International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Recruitment and Selection Practices in Private Hospitals: An Empirical Study

Ms. Temsenyala Amlari[1], Dr. Gautam Patikar[2]

[1]Research Scholar, Commerce, Nagaland University
[2]Professor, Commerce, Nagaland University

ABSTRACT

Recruitment and selection are critical human resource management functions in hospitals, as they determine the quality and stability of the healthcare workforce. This study examines recruitment and selection practices in private hospitals located in the Kohima and Mokokchung districts of Nagaland, with training considered as a supportive post-selection practice. The study is based on primary data collected from 300 employees working in eight private hospitals using a structured questionnaire. A descriptive research design was adopted, and data were analysed using percentages, frequencies, and mean scores. The findings reveal a strong reliance on informal recruitment sources such as personal networks and word of mouth, alongside a predominant use of interviews as the main selection method. While a majority of employees expressed general satisfaction with recruitment and selection procedures, perceptions regarding merit-based selection and fairness remained largely neutral. Training practices were found to be limited primarily to on-the-job training and constrained by factors such as time pressure and limited resources. The study highlights the influence of contextual factors on human resource practices in private hospitals and underscores the need for greater transparency and consistency in recruitment and selection processes. The findings contribute to the limited empirical literature on HRM practices in private hospitals in semi-urban and peripheral regions.

Keywords: Recruitment, Selection, Private Hospitals, Human Resource Management, Nagaland

INTRODUCTION

Human resource management (HRM) plays a critical role in shaping organisational effectiveness, particularly in service-intensive sectors such as healthcare, where employee competence and behaviour directly influence service quality and outcomes. Among the various HRM functions, recruitment and selection occupy a central position, as they determine the quality of human capital entering the organisation and lay the foundation for subsequent performance, commitment, and retention. In hospital settings, the importance of effective recruitment and selection practices is further magnified due to the high-stakes nature of healthcare delivery, where errors or inefficiencies can have serious implications for patient safety and organisational reputation.

Hospitals require a diverse workforce comprising doctors, nurses, technicians, and administrative staff, all of whom must possess not only technical competence but also interpersonal skills, ethical sensitivity, and the ability to function under pressure. Consequently, recruitment and selection in hospitals extend beyond merely filling vacancies; they involve identifying individuals who are capable of adapting to demanding work environments and aligning with the values and service orientation of healthcare institutions.

Ineffective recruitment sources, informal hiring practices, or weak selection mechanisms can lead to skill mismatches, employee dissatisfaction, high turnover, and compromised service delivery (Armstrong, 2014).

While recruitment focuses on attracting a pool of potential candidates, selection is concerned with choosing the most suitable individuals from that pool. In healthcare organisations, selection decisions are often complex, requiring careful assessment of educational qualifications, professional experience, behavioural attributes, and interpersonal competencies. However, in many private hospitals, particularly in non-metropolitan and semi-urban regions, selection processes may rely heavily on interviews, referrals, and informal networks due to time constraints, labour shortages, and limited access to specialised talent. Such practices raise important questions regarding fairness, merit-based selection, and the long-term sustainability of human resource strategies.

In the Indian healthcare context, private hospitals play a crucial role in supplementing public healthcare services, especially in regions where government infrastructure is limited. Despite their growing importance, HRM practices in private hospitals remain under-researched, with most existing studies focusing on large urban hospitals or public sector institutions. Even fewer studies examine recruitment and selection practices from the employees' perspective, particularly in smaller towns and peripheral regions. This gap is significant because HR practices are not only shaped by formal policies but also by how employees perceive and experience these practices in their daily work lives (Boxall & Purcell, 2022).

The situation is particularly pronounced in states such as Nagaland, where geographic isolation, limited availability of trained healthcare professionals, and competition from urban centres pose persistent challenges to hospital management. Private hospitals in districts like Kohima and Mokokchung often operate under resource constraints and face difficulties in attracting and retaining qualified personnel. As a result, recruitment and selection processes in these hospitals may evolve in ways that differ from standardised HRM models, relying more on personal references, expedited hiring, and flexible selection criteria. Understanding these practices is essential for assessing the effectiveness and fairness of HRM systems in such contexts.

Although recruitment and selection form the entry point into the organisation, their effectiveness cannot be viewed in isolation. Training and development serve as important post-selection mechanisms that help organisations bridge skill gaps, socialise employees, and enhance performance. In hospital settings, training is particularly important due to rapid technological advancements, evolving clinical protocols, and the need for continuous skill upgradation. While the primary focus of this study is on recruitment and selection practices, training-related provisions are considered in this paper as a supportive HR function that contextualises how hospitals attempt to compensate for limitations in hiring and selection processes.

Previous research suggests that when recruitment and selection systems are weak or informal, organisations often rely more heavily on training to prepare employees for their roles. However, training itself may be constrained by factors such as time pressure, staffing shortages, and limited financial resources, especially in private healthcare institutions. Examining recruitment and selection alongside training practices therefore provides a more holistic understanding of HRM systems, without conflating their distinct functions.

Against this background, the present study examines recruitment and selection practices in private hospitals located in the Kohima and Mokokchung districts of Nagaland, using data collected from hospital employees. By focusing on employees' experiences and perceptions, the study offers insights into the sources of recruitment, selection methods employed, perceived fairness of selection decisions, and the

extent to which these practices are supported by training initiatives. The study contributes to the limited empirical literature on HRM practices in private hospitals in peripheral regions and provides evidence that may be useful for hospital administrators and policymakers seeking to strengthen human resource systems in similar contexts.

OBJECTIVES OF THE STUDY

The objectives of the study are as under:

1. To examine the recruitment practices adopted by private hospitals in the Kohima and Mokokchung districts of Nagaland.
2. To analyse the selection procedures followed by these hospitals and employees' perceptions regarding their fairness and effectiveness.
3. To understand the role of training as a post-selection human resource practice supporting employee integration and perceived performance.

METHODOLOGY

The study adopted a descriptive research design to examine recruitment and selection practices in private hospitals, while considering training as a supportive post-selection human resource practice. A descriptive approach was considered appropriate as the study sought to document existing practices and capture employees' perceptions without attempting to establish causal relationships or test hypotheses.

The empirical investigation was carried out in eight private hospitals located in the Kohima and Mokokchung districts of Nagaland. These hospitals were selected due to their significant role in providing healthcare services in the region. Employees from different functional categories, including medical, paramedical, and administrative staff, constituted the population of the study. A total of 300 respondents were selected using a non-probability sampling method, based on accessibility and willingness to participate. The sample size was considered adequate for descriptive analysis and for representing employee perceptions across the selected hospitals.

Primary data were collected using a structured questionnaire designed to elicit information on recruitment sources, selection methods, perceived fairness and effectiveness of recruitment and selection procedures, and training provisions in the hospitals. The questionnaire consisted of multiple-choice questions and statements measured on a five-point Likert scale, ranging from strongly disagree to strongly agree. The instrument was administered directly to the respondents to ensure clarity and completeness of responses.

The collected data were analysed using descriptive statistical techniques, including frequencies, percentages, and mean scores. Numerical weights were assigned to Likert scale responses to compute mean values for assessing overall employee perceptions. For the purpose of this paper, the analysis focuses primarily on recruitment and selection-related variables, while training-related findings are used to provide contextual understanding of post-selection human resource practices in the hospitals.

RESULTS AND DISCUSSION

This section presents and discusses the findings related to recruitment and selection practices in private hospitals located in the Kohima and Mokokchung districts of Nagaland. Training-related findings are also discussed to provide contextual understanding of post-selection human resource practices. The discussion is based on responses obtained from 300 employees across eight private hospitals and relies primarily on descriptive analysis using percentages and mean scores.

Recruitment practices:

The findings indicate that private hospitals in Kohima and Mokokchung rely heavily on informal sources of recruitment. When respondents were asked how they became aware of the vacancy for their current position, the majority (54%) reported that they obtained information through friends or relatives, followed by word of mouth (24.33%). Formal sources such as newspapers accounted for only 13% of responses, while social media played a minimal role (8.67%).

This pattern suggests that recruitment in private hospitals is largely network-driven, reflecting both the limited reach of formal recruitment channels and the close-knit social structure prevalent in the region. While informal recruitment methods may help hospitals fill vacancies quickly, particularly in the face of staff shortages, they also raise concerns regarding equal access to employment opportunities and transparency in hiring. Heavy reliance on personal networks may limit the diversity of the applicant pool and reduce the likelihood of attracting highly qualified candidates from outside the immediate social circle.

Despite the dominance of informal recruitment sources, a substantial proportion of respondents (70%) reported that their hospitals followed a formal and systematic recruitment procedure, while 7.33% disagreed and 22.67% were uncertain. This mixed response indicates a possible gap between formal HR policies and actual recruitment practices. While hospitals may have defined recruitment procedures on paper, their implementation appears to be influenced by practical constraints such as urgency of staffing needs and availability of candidates.

The time taken for recruitment and selection also varied across hospitals. More than half of the respondents (53.67%) indicated that the process typically took one to two months, while 36.33% reported a duration of three to four months. A smaller proportion (10%) stated that the process extended to five to six months. Hospital-wise analysis revealed that five hospitals completed recruitment within one to two months, whereas others required longer durations. This variation reflects differences in hospital size, specialisation, and administrative capacity, as well as the availability of suitable candidates.

Overall, the findings suggest that recruitment practices in private hospitals in the study area are functional but largely informal, shaped by contextual realities rather than standardised HRM models. While such practices may ensure continuity of operations, they also point to the need for greater formalisation to enhance transparency and effectiveness.

Selection procedures and methods:

With regard to selection procedures, the study reveals a strong dependence on interviews as the primary selection tool. A large majority of respondents (87.33%) reported that they were selected solely through interviews, while only 12.67% indicated that both written tests and interviews were used. Hospital-level data further showed that six out of the eight hospitals relied exclusively on interviews, whereas only two hospitals employed a combination of written tests and interviews.

This heavy reliance on interviews suggests a simplified selection process, possibly driven by time constraints, cost considerations, and the immediate need to fill positions. While interviews allow for assessment of communication skills and interpersonal attributes, important qualities in healthcare settings, the absence of written or skill-based tests may limit the objective evaluation of technical competence, particularly for clinical and paramedical roles.

Employees' overall satisfaction with the recruitment and selection process was relatively high, with 85.33% expressing satisfaction and only 14.67% indicating dissatisfaction. This finding suggests that despite procedural limitations, employees generally perceive the selection process as acceptable. However,

satisfaction alone does not necessarily imply fairness or merit-based selection, which is explored further through Likert-scale responses.

When asked to rate the selection policy of their hospitals, 57% of respondents rated it as either good or very good, while 38.33% rated it as average. A small proportion (4.66%) rated it as poor or very poor. The predominance of average and good ratings indicates moderate confidence in existing selection systems, but also suggests scope for improvement.

Employees' perceptions of fairness in recruitment, selection and training:

Table 1 presents aggregated employee responses to eight statements relating to recruitment, selection, and training practices, measured on a five-point Likert scale. Mean scores were calculated to assess overall perceptions.

Question no.	Strongly agree		Agree		Neutral		Disagree		Strongly disagree		Mean score
	N	%	N	%	N	%	N	%	N	%	
1	66	22.00	198	66.00	27	9.00	9	3.00	0	0	4.08
2	13	4.33	79	26.33	136	45.33	65	21.67	7	2.33	3.09
3	16	5.33	89	29.67	114	38.00	71	23.67	10	3.33	3.10
4	31	10.33	79	26.33	79	26.33	93	31.00	18	6.00	3.04
5	3	1.00	160	53.33	93	31.00	43	14.33	1	0.33	3.40
6	12	4.00	163	54.33	75	25.00	45	15.00	5	1.67	3.44
7	20	6.67	135	45.00	95	31.67	45	15.00	5	1.67	3.40
8	24	8.00	106	35.33	90	30.00	75	25.00	5	1.67	3.23

Source: Field survey

For the purpose of analysis of this table, the data collected were analysed by assigning score to each degree of responses. Weights were assigned to the following set of options, where strongly agree was numbered as 5, agree as 4, neutral as 3, disagree as 2 and strongly disagree as 1. Range was obtained from these numbers. Range is calculated as under:

Range= highest number – smallest number, i.e. range= 5-1=4

Interval= range/highest number, i.e. 4/5= 0.8 or 0.80

1. Strongly disagree= 1.00-1.80
2. Disagree= 1.81-2.60
3. Neutral=2.61-3.40
4. Agree=3.41-4.20
5. Strongly agree=4.21-5.00

The first statement, concerning the availability of adequate and relevant information about the hospital and job during recruitment, recorded a mean score of 4.08, indicating general agreement among respondents. This suggests that hospitals make reasonable efforts to communicate job-related information during recruitment, which is a positive aspect of the hiring process.

In contrast, perceptions regarding merit-based selection were less definitive. The statement "Selection of a candidate in our hospital is strictly based on merit" recorded a mean score of 3.09, reflecting a largely neutral response. A significant proportion of respondents neither agreed nor disagreed, indicating

uncertainty or mixed experiences. This neutrality may stem from the widespread use of interviews and personal references, which can make selection criteria appear subjective.

Similarly, the statement relating to preference for candidates with strong references yielded a mean score of 3.10, again indicating neutrality. This suggests that while references may play a role in selection, employees are either reluctant to acknowledge it explicitly or perceive its influence as inconsistent.

Concerns regarding favouritism were also evident. The statement "Favouritism is not done during recruitment and selection process" recorded a mean score of 3.04, with a sizeable proportion of respondents expressing disagreement. This finding points to underlying doubts about fairness and transparency, reinforcing the need for clearer and more standardised selection procedures.

The mean score for the statement concerning the assessment of training needs based on performance appraisal (3.40) indicates a largely neutral perception among employees. This suggests that although performance appraisal systems exist, their role in systematically identifying training requirements may not be clearly communicated or consistently applied across hospitals.

Employees' perceptions regarding performance feedback were relatively more positive, as reflected in a mean score of 3.44. This indicates general agreement that feedback on job performance is provided, highlighting an area of relative strength within the existing human resource practices. Effective feedback mechanisms are particularly important in healthcare organisations, where continuous performance improvement is essential for maintaining service quality.

Perceptions of career growth opportunities yielded a mean score of 3.40, reflecting uncertainty among respondents. This neutrality may be attributed to limited promotional avenues and constrained organisational structures typical of private hospitals operating in semi-urban regions. Ambiguity regarding growth prospects can have implications for employee motivation and long-term retention if not addressed adequately.

Employee involvement in decision-making recorded a mean score of 3.23, indicating a predominantly neutral response. This suggests limited participatory practices within the hospitals. While centralised decision-making is often necessary in healthcare settings, greater involvement of employees at operational levels may enhance engagement and organisational commitment.

Overall, these findings indicate that although certain human resource practices such as information sharing and performance feedback are viewed positively, several aspects related to training integration, career advancement, and participative management remain unclear or inconsistently implemented. The prevalence of neutral responses points to a need for clearer communication and more structured implementation of recruitment, selection, and post-selection human resource practices.

Training as a post-selection HR practice:

Although training was not the primary focus of the study, its inclusion provides important insights into how hospitals attempt to support employees after recruitment and selection. All respondents reported the presence of induction and orientation programmes, and confirmed the existence of a training cell in their hospital. This indicates institutional recognition of training as an essential HR function.

However, training practices were found to be largely limited in scope. All respondents reported receiving on-the-job training, suggesting a lack of formalised or structured training programmes. While on-the-job training allows employees to learn through experience, its effectiveness depends heavily on supervision and mentoring, which may vary across hospitals.

Respondents' views on training frequency varied, with 32.33% favouring annual training and 27% suggesting half-yearly programmes. Barriers to effective training included time constraints (47%) and no-

n-availability of skilled trainers (38.67%), highlighting structural limitations faced by private hospitals.
Issues related to overtime work and compensation further contextualise training challenges. Although 86% of respondents were allowed to work overtime, 91.33% reported that they did not receive extra remuneration. Such conditions may reduce employee motivation to participate actively in training programmes conducted outside regular working hours.
Taken together, the findings suggest that recruitment and selection practices in private hospitals of Kohima and Mokokchung are shaped by contextual constraints, including labour shortages, limited resources, and regional characteristics. Informal recruitment channels and interview-based selection processes dominate, leading to moderate employee satisfaction but ambiguous perceptions of merit and fairness. Training is widely acknowledged but constrained in implementation, functioning more as an adaptive mechanism rather than a strategic HR intervention.
The study highlights the need for private hospitals to strengthen recruitment and selection systems through greater formalisation, while simultaneously improving training structures to support employee development and organisational effectiveness.

CONCLUSION

The present study examined recruitment and selection practices in private hospitals located in the Kohima and Mokokchung districts of Nagaland, with training considered as a supportive post-selection human resource practice. Based on responses from 300 employees across eight hospitals, the findings provide a contextualised understanding of how human resource processes are designed and experienced in private healthcare institutions operating in semi-urban and resource-constrained settings.
The study reveals that recruitment in private hospitals is predominantly driven by informal sources such as personal networks, word of mouth, and references from friends and relatives. While these methods enable hospitals to address immediate staffing needs, particularly in the face of shortages of skilled healthcare personnel, they also limit the reach of recruitment efforts and raise concerns regarding transparency and equal access to employment opportunities. The coexistence of informal recruitment practices with claims of formal recruitment procedures suggests a gap between policy intent and practical implementation.
Selection practices were found to rely heavily on interviews, with limited use of written or skill-based assessments. Although a majority of employees expressed overall satisfaction with the recruitment and selection process, perceptions of merit-based selection and fairness remained largely neutral. The presence of uncertainty regarding favouritism and the influence of references indicates that existing selection mechanisms may not be sufficiently structured or transparent to inspire strong confidence among employees. This finding underscores the importance of clearly defined selection criteria and standardised evaluation procedures, particularly in healthcare settings where employee competence has direct implications for service quality and patient care.
Training emerged as an important, though constrained, post-selection practice in the studied hospitals. The universal presence of induction and orientation programmes reflects institutional recognition of the need to support newly recruited employees. However, training was largely limited to on-the-job learning, with significant barriers related to time constraints, availability of skilled trainers, and limited incentives for participation. Issues such as overtime work without adequate compensation further contextualise the challenges faced by private hospitals in implementing comprehensive training programmes. These onstraints suggest that training is often used as a compensatory mechanism rather than as a strategic tool

for long-term employee development.

Overall, the findings highlight that recruitment and selection practices in private hospitals in Kohima and Mokokchung are shaped more by contextual realities than by standardised human resource management frameworks. Strengthening these practices does not necessarily require complex systems but rather greater consistency, transparency, and alignment between recruitment, selection, and training processes. Incremental improvements such as widening recruitment channels, supplementing interviews with basic skill assessments, and integrating training more systematically into work schedules can contribute to enhancing employee confidence, organisational effectiveness, and the quality of healthcare services.

The study contributes to the limited empirical literature on human resource management practices in private hospitals in peripheral regions and offers insights relevant to hospital administrators and policymakers seeking to improve workforce management in similar contexts. By foregrounding employees' perceptions, the study emphasises that effective recruitment and selection are not only procedural necessities but also critical determinants of workforce stability and organisational sustainability in the healthcare sector.

References

1. Ahmad, S., & Schroeder, R. G. (2002). The importance of recruitment and selection process for sustainability of total quality management. *International Journal of Quality & Reliability Management*, *19*(5), 540-550.
2. Armstrong, M. (2014). *Armstrong's handbook of human resource management practice*–13th Edition.
3. Aungsuroch, Y., Gunawan, J., & Fisher, M. L. (2021). Recruitment and selection. In *Redesigning the nursing and human Resource Partnership: a model for the New Normal Era* (pp. 31-48). Singapore: Springer Singapore.
4. Boxall, P., & Purcell, J. (2022). *Strategy and human resource management*. Bloomsbury Publishing.
5. Elarabi, H. M., & Johari, F. (2014). The impact of human resources management on healthcare quality. *Asian journal of management sciences & education*, *3*(1), 13-22.
6. Kamran, A., Dawood, J., & Hilal, S. B. (2015, May). Analysis of the recruitment and selection process. In *Proceedings of the ninth international conference on management science and engineering management* (pp. 1357-1375). Berlin, Heidelberg: Springer Berlin Heidelberg.
7. Kanagavalli, G., Seethalakshmi, R., & Sowdamini, T. (2019). A systematic review of literature on recruitment and selection process. *Humanities & Social Sciences Reviews*, *7*(2), 01-09.
8. Lamba, S., & Choudhary, N. (2013). Impact of HRM practices on organisational commitment of employees. *International Journal of Advancements in Research & Technology*, *2*(4), 407-423.
9. Makhamara, F. H., Waiganjo, E. W., & Kwasira, J. (2016). Influence of strategic recruitment and selection on employee performance in the health sector in Kenya. *Strategic Journal of Business & Change Management*, *3*(21), 347.
10. Manimaran, A., & Kumar, S. A. (2016). Human resource management in the healthcare industry-A literature review. *Am. J. Inf. Manag*, *1*(2), 124-128.
11. Mwangi, D. (2013). *A survey of competency-based recruitment and selection practices adopted by registered hospitals in Nairobi* (Doctoral dissertation, University of Nairobi).
12. Purohit, B., & Martineau, T. (2016). Issues and challenges in recruitment for government doctors in Gujarat, India. *Human Resources for Health*, *14*(1), 43.

13. Radha, K., & Sudarsanan, P. P. (2008). *A study on human resource management practices in private hospitals in Kerala* (Doctoral dissertation, Cochin University of Science And Technology).
14. Saxena, N., & Rai, H. (2015). The correlation effects between recruitment, selection, training, development and employee stress, satisfaction and commitment: Findings from a survey of 30 hospitals in India. *International Journal of Healthcare Technology and Management*, *15*(2), 142-161.
15. Tripathi, R., & Srivastava, A. (2017). Recruitment and selection process in healthcare industry in India. *Amity Journal of Healthcare Management*, *2*(1), 36-49.