

“The Effectiveness of Radiology Technician Interventions in Reducing Repeat X-ray Examination”

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Abstract

Frequent X-ray examinations are a considerable issue in radiology, endangering patient safety, elevating healthcare expenses, and taxing departmental resources. This study examines the causes leading to recurrent X-rays and the role of radiology professionals in mitigating these instances. The results underscore the essential function of radiology technicians in delivering superior imaging via accurate placement, efficient communication, and compliance with imaging guidelines. Findings indicate that improved training, sophisticated imaging technologies, and rigorous quality assurance protocols markedly decrease the necessity for repeat X-rays. Moreover, efficient patient education and enhanced communication between technicians and physicians further aid in reducing needless exposure to ionizing radiation. This study suggests that specialized interventions by proficient radiology technicians are crucial for enhancing diagnostic imaging quality and patient outcomes. Recommendations encompass investment in continuous technician training, advanced technology, and established processes to improve imaging efficiency and safety.

Key terms: Repeated X-ray Examination, Radiology Technician, Interventions, Patients, Image Quality.

المخلص

تعد فحوصات الأشعة السينية المتكررة مشكلة كبيرة في علم الأشعة، حيث تعرض سلامة المرضى للخطر، وترفع نفقات الرعاية الصحية، وتقرض ضرائب على موارد الأقسام. تبحث هذه الدراسة في الأسباب التي تؤدي إلى تكرار الأشعة السينية ودور أخصائيي الأشعة في التخفيف من هذه الحالات. تؤكد النتائج على الوظيفة الأساسية لفنيي الأشعة في تقديم تصوير فائق الجودة من خلال التنسيب الدقيق والتواصل الفعال والامتثال لإرشادات التصوير. تشير النتائج إلى أن التدريب المحسن وتقنيات التصوير المتطورة وبروتوكولات ضمان الجودة الصارمة تقلل بشكل ملحوظ من ضرورة تكرار الأشعة السينية. علاوة على ذلك، يساعد التثقيف الفعال للمرضى وتعزيز التواصل بين الفنيين والأطباء في تقليل التعرض غير الضروري للإشعاعات المؤينة. تشير هذه الدراسة إلى أن التدخلات المتخصصة التي يقوم بها فنيو الأشعة الأكفاء تعتبر ضرورية لتعزيز جودة التصوير التشخيصي ونتائج المرضى. تشمل التوصيات الاستثمار في التدريب المستمر للفنيين والتكنولوجيا المتقدمة والعمليات القائمة لتحسين كفاءة التصوير وسلامته.

المصطلحات الأساسية: فحص الأشعة السينية المتكرر، فني الأشعة، التدخلات، المرضى، جودة الصورة.

Introduction

Medical imaging is essential for detecting and controlling several health disorders, with X-ray examinations being among the most often employed imaging techniques. Despite its prevalent application, frequent X-ray scans might provide considerable problems, including heightened patient exposure to ionizing radiation, escalated healthcare expenses, and superfluous resource utilization. Minimizing redundant X-rays is, consequently, a key issue for safeguarding patient safety and enhancing operational efficiency in healthcare institutions.

Foos et al. (2009) provide a definition of the term "repetition" as the process of retaking a radiograph of a patient once it has been established that the original radiograph is not appropriate for therapeutic purposes. When it comes to radiography, the repeating of a picture is a very important occurrence. It is recommended that the repeat rate not exceed five percent.

According to the standards established by the Diagnostic Imaging Quality Assurance Committee, the number of radiographs that need be repeated should not exceed five to seven percent. The American Association of Physicists in Medicine suggests that the repeat rate should be kept below 6%. This recommendation is offered by the organization. If the percentage rises above ten percent, it is imperative that corrective measures be taken. In accordance with the recommendations of the Australian College of Radiologists, the optimal repeat rate should fall somewhere in the range of two to five percent (Almalki et al., 2017).

Repeated X-ray examinations are a continual concern in radiology departments, presenting substantial obstacles to patient safety and healthcare efficiency. Unwarranted repetitions subject patients to extra doses of ionizing radiation, heightening the danger of prolonged detrimental health consequences. Moreover, these repeats lead to elevated operational expenses, suboptimal use of imaging apparatus, and an augmented workload for radiology personnel, which may postpone care for other patients. Addressing the underlying reasons of recurrent X-rays is essential to improve the quality and safety of radiological services.

A radiology department's quality assurance (QA) and quality control (QC) program is founded on the premise that it can be a valuable tool for checking image quality while considering the patient's dose. Repeat film analysis is a crucial component of every quality assurance and quality control program in radiology. It is reasonable to be concerned about the situation because even extremely low radiation doses can represent a risk due to the unavoidable stochastic effects. According to Acharya et al. (2015), for the purpose of preventing harmful health impacts that may be the result of clinically unnecessary and needless repeat exams, serious optimization procedures are required.

According to research by Khafaji and Hagi (2014), Saudi hospitals have radiography recurrence rates that are greater than the global average, averaging at 14.9%. The recurrence rate in three institutions run by the Ministry of Health varied between 7.4 and 9.7 percent. It was also shown that radiographer error is a major contributor to the repetition problem.

The generation of high-quality images relies on the practices of radiographers. The World Health Organization asserts that practice is affected by knowledge, motivation, and skill levels. The rise in repetition rate has been attributed to inadequacies in radiographer skills (Kjelle & Chilanga, 2022). Highly skilled radiographers are inclined to minimize errors in the imaging process. Skills encompass effective patient communication and precise equipment management.

The quality of the initial X-ray image significantly contributes to the necessity for repeat exams, influenced by factors like patient positioning mistakes, insufficient communication between technicians and patients, and non-compliance with imaging guidelines. Radiology technicians are essential in these processes, rendering their performance and intervention tactics crucial for alleviating this condition. Nonetheless, despite their significance, there is a paucity of research examining the efficacy of interventions by radiology technicians in diminishing repeat imaging rates.

Significance of the Study

The study on the effectiveness of radiology technician interventions in reducing repeat X-ray examinations is significantly relevant for various important stakeholders, including patients, healthcare providers, and the overall healthcare system. Repeated X-ray examinations contribute to elevated healthcare expenses and are a preventable risk factor for patient harm from increased exposure to ionizing radiation. This research aims to enhance patient safety, optimize resource use, and improve overall care quality in radiology departments by finding and adopting techniques to avoid repetitive occurrences. Minimizing repeat X-rays for patients immediately decreases their cumulative radiation exposure, which is essential for mitigating potential long-term dangers linked to ionizing radiation, including cancer. Moreover, a decrease in repeat examinations results in a more efficient healthcare experience, characterized by shorter wait times and increased satisfaction. This study underscores the crucial function of radiology technicians in attaining superior imaging results from a healthcare provider's viewpoint. By concentrating on evidence-based interventions, the results will guide practices that improve efficiency and precision in radiological imaging. This can ease the strain on radiology personnel, diminish equipment degradation, and enhance throughput in high-traffic imaging departments.

Definition of Key Terms

Radiology Technician: A healthcare expert skilled in operating imaging devices, including X-ray machines, to generate diagnostic images (Code, 2024). They are accountable for patient positioning, equipment calibration, and assuring imaging quality while reducing radiation exposure.

Interventions: Measures, strategies, or practices employed to enhance a process or result (Fernandez et al., 2019). This study pertains to actions implemented by radiology technicians to minimize the necessity for repeat X-ray exams.

Repeat X-ray Examination: An ancillary X-ray conducted on a patient owing to deficiencies or inaccuracies in the primary image, such as suboptimal positioning, erroneous exposure settings, or patient motion.

Literature Review

1. Overview of X-ray Imaging in Healthcare

X-ray imaging is essential in contemporary healthcare, offering non-invasive visualization of the body's internal architecture. Discovered in 1895 by Wilhelm Conrad Roentgen, X-rays transformed medical diagnosis, allowing clinicians to identify fractures, track diseases, and formulate treatment strategies with accuracy (Kitson, 2024). This technique is based on the idea of differential absorption, wherein denser tissues such as bones absorb a greater quantity of X-rays, resulting in contrasted images that facilitate diagnosis. Advancements like digital radiography and computed tomography (CT) have significantly improved the clarity, speed, and efficiency of X-ray imaging over time.

Medical x-rays assist physicians in visualizing internal bodily conditions. X-rays penetrate objects, encompassing interior organs, bodily tissues, and garments. X-rays produce an image on film or transmit a digital image to a computer. Bones look white in X-ray scans due to their density, which allows them to absorb more radiation. Less dense bodily tissues, such as skin and muscle, appear black on x-ray images due to the radiation penetrating them (Ramachandran et al., 2018). An X-ray examination generates an image that aids in the detection of fractures, cancers, and foreign bodies within the organism. X-rays are utilized in various tests and procedures, such as CT scans, mammography, and fluoroscopy. Medical x-rays, dental x-rays, and mammograms utilize comparatively less radiation exposure. CT scans and fluoroscopic techniques yield elevated radiation doses owing to the requirement for numerous images and/or prolonged exposure durations.

The medical uses of X-ray imaging are extensive, encompassing common diagnostics such as chest X-rays and mammography, as well as specialist interventions like fluoroscopy enabling real-time imaging during surgeries. This technology has been essential in diagnosing illnesses such as pneumonia, malignancies, and osteoporosis. Its accessibility and usability render it fundamental in both emergency care and routine health assessments.

2. Types of X-ray Imaging

- **Dental X-rays**

Dental radiographs are images of teeth extending from the crown to the roots. They enable the dentist to examine the interior and interstitial areas of the teeth and assess the overall health of the jaw and facial bones. During a dental x-ray, radiation traverses the cheek and gums, producing an image on specialized x-ray film positioned between the teeth. Certain x-ray equipment generates a digital image rather than use film. Conventional dental radiographs utilize a little quantity of radiation to capture images. In specific situations, such as orthodontic planning or dental implant procedures, more comprehensive photographs may be required.

- **Mammography**

According to (Fiorica, 2016) mammogram is an X-ray image of breast tissue utilized for the detection of breast cancer. There are two types of mammograms: screening and diagnostic. Screening mammography are employed to evaluate asymptomatic women without indications of illness. Screening mammography utilize minimal doses of x-ray radiation. Diagnostic mammography is beneficial when symptoms of breast cancer are present. Diagnostic mammograms frequently comprise many x-rays. Patients undergoing diagnostic mammography are subjected to increased radiation exposure due to the necessity of obtaining X-rays from multiple angles. Mammograms are an essential instrument for the early identification of breast cancer.

- **CT Scans**

Computed tomography scans, also referred to as CT scans, CAT scans, or computed axial tomography scans, are x-ray treatments that generate cross-sectional views and three-dimensional images of a patient's internal organs (Jung, 2021). CT scans produce very detailed images of inside organs. These intricate images assist physicians in diagnosing inside issues, including tumors or organ damage. CT scans can furnish surgeons with an inside map of the patient to guide them during surgery.

- **Fluoroscopy**

According to (Ylimaula, 2021) fluoroscopy use x-rays to display motion in real-time. It can illustrate the motion of a body part, such as the pulsation of a heart, or the trajectory of a medical device or contrast agent as it traverses the body. In contrast to traditional x-rays, fluoroscopy employs a pulsed x-ray beam that intermittently traverses the body. The images are transmitted to a monitor, allowing physicians to observe the anatomical region and its movement in real-time. Fluoroscopy is employed in several tests and operations, such as observing the transit of substances through the gastrointestinal tract, guiding catheter insertion during cardiac surgery, visualizing blood flow to organs, and assisting physicians in accurately aligning fractured bones.

2.1. Benefits of X-ray Imaging

The prolonged utilization of X-rays in medicine demonstrates their perceived benefits. While an X-ray alone may not suffice for diagnosing a disease or condition, it remains a crucial component of the diagnostic process. The primary advantages are as follows:

- **Non-invasive:** An X-ray can assist in diagnosing a medical condition or tracking therapy progress without the necessity of invasive examination.
- **Guiding:** X-rays assist medical practitioners in the insertion of catheters, stents, or other devices into the patient. They can also assist in tumor treatment and the removal of blood clots or analogous obstructions.

- **Accurate Diagnosis:** X-rays yield distinct images of bones, joints, and specific soft tissues, facilitating accurate detection of fractures, infections, and anomalies such as tumors or pulmonary problems. This precision facilitates prompt and efficient treatment determinations.
- **Cost-Effectiveness:** In comparison to other imaging modalities, traditional X-rays are comparatively economical, rendering them accessible for extensive utilization in both developed and resource-constrained healthcare environments.

3. The Role of Radiology Technicians in Imaging Outcomes

Radiology technicians, referred to as radiologic technologists or radiographers, are essential in guaranteeing the quality and precision of medical imaging results. Their duties encompass more than merely running X-ray machines; they are essential in generating high-quality images that provide precise diagnoses. Technicians are instructed to accurately position patients, guaranteeing optimal visibility of the anatomy under examination and reducing the likelihood of repeat imaging, hence mitigating unnecessary radiation exposure.

Al Kalquefly et al., (2024) asserted that because they provide high-quality diagnostic images, which are the foundation of surgery, radiology technologists are an invaluable asset during the preparatory phases of surgical care. Surgeons can see the patient's anatomy, spot anomalies, and assess the severity of their injury or illness with the help of modern imaging technology. The presence of tumors, fractures, infections, or any other pathology that can impede the surgical procedure can be better determined with the use of these images. The radiology tech uses high-tech imaging techniques to create detailed images of the inside structure. These techniques include computed tomographic scans, magnetic resonance imaging (MRI), X-rays, and ultrasounds. With the precise information the surgeon may get from these imaging modalities, they are able to formulate a more precise plan and lessen the likelihood of surgical problems. One of the other highly regarded abilities of radiology technologists is the ability to operate their complex equipment in a safe and proper manner.

One of the most vital elements of a radiology technician's duty is patient preparation and positioning. By positioning the patient correctly, the technician prevents misalignments that may obscure diagnostic information. The meticulous positioning is crucial in X-ray imaging, as minor inaccuracies might result in indistinct images and necessitate repeat examinations (Schemmel et al., 2016).

Furthermore, radiology technicians must comply with stringent safety measures, including protecting patients and themselves from excessive radiation exposure. Their expertise in radiation safety protocols not only safeguards patient welfare but also diminishes the probability of redundant X-rays resulting from technical inaccuracies. Moreover, their capacity to interact proficiently with patients is crucial for mitigating fear, delivering directions, and acquiring optimal photographs promptly.

4. The Causes of Repeat X-ray Examinations

Multiple causes contribute to the necessity for recurrent X-ray exams, predominantly arising from technological, clinical, and human elements. These issues not only influence the quality of diagnostic imaging but also result in elevated patient radiation exposure and increased healthcare expenses.

- Improper Patient Positioning

According to (Rondon et al., 2014) improper patient placement throughout the treatment is a prevalent cause of repeated X-ray exams. Misalignment may lead to photos that do not adequately capture the necessary region or anatomical detail, requiring a repeat scan. Accurate posture is essential, as even minor discrepancies might obscure vital structures and result in overlooked diagnosis. Radiology technicians are responsible for ensuring proper patient positioning to avert such complications.

- Inadequate Image Quality

Image quality issues, including underexposure or overexposure, may occur due to improper machine settings, such as radiation dosage, or inadequate imaging method. If the images lack clarity or sharpness necessary for diagnostic purposes, the test may need to be repeated. Elements such as patient motion, inadequate contrast, and incorrect settings can all lead to subpar photos.

- Inexperienced or Untrained Technicians

Radiology technicians with inadequate training or experience may be predisposed to generating substandard images. Ongoing education and experience are essential in reducing errors during imaging treatments (Brady, 2017). Technicians must possess expertise in machine operation, anatomy, positioning procedures, and radiation safety to guarantee high-quality images and minimize the necessity for repeat examinations.

- Patient Factors

Factors relating to the patient, like obesity, inability to remain still during the process, or inadequate breathing skills, may result in suboptimal image quality necessitating repetition. Obese patients may necessitate elevated radiation dosages, and specific body types may complicate placement (Nabasenja et al., 2022). Instructing patients and aiding them in sustaining the requisite position can diminish the probability of repeated imaging.

- Equipment Malfunctions

Technological problems, such defective X-ray machines, inadequate calibration, or obsolete equipment, might result in worse

images. Equipment malfunctions might lead to substandard image quality, necessitating a repeat examination. Consistent maintenance and calibration are crucial for optimizing the performance of imaging equipment.

5. Key Radiology Technician Skills for Enhancing Initial X-ray Image Quality

Radiology technicians must exhibit a blend of technical, clinical, and interpersonal abilities to enhance the quality of initial X-ray images. These competencies facilitate the acquisition of high-quality diagnostic images while minimizing the necessity for repeat examinations, hence reducing patient exposure to unwanted radiation and increased healthcare expenses.

- Proficiency in Patient Positioning

Precise patient posture is essential for generating high-quality X-ray images. Radiology technicians must possess a comprehensive understanding of human anatomy and demonstrate proficiency in patient placement to accurately capture the area of interest. Correct positioning prevents misalignment, which can obscure diagnostic information and require repeated imaging. This competency needs both theoretical understanding and practical application.

- Understanding of Imaging Equipment and Settings

It is necessary for radiology technicians to demonstrate that they are capable of operating X-ray equipment and adjusting settings in accordance with the type of examination being performed and the physical characteristics of the patient. A comprehensive understanding of exposure variables, including radiation dosage, focal distance, and imaging technology, is required for this understanding. The experts are able to improve the image quality while simultaneously lowering the amount of unnecessary radiation exposure by properly calibrating these settings. Maintaining and calibrating the machinery on a regular basis are essential skills to have in order to ensure that the machine is operating at its full potential.

- Radiation Safety Knowledge

A crucial competency for radiology technologists is the proficient use of radiation safety regulations. Comprehending the fundamentals of dose reduction, including minimizing radiation exposure while preserving image quality, is essential (Mallinson et al., 2024). Technicians must be proficient in utilizing shielding equipment and complying with safety requirements to safeguard both the patient and themselves from excessive radiation exposure. This understanding not only improves the safety of the imaging procedure but also minimizes the need for repeat tests caused by overexposure.

- Patient Interaction and Communication

Effective communication is essential for acquiring high-quality photos. Radiology technicians are required to guide patients on proper positioning, maintaining stillness, and adhering to particular directives (such as breath-holding) throughout the operation. Effective communication mitigates movement during the scan, which could otherwise obscure the images and necessitate repeat imaging. Moreover, technicians must be attuned to patient comfort, particularly in fragile or worried individuals, as this may affect their capacity to adhere to instructions.

- Problem-Solving and Troubleshooting

Radiology technicians need to have strong problem-solving skills in order to quickly fix any difficulties that may arise during imaging treatments. It is necessary for staff to diagnose and identify the source of the problem, whether it be a technical failure, a positioning error, or a patient-related condition. For example, if a picture is unclear or a machine malfunctions, the personnel must determine the cause of the problem. According to Oseni et al. (2024), technicians have the ability to avoid the need for repeated inspections if they are able to quickly identify and handle any concerns that may arise.

6. The Radiology Technician Interventions for Reducing Repeat X-ray Examinations

Radiology technicians are essential in maintaining the quality of X-ray images while reducing unneeded repeat examinations, which can elevate patient radiation exposure, raise healthcare expenses, and cause delays in diagnosis. Various initiatives might mitigate the frequency of repeat X-ray exams, hence enhancing patient care and operational efficiency in radiology departments.

An effective intervention is appropriate patient posture. Improper posture is a prevalent cause of repeated X-ray examinations. Radiology technicians must ensure that patients are positioned correctly in accordance with the specified protocol for each type of X-ray. This necessitates comprehensive understanding of anatomy and meticulous attention to detail. Effective communication with patients is essential, as patient discomfort or misinterpretation might result in inadequate placement. Moreover, employing positioning aids, such as supports and straps, can facilitate the maintenance of proper alignment without necessitating supplementary imaging.

A crucial intervention is the implementation of comprehensive image quality assurance. Radiologic techs are educated to evaluate image quality and modify parameters such as exposure settings, contrast, and resolution prior to acquiring the X-ray. Ensuring the initial image is of sufficient quality minimizes the necessity for repeat imaging. Contemporary X-ray equipment frequently have automated exposure control (AEC), which modulates radiation levels according to the patient's dimensions and the region being examined (Sharma, 2024). Radiology professionals must be proficient in these settings and apply them correctly to enhance image quality while reducing radiation exposure.

According to (Koehler, 2021) technicians must utilize collimation techniques to minimize superfluous radiation exposure. Collimation involves constraining the X-ray beam to the specific area of interest, hence minimizing radiation exposure to surrounding tissues. Accurate collimation guarantees that the image encompasses just the essential anatomical areas, hence enhancing image quality and minimizing the likelihood of requiring a repeat X-ray due to superfluous radiation exposure or

suboptimal image acquisition.

Moreover, effective communication and coordination with the doctors are crucial. Technicians must convey information effectively to radiologists to comprehend the diagnostic prerequisites for each examination. By conferring with the doctor in advance, technicians can modify imaging procedures and protocols to guarantee that only a single X-ray is required for diagnosis. Consistent feedback between doctors and technologists can enhance techniques and protocols, hence minimizing the probability of repeat imaging.

Ongoing education and training are critical interventions. Technological advancements and changing medical protocols necessitate that radiology technicians consistently enhance their skills and expertise (Thomson, 2020). Continuous training on optimal techniques for eliminating redundant X-ray examinations and remaining abreast of advancements in radiological technology will guarantee that technicians are consistently equipped to deliver superior patient care while reducing needless imaging.

Methodology

This study employs a theoretical approach to explore the effectiveness of radiology technician interventions in minimizing the occurrence of repeated X-ray examinations. This methodology emphasizes the integration of knowledge and concepts derived from existing academic and clinical literature, rather than direct empirical investigation. Through this approach, the study delves into the underlying causes of repeat X-rays and examines the role of radiology technicians in addressing these issues. It highlights critical skills, including patient positioning, equipment calibration, and adherence to imaging protocols, as central to improving diagnostic outcomes. Furthermore, the theoretical lens allows the study to evaluate intervention strategies aimed at optimizing image quality and minimizing the need for repeat examinations.

Discussion

This study's results identify several key parameters affecting the number of repeat X-ray examinations and underscore the significance of radiology technician interventions. Suboptimal placement frequently leads to ambiguous or partial pictures, necessitating the repetition of the procedure. Rondon et al. (2014) corroborated that misalignment during imaging is a prevalent cause for repeat tests. The study also revealed that substandard image quality resulting from poor machine settings, including erroneous radiation dosages, considerably increases the necessity for repeat imaging. This corresponds with the findings of Schemmel et al. (2016), who highlighted that minor variations in exposure parameters might lead to inferior photos, necessitating unnecessary retakes.

A significant finding from the study was the necessity of radiologic technologist competencies. Technicians proficient in patient posture, equipment calibration, and radiation safety are essential in minimizing the necessity for repeated X-rays. Correct patient placement is essential for obtaining high-quality images, and radiology technicians with a comprehensive understanding of anatomy and imaging processes are more adept at preventing errors that necessitate retakes. According to Brady (2017), radiology technicians that undergo continuous training and education are more inclined to generate high-quality images, hence reducing the necessity for repeat tests. The research indicated that technicians' expertise in radiation safety, encompassing shielding application and appropriate exposure settings, mitigates superfluous radiation exposure while preserving image clarity. Mallinson et al. (2024) underscored the significance of radiation safety education in reducing repeat imaging caused by overexposure.

The study emphasized that proficient communication between radiology personnel and patients markedly decreases the probability of repeat X-rays. Explicit directives from technicians regarding patient placement and the necessity of remaining still during the process were deemed essential for obtaining high-quality photos. Oseni et al. (2024) assert that technician-patient communication directly impacts the efficacy of imaging operations and mitigates unnecessary repetitions caused by patient mobility or misinterpretation of directions.

This study highlights the critical function of radiology technicians in minimizing the necessity for repeat X-ray examinations via accurate interventions and professional advancement. By refining their competencies in patient placement, equipment management, radiation safety, and communication, radiology technicians can markedly boost imaging results, minimize patient radiation exposure, and improve healthcare efficiency. Numerous studies demonstrate that ongoing training and compliance with imaging methods are essential for attaining superior imaging quality and reducing needless retakes (Brady, 2017; Koehler, 2021; Mallinson et al., 2024).

Conclusion

Radiology technicians, as primary practitioners in medical imaging, are distinctly equipped to tackle this challenge. Their proficiency in equipment operation, patient posture, and compliance with imaging guidelines enables them to directly impact the quality of first X-ray images. Proficient interventions by radiology technicians can substantially reduce the necessity for repeat examinations.

The study offers significant insights into the determinants affecting repeated X-ray examinations, highlighting the crucial role of radiology personnel in reducing these instances. The results indicate that inappropriate patient positioning, subpar image quality from erroneous machine settings, and inadequate communication between technicians and patients significantly contribute to the necessity for repeat imaging. The expertise of radiology professionals in positioning procedures, equipment operation, radiation safety, and patient communication significantly enhances image quality and minimizes unnecessary radiation exposure. Moreover, the implementation of quality assurance processes and sophisticated techniques like automated exposure control and collimation further reduces the necessity for repeat tests. The study emphasizes the necessity for ongoing professional development and compliance with best practices among radiology technicians to guarantee good imaging results, promote patient safety, and improve operational efficiency. The data combined indicate that focused interventions by proficient radiology experts are crucial for decreasing the incidence of repeat X-rays, therefore benefiting both patients and healthcare systems.

Recommendations

- Facilitate workshops on radiation safety and current guidelines to ensure technicians are informed about technology advancements and best practices.
- Consistently maintain and calibrate imaging instruments to guarantee uniform performance and precision.
- Enhance communication between radiology technicians and clinicians to clarify diagnostic needs and customize imaging strategies accordingly.
- Alleviate technician workloads and guarantee sufficient personnel to mitigate errors resulting from fatigue and expedited imaging operations.
- Instruct patients on the need of maintaining stillness and adhering to technician directives throughout imaging procedures.
- Create educational resources to enhance patient understanding of the potential hazards linked to repeated X-ray exposures.

References

- Acharya, S., Pai, K. M., & Acharya, S. (2015). Repeat film analysis and its implications for quality assurance in dental radiology: An institutional case study. *Contemporary Clinical Dentistry*, 6(3), 392-395.
- Al Kalquefly, K. A., Hakami, S. M., Ageeli, D. M. I., Alshammari, M. A., Mashiakhy, S. H., Al Khaibari, N. S., Al Hawsah, T. M., Alharthi, S. M. A., Almuwallad, R. F. S., AlMutairi, D. F. M., Alshammari, M. A. S., & Alfarwan, M. M. M. (2024). From preoperative imaging to postoperative rehabilitation: The essential roles of radiology technologists, nursing specialists, physical therapists, and operation room technicians. *International Journal of Medical Toxicology & Legal Medicine*, 27(2S), 293.
- Almalki, A. A., Manaf, R. A., Juni, M. H., Shahar, H. K., Noor, N. M., & Gabbad, A. (2017). Educational Module Intervention for Radiographers to Reduce Repetition Rate of Routine Digital Chest Radiography in Makkah Region of Saudi Arabia Tertiary Hospitals: Protocol of a Quasi-Experimental Study. *JMIR research protocols*, 6(9), e8007.
- Brady, A. P. (2017). Error and discrepancy in radiology: inevitable or avoidable?. *Insights into imaging*, 8, 171-182.
- Code, S. (2024). Safety Procedures for the Installation, Use and Control of X-ray Equipment in Large Medical Radiological Facilities.
- Fernandez, M. E., Ten Hoor, G. A., Van Lieshout, S., Rodriguez, S. A., Beidas, R. S., Parcel, G., ... & Kok, G. (2019). Implementation mapping: using intervention mapping to develop implementation strategies. *Frontiers in public health*, 7, 158.
- Fiorica, J. V. (2016). Breast cancer screening, mammography, and other modalities. *Clinical obstetrics and gynecology*, 59(4), 688-709.
- Foos, D. H., Sehnert, W. J., Reiner, B., Siegel, E. L., Segal, A., & Waldman, D. L. (2009). Digital radiography reject analysis: data collection methodology, results, and recommendations from an in-depth investigation at two hospitals. *Journal of digital imaging*, 22, 89-98.
- Jung, H. (2021). Basic physical principles and clinical applications of computed tomography. *Progress in Medical Physics*, 32(1), 1-17.
- Khafaji, M. A., & Hagi, S. K. (2014). Direct digital radiograph. Technicians role in obtaining good images. *Saudi Medical Journal*, 35(8), 879-881.
- Kitson, S. L. (2024). Modern Medical Imaging and Radiation Therapy. *Cyber Security| Big Data| AI. Open Med Science*.
- Kjelle, E., & Chilanga, C. (2022). The assessment of image quality and diagnostic value in X-ray images: a survey on radiographers' reasons for rejecting images. *Insights into Imaging*, 13(1), 36.
- Koehler, J. M. (2021). Best Practices in Radiology Post-Processing: A Qualitative Study (Doctoral dissertation, Keiser University).
- Mallinson, M. A., Hardy, M., & Scally, A. J. (2024). Developing CT workforce competencies: What knowledge and skills should we expect of an early career radiographer?. *Radiography*, 30(5), 1355-1362.
- Nabasenja, C., Barry, K., Nelson, T., Chandler, A., & Hewis, J. (2022). Imaging individuals with obesity. *Journal of Medical Imaging and Radiation Sciences*, 53(2), 291-304.
- Oseni, A. O., Chun, J. Y., Morgan, R., & Ratnam, L. (2024). Dealing with complications in interventional radiology. *CVIR endovascular*, 7(1), 32.
- Ramachandran, M., Kosuge, D., Ramachandran, N., & Saifuddin, A. (2018). Imaging techniques. In *Basic Orthopaedic Sciences* (pp. 85-103). CRC Press.
- Rondon, R. H. N., Pereira, Y. C. L., & do Nascimento, G. C. (2014). Common positioning errors in panoramic radiography: A review. *Imaging science in dentistry*, 44(1), 1-6.
- Schemmel, A., Lee, M., Hanley, T., Pooler, B. D., Kennedy, T., Field, A., ... & John-Paul, J. Y. (2016). Radiology workflow disruptors: a detailed analysis. *Journal of the American College of Radiology*, 13(10), 1210-1214.
- Sharma, S. D. (2024). Radiation Environment in Medical Facilities. In *Handbook on Radiation Environment, Volume 2: Dose Measurements* (pp. 303-345). Singapore: Springer Nature Singapore.
- Thomson, K. R. (2020). Image-guided interventions: expert radiology series. Elsevier Health Sciences.
- Ylimaula, S. (2021). Scattering of X-rays in diagnostic radiology: computed radiography, digital radiography, mobile digital radiography and mobile C-arm fluoroscopy (Master's thesis, S. Ylimaula).