

**Community Capacity: A Concept Analysis**

Asri<sup>1</sup>

Fakultas Ilmu keperawatan Universitas Muhammadiyah Surabaya<sup>1</sup>

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INFORMASI

**Korespondensi**

[asri.ners@fik-um.surabaya.ac.id](mailto:asri.ners@fik-um.surabaya.ac.id)

**Keywords:**

*Community capacity, multi-sectoral collaboration, community*

ABSTRACT

**Objective:** *The purpose of this analysis is to clarify the concept of community capacity by using Walker and Avant's (1995) concept analysis.*

**Methods:** *This article based on identification of the concept from various resources included: dictionary, articles, case study.*

**Results:** *Community capacity was the process or activities which use systematic approach which involve the competence and ability of the community in dealing with and solving the problem and raise into the welfare state of being in multi-sectoral way .*

**Conclusion:** *Community capacity can be concluded as the interaction between person, organizational and social capital within a particular community that can be utilized to solve collective problems and improve or preserve the welfare of a particular society.*

**BACKGROUND**

Over the last few decades, there have been significant new developments in community-based development for the improvement of social change and economic development, providing services, and services to the needs of people in poverty. In the circumference context, "society" is generally in the geographically determined subspecies of cities and conditions, which are, and more systems that affect their lives.

Basically, community development in this effort involves strengthening the capacity of communities to identify priorities and opportunities and work to encourage and sustain positive environmental change. The idea of the "capacity building" of society is explicit and pervasive in the rhetoric that describes, the guiding mission, and, to a greater extent, the activities that accomplish this endeavor. However, like other pioneer terms used to catalyze and encourage field action ("community," "completeness,"

"empowerment"), there is limited clarity about the meaning of "capacity" and "capacity building" at the environmental level. What, concretely, the operational term, does society's capacity mean?

## **CONCEPT ANALYSIS**

### **1.1 Select A Concept**

Community capacity

### **1.2 Determine The Aims or Purpose of Analysis**

The purpose of this analysis is to clarify the concept of community capacity by using Walker and Avant's (1995) concept analysis.

### **1.3 Identify All Uses Of The Concept**

- Definition From Dictionary (Oxford Dictionary)

➤ Community

1. A group of people living in the same place or having a particular characteristic in common

2. A group of people living together and practicing common ownership

3. The people of a district or country considered collectively, especially in the context of social values and responsibilities; society

➤ Capacity

1. The ability or power to do or understand something

2. A person's legal competence

- Definition from literature

1. The United Nation (1996) defined Community Capacity as follow:

The process and means through which national governments and local communities develop the necessary skills and expertise to manage their environment and natural resources in a sustainable manner within their daily activities. The main concepts behind this concept are the following:

- Strengthening people's capacity to achieve sustainable livelihoods;
- A cross-sector multidisciplinary approach to planning and implementation
- Emphasis on organizational and technological change and innovation;
- Emphasis on the need to build social capital through experimentation and learning; and
- Emphasis on developing the skills and performance of both individuals and institutions.
- Bruce (2003) Community Capacity is thus:

Any activities which the community undertakes (on its own or with the help of others) to improve or build its own collective commitment, resources and skills.

3. The definition by the UNDP (1997) and the OECD Development Assistance Committee:

Community Capacity is the process by which individuals, groups, organizations, institutions and societies increase their abilities to:

- Perform core functions, solve problems, define and achieve objectives
- Understand and deal with their development needs in a broad context and in a sustainable manner.

4. Sustainability Planning Guide, The Centers for Disease Control and Prevention's (CDC)

Community Capacity is characteristics of communities that affect their ability to identify, mobilize, and address social and public health problems and include citizen participation and leadership, skills, resources, social and organizational networks, sense of community, community power, and understanding of community history.

5. Labonte & Laverack define the community capacity as:

The 'increase in community groups' abilities to define, assess, analyze and act on health (or any other) concerns of importance to their members.

6. David Sines - Community Health Care Nursing define community

capacity as : a systematic approach to build the confidence and ability of individuals, community and voluntary groups/organizations to influence decision making and service delivery.

7. Gary L. Bowen Community Capacity is the extent to which community members (a) demonstrate a sense of shared responsibility for the general welfare of the community and its members, and (b) demonstrate collective competence in taking advantage of opportunities for addressing community needs and confronting situations that threaten the safety and well-being of community members.

Summarized definition: The process or activities which use systematic approach which involve the competence and ability of the community in dealing with and solving the problem and raise into the welfare state of being in multi-sectoral way .

## **2. Determine The Defining Attributes**

1. Activities undertaken by a group of people in the community with or without help from the others

2. People need to have particular knowledge, skill and performance to manage their environment

3. Relationship between multidisciplinary medical professional and the community

4. Develop ability and competence dealing with the health problem response to the needs.

5. People shared their sense, responsibility and involvement concerning on community needs, decision making policy and welfare of the community members.

6. Have a confidence and feel of ownership of the resources.

### 3. **Construct A Model**

Talon-talon was one of the villages with the top cases of dengue fever. The village chief of Talon-talon, said they have been trying to determine why their village had the most number of cases with 123 peoples. Based on their previous lack of knowledge the people just try to maintaining safe water storage to prevent breeding, ensuring that there are no pools of stagnant water, carefully disposing of hard waste and using local biocontrol agents.

Rural people have inadequate knowledge and skills about dengue fever and its vector so that they commit to ask help from local public health center including some health staff and also other organization that concern in rural health . "Villagers practice preventive measures which are inadequate" said the head the public health center

Following some discussion with health staff and organization the rural

people make a social and individual activities in response to eradicating mosquito such as; cleaning the water jars, use abate, use mosquito coil, ask neighbors to collect waste and then burn

After some of case of children who infected die from DHF the rural people feel that they should save their land, their family member from that disease, they want no more people get infected with the disease. So in every activities concerning about DHF program they join voluntarily and speaks some idea for their better environment. Because they know that they born and live in that area and should know how to take care of them. And the land, farm, family, neighbors is all the resources they have.

Finally, as the result of long story of cooperation with local government and organization the rural people now can make a movement by themselves, the feel confidence to change to be healthy village.

### 4. **Construct Additional Cases**

#### 4.1 **Borderline Cases**

Talon-talon was one of the villages with the top cases of dengue fever. The village chief of Talon-talon, said they have been trying to determine why their village had the most number of cases with 123 peoples. Based on their previous lack of knowledge the people just try to maintaining safe water storage to prevent breeding, ensuring that there are no pools of

stagnant water, carefully disposing of hard waste and using local biocontrol agents.

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Finally, as the result of long story of cooperation with local government and organization the rural people they still at the same condition and can't make a movement by themselves, have no confidence to change to be healthy village.

#### **4.2 Related Cases**

Talon-talon was one of the villages with the top cases of dengue fever. The village chief of Talon-talon, said they have been trying to determine why their village had the most number of cases with 123 peoples. Based on their previous lack of knowledge the people just try to maintaining safe water storage to prevent breeding, ensuring that there are no pools of stagnant water, carefully disposing of hard waste and using local biocontrol agents.

Rural people have inadequate knowledge and skills about dengue fever and its vector so that they commit to ask help from local public health center including some health staff and also other organization that concern in rural health . "Villagers practice preventive measures which are inadequate" said the head the public health center

Following some discussion with health staff and organization the rural people make a social and individual activities in response to eradicating mosquito such as; cleaning the water jars,

use abate, use mosquito coil, ask neighbors to collect waste and then burn

After some of case of children who infected die from DHF the rural people feel that they should save their land, their family member from that disease, they want no more people get infected with the disease. So in every activities concerning about DHF program they Participate voluntarily and speaks some idea for their better environment. Because they know that they born and live in that area and should know how to take care of them. And the land, farm, family, neighbors is all the resources they have.

Finally, as the result of long story of cooperation with local government and organization the rural people now can make a movement by themselves, the feel confidence to change to be healthy village.

#### **4.3 Contrary Cases**

Talon-talon was one of the villages free cases of dengue fever. The village chief of Talon-talon, said they have been trying to determine why their village had the most number of cases with 123 peoples. Based on their previous knowledge the people know best how to maintaining safe water storage to prevent breeding, ensuring that there are no pools of stagnant water, carefully disposing of hard waste and using local biocontrol agents.

Rural people have adequate knowledge and skills about dengue fever and its vector so that they no need to ask help from local public health center including some health staff and also other organization that concern in rural health . "Villagers practice preventive measures which are adequate" said the head the public health center

Following some discussion with health staff and organization the rural people make a social and individual activities in response to eradicating mosquito such as; cleaning the water jars, use abate, use mosquito coil, ask neighbors to collect waste and then burn

Because the have free case of DHF the rural people have save their land, their family member from that disease,. So in every activities concerning about DHF program they no need to go and speaks some idea for their environment. Because they know that they born and live in that area and have know how to take care of them. And the land, farm, family, neighbors is all the resources they have.

Without cooperation with local government and organization the rural people they have a good condition and can make a movement by themselves, have high

feel of confidence to change to best healthy village

## 5. Identify Antecedents And Consequences

### 5.1 Antecedents

Antecedents are the events or incidents that happen before the existing concept (Walker & Avant, 1995).

The main antecedent behind this concept is the following:

1. Sufficient infrastructure (services, staff, resources)
2. The cooperative development to produce sustainable results.
3. Vision to improve health quality of the community
4. The need to strengthen the community and its institutions.
5. Collaborative and multidisciplinary team approach to reach the goal

### 5.2 Consequences

Consequences are the events or incidents that happen as results of the concept (Walker & Avant, 1995).

Community capacity building influences community results for members and families in following ways:

1. **Expanding, diverse, inclusive citizen participation:** In a community where capacity is being built, an ever-increasing number of people participate in all types of activities and decisions. These folks include all the

different parts of the community and also represent its diversity.

2. **Strengthened individual skills:** A community that uses all kinds of resources to create opportunities for individual skill development is building community capacity in an important way. As individuals develop new skills and expertise, the level of volunteer service is raised.

3. **Widely shared understanding and vision:** Creating a vision of the best community future is an important part of planning. But in community capacity building, the emphasis is on how widely that vision is shared. Getting to agreement on that vision is a process that builds community capacity.

4. **Strategic community agenda:** When clubs and organizations consider changes that might come in the future and plan together, the result is a strategic community agenda. Having a response to the future already thought through communitywide is one way to understand and manage change.

5. **More effective community organizations and institutions:** All types of civic clubs and traditional institutions—such as churches, schools and newspapers—are the main stay of community capacity building. If clubs and institutions are run well and efficiently, the community will be stronger.

6. **Better resource utilization by the community:** Ideally, the community should select and use resources in the same way a smart consumer will make a purchase. Communities that balance local self-reliance with the use of outside resources can face the future with confidence.

6. **Define Empirical References**

Empirical referents are measurable ways to demonstrate the occurrence of the concept (Walker & Avant, 2005). The community capacity could be measured using empirical indicators using the workbook which published by Aspen Institute/Rural Economic Policy Program, Measuring Community Capacity Building I Version 3/96. The workbook trying to measure community's capacity, concerning the community get better at one or more of the eight outcomes. In each outcomes also included how to see the indicators and measurement to use.

**REFERENCES**

Centers for Disease Control and Prevention (U.S.), Healthy Communities Program. (2012). A Sustainability planning guide for healthy communities. National Center for Chronic Disease Prevention and Health Promotion (U.S.), Division of Adult and Community Health.

Chaskin, R. J. (2001). Building Community Capacity. New York: Aldine Transaction.

Community capacity building: Definitions, scope, measurements and critiques | International Association for Community Development. (n.d.). Retrieved September 8, 2014, from <http://www.iacdglobal.org/publications-and-resources/iacd-publications/community-capacity-building-definitions-scope-measurements-and-critiques>

Condell, S. L., & Begley, C. (2007). Capacity building: a concept analysis of the term applied to research. *International Journal of Nursing Practice*, 13(5), 268–275. doi:10.1111/j.1440-172X.2007.00637.x

Crisp, B. R., Swerissen, H., & Duckett, S. J. (2000). Four approaches to capacity building in health: consequences for measurement and accountability. *Health Promotion International*, 15(2), 99–107. doi:10.1093/heapro/15.2.99

Gunawan, A., Post, T. J., Sat, M. | T. A. |, 2012, J. 16, & Am, 7:54. (n.d.). Indonesia has most cases of Dengue Fever in ASEAN. Retrieved September 5, 2014, from <http://www.thejakartapost.com/news/2012/06/16/indonesia-has-most-cases-dengue-fever-asean.html>

Kurniawati, D. (n.d.). Rising Number of Dengue Fever Cases in Indonesia. Retrieved September 5, 2014, from <http://www.establishmentpost.com/rising-number-of-dengue-fever-cases-in-indonesia/>

Luke, H. (2014). Dengue Fever on the Rise in Southeast Asia. Retrieved September 3, 2014, from <http://thediplomat.com/2014/02/dengue-fever-on-the-rise-in-southeast-asia/>

Measuring Community Capacity Building. (n.d.). Retrieved November 11, 2014, from <http://www.aspeninstitute.org/publications/measuring-community-capacity-building>

- M.H, Steinberg (2008) Evidence Review: Communicable Disease (Health Promotion. Population and Public Health, Ministry of Healthy Living and Sport.
- Morgan, P. (n.d.). The concept of capacity. Retrieved September 8, 2014, from <http://www.seachangecop.org/node/1627>
- Pai, H.-H., Hong, Y.-J., & Hsu, E.-L. (2006). Impact of a short-term community-based cleanliness campaign on the sources of dengue vectors: an entomological and human behavior study. *Journal of Environmental Health*, 68(6), 35–39.
- Sines, D., Saunders, M., & Forbes-Burford, J. (Eds.). (2009). *Community Health Care Nursing* (4th Edition edition). Chichester, U.K: Wiley-Blackwell.
- Therawiwat, M., Fungladda, W., Kaewkungwal, J., Imamee, N., & Steckler, A. (2005). Community-based approach for prevention and control of dengue hemorrhagic fever in Kanchanaburi Province, Thailand. *The Southeast Asian Journal of Tropical Medicine and Public Health*, 36(6), 1439–1449.