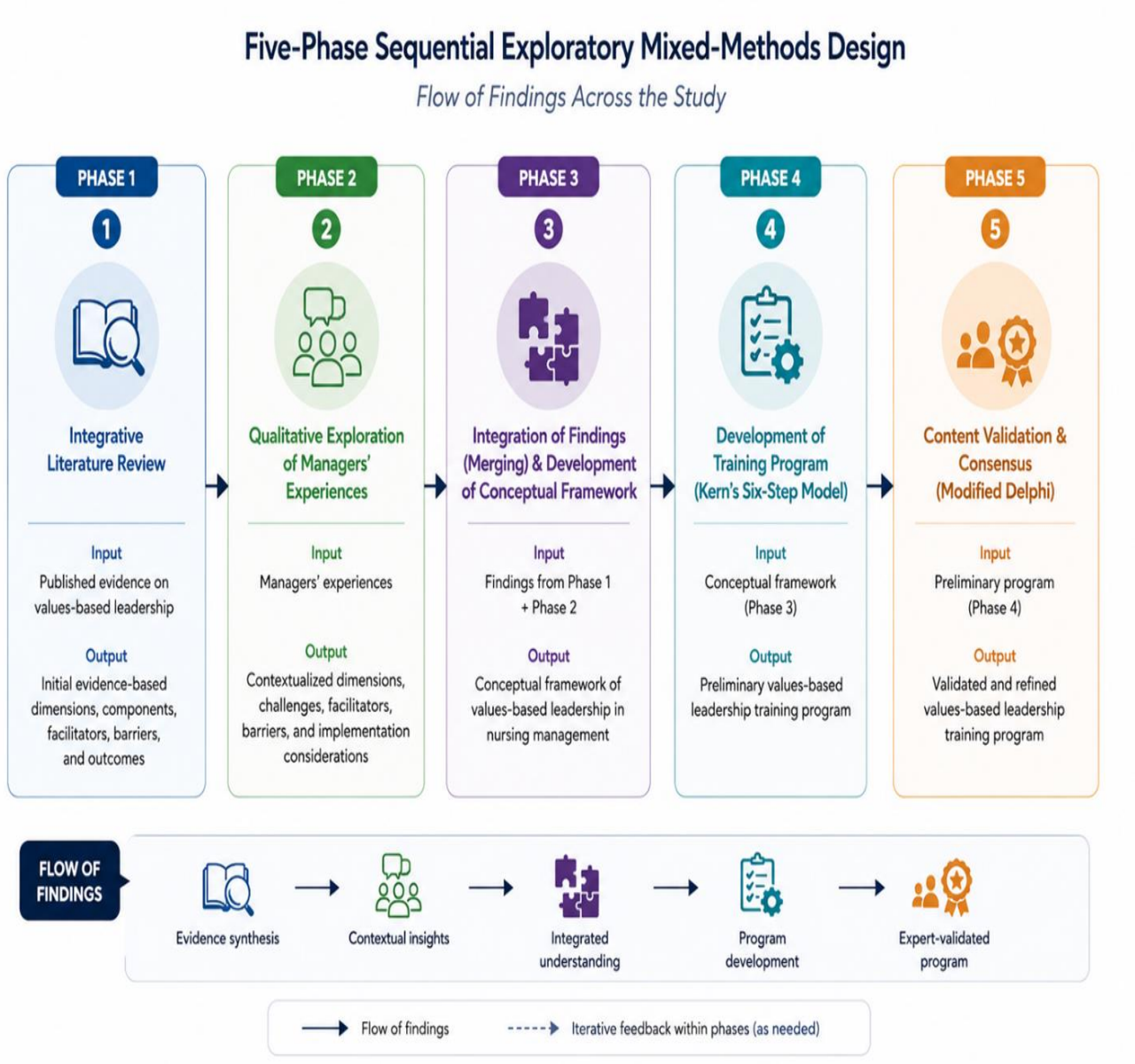


Figure 1: Overview of the Five Study Phases and the Flow of Findings in the Exploratory Sequential Mixed-Methods Design

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3.2 Study Procedures

Phase 1: Integrative Review

This phase will involve an integrative literature review to identify the dimensions, components, and conceptual foundations of VBL in nursing management. The review will follow the methodology proposed by Whittemore and Knafl, which allows for the synthesis of diverse types of evidence, including quantitative, qualitative, mixed-methods, and theoretical studies. The review process will comprise five stages: problem identification, literature search, data evaluation, data analysis, and presentation of findings (20).

Electronic searches will be conducted in PubMed, Scopus, Web of Science, CINAHL, ProQuest, Ovid, ScienceDirect, ERIC, and Wiley Online Library, alongside Persian databases including SID, Magiran, IranMedex, and Medlib. Google Scholar will also be utilized to supplement the search. The search strategy will employ controlled vocabulary (MeSH terms) and free-text keywords including "Value" ,"Leadership" ,"Values-based leadership" ,"Nursing Leadership" ,"Nurse Managers" and "Health Organizations" combined using Boolean operators AND and OR. No date restrictions will be applied. Search strategies for each database will be documented to ensure reproducibility.

Study selection will involve a two-stage screening—titles/abstracts followed by full-text review—conducted independently by two researchers, with discrepancies resolved through discussion and consensus. The inclusion criteria will encompass studies on VBL in healthcare organizations and nursing management; quantitative, qualitative, mixed-methods, and theoretical research articles in Persian or English; and availability of full texts. Non-research materials and conceptually unrelated articles will be excluded. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses 2020 flow diagram will be used solely to transparently report the study selection process, including identification, screening, eligibility assessment, and inclusion of studies.

Methodological quality of the included empirical studies will be appraised independently by two reviewers using the Mixed Methods Appraisal Tool (2018)(21), which is suitable for qualitative, quantitative, and mixed-methods studies. Theoretical papers will be evaluated based on their relevance, conceptual clarity, and contribution to the review objectives, consistent with the integrative review methodology proposed by Whittemore and Knafl. Quality appraisal will inform the interpretation and synthesis of the evidence but will not serve as the sole criterion for study exclusion.

Data analysis of the extracted findings will be conducted using Graneheim and Lundman's conventional qualitative content analysis approach. Texts will first be read multiple times for familiarization, followed by the identification and condensation of meaning units relevant to the research objectives, from which initial codes will be extracted. Similar codes will then be categorized into subcategories and main categories, ultimately forming core themes through progressive abstraction while ensuring internal homogeneity and external heterogeneity of categories. Rigor will be enhanced through peer review and comprehensive documentation of the analytical process (22).

The findings from this phase will provide an evidence-informed foundation for the subsequent qualitative phase by identifying relevant concepts, dimensions, and gaps related to VBL in nursing management.

Phase 2: Qualitative Exploration of Nursing Managers' Experiences Using Conventional Content Analysis

Although the integrative literature review will precede the qualitative phase, it will not be used as a predetermined framework for data interpretation. Instead, the review findings will inform the development of the interview guide, while the qualitative data will be inductively analyzed using conventional qualitative content analysis to allow concepts and categories to emerge from participants' experiences.

To design an evidence-based training program and considering the context-dependent nature of VBL, Phase 2 will employ a qualitative approach using conventional content analysis. Given that VBL is a complex and multidimensional phenomenon shaped by cultural and organizational contexts, qualitative methods enable an in-depth exploration of nursing managers' experiences, perceptions, and interpretations. This phase will complement the findings of the Phase 1 integrative review within an exploratory sequential mixed-methods design by enriching the initial conceptual framework and providing a contextually relevant foundation for program development.

The study setting will comprise hospitals affiliated with Birjand University of Medical Sciences. The research field encompasses authentic managerial environments where nursing managers are responsible for directing, decision-making, and leading nursing teams. This context was selected to capture genuine, experience-based data (23).

Purposive sampling with maximum variation will be employed to capture diverse perspectives based on gender, management level (matron, clinical supervisor,

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educational supervisor, and head nurse), managerial experience, and clinical department type. Inclusion criteria include ≥2 years of nursing management experience, ≥5 years of clinical practice, a minimum bachelor's degree in nursing, and voluntary informed consent. Based on previous qualitative studies and the anticipated richness of the data, saturation is expected to be reached with approximately 15 participants; however, the final sample size will be determined based on ongoing assessment of data saturation. Data saturation will be monitored by the research team throughout data collection and analysis. It will be considered achieved when at least three consecutive interviews yield no new codes, no relevant variations within existing categories, and no new insights into the phenomenon under study. The decision regarding saturation, including the number of interviews reviewed and the rationale for determining that saturation had been achieved, will be documented in an audit trail to enhance transparency (24).

Data collection in Phase 2 will be conducted through in-depth, semi-structured individual interviews. The findings will inform the interview guide of Phase 1 (integrative literature review) and will be designed flexibly to include broad, open-ended questions, allowing exploration of concepts identified in the literature while remaining responsive to new issues and perspectives introduced by participants. Within the exploratory sequential mixed-methods design, the Building Integration Strategy will be applied to connect findings from the two phases. Accordingly, evidence from the literature review will provide an initial orientation for inquiry, whereas qualitative findings will contribute new, context-specific insights to refine and expand the emerging conceptual framework. Opening questions will include, for example, "Please describe your experience of leadership in your work environment" and "How do you conceptualize VBL in your managerial practice?" Probing questions will be used to explore conceptual dimensions, contextual conditions, facilitating and inhibiting factors, and perceived outcomes. Each interview is expected to last approximately 30–60 minutes, with follow-up interviews conducted if necessary. All interviews will be audio-recorded with informed consent and verbatim transcribed. Field notes will capture interactional context, non-verbal cues, and preliminary analytical insights.

Data analysis will be conducted concurrently with data collection using Graneheim and Lundman's conventional content analysis approach. Interview transcripts will be read repeatedly to achieve immersion in the data. Meaning units reflecting participants' experiences of VBL will be identified, condensed, and labeled with initial codes. Codes will be compared based on their similarities and differences and progressively abstracted into subcategories, categories, and themes. Initial coding and preliminary categorization will be conducted by the principal investigator (MSM). The Initial codes will then be discussed with participants through member checking to assess whether the findings accurately reflect their experiences and perspectives. Subsequently, the emerging codes, subcategories, categories, and themes will undergo peer checking and expert review. During this process, the analytical structure will be examined against the original interview transcripts, and codes, subcategories, and categories will be revised where necessary based on participant feedback and critical review by the research team and expert panel. Alternative interpretations or discrepancies identified during these processes will be discussed and resolved through consensus, with reference to the original interview data when necessary. The final analytical structure and categorization will be confirmed following this iterative review and consensus process. Key analytical decisions and revisions will be documented in an audit trail to enhance transparency and ensure that the findings remain grounded in participants' accounts. Reflexivity will be maintained throughout the analysis by documenting researchers' assumptions, reflections, and analytical decisions to minimize the potential influence of prior knowledge from the literature review (25). Data management and organization will be facilitated using MAXQDA software (version 2020).

Trustworthiness and Rigor

To ensure methodological rigor, the principles of trustworthiness proposed by Guba and Lincoln, including credibility, dependability, confirmability, and transferability, will be systematically applied throughout the qualitative phase (25). Credibility will be ensured through prolonged engagement with the data, repeated reading of interview transcripts, and member checking. Preliminary findings and interpreted themes will be returned to selected participants to verify accuracy and resonance with their experiences. Dependability will be enhanced through the use of a clearly documented and stepwise analytical process based on Graneheim and Lundman's content analysis approach. All stages of data coding, category development, and theme generation will be systematically recorded to allow for an audit trail of analytical decisions. Confirmability will be ensured through peer debriefing sessions among the research team and an external audit of the analytic process. Reflexive notes will be maintained throughout data collection and analysis to document the researchers' assumptions, decisions, and potential biases, thereby

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ensuring that findings are grounded in participant data rather than researcher interpretation. Transferability will be supported through thick, rich descriptions of the study context, participants' characteristics, and the organizational setting of nursing management. This detailed contextualization will enable readers to assess the applicability of findings to similar healthcare settings. In addition to these criteria, data triangulation across interview data and literature review findings will further enhance the overall rigor of the study by strengthening the robustness of the emerging conceptual framework.

Phase 2 findings, combined with the Phase 1 integrative review results, will be synthesized in Phase 3 using an integrative approach to develop a comprehensive, contextually adapted VBL framework. This framework will serve as the foundation for training program design in Phase 4.

Phase 3: Integration of Findings and Development of the Conceptual Framework

This phase will integrate the findings from the integrative literature review (Phase 1) and the qualitative study (Phase 2) to develop a comprehensive conceptual framework for VBL in nursing management. Phase 1 will provide the preliminary evidence-based dimensions, components, and theoretical concepts of VBL identified from the literature, whereas Phase 2 will refine, expand, and contextualize these findings based on nursing managers' experiences. The findings from both phases will be mapped and synthesized to identify core dimensions, relationships among components, contextual conditions, and influencing factors that will constitute the conceptual framework.

Consistent with the exploratory sequential mixed-methods design, integration will follow the merging strategy described by Creswell and Plano Clark. The dimensions, components, categories, and themes identified in each phase will first be organized independently within a comparative matrix and then systematically compared to identify areas of convergence, complementarity, divergence, and inconsistency. Convergent findings will strengthen existing dimensions or components, while complementary findings will extend or elaborate them. Context-specific qualitative findings that provide additional conceptual or practical insights will be incorporated as new or refined components of the framework. Where inconsistencies are identified, the original data sources will be revisited to support contextually grounded interpretation. The results of these comparisons will guide decisions regarding which concepts to retain, refine, combine, or add to the emerging conceptual framework, with key integration decisions documented to maintain analytical transparency (18).

The integrated findings will be synthesized into a conceptual framework that illustrates the core dimensions and components of VBL, their interrelationships, contextual factors, facilitators, barriers, implementation requirements, and expected outcomes within nursing management. This framework will provide the conceptual foundation for developing the VBL training program in Phase 4.

Phase 4: Development of the Values-based Leadership Training Program Based on Kern's Six-Step Model

Building on the conceptual framework developed in Phase 3, an initial draft of the VBL training program for nursing managers will be developed using Kern's six-step curriculum development model by the research team. This model was selected because it provides a systematic, evidence-informed framework specifically designed for health professions education. Its emphasis on needs assessment, competency-based curriculum development, implementation, and evaluation, together with its widespread application in medical and nursing education, makes it particularly suitable for developing training programs for nursing managers(19, 26)

The conceptual framework developed in Phase 3 will serve as the foundation for the development of the VBL training program. The evidence synthesized from the integrative literature review (Phase 1) and further contextualized through the qualitative exploration of nursing managers' experiences (Phase 2) will identify the key dimensions, components, competencies, contextual factors, facilitators, barriers, and expected outcomes of VBL. These integrated findings will guide each step of Kern's model (19), ensuring that the training program is evidence-informed, contextually relevant, and responsive to the educational needs of nursing managers.

The training program will be developed following the six steps of Kern's curriculum development model. Step 1 (Problem Identification and General Needs Assessment) will use the integrated findings to identify gaps between existing and desired VBL competencies. Step 2 (Targeted Needs Assessment) will determine the specific learning needs and competency requirements of nursing managers. Step 3 (Goals and Objectives) will formulate measurable learning objectives based on the identified competencies and educational needs. Step 4 (Educational Strategies) will determine the educational content, instructional methods, and learning activities aligned with the program objectives and principles of adult learning. Step 5 (Implementation) will develop the program structure, including course organization, learning resources, instructional methods, facilitators, and implementation requirements. Step 6 (Evaluation)

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will develop an evaluation framework to assess learner satisfaction, achievement of educational objectives, implementation processes, and the potential applicability of the program. Although implementation and outcome evaluation are beyond the scope of the present study, a comprehensive evaluation framework will be proposed for future application.

The preliminary training program will be reviewed by an expert panel comprising approximately 8–10 experts, including nursing management faculty, nursing leadership specialists, professional ethics experts, and senior nursing managers. This group size was considered appropriate for the focus group discussions, as it allows the inclusion of diverse areas of expertise while remaining sufficiently small to facilitate in-depth discussion and active participation by all experts (27). The panel review will be conducted through focus group discussions held either face-to-face or online and facilitated by the primary researcher (MSM). During these sessions, experts will assess the alignment of the program objectives, content, educational strategies, and implementation components with the conceptual framework developed in Phase 3. Feedback and recommendations will be documented, analyzed, and incorporated into subsequent revisions of the training program before entering the formal validation process in Phase 5.

The final output of this phase will be a structured VBL training program for nursing managers, including educational objectives, curriculum content, instructional strategies, implementation guidance, and an evaluation framework. The program will subsequently undergo content validation through the Delphi technique in Phase 5.

Phase 5: Validation of Values-Based Leadership Training Program Using Delphi Technique

In Phase 5, the developed VBL training program in Phase 4 will be translated into measurable items reflecting their appropriateness and alignment with the intended VBL components. These items will be prepared as a Delphi questionnaire to facilitate systematic expert evaluation. The questionnaire will use a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Before initiating the Delphi rounds, the questionnaire will undergo a preliminary content validity assessment by the principal supervisor (GHM), advisors (FH, ZA, and SSH), and ten faculty members from the School of Nursing and Midwifery. The content validity ratio (CVR) and content validity index (CVI) will be calculated for each item. CVR will assess the necessity of each item, whereas CVI will assess its relevance, clarity, and comprehensiveness. These indices will be used concurrently to provide complementary information on different aspects of content validity. Items that do not meet the predefined validity criteria will be revised or removed before the Delphi rounds.

The modified Delphi technique will then be used to establish expert consensus on the VBL training program. The Delphi panel will be entirely distinct from the expert panel involved in Phase 4, with no overlap between the two groups. Whereas the Phase 4 panel will provide an initial multidisciplinary review and refinement of the program through structured discussion, the Phase 5 panel will conduct the formal consensus process. The Delphi panel will include experts in nursing management, nursing leadership, nursing ethics, healthcare management, and related fields. Participants will be selected purposively based on predefined eligibility criteria, including at least a master's degree in a relevant discipline, a minimum of five years of professional, managerial, teaching, or research experience in leadership development or healthcare ethics, and evidence of relevant expertise through academic publications, leadership positions, or professional contributions. Approximately 15–20 experts will participate in the Delphi process. As there is no universally accepted sample size for Delphi studies, this number will be determined based on the study objectives and the diversity of expertise required. A panel of 15–20 experts is considered appropriate for obtaining diverse expert perspectives while maintaining the feasibility of repeated Delphi rounds and panel management (28). Only experts who complete each round will be invited to participate in the subsequent round. Participants who withdraw or submit incomplete questionnaires will not continue to subsequent rounds (29).

The Delphi questionnaire will be distributed electronically or in person according to participants' preferences. Reminder messages will be sent at regular intervals to maximize the response rate. An initial response rate of at least 70% and a retention rate of at least 80% across subsequent Delphi rounds will be targeted.

Following each Delphi round, quantitative and qualitative data will be analyzed. Descriptive statistics, including the mean, median, standard deviation, frequency distribution, and interquartile range (IQR), will be calculated using SPSS version 26. Qualitative comments will be reviewed by the research team to identify suggested revisions to the training program. Similar items will be merged, unclear items will be revised, and additional items may be incorporated when supported by expert feedback and consistent with the study objectives.

For this study, consensus will be considered achieved when at least 75% of experts rate an item as "agree" or "strongly agree", and the item demonstrates acceptable

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agreement (IQR ≤ 1). These criteria were predefined based on commonly used approaches for assessing consensus in Delphi studies, including percentage agreement and IQR as indicators of agreement (30, 31). Items that do not achieve consensus will be retained for subsequent rounds and presented with anonymized group feedback, including summary statistics and synthesized comments. Experts will be invited to reconsider their ratings in light of the group feedback while maintaining their independent judgment.

In this study, stability, which refers to the within-subject agreement of each expert's responses between two consecutive Delphi rounds, will be evaluated using weighted Kappa statistics because the questionnaire uses a five-point ordinal Likert scale. In fact, weighted Kappa statistics will be calculated for each item to assess the consistency of individual responses across successive rounds. A weighted Kappa value of ≥0.61 will be considered indicative of substantial stability (32). The Delphi process will be terminated when the predefined consensus criteria are achieved, and the responses demonstrate adequate stability across consecutive rounds.

The final output of this phase will be an expert-validated VBL training program for nursing managers. The program will represent the final, expert-reviewed version developed through the preceding phases and refined through the Delphi process, providing an evidence-informed and contextually relevant approach to supporting the development of VBL competencies among nursing managers.

4. Discussion

Despite increasing recognition of VBL as an important approach for addressing ethical complexity and strengthening leadership practice in healthcare, previous studies have mainly focused on understanding leadership concepts, examining theoretical perspectives, or exploring associations between leadership approaches and organizational outcomes. For example, Cummings et al. (2018) demonstrated that relational leadership approaches are associated with positive outcomes for the nursing workforce, including staff well-being and work-related outcomes (10). Similarly, James et al. (2021) highlighted the potential role of VBL approaches in promoting trust, interprofessional collaboration, staff well-being, and patient-centered care (3). However, these studies have primarily examined the characteristics and potential outcomes of value-oriented leadership approaches rather than providing a systematic process for designing, developing, and validating educational interventions to cultivate VBL competencies among nursing managers. Therefore, this protocol builds upon previous conceptual and empirical evidence by addressing the methodological gap between understanding VBL principles and translating them into a structured, evidence-informed, and contextually relevant training program for nursing managers.

The methodological contribution of this study lies in the integration of complementary approaches across sequential phases. The integrative literature review is expected to provide theoretical and empirical foundations for VBL, while qualitative exploration of nursing managers' experiences may contribute to understanding context-specific dimensions, contextual conditions, facilitating factors, and challenges related to leadership practice. The integration of evidence from these phases is expected to support the development of a conceptual framework that incorporates both existing knowledge and real-world managerial experiences. Subsequently, Kern's six-step model will provide a systematic instructional design framework for translating the conceptual framework into a structured training program, and Delphi validation will facilitate expert assessment and refinement of the program components.

An exploratory sequential mixed-methods design was selected because the development of a contextually appropriate VBL training program requires the integration of evidence, contextual understanding, and expert judgment. Although literature reviews can identify theoretical foundations and existing knowledge, they may not fully capture the complexities of VBL within specific healthcare contexts. Similarly, qualitative inquiry can provide in-depth insights into managerial experiences but may not independently provide a complete basis for training program development. By integrating evidence synthesis, qualitative exploration, instructional design, and expert consensus, this study is expected to provide a rigorous pathway for developing a contextually appropriate VBL training program that considers contextual and cultural factors.

This protocol is expected to contribute to the growing evidence base on leadership development in nursing by offering a systematic approach for translating VBL concepts into an educational intervention. The resulting program is anticipated to provide a structured framework that may support the development of VBL competencies among nursing managers and could inform future leadership development initiatives in healthcare organizations. Furthermore, incorporating contextual factors from the Iranian healthcare system may contribute to the adaptation of leadership education approaches to specific professional and organizational environments.

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Several limitations should be considered. First, although maximum variation sampling will be used to capture diverse perspectives from nursing managers across different healthcare settings, the findings and resulting program may still be influenced by the specific organizational, professional, and cultural contexts of participants within the Iranian healthcare system, which may limit the transferability of the developed program to other countries and healthcare systems. Second, the development process relies on the perspectives and experiences of participants and experts; therefore, the resulting program may reflect the contextual knowledge, judgments, and interpretations of those involved. Third, although the Delphi process will provide expert assessment and content validation of the program, its effectiveness in improving leadership behaviors or organizational outcomes will not be established in the present study and will require evaluation through future implementation studies.

Despite these limitations, this protocol incorporates several methodological strengths, including evidence synthesis through an integrative review, in-depth qualitative exploration, systematic integration of evidence, instructional design based on Kern's model, and expert validation through a Delphi process. Together, these elements are expected to provide a comprehensive foundation for developing a contextually appropriate and evidence-informed VBL training program for nursing managers.

4.1 Conclusion

This study is expected to contribute to the development and expert validation of a contextually relevant VBL training program for nursing managers. By integrating evidence from the literature, nursing managers' experiences, the Kern six-step curriculum development model, and expert consensus, the study is expected to provide a structured and evidence-informed approach to translating VBL competencies into a practical leadership training program. The resulting program may support the development of VBL competencies among nursing managers and contribute to nursing leadership education and professional development. Furthermore, the study may provide a foundation for future research evaluating the implementation and effectiveness of the program and may inform future initiatives in nursing management practice and health policy.

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Statements

AI Use: Generative artificial intelligence (ChatGPT, OpenAI) was used to assist in generating and designing the graphical figure presented in this manuscript. The authors reviewed and approved the final figure and take full responsibility for its accuracy and content.

Authors' Contribution: Conceptualization, methodology, writing – original draft, and project administration were carried out by MSM; conceptualization, methodology, supervision, and writing – review and editing were performed by GHM; methodology, validation, and writing – review and editing were contributed by ZA, SSH, and FH; and all authors approved the final manuscript and agreed to be accountable for all aspects of the work.

Conflict of Interests: The authors declared no conflicts of interest.

***Data Reproducibility*:** Not applicable, as this is a study protocol and no study data have yet been generated.

Ethical Approval: This study will be conducted following ethical approval from the Ethics Committee of Birjand University of Medical Sciences (Code: IR.BUMS.REC.1404.247). All collected data will be anonymized and securely stored to maintain participants' confidentiality.

Funding/Support: This research did not receive any specific funding.

Informed Consent: All participants will provide written informed consent prior to participation in the study. They will be informed about the study objectives and procedures, the voluntary nature of their participation, and their right to withdraw at any stage without negative consequences.

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