

GRACE



UNDER PRESSURE

How the COVID-19 pandemic and an unruly winter storm challenged one Texas nurse.

By Kim Mueller

On a Monday morning in February, as the historic winter storm began its frigid sweep across the Southwest, Grace Kuria Ngila, RN, BSN, CMSRN, burrowed under her covers and contemplated calling out of work.

Texas Governor Greg Abbott pleaded with citizens to stay off the icy roads. Hospitals encouraged employees to avoid dangerous commutes. Local news stations warned people to ‘stay home, stay safe, please.’

But Ngila didn’t listen. “I had to go,” she said. “Some people cannot come to work, but you still have patients. They cannot go home.”

The federal government declared Texas a major disaster area as temperatures dipped into single-digits, breaking decades-old records. Forty-five hospitals were declared internal disasters as water pressure dropped, water pipes burst, and back-up generators sporadically kicked in—or didn’t—after the state’s electrical grid broke down. Several hospitals postponed elective surgeries and procedures while trying to stay open with skeleton staff.

ABC News reported nearly 3 million residents were without electricity and heat. Emergency rooms became warming stations for some residents and lifelines for others after dialysis centers temporarily closed due to water pressure issues.

“It was a desperate situation,” Ngila recalled. “One day at the hospital we did not have water for eight hours.”

Patients and staff used alcohol sanitizer to wash. They followed special restroom instructions to put toilet paper and excrement in waste containers after urination. The hospital kept everyone supplied with bottled water.

Amid the chaos, Ngila looked for the silver lining behind the storm clouds. “I’m a very positive person,” she explained. “I don’t like negative energy. You just do what you can.”

The biggest challenge for Ngila was taking a higher assignment. Instead of caring for four patients on the COVID-19 unit, or five patients during typical shifts, she was responsible for six patients during the winter storm.



Grace Kuria Ngila

“You cannot give good care in the middle of a storm,” Ngila whispered as she grew still and remembered the long days. Her three shifts, each 12-hours long, extended into four shifts as more nurses called in.

If the days were long, the nights seemed even longer. At the end of each shift, the hospital offered her an empty room to rest but sleep eluded her. Monitor alarms continuously chirped, beeped,

and chimed from neighboring rooms filled with patients.

When Ngila finally got off work on Thursday, she came home to broken water pipes and no electricity. She used a wastebasket for her feces and took sponge baths from a Home Depot bucket filled with cold water from a kind neighbor.

“It was not as bad as a situation as you would think,” Ngila added.

And there it was—she spotted the sliver of silver, “Everyone (at the hospital) put their hands together and helped. We all worked as a team. We became more of a family.”

Ngila has worked as a med-surg nurse at this North Texas hospital since 2012, primarily taking care of patients with diabetes and hypertension. In March 2020, however, she transferred to the hospital’s unit for Patients Under Investigation—now referred to as the COVID unit.

“When I heard that we were going to get a patient with COVID, I was terrified,” she recalled.

“I was thinking I was going to get sick and I was going to die. And it was not just (about) me. I thought I was going to bring it home. I was terrified.”

The hospital assigned each nurse to four rather than five patients to accommodate for the extra time needed to put on and remove PPE. Ngila meticulously followed the Centers for Disease Control and Prevention’s gowning sequence.

“The hospital has given us everything we need to be protected,” she said. “I have never lacked PPE—not a day. They don’t ration them for us.”

Ngila also created similar safety procedures at home where she undresses in the garage, runs into the bathroom to shower and to dress before saying hello to her husband. She didn’t leave the house except to go to work, her husband did all the grocery shopping, and the postal service delivered the rest.

Then, in December 2020, Ngila woke up with a 101-degree temperature.

“I did everything I should have done and still got sick,” she said. “And I said, ‘Oh my God, what I was fearing has finally come for me.’”

For the next 19 days, Ngila struggled with headaches, weakness, fatigue, diarrhea, and nausea. At first, she was depressed because she had seen firsthand SARS-CoV-2 at its worse. Soon,



she became angry that her best efforts to avoid the virus weren't successful and she wasn't able to care for her patients.

"It was hard because you have patients and they are dying and they are alone," she said.

She still has difficulty catching her breath.

Ngila's worst day came when she was a charge nurse in March 2020. She received a phone call from a screaming woman who demanded her father be allowed to visit her stepmother. The father, who had COVID-19, was a patient on the med-surg unit. The stepmother, who also had the disease, was intubated in the ICU.

"We were not having visitors. That was the new thing we had to deal with," she said. "There was change every day."

Like many hospitals, the North Texas hospital bought electronic tablets for patients to communicate with their loved ones who weren't allowed to visit. But the iPads had not yet arrived at this time. The distraught daughter continued to yell for Ngila to help her family. The staff decided to make a policy exception. They wheeled the husband into the ICU to see his wife.

"We have very difficult moments," Ngila said as she took a long pause and wept. "By the time we got there, the wife had passed."

Her best day was praying with a patient who was convinced she wouldn't recover from the virus and refused to get out of bed for three

weeks. After Ngila shared her COVID experience, the patient rallied and soon went home.

"She was shocked [that I survived]," Ngila recalled. "I told her she just had to have hope. Those are my best days—when you have patients that get well and go home."

After dealing with a year of the pandemic and a brutal winter storm, Ngila decided to make some changes to her life. Delayed gratification and the evening news went out the window. She now relaxes by watching documentaries and the TV series "Say Yes to the Dress."

Although the med-surg nurse still saves money for emergencies, she allows herself to splurge on life's little pleasures like an indoor water fountain to soothe her mind and \$150 New Balance sneakers to soothe her feet.

"COVID has made me look at people differently," she said. "There are some people that I will have to leave behind because we are not going in the same direction. They think that this COVID is a hoax. I know what I have seen firsthand. It has been tough." 

Kim Mueller is an award-winning journalist based in Kansas City, MO. She worked as a health, education, and investigative reporter for five daily newspapers before freelancing for several national publications including Med-Surg Nurse Life Magazine, The Washington Post, and PBS's Next Avenue. She is a member of the Association of Health Care Journalists and earned her master's degree from the University of Missouri's School of Journalism.