

Supplementary file

Analysis

Analysis was inspired by Reflexive Thematic Analysis, following the six steps: 1) Familiarisation. Two researchers listened to the transcripts and corrected them after automatic transcription. One was the author. The other is a professor with a background in teaching, ethics and philosophy. Reflective notes were made, and the two researchers discussed potential themes and codes. 2) Coding. The author coded all transcripts by identifying meaningful data segments and labelling them with codes that capture the analytic take. 3) Generating initial themes. The two researchers met to discuss shared meaning and patterns across the dataset. The author then revised the codes, suggested candidate themes and collated all the codes relevant to each candidate theme. 4) Developing and reviewing themes. The two researchers met again to discuss candidate themes and the quotes that support them. We identified differences in perspectives, and the author further revised the themes. 5) Refining, defining and naming themes. The author wrote synopses for each theme and included relevant quotes to support them. This fine-tuned the themes, and in the process, some codes and themes were moved, removed or revised. 6) Writing up. Weaving together our analytical process with reflexive notes and familiarisation notes ensured further analysis in this phase, where producing the introduction, method, and discussion chapters kept framing the results and emphasised the importance and relevance. In this phase, two managers, both with experience in ambulance clinical work, contributed valuable perspectives for the discussion of the findings. The findings, supported by anonymised quotes, were presented in early manuscript drafts, and the two managers provided valuable input, which helped fine-tune the themes further in the writing-up phase and framed the discussion. The author identified the theories used to illuminate the discussion and wrote all parts of the manuscript.

Author's reflexivity

The author is a female nurse who knows the prehospital field second-hand, primarily through her work with paramedic education and research on ambulance services. Coming from another profession allowed her to take the role of an outsider, looking into the prehospital work, seeking respondents' expertise. This allowed her to enter interviews and analysis with an open-minded curiosity where participants' views continued to broaden her understanding of their experiences. Her familiarity with the prehospital work had made her aware of some of the challenges experienced by the Police and Paramedics regarding assignments to people experiencing mental health crises, and this had formed her preunderstanding. The most important preunderstanding was that there is a lack of understanding of the paramedic role and context among other healthcare providers, and that paramedics encountered potentially violent situations often without sufficient support.

Although the researcher was open about her affiliation with paramedic education, few, if any, respondents knew her as an educator. Taking on the role of a curious "outsider" allowed her to appear as a novice, while respondents were the experts. Exploring the phenomenon with a naive and open-minded approach, which appeared as information-seeking rather than a know-it-all, facilitated

a safe environment for interviews where respondents could share their experiences without judgment from a peer.