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EMPOWERMENT OF STUDENTS AND FACULTY IN PROVIDING COMMUNITY NURSING CARE TO RESIDENTS OF TANJUNG KEMUNING VILLAGE, RW 02, TAROGONG KALER SUBDISTRICT, GARUT REGENCY

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ABSTRACT

A Community Service Program titled "Empowerment of Students and Faculty in Providing Community Nursing Care to the Community in Tanjung Kamuning Village, RW 02, Tarogong Kaler Subdistrict, Garut Regency" was conducted from May 25 to June 29, 2026, through Community Nursing Practice involving faculty members, students of the Professional Nursing Program, community members, health cadres, village officials, and the Tarogong Kaler Community Health Center. The activities utilized the Community Nursing Process approach, which includes preparation, assessment, problem analysis, planning, implementation, evaluation, and reporting. The assessment was conducted through a Self-Assessment Survey (SMD), observation, interviews, home visits, and health screenings. The assessment results identified key issues, including risky health behaviors, suboptimal environmental sanitation, inadequate waste and sewage management, and ineffective health management. Interventions included health education, blood pressure checks, home visits, counseling, hypertension exercises, community health worker empowerment, community-led environmental cleanup efforts, and RW Community Meetings. The program successfully improved the community's knowledge, participation, and self-reliance in maintaining health, while also strengthening the students' competencies in applying community nursing care. The program's success was supported by active collaboration between the university, the village government, the Community Health Center (Puskesmas), community health workers, and the community.

Keywords: *Empowerment, Nursing Care, Student*

Corresponding Author*:
Rudy Alfiyansah[1], Taufik Huda[2], Aceng Ali Awaludin[3], Muhammad Sidik Nurzaman[4], Andhika Lungguh Perceka[5]
Karsa Husada Garut Health Institute
Correspondent Email: rudyalfiyansah@gmail.com*

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1. INTRODUCTION

Health is a fundamental human right and a shared responsibility of every individual, the community, the government, and the private sector (Utami, 2021). Community behavior refers to proactive actions to maintain and improve health, prevent the risk of disease, protect oneself from disease threats, and actively participate in public health initiatives through promotive and preventive efforts—supported by curative and rehabilitative measures—which are expected to reduce morbidity, mortality, and disability rates in the community (Sulaiman, 2022).

Increasingly complex health issues demand community nursing care for those requiring health care due to health conditions, as well as for communities that are already healthy, with the aim of improving the health status of these communities (Suharta & Lungguh Perceka, 2024). As society becomes more modern and the population continues to grow, lifestyles and habits become increasingly diverse; this is compounded by human activities that disregard the environment, which can have negative impacts on health (Perceka et al., 2022a).

According to (Muhammad et al., n.d.), there are four factors that influence the level of public health: environment, behavior, heredity, and health services. The environment is the most significant factor affecting human health.

Community nursing care is carried out using the nursing process approach. The application of the nursing process varies depending on the situation, but the process itself shares common elements. These elements utilize the nursing process approach methodology. The nursing process is an operational framework for implementing community nursing care, consisting of a systematic series of activities designed to empower the community to independently address its health issues. Key elements of community nursing care include commitment, appropriateness, cyclical nature, client-centeredness, interactivity, and community orientation.

In providing community health nursing care, a community health nurse must be able to pay attention to these key elements. These elements are evident in the sequence of activities within the nursing process, which proceeds dynamically and continuously in a cycle through the stages of assessment, data analysis, nursing diagnosis, planning, implementation, and evaluation (Perceka et al., 2022b).

Given that the practice of community nursing—which integrates public health principles with nursing principles—is complex, the Professional Nursing Program at STIKes Karsa Husada Garut was designed to serve as a platform for students to directly apply their abilities and skills in the field.

2. METHODS

Community service activities were conducted using the Community Nursing Process approach, which involves faculty members as academic advisors and students in the Professional Nursing Program as field practitioners. This approach integrates education, service, and community empowerment through the stages of assessment, planning, implementation, and participatory evaluation (Mardiyah et al., 2024).

The activity was carried out in Tanjung Kamuning Village, RW 02, RT 01, RT 02, RT 03, and RT 04, Tarogong Kaler Subdistrict, Garut Regency, from May 25, 2026, to June 29, 2026. The target audience for the activity was the entire community of RW 02, consisting of individuals, families, at-risk groups, health cadres, community leaders, and local officials.

The stages of the activity implementation included:

1. Preparation Stage

During the preparation stage, coordination was carried out with the Village Head, RW Chairpersons, RT Chairpersons, community health workers, village midwives, and the local Community Health Center (Puskesmas) to obtain permission and establish the activity schedule. Subsequently, students received training on community nursing practice methods, data collection techniques, therapeutic communication, and the assignment of assigned areas (Pasetyo et al., 2018).

Activities:

- Coordination with village officials and community leaders.
- Outreach to the community to explain the objectives of the practicum.
- Division of students into groups and assignment of service areas.
- Development of family and community assessment instruments.

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2. Community Assessment Phase

The assessment was conducted using the Self-Assessment Survey (SMD) approach with the following methods:

- interviews with heads of households;
- environmental observation (windshield survey);
- basic health examinations (screening);
- review of secondary data from community health centers (Puskesmas), Posyandu cadres, and the village government.

The assessment covers the following aspects:

- demographic characteristics;
- community health status;
- environmental health;
- clean and healthy living behaviors (PHBS);
- sanitation;
- prevalent diseases;
- health services;
- socioeconomic factors;
- community potential and resources.

This stage results in the identification of priority health issues as the basis for developing interventions.

3. Data Analysis and Prioritization of Issues

The data from the assessment are analyzed using a community epidemiology approach and the community nursing process. The following steps are then carried out:

- identification of health issues;
- determination of contributing factors;
- analysis of community potential;
- prioritization of issues in collaboration with the community through the Village Community Deliberation (MMD).

Priorities are set based on the magnitude of the issue, its level of urgency, the community's capacity, and the availability of resources.

4. Planning Stage

Planning is carried out participatively with the community, village officials, health cadres, and the Community Health Center (Puskesmas).

Programs are developed based on priority issues by establishing:

- general and specific objectives;
- activity targets;
- intervention methods;
- health education materials;
- activity schedules;
- success indicators.

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5. Implementation Phase

Implementation is the core activity of community service through community empowerment, involving faculty members, students, health cadres, and community leaders.

Activities include:

- Health education on healthy lifestyle practices, disease prevention, family nutrition, elderly health, maternal and child health, noncommunicable diseases, and environmental health.
- Home visits to target families.
- Community nursing care for individuals, families, and groups.
- Basic health screenings (blood pressure, weight, height, BMI, and random blood glucose when available).
- Support for at-risk families.
- Training of community health workers.
- Demonstrations of healthy lifestyle behaviors.
- Health counseling.
- Community empowerment through mutual aid activities and health promotion.
- Conducting Village Community Meetings (MMD) to present assessment results and develop follow-up plans.

6. Monitoring and Evaluation Phase

Evaluation is conducted on an ongoing basis by the supervising instructor together with the students by assessing (Prabasari, 2021):

Process evaluation:

- implementation of all activities;
- participant attendance;
- community participation;
- involvement of health cadres and village officials.

Outcome evaluation:

- increased community knowledge;
- improved skills of community health workers;
- changes in health behaviors;
- resolution of priority health issues;
- development of a follow-up plan in collaboration with the community.

The evaluation is conducted through observation, interviews, re-measurement of health indicators, documentation of activities, and discussions with the community.

7. Reporting

The final stage involves preparing a community nursing practice report that includes:

- Assessment Findings;
- Problem Analysis;
- Community Nursing Diagnosis;
- Interventions Implemented;
- Evaluation Results;
- Activity Documentation;
- Recommendations for follow-up actions for the village government, community health center, and the community.

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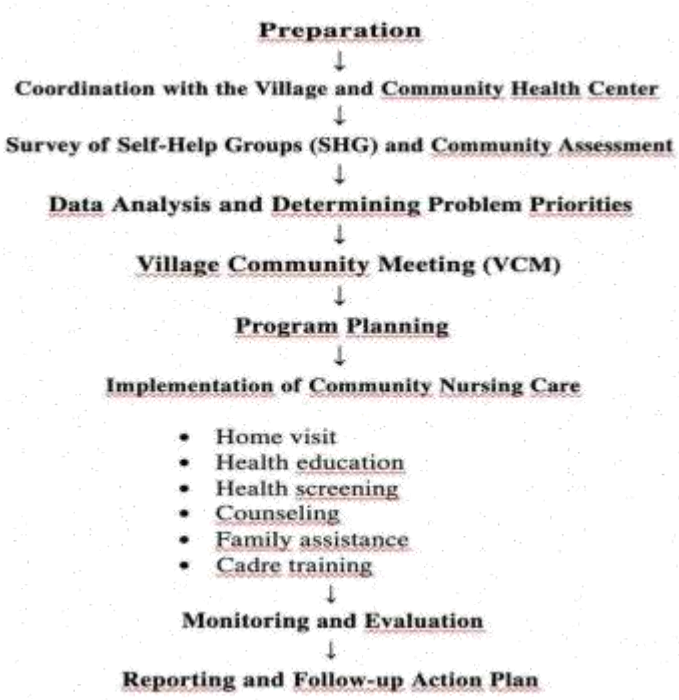
Figure 1. Implementation Method Flowchart



This method has been adapted to the implementation of Community Nursing Practice as outlined in your document, specifically by following the stages of the community nursing process—from assessment to evaluation—during the period of May 25–June 29, 2026.

3. RESULT

The Community Service program was carried out through Community Nursing Practice from May 25, 2026, to June 29, 2026, in RW 02, Tanjung Kamuning Village, Tarogong Kaler Subdistrict, Garut Regency. The program involved faculty members as supervisors and students from the Professional Nursing Program as providers of community nursing care. The program was carried out through the stages of assessment, problem analysis, intervention planning, implementation, monitoring, and evaluation in collaboration with the community.

a. Conduct of the Community Nursing Assessment

Students, together with faculty members, successfully conducted a community assessment using the Self-Assessment Survey (SMD) method, interviews, environmental observation (windshield survey), and home visits to residents in RT 01, RT 02, RT 03, and RT 04 of RW 02. The assessment yielded data on demographics, environmental conditions, health behaviors, health services, socioeconomic status, and community potential as the basis for formulating a community nursing diagnosis.

b. Identification of Community Characteristics

The assessment results showed that RW 02 consists of 884 residents from 265 households spread across four RTs. The majority of residents are of working age (21–55 years old); the educational level is dominated by high school graduates; and the largest occupational groups are the unemployed, homemakers, self-employed individuals, and laborers. These conditions serve as the basis for developing community empowerment strategies.

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c. Identification of Priority Health Issues

Based on the data analysis, several priority health issues were identified, including:

- the still-low quality of environmental sanitation;
- home ventilation and lighting that do not meet health standards;
- the prevalence of open water storage containers;
- the lack of a routine practice of draining water tanks;
- the fact that the majority of the community does not sort household waste;
- the fact that household wastewater is still largely discharged into drainage ditches;
- the presence of families whose clean and healthy living behaviors need improvement.

These findings became the focus of intervention during the implementation of community nursing practices.

d. Implementation of Health Education

Students, together with faculty members, conduct various health education activities for the community on:

- Clean and Healthy Living Practices (PHBS);
- prevention of communicable and noncommunicable diseases;
- environmental sanitation;
- household waste management;
- prevention of Dengue Hemorrhagic Fever (DHF) through mosquito breeding site elimination (PSN);
- the importance of regular health checkups;
- utilization of health care facilities.

The educational activities are conducted interactively through lectures, discussions, demonstrations, and the distribution of educational materials, thereby enhancing the community's understanding of promotive and preventive efforts.

e. Implementation of Community Nursing Care

Students provide nursing care to individuals, families, groups, and communities through:

- home visits;
- family health assessments;
- identification of health risk factors;
- family health counseling;
- support for at-risk families;
- provision of nursing interventions tailored to identified health issues.

These activities enhance families' ability to recognize health problems and take preventive measures independently.

f. Conducting Basic Health Screenings

Health screening activities are conducted for the community as needed, including:

- blood pressure measurement;
- weight and height measurement;
- body mass index (BMI);
- health consultations.

The screening results are used as a basis for health education and referrals for community members who require further examination at health care facilities.

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g. Increased Community Participation and Empowerment

Community members, health cadres, RT heads, RW heads, and village officials actively participated in the entire series of activities. Community participation was evident in:

- attendance at health education sessions;
- involvement in the Village Community Meeting (MMD);
- willingness to undergo health screenings;
- participation in environmental sanitation activities;
- commitment to implementing follow-up actions based on the results of community nursing practice.

h. Enhanced Student Competencies

The implementation of community service provides students with real-world experience in applying community nursing competencies, including:

- the ability to conduct community assessments;
- formulating community nursing diagnoses;
- developing intervention plans;
- conducting health education;
- therapeutic communication;
- community empowerment;
- evaluating intervention outcomes.

Figure 1. Implementation of Community Service Activities

Students also gained experience working collaboratively with faculty members, health workers, community health volunteers, and village officials.

i. Establishment of Partnerships

This activity strengthened cooperation between the Karsa Husada Garut Health Institute and the Tanjung Kamuning Village government, community health volunteers, and the local community health center (Puskesmas). These partnerships support the sustainability of community-based promotive and preventive health programs.

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Figure 2. Partnership Between the Karsa Husada Garut Health Institute and the Community

j. Development of a Follow-Up Plan
As a follow-up to the activities, several recommendations were agreed upon, namely:

- to increase health education activities on a regular basis;
- reactivating the role of health cadres in family monitoring;
- increasing community-based environmental cleanup efforts;
- encouraging the sorting of household waste;
- increasing routine mosquito breeding site eradication;
- strengthening coordination between the community and the Community Health Center (Puskesmas) in public health monitoring.

Table 1. Activity Success Indicators

Indicator	Outcome
Community Assessment	Conducted in all RT in RW 02
Self-Assessment Survey (SMD)	Conducted
Village Community Meeting (MMD)	Conducted
Health education	Conducted as planned
Home visits	Implemented among the target families
Health screenings	Conducted
Community nursing care	Conducted
Community participation	Good
Empowerment of community health workers	Conducted
Follow-up plan	Developed in collaboration with the community

Overall, the Community Service activity through Community Nursing Practice successfully achieved its intended objectives, namely to enhance the capacity of students and faculty members in providing community nursing care while also increasing the knowledge, participation, and self-reliance of the residents of RW 02, Tanjung Kamuning Village, in maintaining and improving their health status. These results were supported by the implementation of the community nursing process, from assessment to evaluation, as documented in the practice report.

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4. CONCLUSSION

Following the implementation of the community nursing care process in RW 02, Pasir Malang Hamlet, Tanjung Kamuning Village, Tarogong Kaler Subdistrict, from May 4 to June 27, 2026, it can be concluded that: The assessment process was conducted through: observation, interviews, physical examinations, and a review of documentation. This activity was carried out thanks to cooperation with the community of RW 02 in Pasir Malang Hamlet, Tanjung Kamuning Village, with some students assisted by the RT, RW, community leaders, religious leaders, and community health worker mothers. Planning was carried out jointly with the community of RW 02 in Pasir Malang Hamlet, Tanjung Kamuning Village, through MMRW meetings to analyze data, identify problems, and seek alternative solutions and there are two main issues in RW 02: health behaviors that tend to be risky and ineffective health management. The initiatives implemented include providing free blood pressure screenings, health education sessions on the dangers of hypertension, health education sessions on the importance of regularly monitoring blood pressure at the Posbindu, and hypertension exercise programs; as well as community-led trash cleanup activities to prevent litter, conducted every morning before the arrival of the garbage truck to address waste management issues in RW 02 of Tanjung Kamuning Village and these initiatives were carried out with the active participation of the RW 02 community in Tanjung Kamuning Village, utilizing the community's existing potential and resources, and supported by local government entities, namely RW 02 and RT Pasir Malang in Tanjung Kamuning Village, as well as the Tarogong Kaler Community Health Center.

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