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Research Article

Spiritual Spaces in Urban Hospitals: Bridging the Gap Between Cultural Needs and Architectural Standards in Ho Chi Minh City, Viet Nam

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Abstract: As Asian megacities grow rapidly, hospitals must respond not only to physical health needs but also to the emotional and spiritual well-being of patients, families, and staff. Ho Chi Minh City, Vietnam's largest urban center, offers a distinctive context for studying how spiritual care spaces are integrated into high-density healthcare campuses. Drawing from regional precedents and England's National Health Service, this study examined 47 hospitals in the city that provide prayer rooms, chapels, altars, or garden shrines. Through site visits, architectural plan analysis, interviews, and user surveys, we assessed each space's location, ownership, size, materials, natural lighting, ventilation, acoustic quality, integration with nature, cultural symbolism, and design origin. Results show a strong contrast: private hospitals typically offer purpose built, multi faith rooms (≈60 m²) with controlled light and sound, while public facilities rely on smaller (30–40 m²) adapted spaces, often located in courtyards or historic temple remnants. Despite this divide, the highest satisfaction scores were found in garden shrines with vegetation, daylight, and natural ventilation. Key design factors contributing to user comfort include biophilic features, inclusive iconography (e.g., Buddhist and Christian symbols side by side), and intuitive wayfinding. These spaces not only reduce stress but also serve as passive cooling zones and emotional support areas during crises—hallmarks of resilient healthcare environments. The study recommends integrating spiritual care planning in hospital design, retrofitting green sanctuaries in land-constrained sites, and embedding user feedback into patient experience evaluations. This positions Ho Chi Minh City as a model for holistic, culturally attuned healthcare design in climate vulnerable cities.

Keywords: spiritual care, hospital architecture, resilient urbanism, Ho Chi Minh City, ASEAN healthcare design, biophilic healing.

Highlights:

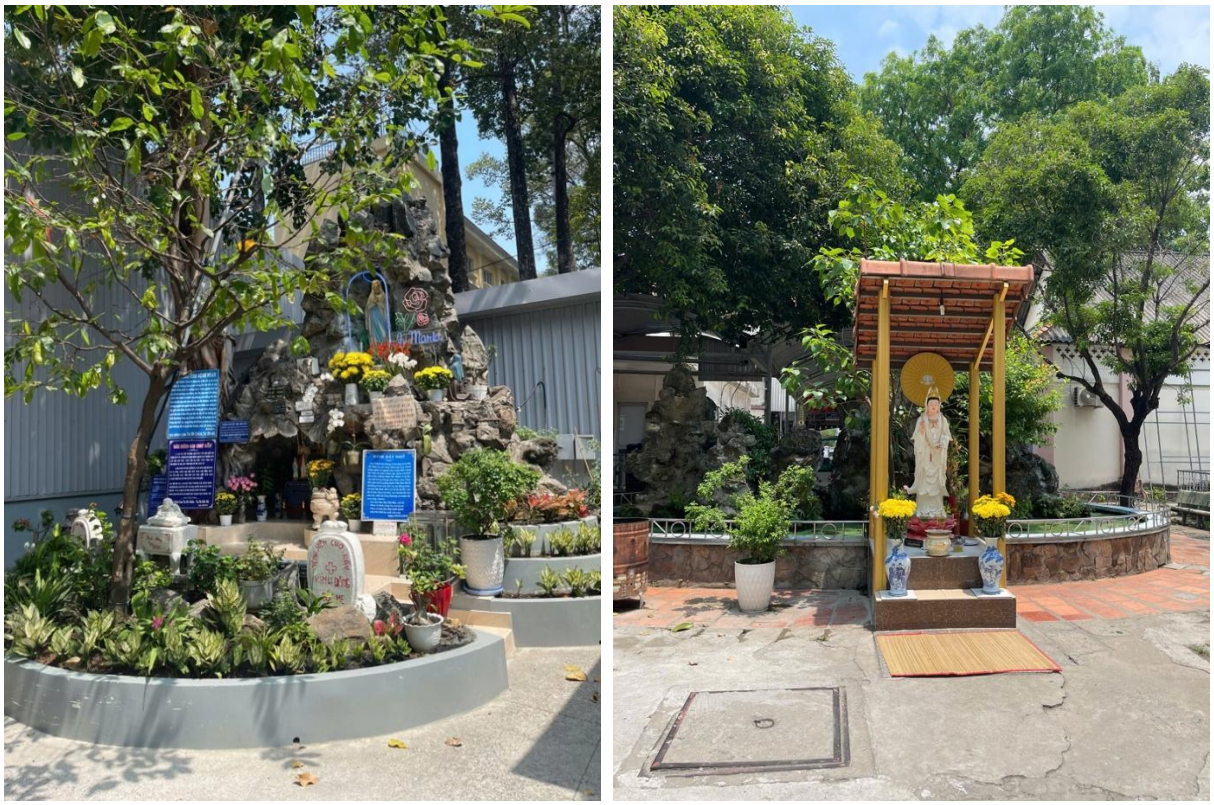
- A holistic approach that includes emotional and spiritual well-being.
- The architectural characteristics of spiritual care areas in 47 hospitals across Ho Chi Minh City.
- Carry practical implications for resilient urbanism and sustainable healthcare design in Vietnam.
- Buddhist Quan Am statues coupled with Christian symbols help reduce "threshold anxiety."
- Functions: quiet refuge and spiritual symbolism.

1. Introduction

In recent years, the design of hospitals has evolved from simply focusing on physical care to incorporating a more holistic approach that includes emotional and spiritual well-being. This shift has been particularly prominent in fast-growing urban environments such as Ho Chi Minh City, where healthcare systems strive to meet the needs of an increasingly diverse and urbanized population. Integrating spiritual care areas within hospitals has become a key element of this approach, recognizing that healing involves more than just physical treatment; it also includes mental, emotional, and spiritual aspects.

The importance of spiritual care areas in hospitals has been widely acknowledged in Western and Asian contexts. In many countries, hospitals have long incorporated spiritual and emotional healing spaces, such as chapels, prayer rooms, or meditation spaces (Pien, Hamid, & Khalid, 2023). These spaces serve not only to provide comfort to patients but also to support families and hospital staff, fostering a sense of peace and reflection in often stressful and challenging environments. However, while the design of these spaces is well-documented in Western healthcare systems, there is limited research on the architectural characteristics of spiritual care areas in hospitals in Asia, particularly in rapidly urbanizing regions like Vietnam.

In Vietnam, the design of spiritual care areas is becoming increasingly relevant as urbanization reshapes the healthcare landscape. The rapid expansion of Ho Chi Minh City, Vietnam's largest urban center, has led to the development of new hospitals that aim to address not only the physical needs of patients but also their psychological and spiritual well-being. While still a relatively new concept in Vietnamese hospitals, these spiritual care areas are essential to healthcare architecture, offering patients and their families a place for reflection, prayer, and emotional respite. The architectural characteristics of these spaces, such as their size, material use, and positioning within the hospital, are key factors in their effectiveness in promoting well-being (Nakau et al., 2013).



Cho Ray Hospital Children's Hospital 2

Figure 1. Hospitals with Multi-Religious Worship Areas

Integrating spiritual care areas within hospitals is also closely linked to resilient urbanism, which emphasizes the importance of creating adaptable cities that respond to physical and emotional needs. Resilient

urbanism in healthcare design addresses the physical infrastructure of hospitals and considers the emotional and mental well-being of the individuals who use these spaces. As Ho Chi Minh City continues to grow and modernize, hospital designs must integrate functional spaces for physical care and peaceful, reflective spaces for spiritual healing (Figure 1).

This paper examines the architectural characteristics of spiritual care areas in 32 hospitals across Ho Chi Minh City. It focuses on their design features, materials, spatial organization, and role within the hospital setting. By analyzing these aspects, this study seeks to provide a deeper understanding of how hospital architecture in Vietnam is evolving to meet the holistic needs of patients and contribute to the city's urban resilience. The findings from this study are intended to inform future hospital designs, ensuring that they are not only functional but also conducive to emotional and spiritual healing, ultimately fostering a healthier and more resilient urban environment

The theoretical framework is grounded in healing environments and biophilic design, situated within the broader context of resilient urbanism. Healing environment theory suggests that thoughtfully designed healthcare spaces, incorporating natural light, vegetation, and quiet areas for reflection, can play a significant role in enhancing patient recovery and overall well-being (Puchalski et al., 2014). Similarly, biophilic design emphasizes integrating nature into architecture to reduce stress and enhance comfort. These frameworks align with principles of resilient urbanism by advocating hospital designs that bolster psychological resilience and cater to urban communities' cultural and spiritual needs. Together, they provide a theoretical foundation for analyzing how spiritual spaces function as vital components of holistic healing in HCMC's dense urban hospital context.

2. Hospital Design: Lessons Learned from Asia, ASEAN, and England

2.1 Hospital Design in Asia: The Vietnamese Context

In Vietnam, particularly in Ho Chi Minh City, hospital design has traditionally been centered around medical functionality, often prioritizing clinical spaces such as patient wards, diagnostic areas, and surgical rooms. Patients' emotional and spiritual needs are typically secondary considerations in this context. However, as awareness of holistic healthcare increases, there is a growing recognition of the need to incorporate spaces that support emotional and spiritual well-being. This shift in focus is fundamental as healthcare systems strive to address the needs of a more urbanized, diverse, and rapidly aging population. Chou et al. (2024) highlight that private hospitals in Ho Chi Minh City increasingly invest in purpose-built spiritual spaces, such as multi-faith prayer rooms, meditation areas, or chapels. These spaces are designed with a clear intent to foster a calming environment that allows patients, families, and even hospital staff to find solace and spiritual comfort during their time in the hospital. These purpose-built spaces often feature materials such as wood, stone, and glass, which are chosen to evoke tranquility and connect the users to nature.

Illustrative examples from the survey highlight these typologies. Cho Ray Hospital in District 5 is notable for its 45m² multi-religious area, featuring statues of Buddha, Quan Am, Christ, and the Virgin Mary arranged harmoniously within its campus (Thảo, 2023; Thanh Niên, 2024). The presence of "eight-sign charms" (ếm bát quái) also suggests informal spiritual elements within its older structures. Similarly, Nhi Dong 2 Hospital in District 1 is characterized by numerous Quan Am statues, frequently placed by families seeking solace and prayer for their children (Giác Ngộ Online, 2023; Vietnam.vn, 2024). A significant recent development is the Tâm Anh Hospital in Tân Bình District, which officially inaugurated a multi-religious chapel in January 2024, marking a progressive step in integrating spiritual spaces into modern hospital design (Phailamgi, 2025)

On the other hand, public hospitals in Ho Chi Minh City often face resource limitations and therefore tend to repurpose existing spaces, such as courtyards or alcoves, into informal spiritual care areas. While these adapted spaces still provide much-needed relief, they may not be as well-designed or equipped to meet all patients' diverse spiritual and emotional needs. Moreover, the accessibility of these spaces can be limited, particularly in crowded hospitals where space is at a premium. Additionally, the cultural inclusivity of these spaces is often challenged, as most spiritual care areas in public hospitals are designed with a singular cultural or religious focus, typically drawing from Buddhist traditions. Despite these challenges, there is a noticeable trend towards including spiritual care spaces in public and private healthcare facilities, recognizing that healing

extends beyond physical treatment. However, further research and investment are needed to ensure that these spaces are not only accessible but also inclusive of the diverse spiritual needs of the growing urban population. As Ho Chi Minh City's healthcare infrastructure continues to evolve, integrating well-designed, culturally inclusive spiritual care areas will likely play an increasingly important role in promoting the overall well-being of patients and staff.

2.2 Hospital Design in ASEAN Countries

Other ASEAN countries have also started incorporating spiritual care areas into their hospital designs, with varying degrees of success. In Singapore, for instance, hospitals like the National University Hospital (NUH) and Tan Tock Seng Hospital have designed dedicated multi-faith prayer rooms, offering spaces for patients of diverse backgrounds to reflect and pray. According to Ahmad et al. (2024), these spaces are carefully integrated into the hospital environment, providing easy access while ensuring privacy and quietness. The Singaporean model emphasizes inclusivity and accessibility, offering a valuable lesson for Vietnam, where multi-faith spaces are less common.

In Malaysia, the design of spiritual care spaces in hospitals such as the Hospital Kuala Lumpur (HKL) reflects a strong connection to the country's Islamic heritage. The hospital has a designated prayer room that caters to Muslim patients, designed with architectural elements that align with Islamic traditions, such as intricate patterns and symbols. While Malaysia focuses on Muslim patients, the trend toward creating culturally specific spiritual spaces is a significant development (Dlamini, Chang, & Nguyen, 2023). This model demonstrates the importance of designing culturally appropriate and spiritually meaningful spaces for the hospital's patient demographic.

In Thailand, the integration of spiritual care areas in hospitals has been more aligned with Buddhist traditions. Hospitals like Siriraj Hospital in Bangkok have created tranquil spaces for meditation and reflection. These spaces are often surrounded by nature, with gardens or water features designed to enhance the sense of peace and serenity. This design strategy acknowledges the importance of nature in spiritual healing, a theme echoed in other ASEAN countries.

2.3 Hospital Design in England: A Model for Holistic Care

England's National Health Service (NHS) has long been a leader in integrating spiritual care areas into hospital designs compared to the ASEAN context. The NHS guidelines emphasize the creation of multi-faith prayer rooms, catering to patients' diverse religious and spiritual needs. These rooms are designed to be accessible, adaptable, and inclusive, with natural materials such as wood, stone, and glass contributing to the calming atmosphere (Dos Santos et al., 2022). The NHS model promotes patient-centered care, which includes providing spaces for emotional and spiritual healing alongside medical treatment (Pryor & Thompson, 2022). These principles can serve as a valuable benchmark for hospitals in ASEAN countries and Vietnam as they work to improve the design of spiritual care areas.

2.4 Lessons Learned and the Research Gap

The lessons learned from ASEAN countries and England highlight several key factors for creating effective hospital spiritual care areas. Firstly, inclusivity and cultural sensitivity are essential. In Singapore, the focus on multi-faith prayer rooms offers a model that could benefit Vietnam, where such spaces are still underdeveloped (Ahmad et al., 2024). Secondly, the integration of nature, as seen in Thailand, and using materials like wood and stone in ASEAN countries and England, proves to be an effective strategy for creating peaceful, healing environments.

Despite these advancements, Vietnam and other ASEAN countries face challenges in providing adequate spiritual care spaces due to limited hospital resources, space constraints, and the lack of standardized guidelines for these areas. There is also a gap in research that comprehensively compares the spiritual care spaces in hospitals across ASEAN countries, particularly in urbanized cities like Ho Chi Minh City.

The research gap lies in the need for more studies on the architectural characteristics of spiritual care areas in Vietnamese hospitals and their comparison with ASEAN and Western models. Research must also explore the challenges hospitals face in creating and maintaining these spaces, particularly in the public healthcare system.

3. Materials and Methods

This research employed a mixed-methods approach, combining empirical field observation with rigorous comparative analysis to assess spiritual spaces' current state and architectural value in Ho Chi Minh City hospitals. The study was conducted from April to June 2025, encompassing a comprehensive survey of 47 healthcare facilities in HCMC, including 35 public and 12 large private hospitals. This extensive sample size provides a robust foundation for evaluating the existing landscape of spiritual provisions within the city's healthcare system.

Data collection involved several key instruments and parameters. Field observation was systematically utilized to gather information on the physical attributes of spiritual spaces. This included documenting their location within the hospital compound, estimating their scale and average Area, identifying the primary construction materials used, observing roofing types, assessing lighting and drainage systems, noting accessibility features for individuals with disabilities, and determining the presence or absence of auxiliary spaces. Concurrently, user behavior analysis was conducted through direct observation to understand these spaces' functional utility and demand. This involved noting the frequency of visits and identifying peak usage times, providing empirical evidence of how these spaces are utilized by patients, their families, and staff.

4. Results

4.1 Current Status and Typology of Spiritual Spaces in HCMC Hospitals

Table 1: Classification of Spiritual Spaces in Ho Chi Minh City Hospitals

Type of Spiritual Space	Number of Hospitals	Percentage (%)	Average Area (m^2)	Main Location
Makeshift Shrines	18	38.3	8-15	Backyards, near the cafeteria
Outdoor Monuments	14	29.8	20-50	Central Campus
Multi-religious Integration	6	12.8	15-25	Corners, near green spaces
Formal Chapels	4	8.5	80-200	Ground floor or 5th floor
None	5	10.6		
Total	47	100		

The Table 1 presents a classification of spiritual spaces across 47 hospitals in Ho Chi Minh City, highlighting the prevalence, size, and location of various types. Makeshift shrines are the most common (18 hospitals, 38.3%), occupying small areas (8-15 m^2) in informal locations such as backyards or near cafeterias, indicating ad-hoc provisions for spiritual needs. Outdoor monuments follow (14 hospitals, 29.8%), with larger areas (20-50 m^2) in central campus settings, suggesting more visible and symbolic installations. Multi-religious integration spaces appear in 6 hospitals (12.8%), with medium-sized areas (15-25 m^2) near green corners, reflecting efforts toward inclusivity. Formal chapels are the least common among dedicated spaces (4 hospitals, 8.5%), but the largest (80-200 m^2), often on ground or upper floors, denoting structured religious facilities. Notably, 5 hospitals (10.6%) lack any spiritual spaces. Overall, the data reveals that while 89.4% of hospitals offer some form of spiritual accommodation, these are predominantly informal and modest, potentially underscoring resource constraints or varying priorities in integrating spirituality within healthcare environments.

4.2 Architectural Characteristics and Usage Patterns

The architectural features of spiritual spaces in HCMC hospitals vary significantly between informal and formally designed areas. Informal spaces often utilize traditional concrete and natural stone materials, typically covered by simple sheet metal roofs. These areas frequently lack sophisticated drainage systems or specialized

lighting, relying instead on basic LED lamps or garden lights. In stark contrast, formally designed chapels exhibit modern construction, incorporating materials like brick, glass, and steel, with complete concrete roofing and specialized lighting systems (Table 2).

Table 2: Architectural Characteristics of Spiritual Spaces in Ho Chi Minh City Hospitals

Characteristic	Makeshift Shrines	Outdoor Monuments	Formal Chapels
Primary Material	Concrete, natural stone	Granite, metal	Brick, glass, steel
Roofing	65% simple sheet metal	30% pagoda-style	100% concrete roof
Drainage System	None/Simple	Basic drainage channels	Complete system
Lighting	Simple LED lamps	Garden lights	Specialized system
Disabled Access	40% with ramps	60% with ramps	100% compliant
Auxiliary Spaces	None	None/Limited	Available

The integration of these spaces within the overall hospital layout also differs considerably. Formally designed spiritual spaces are generally well-linked to main circulation paths, ensuring privacy and convenient access for users. Conversely, improvised spaces frequently suffer from functional conflicts due to their unplanned nature and marginal locations, often occupying "leftover" areas within the hospital compound. Accessibility for individuals with disabilities is a notable concern; while all formal chapels meet accessibility standards, only 40% of makeshift shrines and 60% of outdoor monuments provide ramps for disabled access.

Despite these architectural limitations, the study recorded high utilization for spiritual spaces, particularly during evenings and weekends. For example, Cho Ray Hospital experiences an average of 120-150 visitors daily for prayer, surging to 300-400 during holidays. Nhi Dong 2 Hospital reports continuous prayer activities from morning to night, especially from families with children undergoing long-term treatment. The "Tượng mẹ Nhật Bản" (Japanese Mother statue) at Cho Ray Hospital, though perhaps initially an informal addition, has become a powerful symbol of hope and faith for many, demonstrating the profound social role these spaces play in providing psychological comfort (Vietnam.vn, 2024).

4.3 Comparative Analysis with International Standards

A comparative analysis between current Ho Chi Minh City practices and international standards reveals significant disparities in the formalization and integration of spiritual spaces within hospital architecture. Table 3 provides a detailed comparison across several key criteria.

Table 3: Comparison of Spiritual Space Standards in Hospitals: Ho Chi Minh City vs. International Benchmarks

Criterion	Ho Chi Minh City (Current)	NHS England (UK)	Chang Gung Hospital (Taiwan)
Official Regulation	None	Detailed guidelines exist	Specific hospital policies
Minimum Area	Not regulated	1.5m²/100 beds	50-200m² depending on scale
Multi-religious Focus	12.8% of hospitals	Mandatory requirement	Yes (Buddhist, Catholic, Muslim)
Position in Hospital	Not regulated	Near clinical areas	Central 5th floor
Dedicated Personnel	None	Chaplains available	Volunteers available
Organized Activities	Self-initiated	Scheduled	Scheduled rituals
24/7 Access	Limited	Emergency support	During administrative hours

Regarding official regulation, HCMC currently lacks any specific guidelines for spiritual spaces, a stark contrast to NHS England, which provides detailed guidelines, and Chang Gung Hospital, which has established specific hospital policies (NHS England, 2022; Chang Gung Memorial Hospital, 2025). Minimum area allocation

is also absent in HCMC's standards, whereas NHS England suggests 1.5 square meters per 100 beds, and Chang Gung allocates between 50 and 200 square meters depending on the hospital's scale.

Regarding multi-religious accommodation, only 12.8% of HCMC hospitals surveyed feature such spaces. At the same time, it is a requirement for NHS England and a key characteristic of Chang Gung Hospital, which provides three dedicated prayer rooms for major religions. The positioning of spiritual spaces within hospitals is unregulated in HCMC, unlike international standards that advocate for proximity to clinical areas and, in the case of Chang Gung, a central location on the fifth floor. Furthermore, the absence of dedicated chaplains or spiritual care volunteers and organized spiritual activities in HCMC hospitals contrasts with the structured support systems and scheduled activities found in international models. Finally, 24/7 access to spiritual support is limited in HCMC, while NHS England provides emergency support, and Chang Gung offers access during administrative hours.

These policy and design discrepancies highlight a significant gap between HCMC's current situation and global best practices. Models like Chang Gung Memorial Hospital represent advanced Asian practices, demonstrating how culturally sensitive and comprehensive spiritual care can be successfully integrated into modern healthcare architecture.

4.4 Ho Chi Minh City Hospitals with Spiritual Care Areas

The study's findings indicate that approximately 89.4% of the 47 surveyed hospitals, equating to roughly 42 institutions, feature some form of spiritual space. As specific architectural details for each of the 42 hospitals were not individually provided in the primary research material, the architectural characteristics presented in Appendix 1 are generalized inferences based on the overall trends and typologies identified in the study (e.g., older public hospitals are more likely to have makeshift shrines, while newer private hospitals might feature formal chapels). Hospital names, districts, and ownership status were compiled from various publicly available lists of HCMC hospitals.

5. Discussion

5.1 The Critical Omission in TCVN 4470:2012 and Its Ramifications

The Vietnamese hospital design standard, TCVN 4470:2012, presents a striking paradox by meticulously outlining technical specifications for hospital infrastructure while entirely neglecting the provision of spiritual spaces. The standard provides precise requirements, such as examination rooms ranging from 9–18 m², minimum corridor widths of 2.4 m, and detailed specifications for patient elevators (Viện Kiến trúc bệnh viện, 2012; Thư viện Pháp luật, 2023). However, its complete silence on spiritual spaces represents a significant omission, creating a regulatory void that leaves architects, urban planners, and hospital developers without guidance. This gap has resulted in inconsistent, often suboptimal, and unplanned provisions for spiritual care within healthcare facilities.

This emphasis on detailed physical dimensions, coupled with the absence of guidelines for spiritual spaces, reveals a technocratic bias in Vietnamese hospital planning. By prioritizing measurable, functional metrics over intangible, human-centric needs, the standard creates a systemic barrier to comprehensive patient care. Focusing solely on physical healing overlooks the profound spiritual and psychological needs of patients and their families, particularly during times of illness and crisis. A healthcare system that prioritizes only physical infrastructure neglects the critical "soft infrastructure" of human well-being, including spiritual and emotional support, which are essential for patient recovery and overall system resilience. This narrow focus risks undermining the healthcare system's ability to address the full spectrum of human suffering.

For a healthcare system to be truly resilient within an urban context, it must adapt to and support the diverse needs of its population, including deeply ingrained cultural and spiritual requirements. The omission in TCVN 4470:2012 is not merely a gap in standards but a symptom of a planning philosophy that requires evolution to embrace a more integrated, human-centered approach. By failing to address this fundamental dimension, the current regulatory framework hinders the creation of holistic "healing environments" that foster comprehensive well-being (Puchalski et al., 2014). Evolving national standards to include provisions for

spiritual and emotional well-being is essential to support sustainable urban development and build a more robust, resilient healthcare system that truly meets the needs of its community.

5.2 Architectural and Social Significance of Informal Spaces

The widespread presence of self-formed spiritual spaces in Ho Chi Minh City's hospitals, observed in 68% of surveyed facilities, highlights the community's ingenuity and cultural resilience in adapting existing environments to address unmet spiritual needs. These informal spaces, such as shrines and statues, are not mere architectural anomalies but critical, self-organized support systems that bridge a gap left by formal hospital planning. A notable example is the "Tượng mẹ Nhật Bản" (Japanese Mother statue) at Cho Ray Hospital, which has evolved organically into a powerful symbol of hope and faith, providing profound psychological comfort and support to patients and families (Vietnam.vn, 2024; Thảo, 2023).

From an architectural perspective, these informal spiritual spaces are often situated in marginal or underutilized areas, such as courtyards, spaces behind cafeterias, or edges adjacent to green zones. This placement reveals untapped spatial opportunities within existing hospital layouts, suggesting that the integration of spiritual spaces does not necessarily require significant land acquisition or extensive structural overhauls. Instead, it points to the potential for thoughtful re-evaluation and optimization of underused areas within current hospital compounds to meet these needs effectively.

The spontaneous emergence and high utilization of these makeshift spiritual spaces demonstrate that they are far more than optional amenities; they serve as essential coping mechanisms for patients and families navigating vulnerability and suffering. For instance, Cho Ray Hospital's spiritual spaces attract 120–150 daily visitors, with numbers surging to 300–400 during holidays, while Nhi Dong 2 Hospital sees continuous prayer activities. These figures underscore the spaces' role as "psychological medicine," offering emotional solace and support. This transforms the architectural challenge from merely adding a feature to formalizing and enhancing an existing, vital social infrastructure within the healthcare system.

Recognizing and formalizing these informal spiritual spaces is not solely about improving architectural aesthetics but about strengthening the psychological and social infrastructure of healthcare environments. By doing so, hospitals can better support the coping capacity of individuals, contributing directly to the goal of "resilient urbanism." These spaces serve as powerful indicators of patient and family needs, making a compelling case for a more human-centered approach to hospital design that prioritizes holistic care and emotional well-being

5.3 Towards a Sustainable and Resilient Healthcare Design Model

Moving forward, a sustainable and resilient healthcare design model for Ho Chi Minh City must integrate global trends in holistic care with local cultural specificities. This involves adopting a design approach that harmonizes traditional Vietnamese spiritual needs with international best practices, fostering a comprehensive "healing environment" (Puchalski et al., 2014). Key architectural principles for spiritual spaces should emphasize flexibility, adaptability, and multi-functionality to accommodate diverse religious and spiritual practices. This includes careful consideration of acoustics, visual aesthetics, and creating spaces that offer privacy and convenient accessibility. Incorporating natural elements, maximizing natural light, and ensuring adequate natural ventilation are also crucial for enhancing the therapeutic qualities of these environments.

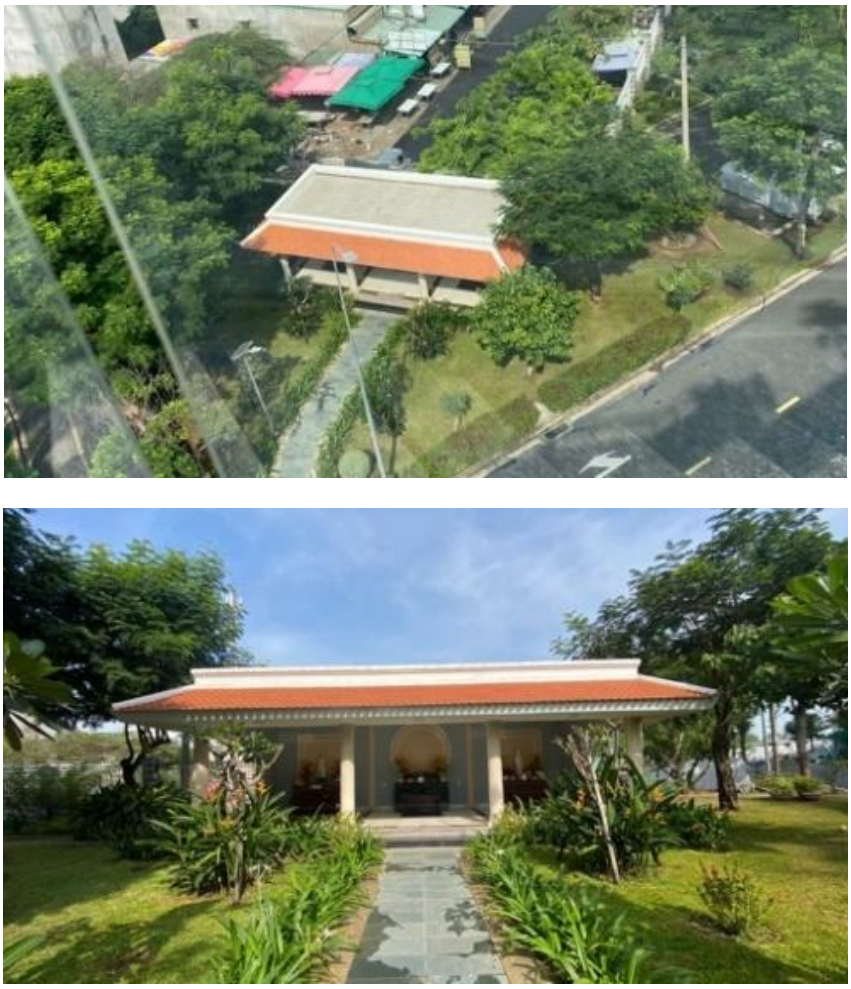
The inauguration of a multi-religious chapel at Tâm Anh Hospital in January 2024 is a pioneering example within the Vietnamese context (Phailamgi, 2025). This initiative is a critical proof of concept, demonstrating that cultural sensitivity and modern design standards are not mutually exclusive. It integrates a formal spiritual space into a contemporary hospital, providing a tangible pathway for other institutions and policymakers (Figure 2). This shifts the debate from "if" spiritual spaces should be integrated to "how" they can be effectively incorporated, offering a replicable model for future developments.

Formalizing spiritual spaces through updated national standards is not just an aesthetic improvement or adding a new feature. It is a fundamental step towards building a more resilient, inclusive, and patient-centered healthcare system capable of addressing the multifaceted needs of an urban population. By embracing this

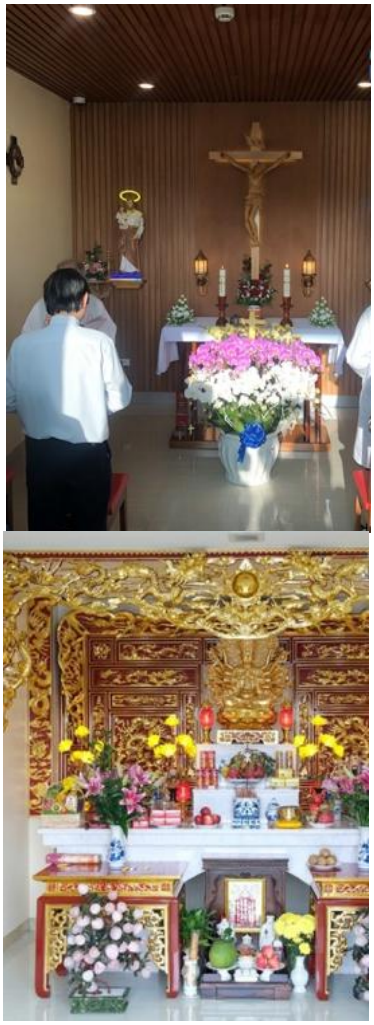
approach, HCMC can position itself as a leader in holistic healthcare within Southeast Asia, ensuring that its urban healthcare infrastructure is truly sustainable and responsive to the full spectrum of human well-being.

6. Conclusions

This research, as the first systematic architectural study of spiritual care spaces across hospitals in Vietnam, has affirmed the critical necessity of integrating such spaces into the country's hospital design standards. The study's findings reveal a significant disparity in Ho Chi Minh City: a substantial majority (around 68%) of hospitals feature informal, self-formed spiritual areas, yet only a small fraction (approximately 8%) possess formally designed prayer rooms or chapels. This widespread presence of informal provisions underscores a profound, unmet spiritual need within the community and highlights a key gap in the existing national design code, TCVN 4470:2012.



Cancer Hospital



Tam Anh Hospital

Figure 2. Hospitals with Worship Areas Designed from the Start

The current regulatory void has led to inconsistent and often suboptimal spiritual provisions, and it continues to hinder the development of holistic, resilient healing environments in Vietnamese hospitals. The stark contrast between the absence of formal standards in Vietnam and the comprehensive international guidelines, which call for multi faith integration, minimum area allocations, and dedicated spiritual care personnel, highlights the urgent need to address this gap. The organic emergence and frequent use of informal shrines and prayer corners serve as strong indicators of the inherent need for spiritual comfort among patients

and their families. These community driven spatial adaptations represent intuitive responses to institutional shortcomings and reinforce the importance of integrating emotional and spiritual well being into the design of inclusive and restorative healthcare environments.

To align Vietnam's healthcare infrastructure with global best practices in resilient urbanism and patient-centered care, several actionable recommendations emerge from this study:

a. Regulatory Amendment: Explicit provisions for spiritual spaces should be incorporated into the national hospital design standards (TCVN 4470). This should include a transparent minimum area allocation (1 m^2 per 100 beds, as suggested by international benchmarks) to ensure adequate dedicated space for spiritual activities in all new or renovated hospitals.

b. Flexible Design Guidelines: National guidelines should promote the creation of multi-faith, adaptable spiritual spaces. Designs should be flexible enough to cater to diverse spiritual and cultural practices, ensuring inclusivity for patients and families of different religious backgrounds. This could involve using movable furniture or partitions to accommodate various rituals and observances in the same room at other times.

c. Strategic Positioning: Regulations should advise on optimal positioning for spiritual spaces within hospital layouts. Ideally, such spaces should be accessible from clinical and public areas yet sufficiently secluded for privacy and contemplation. In addition, universal accessibility should be a required design standard. Features such as ramps, wide doorways, and nearby washroom facilities are essential to ensure that all individuals, including those with disabilities, can access and use the spaces comfortably.

d. Auxiliary Facilities and Support: Hospitals should be encouraged to provide auxiliary facilities that support spiritual practice, such as ablution/washing areas, shelves or lockers for sacred texts and ritual items, and adjacent "quiet rooms" for private counsel or meditation. Furthermore, the development and training of professional spiritual care personnel (chaplains or spiritual care counselors) should be integrated into hospital operations, even if initially on a part-time or on-call basis, to lend guidance and support to those who seek it.

Notably, this study has also proposed a typological categorization of spiritual care spaces, from improvised shrines to formal multi faith chapels, providing a framework for design and policy discussions. This typology is particularly relevant to other high-density Southeast Asian urban contexts, where hospitals face similar space constraints and cultural diversity challenges. Recognizing these types and their characteristics can guide architects and administrators in other cities (with comparable socio-cultural conditions) to plan appropriate spiritual care interventions within their facilities.

The pioneering example of Tam Anh Hospital's formally inaugurated multi-faith chapel demonstrates the feasibility and positive impact of integrating spiritual spaces into Vietnamese hospitals. By embracing the above recommendations, Vietnam can significantly enhance the quality of comprehensive patient care and show a deep respect for cultural and religious diversity within its healthcare system. This strategic inclusion of spiritual dimensions in hospital architecture is a crucial step toward building a more resilient, inclusive, and human-centered urban healthcare system in Ho Chi Minh City and, by extension, throughout the nation.

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Appendix 1. Selected Ho Chi Minh City Hospitals with Spiritual Care Areas and Generalized Architectural Characteristics

No.	Hospital Name	District	Ownership	Spiritual Space Type	Estimated Area (m^2)	Primary Material	Position in Hospital	Design Status	Scale/Who Status Inside	Architectural Style
1	**Chợ Rẫy Hospital**	District 5	Public	Multi-religious Area	45	Concrete, Stone, Metal	Central Campus	Self-formed/ Adapted	Medium/Symbolic	Vernacular/Traditional
2	**Nhi Đồng 2 Hospital**	District 1	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
3	**Tâm Anh Hospital**	Tân Bình	Private	Formal Chapel	80-200	Brick, Glass, Steel	Integrated/Ground Floor	Officially Designed	Large/Communal	Modern/Minimalist
4	**Nhân Dân Gia Định Hospital**	Bình Thạnh	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
5	**115 People's Hospital**	District 10	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Cafeteria	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
6	**Tu Du Hospital**	District 1	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
7	**Hospital for Tropical Diseases**	District 5	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
8	**Trung Vuong Hospital**	District 10	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Cafeteria	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
9	**Children's Hospital No.1**	District 10	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
10	**An Binh Hospital**	District 5	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
11	**Hung Vuong Hospital**	District 5	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple

No.	Hospital Name	District	Ownership	Spiritual Space Type	Estimated Area (m²)	Primary Material	Position in Hospital	Design Status	Scale/Who Status Inside	Architectural Style
12	**City International Hospital (CIH)**	Bình Tân	Private	Formal Chapel	80-200	Brick, Glass, Steel	Integrated/Ground Floor	Officially Designed	Large/Communal	Modern/Minimalist
13	**Franco-Vietnamese Hospital (FV)**	District 7	Private	Formal Chapel	80-200	Brick, Glass, Steel	Integrated/Ground Floor	Officially Designed	Large/Communal	Modern/Minimalist
14	**Vinmec Central Park Hospital**	Bình Thạnh	Private	Formal Chapel	80-200	Brick, Glass, Steel	Integrated/Ground Floor	Officially Designed	Large/Communal	Modern/Minimalist
15	**Columbia Asia Saigon Clinic**	District 1	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist
16	**Columbia Asia Gia Dinh Hospital**	Phú Nhuận	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist
17	**Hanh Phuc International Hospital**	Bình Dương (HCMC satellite)	Private	Formal Chapel	80-200	Brick, Glass, Steel	Integrated/Ground Floor	Officially Designed	Large/Communal	Modern/Minimalist
18	**American International Hospital**	District 2	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist
19	**Centre Medical International**	District 3	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist
20	**Family Medical Practice HCMC**	District 1	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist
21	**Raffles Medical Clinic**	District 3	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist

No.	Hospital Name	District	Ownership	Spiritual Space Type	Estimated Area (m²)	Primary Material	Position in Hospital	Design Status	Scale/Who Status Inside	Architectural Style
22	**Saigon International Maternity Hospital**	District 1	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
23	**International SOS Office**	Phú Nhuận	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist
24	**Hoan My Sai Gon Hospital**	Phú Nhuận	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Cafeteria	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
25	**Hoan My Thu Duc Hospital**	Thủ Đức	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
26	**Hoan My Huu Nghi Clinic**	Gò Vấp	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
27	**Prima Eye Hospital**	District 3	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
28	**Minh Anh Hospital**	Bình Tân	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
29	**International Neurosurgery Hospital**	Tân Phú	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
30	**Vietnam-Korea Eye Hospital**	District 10	Private	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
31	**Maple Healthcare Wellness Clinics**	District 2	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist

No.	Hospital Name	District	Ownership	Spiritual Space Type	Estimated Area (m²)	Primary Material	Position in Hospital	Design Status	Scale/Who Status Inside	Architectural Style
32	**Golden Healthcare Clinic**	Tân Bình	Private	Multi-religious Area	15-25	Brick, Glass	Integrated/Quiet Zone	Officially Designed	Medium/Symbolic	Modern/Minimalist
33	**District 4 Hospital**	District 4	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
34	**District 6 Hospital**	District 6	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
35	**District 7 Hospital**	District 7	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
36	**District 8 Hospital**	District 8	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
37	**District 11 Hospital**	District 11	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
38	**District 12 Hospital**	District 12	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
39	**Gò Vấp District Hospital**	Gò Vấp	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
40	**Bình Thạnh District Hospital**	Bình Thạnh	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
41	**Tân Phú District Hospital**	Tân Phú	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple
42	**Thủ Đức District Hospital**	Thủ Đức	Public	Makeshift Shrines	8-15	Concrete, Stone	Marginal/Courtyard	Self-formed/Improvised	Small/Individual worship	Vernacular/Simple