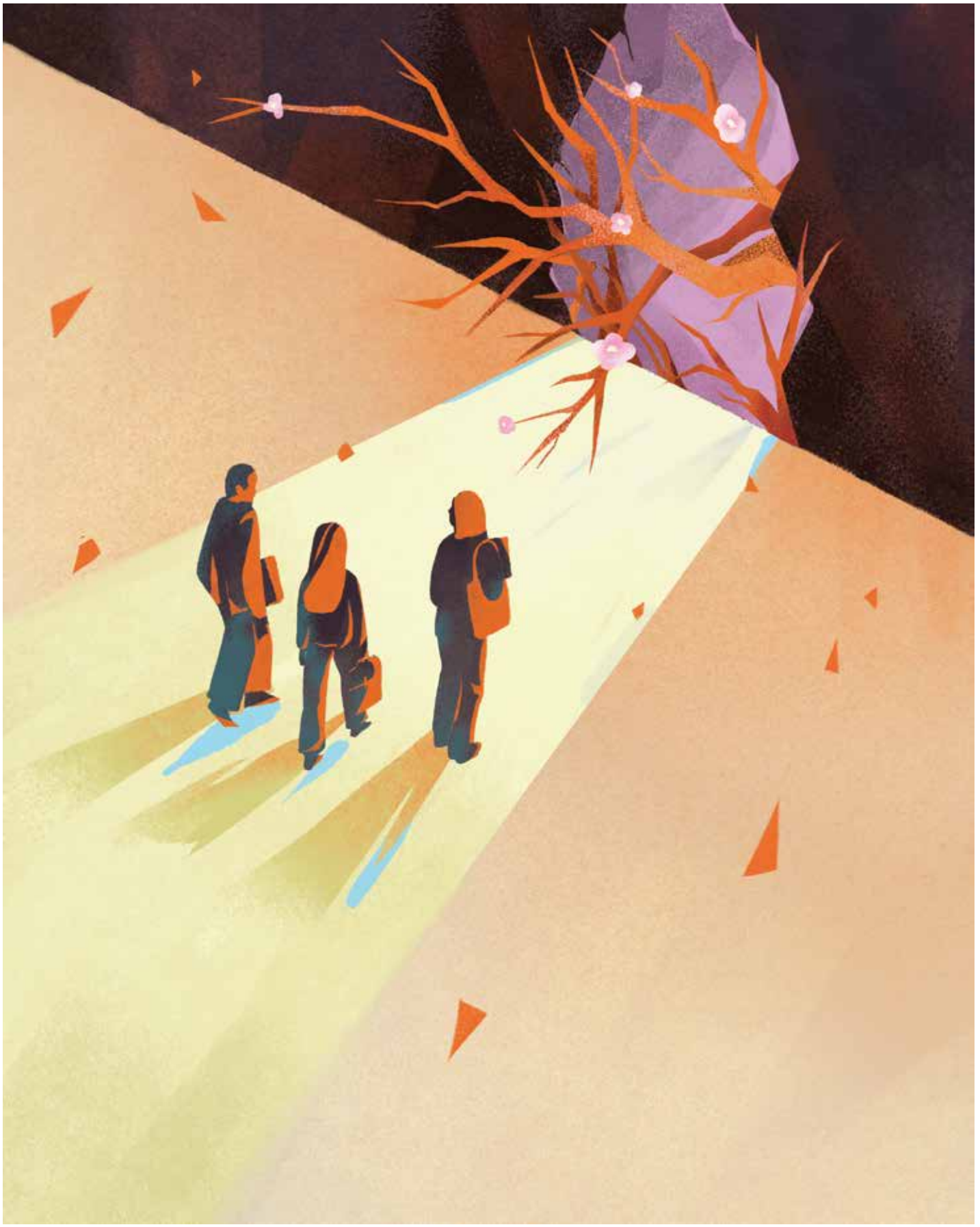

Disruptive Change:

Leadership Lessons Along the Road to Emmaus

MICHAEL COX, PhD
Chief Mission Officer, Northwest Region, CommonSpirit Health

The Catholic health ministry in the United States, and perhaps all modern healthcare organizations today, exist within a liminal space. We know change is both required and inevitable, yet we are not completely sure what the Catholic health ministry will look like in the future. We also operate in an ever-fluctuating environment, where the lexicon of change — Medicaid cuts, reimbursement and revenue-cycle challenges, mergers, affiliations, consolidations, rationalizations, service line growth, reductions in force, and new and innovative operating models — is often disruptive.

It is essential, however, to distinguish between external disruptions that affect the ministry without our consent and those that we, as leaders, intentionally initiate as we seek to move out of this stage of liminality.

Intentionally initiating change may rightly be the gold standard of ministry leadership. Identifying opportunities to grow the ministry, better meet community needs, and respond to "the signs of the times" has required intentional change throughout our history. Change is at the core of our ministry's collective DNA. And yes, the saying is true: Change is constant.

Yet today's environment feels different. The pace and disruptive nature of the changes we initiate can create a profound moral tension felt and experienced by those ministering at the bedside, in the boardroom and everywhere in between. At the same time, some change may be readily embraced when it enables teams and communities to flourish.

However, for changes that can cause our teams distress, we are the architects of the upheaval when we consciously choose to disrupt our own organizations through closing or consolidating service lines, shifting care sites, or pivoting to a new clinical or operating model. We know that these changes, often strategically necessary for organizational sustainability, can feel foreign, unwelcome and genuinely harmful to everyone affected: clinicians, staff, patients and families, as well as the leaders called upon to implement them. Left unaddressed and unmitigated, this moral tension has the potential to disrupt and irrevocably alter our ministry's identity.[1]

How, then, do we remain true to our Catholic identity while leading through the complexities of change we ourselves have set in motion? The biblical story of the Road to Emmaus offers a narrative of hope during profound change and, more importantly, a road map for ministry leadership that leans into the moral tension embodied in our ministry today.

NAVIGATING THE ROAD TO EMMAUS

In the aftermath of the crucifixion, two disciples are walking away from Jerusalem. Their world has been shattered. Everything they hoped for in the promise of Jesus' mission and life had been violently ripped away. They experienced

disillusionment, grief and fear of what may come next. In a sense, walking to Emmaus is walking away from the center of their mission.

In many ways, this is how staff feels when we announce intentional and disruptive change. They feel that the "Jerusalem" of their daily work — the relationships, the known routines, the stability — has been crucified. They worry about the identity of the ministry to which they have entrusted their vocation, and they feel the weight of a future that seems to have vanished.

As leaders, our first moral obligation in the face of disruptive change is accompaniment. When we intentionally create disruption, we cannot remain distant or remote. Rather, we should claim the ability to be visible, proximate and near those affected by the change we initiate.

When Jesus joins the disciples on the road, he does not immediately correct their theology. He does not tell them to "move on" or "focus on the strategy." Instead, he asks, "What are you discussing as you walk along?" First, he listens. He lets them articulate their pain, their confusion and their sense of loss (Luke 24:13-35).

As leaders, our first moral obligation in the face of disruptive change is accompaniment. When we intentionally create disruption, we cannot remain distant or remote. Rather, we should claim the ability to be visible, proximate and near those affected by the change we initiate. We must walk the road with those who are grieving the loss of what was. We must listen to the hurt our decisions have caused.

If we are the authors of the disruption, we bear the primary responsibility to sit with those who suffer because of it. Accompaniment in these situations requires leaders to have tremendous courage, compassion and comfort in being vulnerable in new ways. Doing so humanizes the leader as someone willing to enter into the suffering caused by disruptive change.

THE MORAL BURDEN OF 'CHOSEN' DISRUPTION

Many organizations within the Catholic health ministry operate in a complex matrixed environment where critical decisions may often be made by leaders who are "invisible" to those affected by them. These operating structures pose a significant risk to those "visible" leaders who, while not necessarily involved in making the decision, are often held accountable for successfully implementing it or potentially disruptive change.

For significant decisions, sponsors and senior executives might consider how to better include the "visible" leaders in the decision-making process and offer them supportive accompaniment through the change. Failing to do so risks eroding leaders' identities and prevents the practice of authentic subsidiarity, defined by Pope Leo XIV in his first encyclical, *Magnifica Humanitas*, as a principle where "decisions are made at the closest level possible to the persons involved, thereby fostering community life and avoiding people being presented with decisions that have already been taken."[2]

Applying subsidiarity to the disruptive nature of the digital revolution, not unlike the disruptive change leaders can initiate, Pope Leo also asks that those in power direct their efforts "toward the common good with transparency, accountability and meaningful forms of participation."[3] His invitation to a deeper sense of community and leadership is critically important for the Catholic health ministry's identity. Moreover, it is prudentially wise as we seek to retain the talented, courageous and compassionate leaders who have chosen to accompany those they serve. Our Catholic health ministry might otherwise lose talented leaders to other organizations and industries.

We often justify disruption by referencing the common good, arguing that these disruptive changes are required to ensure the ministry's sustainability. We must be cautious and listen to Catholic social teaching, which warns us against a utilitarian interpretation of the common good as merely "the greatest good for the greatest number." Instead, it is a commitment that everyone, especially the most vulnerable, has what they need to participate fully and to flourish. Our ministry's diverse practices of facilitated values-based discernment can be helpful in navigating these tensions, so long as discernment does not

become a single "box" to check.

When we intentionally create disruption that harms our teams or communities, we should also acknowledge that harm openly and honestly. We cannot label our strategic decisions as "the mission" if we ignore the human cost. True and meaningful moral leadership demands that we avoid marginalizing our own team members by reducing their identities to lines on a spreadsheet. Recognizing their inherent dignity as members of our human family and as active participants in our ministry of loving compassion and kindness should make disruptive decisions more challenging for Catholic health ministry leaders. If disrupting people's lives comes too easily to leaders, what does this say about the distinctive nature of our Catholic ministry's identity?

Our ministries' leadership teams, board members and sponsors may wish to explore how our Catholic identity calls us to live within this moral tension and how our decisions and lived experiences shape our ministry's future. At the same time, leadership formation can more deeply consider the challenges that leaders may encounter in Catholic healthcare today.

The "breaking of the bread" in the Emmaus story is the moment the disciples finally recognize Jesus. It is a moment of shared, embodied vulnerability. For leaders, this means moving beyond the transactional. We must be transparent about why we choose to disrupt, but more importantly, we must be vulnerable about the difficulty of that choice. We must invite our teams into the "why" so that they are not just victims of the change, but participants in the new reality.

LEADING TOGETHER TOWARD A NEW JERUSALEM

The end of the Emmaus story is not the end of the walk; it is the return. Once their eyes are opened, the disciples immediately turn back to Jerusalem to continue the mission. They do not stay in Emmaus; they return to the very place that caused them pain, equipped with a new understanding of their purpose.

While disruptive change is inherently distressing and often painful, those leading it should ensure there is a clear and defined purpose to such disruption and that this purpose is effectively communicated. If we are to intentionally disrupt our organizations, we must do so with the prophetic clarity that this change is not for the sake of the institution, but for the sake of the healing ministry, not at the expense of our healing ministry's identity.

We must transition from "deliberative" language, which focuses on directives, policy and natural law, to a "persuasive or synodal" style that centers on relationship and shared values. We need to remind our teams that while the structures of our work may change, our mission to respond with loving compassion, humble excellence and fiercely proximate accompaniment of all who are vulnerable remains unchanged.

A MORAL FRAMEWORK FOR CHANGE

As we navigate these disruptive times, we can apply the Emmaus framework to our leadership:

1. **Acknowledge the trauma.** When we initiate disruptive change, we must acknowledge the human impact and grief it causes. Do not minimize the pain of staff who are losing relationships and roles. Seek to understand the emotional toll that implementing hard and disruptive decisions places on leaders. Create space for them to speak their truth.
2. **Accompany.** Do not lead from afar. Be proximate and visible. During times of disruption, leadership's presence where the change occurs is most important. Ensure that leadership is present in the clinics, offices and care sites where the disruption is most felt.
3. **Align formation efforts with change management.** Help teams, both those initiating change and those directly affected by it, to encounter values more deeply, personally and formationally. It is not enough to be formed in the founding heritage narratives of our ministries and our current moral and ethical commitments. Our approaches and practices of change can themselves be formative. Connect the uncomfortable "what" with the essential "why."
4. **Break bread.** Embracing synodality can foster environments of genuine human connection. Recognize that trust is built in the moments where we share the burden and joy of our shared mission. Many years ago, the late spiritual writer Henri Nouwen gave us *The Wounded Healer*. I believe each of us carries our own wounds, and more importantly, these experiences have helped to form us into who we are today. Perhaps, by creating moments of encounter that deepen our appreciation of others' perspectives, we can help cultivate

a community of wounded leaders better able to guide our Catholic health ministry toward a future we cannot yet see but believe must continue to reflect our Gospel values. Building such a healing community, rooted in subsidiarity and reflective of synodality, should be one of our most paramount priorities.

5. **Practice authentic discernment.** Discernment can be a wonderful method to navigate the moral tensions and value conflicts that arise when considering disruptive change. Ensuring that discernment is not simply a box to check, but a formative experience that can foster subsidiarity, should be a critical priority. Part of the discernment process should include developing a communications plan that recognizes the suffering of those adversely impacted.

The path forward will remain disruptive. As healthcare leaders, we will continue to face the need to make hard, intentional choices that will affect those in our care and those we serve with. But if we can lead like Jesus on the road to Emmaus, by listening, accompanying, reinterpreting and breaking bread, we can lead our teams deeper into the heart of our shared ministry, where God's divine presence becomes more clear amid chaos. We are then better able to return to our "Jerusalem" not because we have all the answers, but because we are committed to the healing ministry together.

MICHAEL COX is chief mission officer of the Northwest Region at CommonSpirit Health.

NOTES

1. The author's doctoral dissertation, published earlier in 2026, "The Moral Weight of Organizational Change: Hospital Presidents' Lived Experiences of Suffering and Discernment in Catholic Health Ministry," highlights six essential themes gathered through qualitative interviews with Catholic healthcare leaders: 1) the tension between mission and margin is creating an ontological crisis; 2) leaders often feel the weight of decisions they have limited or no moral agency in making, and they're often held primarily accountable for such decisions; 3) discernment can become a transformative practice when used authentically; 4) leaders struggle holistically (physically, emotionally and spiritually) when making or implementing decisions that harm their teams; 5) the matrixed nature of complex organizational structures is marginalizing local leaders' moral agency; and 6) leaders lean into their own authentic alignment of personal and organizational values as a method to cope with change.
2. Pope Leo XIV, "*Magnifica Humanitas*: On Safeguarding the Human Person in the Time of Artificial Intelligence," The Holy See, section 70, May 15, 2026, https://www.vatican.va/content/leo-xiv/en/encyclicals/documents/20260515-magnifica-humanitas.html.
3. Pope Leo XIV, "*Magnifica Humanitas*," section 71.

QUESTIONS FOR DISCUSSION

Michael Cox's article reminds us that some of the most challenging moments of leadership arise when making decisions that lead to disruptive change.

1. The author offers several ways that leaders can respond well when change is imminent in a healthcare ministry. What do you think of his calls for visible leadership in tough times, clear communication, acknowledgment of the toll the change may have on those in the workplace, accompaniment and vulnerability? How could those be integrated into formation and change management at your organization?

2. Do you have examples of when your workplace responded well to change or did not? What lessons did you learn that you can apply moving forward?

3. What process does your ministry have in place to ensure an "authentic discernment" of potentially disruptive or painful change that is not just "a box to check"?

4. What can you do in your role to transition from a "deliberative" or directive approach to a more "persuasive or synodal" style when discerning and communicating disruptive change?

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