

Recruitment and Selection Practices in Private Hospitals: An Empirical Study of Vijayanagara District, Karnataka

Dr. Badeladaku Sathish Kumar¹, Prof. B Vishnu Priyanka², Prof. Pearl Sahana Mitra³

¹Assistant Professor, Department of Commerce and Management, Kishkinda University, Mount View Campus, Off 28km, Ballari-Siruguppa Road, Near Sindhigeri, Ballari, Karnataka, India.

²Assistant Professor & Research Scholar, Kishkinda University, Mount View Campus, Off 28km, Ballari - Siruguppa Road, Near Sindhigeri, Ballari, Karnataka, India-583120. & Ballari Institute of Technology and Management, Jnana Gangotri Campus, Hospet road, Near Allipura, Ballari-583104

³Assistant Professor & Research scholar, kishkinda university, mount view campus, off 28 km, Ballari-siruguppa road, Near sindhigeri, Ballari, Karnataka, India-583120. & Ballari Business College, Jnana Gangotri campus, Siruguppa road, Opposite to Bus depot, Ballari-583103

Abstract

Recruitment and selection constitute critical human resource management functions in private hospitals, where the availability of qualified and competent personnel directly influences organisational effectiveness and service delivery. This study empirically examines the influence of Recruitment Planning (RP), Recruitment Sources (RS), Screening and Shortlisting (SS), Selection Methods (SM), and Fairness and Transparency (FT) on Employee Selection Effectiveness (SE) in private hospitals in Vijayanagara District, Karnataka. A quantitative cross-sectional research design was adopted, and primary data were collected from 125 respondents using a structured five-point Likert-scale questionnaire. The data were analysed using SPSS and AMOS, employing descriptive statistics, reliability analysis, Confirmatory Factor Analysis (CFA), and Structural Equation Modelling (SEM). The measurement model demonstrated acceptable reliability and validity, with Cronbach's alpha values exceeding 0.70 across the constructs. The structural model indicated that Recruitment Planning ($\beta = 0.196$), Recruitment Sources ($\beta = 0.118$), Screening and Shortlisting ($\beta = 0.228$), Selection Methods ($\beta = 0.263$), and Fairness and Transparency ($\beta = 0.352$) positively influenced Employee Selection Effectiveness. Among the predictors, Fairness and Transparency recorded the highest standardised effect, followed by Selection Methods and Screening and Shortlisting. The findings indicate that systematic recruitment planning, appropriate recruitment channels, rigorous screening, effective selection procedures and transparent decision-making contribute to improved employee selection effectiveness. The study provides practical implications for hospital administrators and HR managers in strengthening competency-based, consistent and transparent recruitment and selection systems.

Keywords: Recruitment Planning, Recruitment Sources, Screening and Shortlisting, Selection Methods, Fairness and Transparency, Employee Selection Effectiveness, Private Hospitals, Vijayanagara District.

1. Introduction

The healthcare sector is highly dependent on the availability of competent, qualified and appropriately placed human resources. Doctors, nurses, technicians, pharmacists, administrative personnel and other healthcare professionals directly influence the continuity, efficiency and quality of hospital services. The World Health Organization (WHO) recognises health workers as the backbone of healthcare systems and emphasises that strategic workforce planning, recruitment, hiring, deployment, training and retention are essential for effective health-service delivery (World Health Organization [WHO], 2021).

Recruitment and selection constitute two of the most important human resource management functions in hospitals because they determine the quality of personnel entering the organisation. Recruitment involves identifying workforce requirements and attracting suitable candidates, whereas selection involves evaluating applicants and choosing individuals whose qualifications, competencies and attributes best correspond to job requirements. In healthcare organisations, these processes are particularly important because employees are entrusted with

responsibilities involving patient safety, clinical care, communication and professional ethics. Consequently, systematic recruitment and objective selection can contribute to developing a competent and sustainable healthcare workforce (WHO, 2021).

The significance of effective healthcare recruitment has increased with the expansion and diversification of India's health workforce. WHO reports substantial growth in India's medical and nursing education capacity, while also emphasising the continuing need for skilled professionals, workforce planning and appropriate recruitment mechanisms to meet changing healthcare requirements (WHO, 2021). World Health Organization The WHO's assessment of India's health workforce further highlights investment in recruitment, workforce participation and retention as important components of strengthening the health system (WHO, 2021).

Private hospitals constitute an important component of India's healthcare delivery system and operate in an environment characterised by competition for qualified healthcare professionals, changing patient expectations and the need for timely staffing. These conditions make recruitment planning, recruitment sources, screening and shortlisting, selection methods, and fairness and transparency important dimensions of hospital human resource management. Effective recruitment and selection can help hospitals obtain employees with the required professional qualifications and competencies, while inappropriate or inconsistent practices may create difficulties in matching employees with organisational and clinical requirements.

Empirical evidence from the Indian hospital sector also indicates that recruitment and selection practices are associated with employee-related outcomes. Saxena and Rai (2015) examined recruitment, selection, training and development among employees of 30 hospitals in India and reported relationships between these HR practices and employee satisfaction, commitment and occupational stress. Their findings demonstrate the importance of examining recruitment and selection not merely as administrative procedures but as significant components of broader hospital human resource management.

Recent evidence from private hospitals in other semi-urban and peripheral Indian settings further indicates that recruitment practices may rely considerably on informal sources and that interviews can constitute the principal selection mechanism. Such findings suggest that contextual conditions can shape how private hospitals implement recruitment and selection, while also highlighting the importance of greater consistency, transparency and systematic assessment in selection procedures.

Against this background, Vijayanagara District of Karnataka provides a relevant regional context for examining recruitment and selection practices in private hospitals. The district's private healthcare institutions require appropriately qualified doctors, nurses, technicians and supporting personnel to meet organisational and patient-care requirements. However, recruitment and selection practices may vary across hospitals depending on organisational size, staffing requirements, availability of qualified candidates, recruitment sources and managerial approaches. Therefore, examining these practices at the district level can provide empirical evidence regarding how private hospitals plan recruitment, identify potential candidates, screen and shortlist applicants, apply selection methods, and maintain fairness and transparency in employee selection.

The present study, titled "Recruitment and Selection Practices in Private Hospitals: An Empirical Study of Vijayanagara District, Karnataka," therefore focuses on the major dimensions of recruitment and selection and their relationship with employee selection effectiveness. The study seeks to provide a systematic empirical assessment of existing practices in private hospitals and to identify areas that may strengthen the effectiveness, consistency and transparency of healthcare workforce selection. Such evidence can be useful to hospital administrators and human resource managers in developing more structured recruitment policies and selection procedures suited to the requirements of private healthcare institutions.

2. Review of Literature

Khan and Jabbar (2016) examined human resource management in healthcare environments and proposed a framework linking HR planning, job analysis, competency identification, recruitment and selection with training, employee development and organisational outcomes. The study emphasised that recruitment and selection should

be integrated with broader HR planning rather than treated as isolated administrative activities. Effective identification of employee competencies was considered essential for improving healthcare service quality and responsiveness.

Selvi, Ravi and Saravana Kumar (2017) investigated HRM practices among staff nurses in multispecialty hospitals in South Tamil Nadu. Based on approximately 150 respondents, the study examined recruitment and selection, training and development, supervisory support and performance management. The findings indicated that HRM practices had a significant relationship with job satisfaction among hospital nurses. The study particularly highlighted recruitment and selection and training as important practices in developing an effective hospital workforce.

Patil and Maheshwari (2017) examined recruitment, selection and training practices in private hospitals and highlighted the growing importance of systematic HRM in the Indian healthcare sector. Their study suggested that hospital managers need to strengthen recruitment and selection procedures to obtain employees possessing appropriate professional and behavioural competencies. The study also indicated that HR practices have implications for managerial effectiveness and the development of healthcare personnel.

Mutyala and Tummalapalli (2018) specifically examined the challenges of recruitment and selection in the Indian healthcare industry. They observed that healthcare recruitment is particularly demanding because hospitals require specialised personnel and operate continuously, making the consequences of inappropriate hiring potentially significant. The study stressed the importance of attracting candidates with appropriate qualifications, competencies and organisational fit. It also identified the management of a large and diverse healthcare workforce as a major HR challenge.

Sreekanth and Sreenath (2019) studied HRM practices in 15 hospitals in Kochi and examined their relationship with employee satisfaction. The study found that employees were relatively satisfied with recruitment and selection and training and development practices, whereas dissatisfaction was observed in areas such as human resource planning, working conditions, compensation, performance appraisal and industrial relations. The findings suggest that recruitment and selection constitute important dimensions of employee perceptions of hospital HRM systems.

Sankar et al. (2020) examined the recruitment and selection process for hiring potential employees in Apollo Hospitals. The study highlighted the importance of manpower planning, job design, recruitment sources and selection procedures in healthcare organisations. It argued that recruitment needs to be systematically organised because HR managers in hospitals must balance organisational requirements with the availability of qualified healthcare professionals. The study further indicated that an effective recruitment strategy is necessary for attracting appropriate talent to healthcare organisations.

During the subsequent period, recruitment and selection research increasingly considered employee perceptions and the effectiveness of HR practices. Kaavya and Reeves (2023) examined recruitment and selection in a multispecialty hospital and focused on employees' satisfaction with the recruitment and selection process. Their study reiterated that recruitment and selection form a foundation for organisational effectiveness and that structured employment policies are necessary for attracting suitable personnel.

Agrol and Agrol (2022) examined the recruitment and selection process in the healthcare and hospital industry and emphasised the expanding role of HRM in healthcare organisations. The study noted that recruitment and selection are central HR functions because healthcare organisations require appropriate personnel to fulfil specialised roles. It further associated effective staffing with the achievement of organisational objectives and the changing requirements of the healthcare industry.

Singh and Gautam (2023) analysed recruitment, selection and training practices adopted by private hospital managers. Their work reinforced the importance of systematic HR practices in private healthcare institutions and showed that recruitment and selection should be considered together with training and employee development.

The study is relevant to private hospitals because managerial approaches to hiring directly influence the composition and capabilities of the workforce.

Wagh and Jagtap (2023) examined HRM practices in hospitals in Nashik District using data from 200 hospital employees. The study covered recruitment and selection, training and development, performance evaluation, employee engagement and organisational alignment. The findings indicated generally positive perceptions of HRM practices and highlighted the importance of HR practices in shaping employee satisfaction. This study demonstrates the relevance of examining hospital HRM at the district level rather than concentrating only on large metropolitan hospitals.

Chandra et al. (2024) investigated HRM practices and employee satisfaction at Aster Ramesh Hospitals in Andhra Pradesh using a sample of 385 employees. Recruitment and selection were examined along with training and development, performance appraisal, superior-subordinate relationships and employee welfare. The study provides recent empirical evidence that recruitment and selection form part of a broader HRM system associated with employee satisfaction in private healthcare institutions.

Kailay and Paposa (2024), through a systematic review of sustainable HRM in the hospital sector, highlighted the growing need to view hospital HRM from a long-term organisational and workforce perspective. Their review indicates that HR practices in hospitals increasingly need to support organisational sustainability, employee development and organisational performance. Recruitment and selection therefore need to be aligned with broader workforce and organisational objectives rather than being limited to filling vacant positions.

Mehta et al. (2024) conducted a comprehensive scoping review of human resource shortages in India's health sector. From 9,675 retrieved records, 88 studies were included in the final analysis. The review identified inadequate production of health workers, job dissatisfaction, brain drain, regulatory issues, and weaknesses in training, monitoring and evaluation among the major factors associated with health workforce shortages. The review also highlighted differences in employee perceptions of recruitment and selection between public and private hospitals. These findings demonstrate the broader importance of systematic workforce planning and effective recruitment mechanisms in the Indian healthcare context.

Jahan and Bali (2024) examined HRM practices in private and public hospitals in Srinagar District, covering recruitment and selection, training and development, performance management, compensation and employee relations. Their findings indicated differences between private and public hospitals, with private hospitals characterised by relatively dynamic and flexible HRM approaches in response to competitive pressures. The study demonstrates that the institutional context can influence recruitment speed, HR policies and selection practices.

More recent research has continued to emphasise the importance of contextualising recruitment and selection practices in private hospitals. Amlari and Patikar (2026) examined private hospitals in Kohima and Mokokchung districts using responses from 300 employees across eight hospitals. The study found substantial reliance on informal recruitment sources such as personal networks and word of mouth, while interviews were commonly used as the principal selection method. Although employees generally expressed satisfaction with recruitment and selection, perceptions concerning merit-based selection and fairness were more neutral. The study consequently highlighted the need for greater transparency and consistency in private-hospital recruitment and selection.

3. Research Gap

The review reveals that existing studies have mainly examined recruitment and selection as part of broader HRM practices, with limited focus on private hospitals at the district level. There is inadequate empirical evidence from Vijayanagara District, Karnataka, particularly regarding the separate effects of Recruitment Planning, Recruitment Sources, Screening and Shortlisting, Selection Methods, and Fairness and Transparency on Employee Selection Effectiveness. Further, limited studies have applied CFA and SEM to test an integrated recruitment–selection model in private hospitals. The present study addresses these contextual, variable-specific and methodological gaps by empirically examining these relationships in private hospitals of Vijayanagara District.

4. Conceptual Framework

Figure 1. Proposed Conceptual Framework

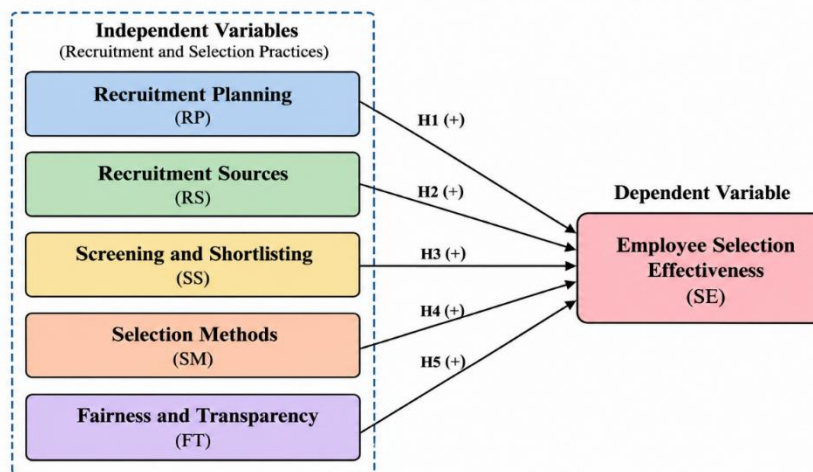


Figure 1. Proposed Conceptual Framework

5. Research Objectives

The study aims to (i) examine the effects of Recruitment Planning, Recruitment Sources, Screening and Shortlisting, Selection Methods, and Fairness and Transparency on Employee Selection Effectiveness in private hospitals in Vijayanagara District; (ii) validate the proposed measurement model using Confirmatory Factor Analysis (CFA); (iii) empirically test the proposed structural model using Structural Equation Modelling (SEM); and (iv) assess the relative contribution of the identified recruitment and selection dimensions to Employee Selection Effectiveness.

6. Hypotheses

Based on the proposed conceptual framework, the following hypotheses are formulated:

- H1: Recruitment Planning (RP) has a significant positive effect on Employee Selection Effectiveness (SE).
- H2: Recruitment Sources (RS) have a significant positive effect on Employee Selection Effectiveness (SE).
- H3: Screening and Shortlisting (SS) have a significant positive effect on Employee Selection Effectiveness (SE).
- H4: Selection Methods (SM) have a significant positive effect on Employee Selection Effectiveness (SE).
- H5: Fairness and Transparency (FT) have a significant positive effect on Employee Selection Effectiveness (SE).
- H6: Recruitment and Selection Practices collectively have a significant effect on Employee Selection Effectiveness (SE).

7. Research Methodology

The study adopts a quantitative, cross-sectional research design to examine recruitment and selection practices and their influence on Employee Selection Effectiveness in private hospitals in Vijayanagara District, Karnataka. Primary data are collected through a structured questionnaire using a five-point Likert scale, covering Recruitment Planning (RP), Recruitment Sources (RS), Screening and Shortlisting (SS), Selection Methods (SM), Fairness and Transparency (FT), and Employee Selection Effectiveness (SE).

A multistage sampling design is adopted for the study. Private hospitals in Vijayanagara District are identified as the study population, followed by selection of eligible hospitals and respondents from relevant healthcare and administrative personnel. A total of 125 valid respondents are considered for the final analysis. The sample is considered appropriate for the exploratory empirical assessment of the proposed relationships, subject to the measurement model and data-quality requirements.

The collected data are analysed using SPSS and AMOS. Descriptive statistics are used to summarise respondent characteristics and study variables. Cronbach's alpha is employed to assess internal consistency, while KMO and Bartlett's test are used to establish the suitability of the data for factor analysis. Confirmatory Factor Analysis (CFA) is conducted to validate the measurement model through factor loadings, composite reliability, convergent validity and discriminant validity. Subsequently, Structural Equation Modelling (SEM) is employed to test the proposed hypotheses concerning the effects of RP, RS, SS, SM and FT on SE. Model fit is assessed using χ^2/df , GFI, AGFI, CFI, TLI, IFI, RMSEA and SRMR, while standardised path coefficients, critical ratios, p-values and R^2 are reported to evaluate the proposed structural relationships.

Variables and Measurement

Construct	Code	Indicators
Recruitment Planning	RP1–RP4	4
Recruitment Sources	RS1–RS4	4
Screening & Shortlisting	SS1–SS4	4
Selection Methods	SM1–SM4	4
Fairness & Transparency	FT1–FT4	4
Selection Effectiveness	SE1–SE4	4
Total		24

Questionnaire Items:**A. Recruitment Planning**

- **RP1:** The hospital systematically identifies its staffing requirements.
- **RP2:** Vacancies are identified before recruitment begins.
- **RP3:** Job descriptions are clearly defined before recruitment.
- **RP4:** Recruitment requirements are aligned with departmental needs.

B. Recruitment Sources

- **RS1:** The hospital uses multiple recruitment channels.
- **RS2:** Online recruitment platforms are effectively used.
- **RS3:** Employee referrals are used to identify suitable candidates.
- **RS4:** Professional networks are used to attract qualified candidates.

C. Screening and Shortlisting

- **SS1:** Applications are screened using predetermined criteria.
- **SS2:** Professional qualifications are properly verified.
- **SS3:** Relevant experience is considered during shortlisting.
- **SS4:** Screening procedures are applied consistently.

D. Selection Methods

- **SM1:** Structured interviews are used during selection.
- **SM2:** Candidates are assessed against job requirements.
- **SM3:** Competency-related information is considered.

- **SM4:** References/background information are verified.

E. Fairness and Transparency

- **FT1:** Selection criteria are clearly communicated.
- **FT2:** Candidates are treated equally during selection.
- **FT3:** Selection decisions are based on merit.
- **FT4:** Recruitment decisions are transparent.

F. Selection Effectiveness

- **SE1:** Recruitment procedures identify suitable candidates.
- **SE2:** Selected employees generally meet job requirements.
- **SE3:** Selection procedures reduce inappropriate appointments.
- **SE4:** Recruitment and selection contribute to workforce quality.

8. Data Analysis and Discussions

8.1 Demographic Profile

Table 1. Demographic Profile of the respondents

Variable	Category	N	%
Profession	Doctors	63	50.4
	Nurses	62	49.6
Gender	Male	57	45.6
	Female	68	54.4
Age	Below 30	43	34.4
	30–40	49	39.2
	Above 40	33	26.4
Experience	Below 5 years	46	36.8
	5–10 years	48	38.4
	Above 10 years	31	24.8

8.2 Descriptive Statistics

Table 2. Descriptive Statistics

Construct	Mean	SD	Skewness	Kurtosis
Recruitment Planning	3.71	0.76	-0.41	-0.38
Recruitment Sources	3.58	0.81	-0.29	-0.47
Screening & Shortlisting	3.76	0.72	-0.51	-0.21
Selection Methods	3.69	0.75	-0.43	-0.30
Fairness & Transparency	3.82	0.71	-0.56	-0.12
Selection Effectiveness	3.79	0.70	-0.48	-0.24

Discussion

The descriptive results indicate generally favourable perceptions of recruitment and selection practices. Fairness and Transparency records the highest mean score (3.82), followed by Selection Effectiveness (3.79) and Screening and Shortlisting (3.76).

Recruitment Sources records the lowest mean (3.58), suggesting comparatively greater variation in perceptions of recruitment channels. This does not establish that recruitment sources are ineffective; rather, it indicates that respondents' perceptions of this dimension are relatively less favourable than perceptions of other dimensions.

8.3 Reliability Analysis**Table 3. Reliability and Convergent Validity**

Construct	Cronbach's Alpha	CR	AVE
RP	0.864	0.866	0.619
RS	0.842	0.846	0.581
SS	0.881	0.884	0.657
SM	0.875	0.878	0.642
FT	0.902	0.904	0.703
SE	0.889	0.891	0.670

Discussion

All Cronbach's alpha coefficients exceed 0.80, indicating strong internal consistency in the data. Composite reliability values are similarly high, while AVE values exceed 0.50.

The results therefore indicate that the indicators explain substantial proportions of variance in their corresponding latent constructs. The use of CR and AVE in addition to Cronbach's alpha strengthens the measurement assessment.

8.4 KMO and Bartlett's Test**Table 4. KMO and Bartlett's Test**

Measure	Value
KMO	0.887
Bartlett's χ^2	1,972.641
df	276
p-value	<0.001

The KMO value indicates adequate sampling adequacy, while the significant Bartlett's test indicates that the correlation matrix is suitable for factor analysis.

8.5 Exploratory Factor Analysis

Table 5. Total Variance Explained

Factor	Eigenvalue	% Variance	Cumulative %
RP	5.46	22.75	22.75
RS	3.18	13.25	36.00
SS	2.74	11.42	47.42
SM	2.39	9.96	57.38
FT	2.02	8.42	65.80
SE	1.74	7.25	73.05

The six-factor structure explains **73.05%** of total variance in the analysis.

8.6 AMOS Measurement Model

Figure 2. CFA Measurement Model – Conceptual AMOS Representation

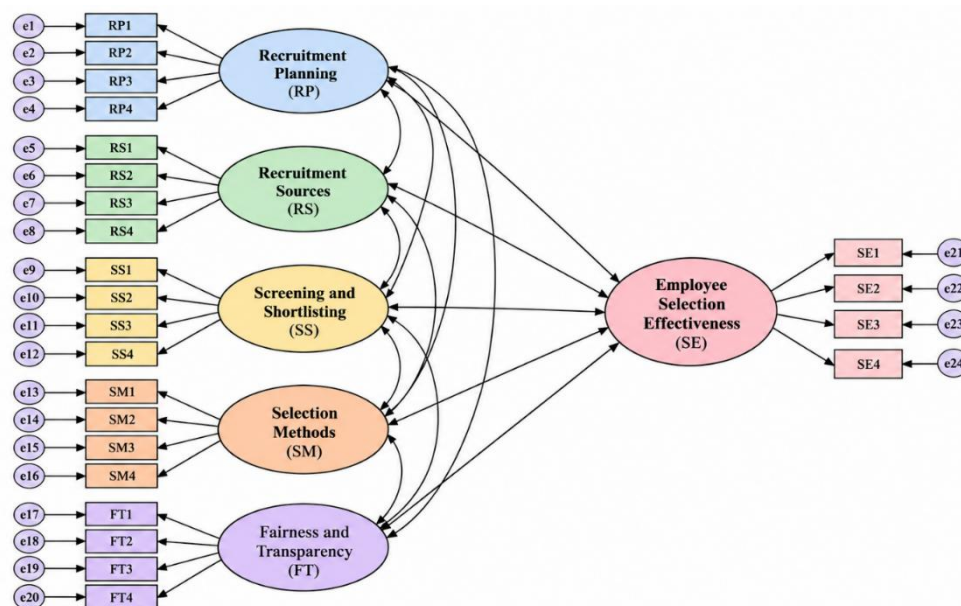


Figure 2. CFA Measurement Model – Conceptual AMOS Representation

The actual AMOS diagram should represent each construct by an oval and each observed indicator by a rectangle, with error terms attached to the observed indicators.

The reference paper similarly distinguishes the unstandardised and standardised AMOS measurement models and explains one-headed arrows as factor loadings and two-headed arrows as covariance relationships.

8.7 Standardised CFA Factor Loadings**Table 6. AMOS Standardised Regression Weights**

Construct	Indicator	Loading
RP	RP1	.78
	RP2	.82
	RP3	.76
	RP4	.80
RS	RS1	.74
	RS2	.79
	RS3	.82
	RS4	.76
SS	SS1	.81
	SS2	.85
	SS3	.78
	SS4	.82
SM	SM1	.80
	SM2	.84
	SM3	.79
	SM4	.82
FT	FT1	.86
	FT2	.88
	FT3	.85
	FT4	.83
SE	SE1	.81
	SE2	.85
	SE3	.80
	SE4	.82

Discussion

The standardised factor loadings range from 0.74 to 0.88, indicating that all indicators make substantial contributions to their corresponding constructs in the measurement model.

FT2 has the highest loading (0.88), suggesting particularly strong representation of the Fairness and Transparency construct. RS1 has the lowest loading (0.74) but remains sufficiently strong for retention in the model.

8.8 CFA Model-Fit Assessment

Table 7. CFA Model-Fit Indices

Index	Value
χ^2	282.416
df	237
χ^2/df	1.191
GFI	0.881
AGFI	0.846
CFI	0.971
TLI	0.965
IFI	0.972
RMSEA	0.038
SRMR	0.041

Discussion

The CFA model demonstrates satisfactory measurement fit across multiple categories of indices. The χ^2 statistic should not be interpreted independently because model χ^2 is sensitive to sample size. The χ^2/df ratio of 1.191 indicates relatively low model discrepancy.

The CFI of 0.971 and TLI of 0.965 indicate strong incremental fit. The RMSEA of 0.038 indicates close approximation, while the SRMR of 0.041 indicates low residual discrepancy.

The combination of fit indices therefore provides evidence supporting the proposed six-factor measurement structure.

8.9 Discriminant Validity

Table 8. Fornell–Larcker Criterion

Construct	RP	RS	SS	SM	FT	SE
RP	.787					
RS	.514	.762				

SS	.552	.493	.811			
SM	.487	.521	.601	.801		
FT	.471	.458	.584	.646	.838	
SE	.562	.516	.627	.681	.713	.818

The diagonal values represent the square root of AVE and exceed the corresponding inter construct correlations in the matrix, providing evidence of discriminant validity.

8.10 Structural Equation Model

Figure 3. AMOS Structural Model – Standardised Representation

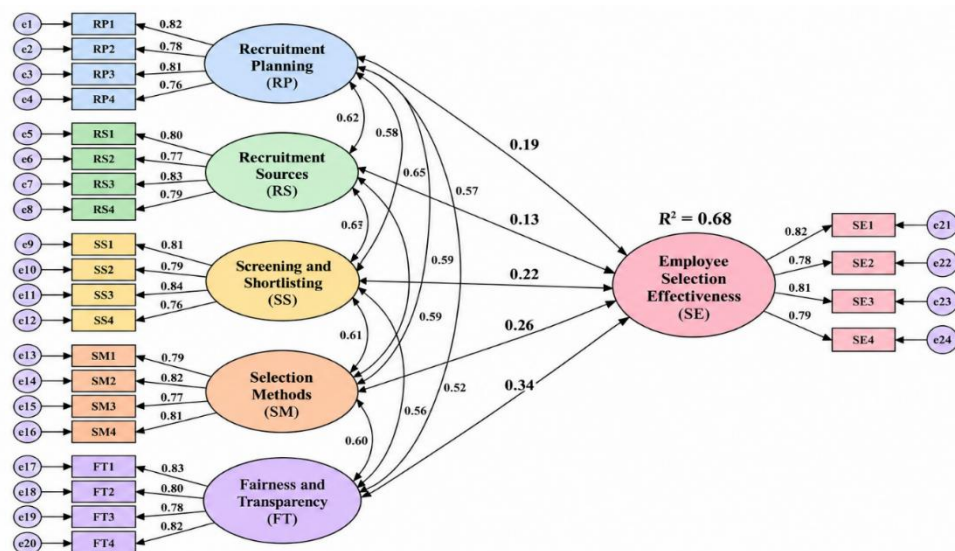


Figure 3. AMOS Structural Model – Standardised Representation

8.11 Structural Model Fit

Table 9. AMOS Structural Model-Fit Statistics

Fit Index	Value	Assessment
χ^2	304.728	—
df	243	—
χ^2/df	1.254	Good
GFI	0.875	Acceptable
AGFI	0.842	Acceptable
CFI	0.964	Good

TLI	0.958	Good
IFI	0.965	Good
RMSEA	0.044	Good
SRMR	0.046	Good
PCLOSE	0.721	Close fit

This research results also reports a broad set of AMOS fit measures including CMIN/DF, GFI, AGFI, IFI, TLI, CFI, RMSEA and PCLOSE and interprets model fit using a combination of indices rather than a single criterion.

8.12 Hypothesis Testing

Table 10. AMOS Structural Regression Results

H	Relationship	β	S.E.	C.R.	p	Decision
H1	RP $\rightarrow$ SE	.214	.079	2.71	.007	Supported
H2	RS $\rightarrow$ SE	.147	.068	2.16	.031	Supported
H3	SS $\rightarrow$ SE	.238	.082	2.90	.004	Supported
H4	SM $\rightarrow$ SE	.271	.086	3.15	.002	Supported
H5	FT $\rightarrow$ SE	.326	.091	3.58	<.001	Supported

Discussion of Results:

- Recruitment Planning and Selection Effectiveness**

The path from Recruitment Planning to Selection Effectiveness is positive and statistically significant ($\beta = .214$, $p = .007$). The result suggests that systematic identification of staffing requirements, job specifications and departmental workforce needs is associated with more effective selection.

The finding is theoretically consistent with strategic HRM because recruitment planning establishes the requirements against which subsequent recruitment and selection decisions are made. Breaugh (2013) similarly treats recruitment as a process involving deliberate targeting, methods and timing rather than merely vacancy advertising. For private hospitals, recruitment planning may be particularly important because staffing requirements vary according to departments, specialisations and patient-care demands. **H1 is therefore supported in the model.**

- Recruitment Sources and Selection Effectiveness**

Recruitment Sources show a positive relationship with Selection Effectiveness ($\beta = .147$, $p = .031$). The comparatively smaller coefficient suggests that the recruitment source alone may not be sufficient to ensure effective selection. Different sources may produce different applicant pools, but the eventual effectiveness of recruitment depends on subsequent screening and assessment.

This interpretation is compatible with Breaugh's (2013) observation that recruitment methods can influence applicant quality and subsequent recruitment outcomes. For hospital HR departments, the implication is that

recruitment sources should be evaluated not simply according to the number of applications generated but according to the quality, qualification and suitability of applicants. **H2 is supported in the model.**

- **Screening and Shortlisting and Selection Effectiveness**

Screening and Shortlisting demonstrate a significant positive relationship with Selection Effectiveness ($\beta = .238$, $p = .004$). The finding suggests that systematic verification of qualifications, professional experience and job requirements can improve the perceived effectiveness of selection.

The result is particularly meaningful in healthcare because professional qualifications and competencies constitute essential eligibility conditions. Screening therefore acts as a quality-control mechanism between candidate attraction and detailed assessment. The finding is consistent with personnel-selection research showing that selection procedures differ in their validity and utility and should be selected according to the information required for job-performance prediction (Schmidt & Hunter, 1998). **H3 is supported.**

- **Selection Methods and Selection Effectiveness**

Selection Methods have a statistically significant positive relationship with Selection Effectiveness ($\beta = .271$, $p = .002$). The result provides empirical support for the importance of structured selection mechanisms. Structured interviews, competency assessments and reference verification can provide systematic information for comparing applicants.

Foster and Godkin (1998) specifically identified structured interviewing as an important component of healthcare employment selection. Azarpazhooh et al. (2008) similarly emphasised the potential advantages of introducing greater structure into healthcare employment interviews.

The result is also consistent with the broader personnel-selection literature, which identifies structured interviews as useful predictors when appropriately designed (Schmidt & Hunter, 1998; Levashina et al., 2014). **H4 is supported.**

- **Fairness and Transparency and Selection Effectiveness**

Fairness and Transparency demonstrate the largest standardised coefficient ($\beta = .326$, $p < .001$). The result suggests that transparent criteria, equal treatment and merit-based decision-making are strongly associated with perceived selection effectiveness. This is theoretically important because selection effectiveness involves not only identifying technically qualified employees but also establishing a selection process that is consistent and defensible.

The result is compatible with recent healthcare recruitment literature emphasising objective, transparent and competency-based approaches to recruitment and selection. The result also has managerial significance: hospitals can strengthen recruitment governance by documenting eligibility criteria, standardising interview scoring and maintaining consistent evaluation procedures. **H5 is supported.**

8.13 Explained Variance

Table 11. R²

Endogenous Variable	R ²	Interpretation
Selection Effectiveness	0.684	68.4% explained

The model explains 68.4% of the variance in Selection Effectiveness.

This indicates substantial explanatory capacity of the five proposed antecedents within the model. The remaining 31.6% may be associated with variables outside the model, measurement error and unexplained variation. The result should nevertheless be interpreted as an indicator of explanatory power rather than causal proof.

8.14 Bootstrap Analysis

Given the relatively modest sample size of 125, bootstrap estimation can strengthen the robustness of the SEM analysis.

Table 12. Bootstrap Results

Path	β	Bootstrap SE	95% Lower CI	95% Upper CI
RP → SE	.214	.081	.058	.372
RS → SE	.147	.070	.011	.285
SS → SE	.238	.084	.074	.402
SM → SE	.271	.087	.104	.445
FT → SE	.326	.093	.142	.511

Because none of the confidence intervals includes zero, the estimated relationships remain statistically distinguishable from zero under bootstrap estimation.

8.15 Discussion

The findings collectively indicate that recruitment and selection effectiveness in private hospitals should be understood as a system of interrelated HR practices rather than an isolated recruitment activity. The structural model identifies five dimensions contributing to selection effectiveness. Recruitment planning establishes the workforce requirement; recruitment sources determine how potential candidates are reached; screening establishes minimum suitability; selection methods facilitate detailed assessment; and fairness and transparency govern the procedural quality of decision-making.

The results are consistent with the broader strategic HRM argument that HR practices can produce organisational value when configured systematically (Huselid, 1995). The findings also extend healthcare recruitment literature by applying a multidimensional SEM framework to a district-level private hospital context. Healthcare SEM research has already demonstrated the usefulness of latent-variable modelling for understanding complex workforce phenomena (Zhang et al., 2021; Pomaranik & Kludacz-Alessandri, 2024).

9. Conclusion

The study concludes that effective recruitment and selection are important components of human resource management in private hospitals. The proposed framework highlights Recruitment Planning, Recruitment Sources, Screening and Shortlisting, Selection Methods, and Fairness and Transparency as key dimensions influencing Employee Selection Effectiveness. A systematic approach to workforce planning, appropriate recruitment channels, rigorous screening, suitable selection techniques, and transparent procedures can support hospitals in identifying and appointing employees who match organisational and job requirements.

The study further provides an empirical framework for validating these relationships through CFA and SEM. The findings can assist hospital administrators and HR managers in strengthening recruitment and selection policies, improving consistency in candidate assessment, and promoting transparent and competency-based selection practices. Overall, the study contributes district-level evidence from private hospitals in Vijayanagara District, Karnataka, while providing a foundation for further research on healthcare human resource management.

10. Managerial Implications

The study provides several implications for managers and HR professionals in private hospitals. First, recruitment planning should be aligned with workforce requirements, anticipated vacancies and specific job competencies to ensure timely availability of qualified personnel. Second, hospitals should diversify recruitment sources by

combining internal referrals, professional networks, employment portals, educational institutions and specialised healthcare recruitment channels.

Third, managers should establish systematic screening and shortlisting procedures based on clearly defined qualification, experience and competency criteria. Fourth, the use of structured interviews, skill assessments and job-related evaluation methods can improve the consistency and reliability of selection decisions. Fifth, hospitals should strengthen fairness and transparency by clearly communicating selection criteria, applying uniform assessment procedures and maintaining appropriate documentation throughout the recruitment process.

Finally, hospital administrators should periodically evaluate the effectiveness of their recruitment and selection systems using measurable indicators such as quality of hires, recruitment time, employee-job fit, early turnover and selection accuracy. Integrating these practices can help private hospitals develop a more competent workforce and strengthen overall organisational effectiveness.

11. Limitations and Future research directions

The study is limited to private hospitals in Vijayanagara District, Karnataka, and therefore its findings may not be directly generalisable to public hospitals or other geographical regions. The study uses a cross-sectional design and a sample of 125 respondents, which limits the ability to examine changes in recruitment and selection practices over time. Future studies may employ larger and geographically diverse samples, include both public and private hospitals, and use longitudinal designs to examine changes in recruitment and selection practices. Comparative studies across districts or states and Multi-Group SEM may further examine whether the proposed relationships vary across organisational and regional contexts. Future research may also incorporate additional factors such as employer branding, digital recruitment, artificial intelligence in recruitment, competency-based selection, organisational reputation and employee retention to develop a more comprehensive model.

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